

## **Updated Community Benefits Guidelines FAQ**

### **When are the Updated Community Benefits Guidelines in effect?**

The Updated Community Benefits Guidelines are fully effective for FY2019 Community Benefits filing, which is due on April 1, 2020 for hospitals and on June 1, 2020 for HMOs.

### **Which Self-Assessment Form should I submit?**

The Self-Assessment Form should be submitted to the AGO along with the Community Benefits report. There are two versions of the Self-Assessment Form available on the AGO website: “Self-Assessment – Year 1” and “Self-Assessment Update – Years 2 & 3.” You should fill out the Self-Assessment Form that corresponds to your organization’s place in the triennial Community Health Needs Assessment (CHNA) cycle. You should complete the “Self-Assessment – Year 1” if you completed a CHNA in the Fiscal Year on which you are reporting. In all other years, you should complete the streamlined “Self-Assessment Update – Years 2 & 3”. For example, if your organization completed a new CHNA in FY19, then you should submit the “Self-Assessment – Year 1” form when filing the FY19 Community Benefits report. If your organization is still operating on a CHNA completed before FY19, then you should submit the “Self-Assessment Update – Years 2 & 3” form when filing the FY19 Community Benefits report.

### **Is the Self-Assessment Form included in the filer’s public report?**

Yes.

### **Is the Community Representative Feedback Form included in the filer’s public report?**

No, the purpose of the Community Feedback form is to provide information directly to the specified filer and the AGO. Each community representative should submit a copy of the completed form directly to the AGO (at [CBAdmin@state.ma.us](mailto:CBAdmin@state.ma.us)), as well as to the Hospital. Additional reporting instructions can be found at the top of the CBAC form.

### **Can I report Determination of Need (DoN) investments, financial assistance to community health centers, and/or corporate sponsorships as Community Benefits?**

Under the updated Community Benefits guidelines, hospitals are asked to articulate the link between any Community Benefits expenditures and the health need(s) and target population(s) identified in the CHNA and Implementation Strategy. This same principle applies to reporting Determination of Need (DoN) investments, financial assistance to community health centers, and corporate sponsorships as Community Benefits. In the spirit of transparency, the updated guidelines require that hospitals further categorize these expenditures according to program type and health need, rather than reporting a net amount. Hospitals should review the [Program Type Descriptions](#) to better understand how Determination of Need (DoN) investments, financial assistance to community health centers, and corporate sponsorship expenditures should be categorized for the purpose of Community Benefits expenditure reporting.

### **How do I calculate the value of services provided by volunteers?**

The value of free or reduced-fee direct health care or public health services volunteered by health care providers employed by the hospital should be calculated using either (a) the rate of the employee’s pay, (b) the average hourly rate for Massachusetts health care workers as calculated by the Centers for Medicare and Medicaid Services for purpose of the Medicare Area Wage Index during the reported fiscal year. The value of non-health care services volunteered by any employee should be calculated using the standard hourly rate set by the Independent Sector, a Washington, D.C.-based coalition of voluntary organizations, foundations and corporate giving programs, during the reported fiscal year (\$32.15 in 2018).

### **Can I report emergency preparedness expenditures as Community Benefits?**

While the IRS may consider general emergency preparedness to be a Community Benefits objective, these types of investments do not meet the Massachusetts Community Benefits standards unless they are tied to a documented community health need and Target Population identified in advance in a filer's Community Health Needs Assessment and Implementation Strategy.

### **What are examples of programs that fall into each of the “program type” expenditure categories?**

Direct Clinical Services: Free flu shots in the community

Community-Clinical Linkages: Training for youth peer leaders on recognizing signs of dating violence and connecting peers to age-appropriate services

Total Population or Community-Wide Interventions: Improvements to public outdoor spaces with the aim of promoting fitness and reducing chronic disease risk in the community

Access or Coverage Supports: Salary of a case manager to assist community members in enrolling in subsidized insurance products

Infrastructure to support Community Benefits collaborations across institutions: Transportation and other community engagement costs for convening an inter-hospital Community Benefits collaboration meeting

### **What are examples of expenditures within the “program type” categories that should be reported as grants and/or funding to outside organizations?**

Direct Clinical Services: Funding for the salary of a public health nurse at a local health department to provide community education on disease prevention

Community-Clinical Linkages: Funding for a high-risk pregnancy support group and community health workers to conduct home visits through a local Community Health Center

Total Population or Community-Wide Interventions: Grant to a partner organization to support advocacy for corner stores to carry more fresh fruits and vegetables

Access or Coverage Supports: Grant to a regional program that provides information on health care costs to individuals with high deductible health plans

Infrastructure to support Community Benefits collaborations across institutions: Grant to a community health collaborative to host a meeting of entities, including stipends for community members, working together on a joint Community Health Needs Assessment

### **What are examples of programs that fall into each of the “health needs” expenditure categories?**

Chronic Disease with focus on Cancer, Heart Disease, and Diabetes: Mammography van that provides digital mammograms and breast health education for women from medically underserved communities

Housing Stability/Homelessness: Conducting a community-based assessment of housing discrimination and supporting the implementation of identified remedies

Mental Health/Mental Illness: Community education campaign to reduce stigma associated with mental illness

Substance Use Disorders: Providing community members with a safe way to dispose of medications, sharps, and needles

### **I have a program that fits into more than one Community Benefits expenditure category - how do I count this investment?**

Programs can be overlapping and can appear to span multiple expenditure categories, however, it is important to place each program into a primary program type category and health needs category for the purpose of expenditure reporting. Please reach out to [CBAdmin@state.ma.us](mailto:CBAdmin@state.ma.us) with any questions about how a program should be categorized.