



CITY OF SOMERVILLE, MASSACHUSETTS  
CITY COUNCIL

WILLIE BURNLEY JR.  
CITY COUNCILOR AT LARGE

**Conveying Budget Priorities for FY 2025**

**Dear Mayor Ballantyne,**

Please find enclosed a list of several funding requests that represent the concerns of our shared constituency. You are likely to notice that a number of these requests, such as funding for an alternative emergency response program to deal with non-violent crisis intervention, have been requested annually during your mayorship without allocation. I hope that you will take this time to put the weight of our City's finances behind the oft-repeated requests of residents and take this opportunity to collaborate with the Council to design programs that meet their needs.

Thank you.

Budget Priorities:

- That the Administration allocate \$1,370,000 for the creation of an alternative emergency response program to serve the community's need for non-violent crisis intervention, mediation, and wellness under a new division within Health and Human Services (see attachment for program details and cost breakdown)

- That an additional \$66,000 be allocated to the Office of Housing Stability for the creation of supplemental Housing Case Manager position
- That \$250,000 of ARPA funds be allocated for the elimination of millions of dollars worth of medical debt for thousands of low-income Somerville residents, as passed unanimously by the Council via resolution in FY 2023, agreed to by multiple area hospitals, and supported by CAAS (see attachments for project scope and costs)
- That \$92,006.73 be allocated to Infrastructure and Asset Management for the creation of a School Building Energy Strategy and Sustainability Project Manager to oversee decarbonization efforts in Somerville school buildings (see attachment for job description)
- That \$100,000 be allocated to Infrastructure and Asset Management to conduct a Decarbonization Assessment of Somerville Public School buildings (see attachment for scope of work)
- That the Administration include cost-of-living increases for all positions within the City Council Department, including elected officials, and work with this council on an amendment to the salary ordinance that reflects those changes
- That the Administration allocate funds for free COVID-19 masks and rapid tests for distribution through Somerville Public Libraries
- That \$65,000 be allocated to Mobility to create a planner position that will work on transit-related RFPs, including one to create municipal North-South microtransit routes in Somerville, similar to the microtransit used in Salem (the Salem Skipper)

- That the necessary funds be allocated to the Office of Sustainability and Environment to implement a citywide curbside composting program
- That the necessary funding be allocated to the Office of Sustainability and Environment to create a Invasive Species Manager to spearhead outreach, education, and citywide invasive plant species removal, as was passed by the Council last year via resolution (item 23-1600)



## CITY OF SOMERVILLE, MASSACHUSETTS

### CITY COUNCIL

WILLIE BURNLEY JR. AND CHARLOTTE KELLY

CITY COUNCILORS AT LARGE

### **ARPA proposal - Medical debt cancelation**

#### **1. Project description**

This proposal outlines a path to canceling medical debt for more than **4,500 Somerville residents**, which equates to more than **\$4.3 million** dollars of debt relief based on the average medical debt held by residents of the Commonwealth. Because purchasing debt is incredibly inexpensive as compared to paying off debts, the eradication of this debt would be for pennies on the dollar - as it was in Cook County, Il, which used \$12 million of ARPA funding to alleviate \$1 billion of medical debt. The program would need staff or a vendor to confirm debt-holding-residents via debt-holding institutions such as hospitals, administration of funds to ensure cancellation of debts, and mailings to debt-holding households to inform them of the cancellation via this program. This program would not need ongoing staffing, funding, or permanent infrastructure as it would not be annual. The cities of Toledo, New Orleans, and Pittsburgh, have already used ARPA funding toward these ends. The criteria used by the aforementioned municipalities and counties that worked with the non-profit RIP Medical Debt were resident (or guarantor) household incomes between 0% and up to 400% of Federal Poverty Guidelines, or the medical debt being assessed representing 5% or more of annual household income. This proposal recommends Somerville follow a similar criteria standard.

#### **2. Project justification**

The ongoing COVID-19 pandemic has heightened the struggles and deepened the levels of precarity that residents in Somerville face, including housing insecurity, access to healthcare, safe and stable employment, hunger and other issues of economic justice. COVID-19's unprecedented public health crisis has forced more people to interact with the healthcare industry. Medical debt in the United State remains an issue of racial and economic justice. Medical debt is the leading cause of bankruptcy in the US and is recognized as a social determinant of health resulting in poor physical and mental health for those who suffer from it. According to the Consumer Financial Protection Bureau, 58% of debts recorded in collections were for a medical bill. Communities of color

disproportionately carry medical debt. According to the National Consumer Law Center's 27.9% of Black households [carry medical debt](#) compared to 17.2% of white non-Hispanic households. Similarly, [census data](#) demonstrates that "households with a householder of Hispanic origin were also more likely to hold medical debt (21.7%) than households without (18.6%)."

Somerville has an opportunity to lead boldly around the issue of healthcare debt, support our residents who continue to struggle due to exasperated economic and medical impacts of COVID-19, and strengthen our relationship with medical institutions that serve as the primary point of medical care for our residents. In Somerville, taking into account the average medical debt of Massachusetts residents, more than **4,500 residents** carry an estimated **\$4.3 million dollars** of health care debt. Across the country, municipalities are finding ways to shoulder the burden of our unjust healthcare system and ensure that no resident goes into life altering debt because of their need to access health care. The City has spent millions of dollars to combat the COVID pandemic; because medical debt is correlated with people not seeking medical treatment, it must also be combatted to prevent the spread of disease. Medical debt also represents a threat to residents' fiscal health, as it can worsen credit scores which are used when attempting to rent or buy a home, receive a loan, as well as being correlated with increased risk of bankruptcy. Furthermore, proactive and preventative efforts such as this are cost-effective methods to prevent the further spread of illness.

### 3. Detailed timeline

The following timeline is based on similar debt cancellation programs conducted using ARPA funds in municipalities and counties around the country. This timeline is subject to change based on the needs of staff or vendors. The start up timeline for this project will remain the most time consuming and once the debt cancellation process begins, the actual timeline from debt-cancellation to notification of residents should be short.

- a. Identifying and contracting with subcontractor - two (2) to three (3) months
- b. Startup period once subcontract is finalized - estimated at two (2) months for operational development
  - i. Establish program management infrastructure
  - ii. Recruit hospitals and other providers so they agree to sell or donate medical debt to Program purposes.
  - iii. Request and receive patient accounts data files from hospitals and other providers

- iv. Continue to request and receive patient accounts data files from commercial debt buyers who have acquired medical debt from residents for collections purposes  
Analyze patient accounts data files (using proprietary scrubbing processes) to Identify individuals with medical debt that meet Program Eligibility Criteria
- v. Develop proposals to acquire medical debt based on a pricing model
- c. Administering debt cancellation - one (1) to two (2) month
  - i. Decision made by the city on transactions
  - ii. Communication with residents regarding debt cancellation by the city
  - iii. Use ARPA subrecipient funds to acquire and cancel medical debt for eligible individuals
  - iv. Issue letters to notify individuals that medical debts have been canceled
- d. Final communication and evaluation of program one (1) to two (2) months
  - i. Solicit and collect testimonials from program recipients
  - ii. Conduct data analysis and develop insights to guide city on progress and program impacts
  - iii. Comply with Treasury/city-Wide/Program-Specific/and Equity metric reporting requirements

#### **4. Detailed evaluation**

ARPA fund recipients are required to track specific performance indicators and programmatic data in order to comply with program award reporting requirements, including a quarterly “Project and Expenditure” report, and an annual “Recovery Plan Performance Report.” The city department and/or the agency conducting the debt cancellation should have access to its records and financial statements as necessary for meeting federal requirements. Funding expenditure records must also be kept for five years after all funds have been expended or returned to the Treasury.

The City department and/or the agency conducting the debt cancellation should:

- (a) create and administer a survey of debt cancellation recipient to identify the results of their debt cancellation in order to gather information from residents regarding the social determinants of health impacts including but not limited to:
  - a. Impacts on credit score or other economic justice impacts
  - b. Relief on stress
  - c. Enhanced access to health
  - d. Ability to afford basic necessities

(b) maintaining a cumulative de-identified spreadsheet identifying (i) the number of residents impacted, (ii) amount of debt per resident, (iii) demographic information about residents impacted , (iv) length of time

**5. Estimated budget**

<b>Cost</b>	<b>Purpose</b>	<b>How calculated</b>
\$20,000	For administering agency and/or City or non-profit to design program rules, guidelines and documents for program set up.	Based on debt cancellation programs run in other parts of the US which estimated administration cost of 10% of the total program
\$180,000	Direct medical debt cancelation	Based on estimated \$962 average of medical debt held by Massachusetts residents
\$35,000	Contingency	If debt costs run higher than anticipated, budgeting a % of contingency in that case
\$5,000	miscellaneous funds	Based on similar costs of additional printing materials, mail, etc.

**6. Questions**

**Question:** *How much of our project funding will be used to run an evidence-based intervention?*

Access to healthcare broadly and medical debt more specifically are seen as social determinants of health. This type of program will have direct and long-lasting impacts on residents and is seen in the public health community as creating opportunities to positively impact people’s health by relieving stress, enhancing people’s access to health care and increasing their ability to afford basic necessities. In addition, medical debt is the leading cause of bankruptcies in the US. By eliminating medical debts, residents will drastically decrease their economic precarity and potential risk of bankruptcy.

**Question:** *How does your project utilize a strong evidence base to inform your intervention? Please describe the source and content of your evidence*

According to the City Health Dashboard:

- Somerville has a higher rate of children living in poverty (19.7%) versus the average (17.4%)
  - Because medical debt is correlated with bankruptcy, loss of employment, loss of insurance, and lower credit scores, and is more likely to impact low-income folks, canceling medical debt will lessen the burden on low-income families and could help raise some out of poverty
- 29.8% of Somerville's adults aged 65+ reported receiving preventive services, compared to an average of 30.1% across the Dashboard's cities.
  - Canceling medical debt could help us raise the preventative care that is sought by seniors, thus bringing us to at least the average and helping extend their life and quality of life. Medical debt disproportionately impacts seniors.
- “Somerville had an overall lead exposure risk score of 10 [out of 10], compared to an average of 5.5 across the Dashboard's cities.”
  - Because lead exposure is associated with negative health impacts, we can stipulate that Somerville residents need robust medical support

**Question:** *Brief description of structure and objectives of assistance programs (e.g., nutrition assistance for low-income households)*

This program will work with debt-holding-residents and debt-holding-institutions to directly cancel millions of dollars in unpaid medical debt. This program will target residents (or guarantor) household income between 0% and up to 400% of Federal Poverty Guidelines, or the medical debt being assessed represents 5% or more of annual household income. This proposal recommends Somerville follow a similar criteria standard. This program will lift a burden from thousands of Somerville residents who face the daily struggle of paying for housing, food, childcare, and their medical debts.

**Questions left unanswered:** While we may be able to estimate the cost of medical debt, through this process we will determine: *what the actual medical debt held by our residents is?* Somerville has effectively run similar direct subsidies and assistance programs. This is a great opportunity to take the lessons learned from the programs and apply them to this new terrain. In pursuing this project we should understand: *what were the lessons learned from previous direct subsidies and assistance programs run in Somerville?*



## 7. Conclusions

Ultimately, this project will serve the broader ARPA objective of protecting the health, safety, and welfare of Somerville residents by removing a barrier to medical care, relieving an economic stressor, and promoting economic justice for those impacted by the pandemic. Medical debt cancellation is evidence-based and will have long-term benefits for the community. By administering this program to residents living with an income between 0% and up to 400% of Federal Poverty level, this program will distribute ARPA resources to our most vulnerable residents, particularly residents of color and immigrant residents who are disproportionately impacted and led into bankruptcy by medical debt. The analysis necessary to implement this plan could also give the City of Somerville more data about the entire scope of medical debt of Somerville residents and provide a pathway for future debt relief programs. To execute this project will require the collaboration of community partners that serve the health and well being of our residents. When our residents are not forced to take on additional jobs to pay medical bills, when residents can prioritize basic needs over debt, or are able to address physical health and deal with less mental health stress due to costs, they are more free to engage with the Somerville community, enjoy their lives, and deepen community cohesion. To eliminate millions of dollars of debt with less than a quarter million dollars is an investment worth making for residents. Somerville has the opportunity to transform thousands of residents' lives with very few resources and this is an incredible opportunity to center equity and economic justice in how we spend our remaining ARPA funds.



## CITY OF SOMERVILLE, MASSACHUSETTS

### CITY COUNCIL

Willie Burnley Jr

CITY COUNCILOR AT LARGE

**Conveying budget priorities on the creation of an Alternative Emergency Response program, in response to Item 24-0058, Mayor's Request for input on priorities for the FY 2025 Budget.**

#### **1. Project description**

This proposal outlines the creation of a non-police, alternative emergency response program to serve the community's need for non-violent crisis intervention, mediation, and wellness. The first year budget of just under \$1.4 million dollars is for the establishment of the division within Health and Human Services (HHS) and based on the creation of similar divisions and current costs in the city. Establishment of the division will need a consultant to assess needs, along with hiring a Director and hiring of subsequent staff for responders and administrative work. After the initial year, an evaluation will be done to assess the ongoing needs of the division and the community at large.

#### **2. Project justification:**

In the four years since the racial justice uprising that locally and nationally called for shifting the focus of community safety efforts away from solely policing, we have had hours of city-led discussions, webinars, presentations from experts, and more to justify the City of Somerville's transition toward an alternative emergency response program. However, no structural change has yet occurred since thousands of residents called on the City to take these formal steps. In the wake of the police murder of Somerville High School graduate Sayed Arif Faisal who was experiencing a mental health crisis, it is clear that every day that passes without systemic, structural change is another day that the most vulnerable in our community are forced to call the police for an emergency that does not require an armed response.

This proposal outlines a clear and manageable process for implementing the first phase of an

alternative emergency response. Residents continue to identify the need for alternative public safety methods and have stated that without such a program that their critical needs will remain unmet. Whether it's responding to overdoses or driving unhoused residents to warming shelters during freezing cold nights, these calls for assistance do not require a weapon or a badge. These types of interactions instead require community members with lived experience, compassion, and the trust to show up in our neighbors' most vulnerable hours of need.

Dozens of cities and towns across Massachusetts and around the US have fully operational alternative emergency response teams in their communities. Every day Somerville does not implement something similar, we fall behind. Best practices from these communities include:

- Training community members who have a lifetime of relevant experience
- Building trust with community members who may not be comfortable with police
- Creating resources by and for people who are impacted by the criminal legal system
  - such as: BIPOC, low- and no-income, disabled , neurodivergent, LGBTQIA+, immigrant (including undocumented), formerly incarcerated, and unhoused communities
- Using approaches demonstrated to produce the best outcomes for residents' safety and wellbeing

Having this division seated in HHS allows for the community, especially members with a fear of and lived experience with policing, to seek assistance. Many of the types of calls that come in are public health issues such as responding to overdoses, reaching out to people experiencing homelessness, people who are experiencing a mental health crisis, and people needing interpersonal conflict mediation.

### **3. Detailed timeline**

The following timeline is based on other municipalities' implementation of Alternative Emergency Response systems as well as the creation of the City's newer departments. This timeline is subject to change based on needs of the vendor and hiring process for staff which will affect when and how frequently calls can be answered.

- 1) Identifying and hiring a consultant to assist in creating AER structure for three (3) months.
- 2) Hiring Director for the division - one (1) to two (2) months.
- 3) Begin building out the division by hiring and training staff - one (1) to three (3) months.
- 4) Training on standard operating procedure for the division - two (2) to three (3) months.
- 5) Initial intake of calls and services - final three (3) months of the FY.

#### 4. Detailed evaluation

Upon completion of the first year, the new division should collect the following pieces of information:

- A. Full operating procedure for division
- B. Full list of trainings provided to responders and caseworkers
- C. Cumulative de-identified spreadsheet showing:
  - a. The number of residents impacted
  - b. Types of calls for emergency alternative response
  - c. Types of resources or services provided during a call for emergency alternative response
  - d. Other city departments or office residents were connected to after a call for emergency alternative response
- D. An ongoing list of additional services and resources needed to fully address resident needs during or after a call for emergency alternative response

#### 5. Estimated budget

<b><u>Cost</u></b>	<b><u>Purpose</u></b>	<b><u>How Calculated</u></b>
\$50k	For program design costs operating procedure, rules, guidelines and documents for program set up	Based on comparable consulted contracts for program creation in newly created office, departments, and divisions
\$900k	Emergency response personnel Director of AER x1 \$121,000 Admin support x1 \$83,000 Responders x8 \$66,000x8=\$528,000	Based on Lynn, Massachusetts unarmed crisis response.  Alternative Emergency Response (AER) will be operating 8 hours a day 7 days a week with 10 staff members, including 1 director, 1 admin/support staff, 8 responders.  Costs based on similar structures in newly created offices, departments, and divisions with 20% overhead

\$300	<p>Mediation personnel</p> <p>Case manager/supervisor x1 \$83,000</p> <p>Caseworkers x3 \$66,000x3=\$198,000</p>	<p>Based on Dayton, OH's Mediation Center Costs</p> <p><a href="https://www.daytonohio.gov/DocumentCenter/View/11693/Justice-Community-Service-Area">https://www.daytonohio.gov/DocumentCenter/View/11693/Justice-Community-Service-Area</a> (pg. 55)</p>
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\$50k	Rent	Based on current leases signed with SPD for their two substations.
\$70k	Miscellaneous	Costs based on similar structures in newly created offices budgets for postage, computer and technology, office supplies, and translation
Optional - UASI grant usage	911 diversion capabilities	It is possible to use an existing UASI grants, such as the one currently used by the City to receive ShotSpotter, to build out 911 capabilities, so that

## 6. Conclusions

Residents continue to identify the need for alternative public safety methods when responding to calls for assistance that do not require a weapon. As this Council heard at the meeting of the Public Health and Public Safety Committee on February 27th, 2023, dozens of cities across Massachusetts and around the US have fully operational alternative emergency response teams in their communities. Every day that passes without systemic, structural change is another day that our city fails to provide our residents with meaningful alternatives to policing. Building out an alternative emergency response is not only possible but necessary.

RIP  
 MEDICAL  
DEBT

# Background on RIP Medical Debt

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- A 501(c)(3) national charity that **acquires** and **abolishes** medical debt for people burdened by financial hardship
- Funded by donors, including individuals, faith-based organizations, foundations, corporations, government, and others
- Founded in 2014
- To date, RIPMD has acquired and abolished \$7.1 billion in medical debt for almost 4.0 million families
- Received a \$50 million gift from MacKenzie Scott (December 2020)
- Governed by an active, accomplished Board
- Obtained HHS OIG Advisory Opinion #20-04 in July 2020
- Cook County's MDRI partner
- **RIPMD never collects on medical debt**

# Success Partnering with Providers

**WSJ**

## **Medical-Debt Charity to Buy, Wipe Out \$278 Million of Patients' Hospital Bills**

Deal between Ballad Health and RIP Medical Debt shows the gaps in the financial-aid programs of nonprofit hospitals

BECKER'S  
**Hospital CFO Report**

## **RIP Medical, Vituity abolish \$25M in patient medical debt**

Alia Paavola - Thursday, January 27th, 2022

**THE GARDNER NEWS**

**Stephen Landry**, Gardner News  
Published 5:01 a.m. ET Jan. 31, 2022

GARDNER — More than 1,000 Greater Gardner residents are about to see their medical debt disappear.

More than \$800,000 of patient medical debt are to be eliminated for more than 1,100 Heywood Healthcare patients, the hospital announced Jan. 25.



# Example Hospital/Provider Transactions

Health System	Location	Hospitals/Practices
Ballad Health	Tennessee/Virginia	22
Vituity	Oregon/Washington	Numerous Hospital-Based Practices
Heywood	Massachusetts	1 (Donated Accounts)
For-Profit Hospital Group <sup>1</sup>	Multiple States	5
Freestanding Children's Hospital	Southeast	1
Academic Medical Center	Mid-Atlantic State	4
Hospital System	Southeast	4
For-Profit Psychiatric Hospital <sup>1</sup>	Southeast	1
Freestanding Hospital	Southwest	1
Multi-Hospital, Catholic Health System	Multiple States	14 (many others in process)
Hospital System	Upper Midwest	6

<sup>1</sup>All other hospitals are non-profit organizations.

# Hospital/Provider Testimonials

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## **Gregg Miller, MD, Chief Medical Officer, Vituity**

“We had a very positive experience working with RIP Medical Debt. Forgiving so much patient debt for financially vulnerable patients highlighted to our organization that we really do live our values of providing great patient care and supporting our community. The whole team was really inspired by this partnership.”

## **Christine M. Pearson, CPA, CFO AnMed Health System**

“We are so proud to partner with RIP Medical, aligning our goals to serve our community's health care needs, while also addressing the financial impact”

## **Anthony Keck, Chief Population Health Officer, Ballad Health**

"By removing this burden of old debt, we hope to better engage with our patients, so they access care and other services when they need them without the fear of unmanageable expenses."

# Recipient Testimonials

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MARGO

Chicago, IL

“I would like to thank you for your extreme act of kindness with my debt. While I know I have plenty more medical debts, this one act of kindness will put a dent in my bills. [Trying to clean up my credit and knowing I have this debt that I am unable to take care of makes it hard to sleep.] Thank you again.

Bless you RIP Medical Debt.”

RYAN

Chicago, IL

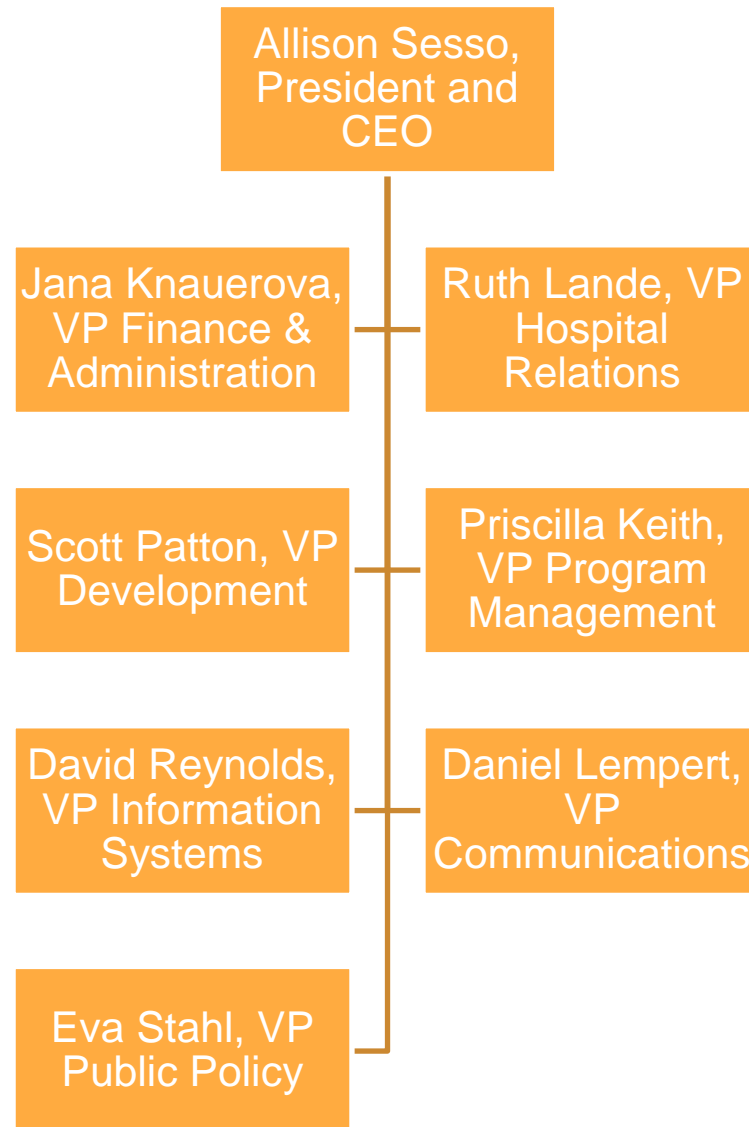
“As a single mom struggling to support 3 kids, this was truly an amazing gift. I couldn't be more thankful. Not only did this gift help my credit but it helped my future. I would love to have my own house one day and this gift was just the first step. Thank you so much.”

# How is RIPMD Funded?

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- We receive donations from individuals, faith-based organizations, foundations, corporations, government, and others
- History of faith-based funding and debt abolishment in Chicago:  
<https://www.beckershospitalreview.com/finance/chicago-church-wipes-out-19m-in-medical-debt.html>
- Other statistics:
  - Charity Navigator - 100/100 top score
  - In 2021, 15.4% admin overhead ratio (84.6% of overall expenses program-related)

# How is RIPMD Organized?



# Why Medical Debt is a Problem

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- Medical debt is different from other types of debts
- Many have little savings to buffer the shocks of medical bills
- Medical debt is:
  - More prevalent in communities of color,
  - A contributor to poor physical and mental health,
  - Harmful to credit scores, a drag on economic recovery from the COVID-19 pandemic,
  - The leading cause of bankruptcy in the U.S., and
  - Recognized as a social determinant of health.
- Many patients with burdensome medical debt delay the care they need

# Medical Debt is Pervasive

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“Medical debt can happen to almost anyone in the United States, but this debt is most pronounced among people who are already struggling with poor health, financial insecurity, or both.”

**\$195 billion in medical debt in the U.S.**

**4 in 10 adults currently have medical debt**

<https://www.kff.org/report-section/kff-health-care-debt-survey-main-findings/>



# Medical Debt on Credit Reports

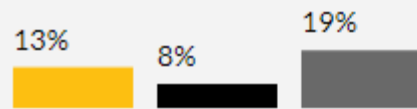
## More Prevalent in Communities of Color

### Medical Debt

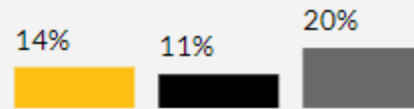
Currently viewing **Share with medical debt in collections**

All ■ White communities ■ Communities of color ■

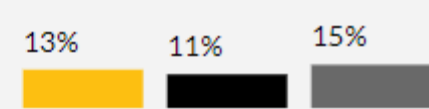
Cook County



Illinois



National



Source: Debt in America – An Interactive Map (Urban Institute), see:

[https://apps.urban.org/features/debt-interactive-map/?type=medical&variable=perc\\_debt\\_med](https://apps.urban.org/features/debt-interactive-map/?type=medical&variable=perc_debt_med)



## RIP MEDICAL DEBT



- Cook County appropriated (will donate) \$12 million of federal ARPA funds for medical debt abolishment through RIP
  - \$9.8 million to acquire medical debt, analyze files, and communicate with ~400,000 Cook County program recipients
  - \$1.1 million in direct program administrative costs
  - 10% indirect cost factor
- Goal is \$1 billion in medical debt relief
- See: <https://www.engagecookcounty.com/mdri>
- Conversations and transactions with hospitals are confidential, unless they agree to public disclosures
- RIPMD must show that federal funds have been used for specified purposes (e.g., relief provided to Cook County residents only)
- RIPMD committing non-ARPA funds to transaction with CCH
- RIPMD will be reporting metrics regarding program recipients



## MDRI Project Management Elements

- Risk Assessment
- Subrecipient Agreement
- Project Budget, Financial Reporting, Invoicing
- Single Audit
- Hospital Recruitment
  - Interactions with IHA
  - Direct conversations with hospitals and health systems
- Regular RIPMD/OOP/Guidehouse Meetings
- Metrics Reporting (Recipient Demographics)
- Periodic Press Announcements, Op-Ed Publications
- Fund raising (for CCH transaction and non-County residents)

# Hospital Pitch: RIPMD's Unique Win, Win, Win Solution



## Patient Benefits

- Abolish debt tax-free
- Improve credit score
- Relieve stress
- Enhance access to care
- Afford basic necessities



## Community Benefits

- Address a social determinant of health
- Enhance health equity
- Address economic, health impacts of pandemic
- Address impact of inflation and housing costs



## Hospital Benefits

- Receive cash
- Clean-up old accounts receivable
- Improve financial assistance process
- Describe community benefits

# How The Process Works

RIPMD's Debt Acquisition and Abolishment Process (2-4 Months)

BAA and NDA Signed

Data File Transmitted Securely

Qualification and Pricing Analysis Prepared

FAP Feedback Provided

Decisions Made Regarding Transaction

Communications Strategy Developed

Medical Debts Abolished

Patients Notified

Derogatory Credit Information (If Any) Removed

Communications Strategy Implemented

PRIMARY RESPONSIBILITY

Healthcare Organization

RIPMD

Healthcare Organization *and* RIPMD

# RIPMD's Debt Abolishment Criteria

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- **Low-income criterion:** Patient (or guarantor) household income between **0% and up to 400%** of Federal Poverty Guidelines, or
  - **Medical debt burden criterion:** The medical debt being assessed represents **5% or more** of annual household income
- \* \* \* \* \*
- **Cook County MDRI:** Must be resident of Cook County and have received services from a Cook County health care provider

# Who Often Qualifies for RIPMD's Program?

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Patients and guarantors who:

- Never applied for Financial Assistance Policies (FAP)
- Were not assessed for FAP eligibility using presumptive charity scoring (e.g., because only uninsured patients are scored)
- Didn't receive presumptive charity due to high propensity to pay
- Received services before FAP updates were implemented
- Experienced financial hardship after the window of opportunity to apply for Financial Assistance closed
- Were found ineligible for financial assistance due to FAP limits (assets, residency, other)
- Qualify based on RIPMD's 5% Medical Debt Burden criterion

# Reimbursement Implications

Account Type	Medicaid DSH	Medicare DSH (~4 Years after S-10 Filed)	Medicare Bad Debt
Commercial		✓	
Self-Pay (Uninsured)	✓	✓	
Medicare Fee- For-Service			✓
Medicare Advantage		✓	
Medicaid	✓	✓	

## Comments:

- If accounts that have been claimed for reimbursement are sold, sales proceeds must be treated as recoveries
- Patient payments on accounts in bad debt status are treated the same way
- Recoveries don't apply if accounts are donated or are for professional fees

# School Building Energy Strategy and Sustainability Project Manager

## Job Description

**Department:** Infrastructure and Asset Management

### **Statement of Duties**

The School Building Energy Strategy and Sustainability Project Manager will focus on managing and supporting decarbonization, electrification, and energy efficiency projects for the City's new and existing school buildings. Working collaboratively with staff from the Department of Infrastructure and Asset Management and the Office of Sustainability and the Environment, the position will directly support school building capital projects and develop resources and tools to make its school buildings healthy, green, and climate-resilient. This position requires deep knowledge of building certification systems, especially Passive House standards, Living Building Challenge (LBC), and LEED, as well as sustainable design strategies, building systems, and collaboration skills to work with many stakeholders toward common goals.

### **Essential Functions:**

The essential functions or duties listed below are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.

- Work with Somerville Public Schools and the Department of IAM to ensure that any new school building(s) use the greenest standards in development, including high-performance envelope design, zero fossil fuels for ongoing energy use, and as little embodied carbon as possible in their construction.
- Work with the Department of IAM to oversee a SPS Whole Building Decarbonization Assessment and Master Plan with a plan for decarbonization of building systems and improving building envelope performance (e.g., insulation, roofs, repair leaks, air filtration) in order to identify opportunities to ensure buildings use zero carbon in their ongoing operation and take advantage of possible energy efficiency upgrades.
- Oversee capital projects that produce comprehensive retrofits of all schools, including removing fossil fuel-based HVAC systems, increasing energy efficiency through building insulation, installing solar arrays, and ensuring energy is procured from renewable sources.
- Leverage technical and financial assistance from Massachusetts state programs to assist cities in decarbonizing public buildings, including the [Green Communities](#), [Municipal Vulnerability Program](#), [MassCEC non-profit buildings pilot](#), and [MassCEC commercial buildings pilot](#).
- Produce semi-annual public reports on the state of Somerville schools, including the progress of City efforts towards decarbonization of schools.
- Identify federal and state funding opportunities for decarbonization and energy efficiency upgrades in school buildings and work with Somerville Finance staff to write grants to federal and state agencies.



- Provide guidance and support on third-party sustainable building certification and knowledge sharing of strategies and approaches used on other capital projects.
- Support green building zoning and energy code coordination needs on school sustainability and climate goals.
- Review project documents, including drawings and specifications, at major design phases to ensure sustainability goals are prioritized
- Create communication and program development strategies (e.g., designing case studies and other knowledge sharing mechanisms).
- Perform other duties and work on special projects as needed.

### **Recommended Minimum Qualifications**

- Bachelor's degree or equivalent work experience is required.
- 8 years of experience implementing capital projects to achieve sustainability goals and third-party sustainable building certifications.
- Experience and deep knowledge of third-party sustainable building certifications, such as Passive House, Living Building Challenge, and LEED, sustainable design strategies, building systems, and collaboration skills to work with many stakeholders toward common goals
- Working knowledge of sustainable design strategies and implementation of sustainable building certifications through design, construction, and final certification.
- Experience writing sustainability specifications and conducting design reviews of project documents (e.g. specifications and drawings).
- Ability to work with multiple stakeholders and design team members to ensure sustainability goals and sustainable building certifications can be achieved across capital and operational projects.
- Ability to build relationships and engage stakeholders.
- Knowledge of the Massachusetts and Somerville energy codes, green building zoning and building performance standards is preferred.
- Commitment to valuing diversity and equity and contributing to an inclusive work and learning environment.
- Proficiency in the use of computers, including MS Office suite.
- Willingness to occasionally work outside of normal business hours (including but not limited to meetings and events).

Hours: Full-Time

Salary: \$92,006.73 annualized, plus benefits

Date Posted:

## SPS Whole Building Decarbonization Assessment and Master Plan

**Cost:** \$50,000-\$100,000

**Coordinating Department:** Infrastructure and Asset Management

### **Scope of Work:**

The City of Somerville will hire a contractor to conduct a comprehensive study of all Somerville school buildings (excepting the current Winter Hill and Brown Schools) in order to create a ten year comprehensive plan for decarbonization of building systems and improvement of building envelope performance (e.g., upgrading roofs, fixing energy leaks, ensuring air infiltration systems are of highest-quality). This study will include estimations of current carbon emissions, energy use, and energy cost of operating school buildings.

In order to understand decarbonization and energy efficiency upgrades, this study will also include financial and technical requirements for:

- Replacing and/or updating any and all natural gas- or oil-powered HVAC systems with electric HVAC systems
- Adding solar panels to available roof space and unused or underused land
- Implementing envelope improvement options (e.g., adding insulation and repairing energy leaks in buildings).
- Meeting LEED, Passive House, and/or Living Building Challenge standards for building efficiency
- Life cycle and financial analysis of maintaining and/or replacing the current HVAC systems compared to zero-carbon alternatives.
- Implementing measures to improve energy efficiency and reduce overall consumption (e.g., lighting retrofits & controls; HVAC controls; high-efficiency transformers, motors, fans, and drives).