Updated Community Benefits Guidelines FAQ

When are the Updated Community Benefits Guidelines effective?

The Updated 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.

Does the required Self-Assessment Form change throughout the triennial Community Health Needs Assessment (CHNA) cycle?

The "Self-Assessment – Year 1" form should be filled out in the Fiscal Year in which a CHNA is completed. In all other years, the streamlined "Self-Assessment Update – Years 2 & 3" should be filled out.

Is the Self-Assessment Form included in the filer's public report?

Yes.

Is the Community 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.

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

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

<u>Total Population or Community-Wide Interventions:</u> Improvements to public outdoor spaces with the aim of promoting fitness and reducing chronic disease risk in the community <u>Access or Coverage Supports:</u> Salary of a case manager to assist community members in enrolling in subsidized insurance products

<u>Infrastructure to support Community Benefits collaborations across institutions:</u> 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?

<u>Direct Clinical Services</u>: Funding for the salary of a public health nurse at a local health department to provide community education on disease prevention <u>Community-Clinical Linkages</u>: Funding for a high-risk pregnancy support group and community health workers to conduct home visits through a local Community Health Center <u>Total Population or Community-Wide Interventions</u>: Grant to a partner organization to support advocacy for corner stores to carry more fresh fruits and vegetables <u>Access or Coverage Supports</u>: Grant to a regional program that provides information on health care costs to individuals with high deductible health plans <u>Infrastructure to support Community Benefits collaborations across institutions</u>: 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?

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

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

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

<u>Substance Use Disorders:</u> 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 <u>CBAdmin@state.ma.us</u> with any questions about how a program should be categorized.