SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization AMELIA BROWN FRAZIER REHAB CTR INC BOARD DIR
DBA: SOUTHERN INDIANA REHABILITATION HOSPITAL

Employer identification number 35-1903507

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	1a	X	
b	If "Yes," was it a written policy?	1b	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. [X] 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 _____ %	3a		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 _____ %	3b		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 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"?	4	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		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?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	X	
b	If "Yes," did the organization make it available to the public?	6b	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)			78,400.		78,400.	.44
b Medicaid (from Worksheet 3, column a)			1,480,778.	1,118,929.	361,849.	2.01
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			1,559,178.	1,118,929.	440,249.	2.45
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			65,228.		65,228.	.36
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			3,840,483.	2,415,295.	1,425,188.	7.92
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			21,827.		21,827.	.12
j **Total.** Other Benefits			3,927,538.	2,415,295.	1,512,243.	8.40
k **Total.** Add lines 7d and 7j			5,486,716.	3,534,224.	1,952,492.	10.85

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**

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		X
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 868,124.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
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 6,894,296.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6 5,172,628.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7 1,721,668.		
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: ☐ 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)

	(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					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities
(list in order of size, from largest to smallest - see instructions)
How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 SOUTHERN INDIANA REHABILITATION HOSP 3104 BLACKISTON BLVD. NEW ALBANY IN 47150	X								ACUTE REHABILITATION FACILITY	
2										
3										
4										
5										
6										
7										
8										
9										
10										

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 SOUTHERN INDIANA REHABILITATION HOSP

Line 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			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 13			
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	[X] Hospital facility's website (list url): WWW.KENTUCKYONEHEALTH.ORG			
b	[ ] Other website (list url):			
c	[X] 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: 2013			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		X
a	If "Yes," (list url): WWW.KENTUCKYONEHEALTH.ORG			
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 SOUTHERN INDIANA REHABILITATION HOSP

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	X	
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of _____ % and FPG family income limit for eligibility for discounted care of _____ %			
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 his or her application			
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her 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	Included measures to publicize the policy 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): HTTP://WWW.KENTUCKYONEHEALTH.ORG			
b	☒ The FAP application form was widely available on a website (list url): HTTP://WWW.KENTUCKYONEHEALTH.ORG			
c	☒ A plain language summary of the FAP was widely available on a website (list url): WWW.KENTUCKYONEHEALTH.ORG			
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	☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	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	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☒ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group SOUTHERN INDIANA REHABILITATION HOSP

			Yes	No
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	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- a ☒ Notified individuals of the financial assistance policy on admission
- b ☒ Notified individuals of the financial assistance policy prior to discharge
- c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- 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 financial assistance policy?	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)			

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

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 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 Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24		X

Part V Facility Information *(continued)*

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

SCHEDULE H, PART I, LINE 3C & SCHEDULE H, PART V, LINE 13

CRITERIA FOR DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE

SIRH USES HUD GEOGRAPHIC VERY LOW-INCOME GUIDELINES TO DETERMINE ELIGIBILITY FOR CHARITY CARE. A PATIENT QUALIFIES FOR 100% ASSISTANCE IF THEIR ANNUAL INCOME IS BELOW 130% OF THE HUD GEOGRAPHIC VERY LOW-INCOME GUIDELINES. DISCOUNTED CARE IS PROVIDED FOR PATIENTS WITH ANNUAL INCOME GREATER THAN 130% BUT NOT IN EXCESS OF 195% OF THE HUD GEOGRAPHIC VERY LOW-INCOME GUIDELINES.

SIRH'S METHOD FOR DETERMINING FREE AND DISCOUNTED CARE PROVIDES FREE CARE AT APPROXIMATELY 200% OF THE FEDERAL POVERTY LEVEL AND DISCOUNTED CARE UP TO APPROXIMATELY 400% OF THE FEDERAL POVERTY LEVEL.

IN SITUATIONS WHERE PATIENTS HAVE OTHER ASSETS, LIQUID ASSETS ARE DEFINED AS INVESTMENTS THAT COULD BE CONVERTED INTO CASH WITHIN ONE YEAR; THESE WILL BE EVALUATED AS CASH AVAILABLE TO MEET LIVING EXPENSES. ASSETS THAT SHOULD NOT BE CONSIDERED AS AVAILABLE TO MEET LIVING EXPENSES INCLUDE: THE PATIENT'S PRIMARY PLACE OF RESIDENCE; ADEQUATE TRANSPORTATION; ADEQUATE LIFE INSURANCE; AND SUFFICIENT FINANCIAL RESERVES TO PROVIDE NORMAL LIVING EXPENSES IF THE WAGE EARNERS ARE UNEMPLOYED OR DISABLED.

SCHEDULE H, PART I, LINE 7

BAD DEBT EXP WITHIN COMMUNITY BENEFIT

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

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

BAD DEBTS INCLUDED IN PART IX, LINE 25 TOTALED $868,124. THIS AMOUNT HAS BEEN REMOVED FROM TOTAL EXPENSES CALCULATED IN COLUMN F ON SCHEDULE H, PART I AND II.

SCHEDULE H, PART III, LINE 4

BAD DEBT EXPENSE

THE AUDITED FINANCIAL STATEMENTS DO NOT CONTAIN A FOOTNOTE THAT DESCRIBES BAD DEBT.

SCHEDULE H, PART III, LINE 8

CALCULATION OF MEDICARE ALLOWABLE COSTS

COSTS REPORTED ON LINE 6 ARE OBTAINED FROM THE MEDICARE COST REPORT WHICH ARE BASED ON A COST TO CHARGE RATIO. REVENUE AND COSTS RELATED TO SUBSIDIZED HEALTH SERVICES ARE EXCLUDED FORM LINES 5 AND 6.

SCHEDULE H, PART III, LINE 9B

COLLECTION PRACTICES

FOR PATIENTS KNOWN TO HAVE CHARITY ELIGIBILITY, AN APPROVAL LETTER IS SENT TO THE PATIENT, WHICH DESCRIBES SIRH POLICIES REGARDING QUALIFYING FOR CHARITY CARE AS WELL AS CONTACT INFORMATION FOR ASSISTANCE. BEFORE ACCOUNTS ARE TURNED OVER TO COLLECTIONS, SIRH UTILIZES A RISK-ASSESSMENT SCORING SYSTEM WHICH PREDICTS THE LIKELIHOOD OF A PATIENT QUALIFYING FOR

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

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

FINANCIAL ASSISTANCE AND CHARITY CARE. THIS PREDICTIVE MODEL USES 9,000 DATABASE SOURCES COMPRISING MORE THAN 2 BILLION PUBLIC RECORD SOURCES TO PROVIDE A SOCIOECONOMIC SCORE FOR THESE UNDERSERVED PATIENTS. SIRH CLASSIFIES PATIENTS AS CHARITY CARE IF THEY QUALIFY FOR PRESUMPTIVE CHARITY BASED ON THEIR CHARITY SCORE.

SCHEDULE H, PART V, LINE 22

AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS

THE MAXIMUM AMOUNT THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE IS BASED UPON FEDERAL POVERTY LEVELS STATED IN THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

SCHEDULE H, PART V, LINE 5

CHNA COMMUNITY INPUT

INPUT FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT WAS ASKED FROM INDIVIDUALS WITH KNOWLEDGE OF THE COMMUNITY AND EXPERTISE. INPUT WAS PROVIDED THROUGH A COMBINATION OF COMMUNITY FORUMS AND FOCUS GROUPS, COMMUNITY SURVEYS AND KEY INFORMANT INTERVIEWS.

SCHEDULE H, PART V, LINE 11

CHNA NEEDS NOT ADDRESSED

THE HOSPITAL DID NOT ADDRESS EVERY NEED IDENTIFIED IN THE COMMUNITY

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

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

HEALTH NEEDS ASSESSMENT BECAUSE SOME OF THE NEEDS FELL OUT OF THE SCOPE

OF EXPERTISE AND RESOURCES OF THE HOSPITAL, WHILE OTHER NEEDS WERE

ALREADY BEING ADDRESSED IN THE COMMUNITY. SEE THE FULL IMPLEMENTATION

REPORT AT:

HTTP://WWW.KENTUCKYONEHEALTH.ORG/DOCUMENTS/SIRH%20IMPLEMENTATION-FINAL.PDF

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 2

	Name and address	Type of Facility (describe)
1	SIRH AT HUNTER STATION 130 HUNTER STATION WAY SELLERSBURG IN 47172	OUTPATIENT REHABILITATION CLINIC
2	SIRH AT BRIDGEPOINTE 1329 APPLEGATE LANE CLARKSVILLE IN 47129	OUTPATIENT REHABILITATION CLINIC
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART VI, QUESTION 2

NEEDS ASSESSMENT

SOUTHERN INDIANA REHABILITATION HOSPITAL (SIRH) PERFORMED A FORMAL COMMUNITY NEEDS ASSESSMENT TO ASSESS THE HEALTH CARE NEEDS AND HEALTH RISK FACTORS OF THE COMMUNITY DURING THE YEAR ENDED 12/31/2013. SEE THE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS AT FORM 990, PART III, LINE 4 FOR A DETAILED DESCRIPTION OF THE MANY SERVICES PROVIDED BY SIRH. THE FULL REPORT CAN BE VIEWED AT:

HTTPS://WWW.KENTUCKYONEHEALTH.ORG/DOCUMENTS/SIRH%20CHNA-%20FINAL.PDF.

SCHEDULE H, PART VI, QUESTION 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

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1. CHARITY CARE POLICIES AND PROCEDURES ARE IN PLACE AT ALL FACILITIES TO ADDRESS ANY INSTANCES IN WHICH PATIENTS MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE WHEN ACCESSING SERVICES.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

2. SIGNS WILL BE POSTED IN THE ACCESS AREAS ADVISING PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE. STAFF MEMBERS WILL COMMUNICATE THE CONTENTS OF THE SIGNS TO PEOPLE WHO DO NOT APPEAR TO BE ABLE TO READ.

3. PATIENTS RECEIVING EMERGENCY SERVICES WILL BE TREATED IN ACCORDANCE WITH SOUTHERN INDIANA REHAB HOSPITAL'S (SIRH'S) EMERGENCY SERVICES POLICY, DEVELOPED IN ACCORDANCE WITH EMTALA AND OTHER REQUIREMENTS. UPON REGISTRATION, PATIENTS WITHOUT MEDICARE/MEDICAID, OTHER LOCAL HEALTH CARE FINANCIAL ASSISTANCE OR ADEQUATE HEALTH INSURANCE WILL RECEIVE EITHER (1) A PACKET OF INFORMATION THAT ADDRESSES THE FINANCIAL ASSISTANCE POLICY AND PROCEDURES OR (2) IMMEDIATE FINANCIAL COUNSELING ASSISTANCE FROM STAFF. THE PACKET WILL CLEARLY INDICATE THAT SIRH PROVIDES CARE, WITHOUT REGARD TO ABILITY TO PAY, TO INDIVIDUALS WITH LIMITED FINANCIAL RESOURCES, AND EXPLAIN HOW PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE. IN INSTANCES WHERE THERE ARE A SIGNIFICANT NUMBER OF PATIENTS NOT PROFICIENT IN READING, WRITING OR SPEAKING ENGLISH, ADDITIONAL INFORMATION WILL BE PROVIDED TO COMPLETE NECESSARY FORMS.

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

4. UPON REGISTRATION, A NON-EMERGENCY PATIENT SCHEDULING AN ADMISSION OR OTHER PROCEDURE WITHOUT MEDICARE/MEDICAID, OTHER LOCAL HEALTH CARE FINANCIAL ASSISTANCE OR ADEQUATE HEALTH INSURANCE SHALL RECEIVE EITHER (1) A PACKET OF INFORMATION THAT ADDRESSES THE FINANCIAL ASSISTANCE POLICY AND PROCEDURES, INCLUDING AN APPLICATION FOR SUCH ASSISTANCE, OR (2) IMMEDIATE FINANCIAL COUNSELING ASSISTANCE FROM STAFF, INCLUDING THE PRESENTATION OF THE APPLICATION FOR FINANCIAL ASSISTANCE. SIRH'S PATIENT ACCESS PERSONNEL SHOULD BEGIN THE PROCESS TO ASSESS FINANCIAL ABILITY AS SOON AS PATIENTS CONTACT THE HOSPITAL TO SCHEDULE A PROCEDURE OR WHEN THEY REGISTER AS A PATIENT.

SCHEDULE H, PART VI, QUESTION 4

COMMUNITY INFORMATION

SOUTHERN INDIANA REHAB HOSPITAL (SIRH) IS A REHABILITATION HOSPITAL PROVIDING COMPREHENSIVE, HIGH QUALITY REHAB AND MEDICAL SERVICES FOR ADULTS AND CHILDREN WITH INJURY, ILLNESS, OR DISABILITY. THIS 60-BED INPATIENT FACILITY COMBINES TRADITIONAL PHYSICAL, OCCUPATIONAL AND SPEECH

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THERAPIES WITH REHAB NURSING AND ADVANCED TECHNOLOGIES TO IMPROVE AN INDIVIDUAL'S FUNCTIONAL ABILITIES. SIRH PROVIDES INPATIENT, OUTPATIENT AND CONTRACT SERVICES TO RESIDENTS THROUGHOUT THE SOUTHERN INDIANA AND LOUISVILLE, KENTUCKY METROPOLITAN AREA.

SCHEDULE H, PART VI, QUESTION 5

COMMUNITY BUILDING ACTIVITIES

SOUTHERN INDIANA REHAB HOSPITAL SPONSORS THE BIKE RODEO PROGRAM TO BENEFIT THE LOCAL COMMUNITY. THIS INNOVATIVE AND EXCITING PROGRAM IS DESIGNED TO EDUCATE OUR COMMUNITY'S YOUTH ON BIKE SAFETY AND INJURY PREVENTION. THE CHILDREN ARE INSTRUCTED ON THE "RULES OF THE ROAD" AND HOW AND WHY TO WEAR A BIKE HELMET.

A "SAFETY TOWN" IS CREATED UTILIZING CONES, ROAD SIGNS AND OBSTACLES. THE CHILDREN RIDE THEIR OWN BIKES OR BIKES PROVIDED BY SIRH THROUGH THE COURSE AFTER RECEIVING INSTRUCTIONS FROM THE RECREATION THERAPISTS LEADING THE PROGRAM. THE CHILDREN PARTICIPATE IN A VARIETY OF

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

GAMES/ACTIVITIES TO INCREASE THEIR BIKE HANDLING SKILLS.

THE CHILDREN RECEIVE SPECIAL INSTRUCTION WHICH INCLUDES: BIKE SAFETY SKILLS SUCH AS HAND SIGNALS; HOW TO CROSS RAILROAD TRACKS; WHAT TO WEAR WHEN RIDING A BIKE; HOW TO PROPERLY FIT A HELMET; AND WHY HELMET WEAR IS CRUCIAL FOR SAFETY.

CAMP SIR H

CAMP SIR H IS A TWO DAY/ONE NIGHT CAMP FOR INDIVIDUALS WHO HAVE SUSTAINED A BRAIN INJURY. THE CAMP IS DESIGNED TO OFFER THE CAMPERS TWO DAYS OF ENJOYABLE, FUN-FILLED ACTIVITIES AND A RESPITE FOR THEIR CAREGIVERS.

CAMP ACTIVITIES

CAMPERS ARE ABLE TO PARTICIPATE IN A VARIETY OF ACTIVITIES WITH THE ASSISTANCE OF TRAINED PROFESSIONALS, IN A STRUCTURED AND ACCESSIBLE ENVIRONMENT. CAMP ACTIVITIES INCLUDE AN ACCESSIBLE HAYRIDE, BONFIRE, TIE-DYE TEE-SHIRTS, GUEST SPEAKER, ARTS AND CRAFTS AND MUCH MUCH MORE!

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PARTICIPANTS WILL ALSO HAVE THE OPPORTUNITY TO SOCIALIZE WITH OTHERS WHO HAVE SUSTAINED A BRAIN INJURY AND LEARN MORE ABOUT RECOVERY AND RE-ADJUSTMENT TO LEISURE

STROKE CAMP "ADVENTURE DAYS"

STROKE CAMP IS A FOUR-DAY, THREE NIGHT CAMP FOR INDIVIDUALS WHO HAVE EXPERIENCED A STROKE. STROKE CAMP BEGAN IN 1995 WITH TWO MAIN GOALS. THE FIRST GOAL IS TO PROVIDE STROKE SURVIVORS WITH A CHANCE TO PARTICIPATE IN EDUCATION AND LEISURE ACTIVITIES WHILE SOCIALIZING WITH OTHER STROKE SURVIVORS. THE SECOND GOAL OF STROKE CAMP IS TO PROVIDE THE CAMPERS CAREGIVERS WITH A MUCH-DESERVED RESPITE.