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# **Determination of Need Community-Based Health Initiative Planning Guideline**

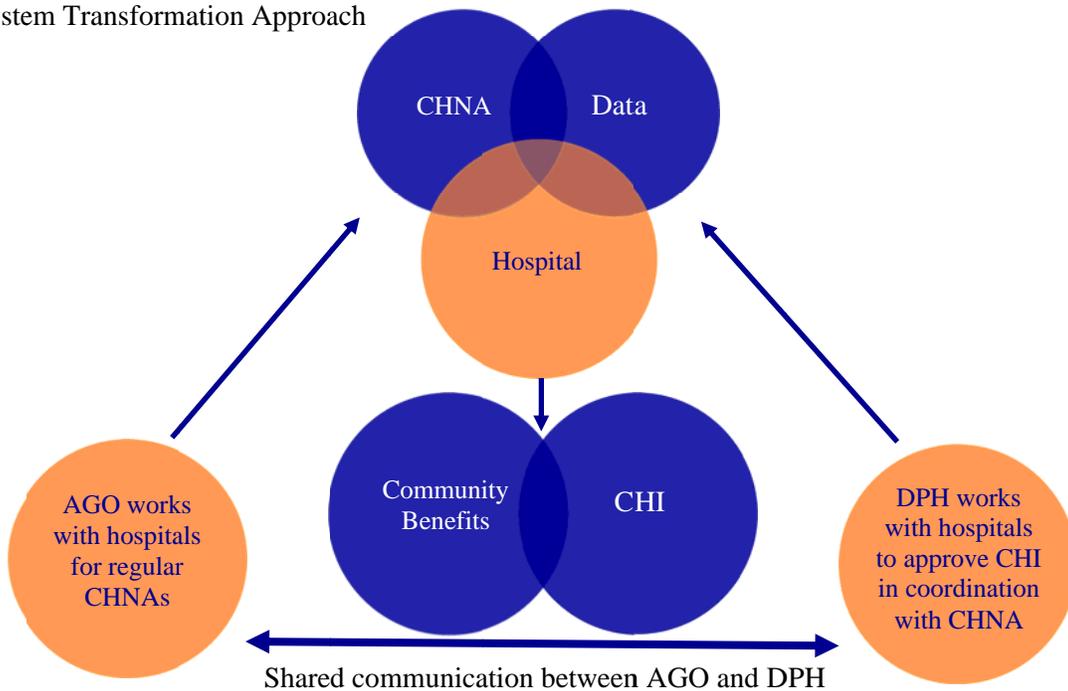
**January 2017**



## Preface: Community-Based Health Initiatives of the Future

The Determination of Need's (DoN), Community-Based Health Initiative (CHI) Program has been redesigned to support DoN Applicants and their community-based partners in focusing on social determinants of health (SDH), the conditions where people live, work, and play that influence health outcomes, and which in turn, provide a significant opportunity for long-term health care cost savings. This redesign leverages broad and routine activities that engage communities in a cycle of community health needs assessment (CHNA) and community health improvement planning (CHIP) required under federal law and supported by the Attorney General's (AGO) Community Benefits guidelines. This approach promotes systems transformation and formalizes a role for DPH to review and support CHNAs/CHIPs. This approach has a number of benefits as depicted in the following graphic.

Determination of Need,  
Community-Based Health Initiative (CHI)  
System Transformation Approach



This CHI redesign accomplishes the following:

1. Community Benefits and CHI alignment: with DPH now having a role in how data and information are used in CHNA/CHIP processes, opportunity exists for aligning community benefits determinations with the types of strategies being funded through CHIs.
2. State defined minimum standards: through the standards developed by DPH, CHIs will have to meet community engagement standards and CHI investments will need to address the DoN Health Priorities with evidence-informed strategies that directly impact the social determinants of health.
3. Locally led and local decision-making: this new system, while applying state standards, allows health care systems and their partners to choose local approaches to address social determinants of health.

In summary, CHI provides an opportunity to leverage the resources health care systems provide for community health. This document provides the road-map for DoN Applicants to understand how to meet CHI standards while the *DoN Health Priorities Guideline* and the *Community Engagement for Community Health Planning Guideline* provide the substantive direction for meeting DPH standards for community engagement and standards for choosing strategies that meaningfully impact the SDH.

# Executive Summary of Determination of Need Community-Based Health Initiative Guideline

The Determination of Need (DoN) Regulation found at 105 CMR 100.000 requires that DoN Applicants include plans for addressing state-defined Health Priorities through Community-Based Health Initiatives (CHIs). CHIs support the principle that access alone is insufficient to tackle health care costs, and therefore, Applicants must address the Massachusetts Department of Public Health's (DPH) goals of identifying, understanding, and tackling the underlying and common social determinants of health ("SDH") across the Commonwealth. CHIs further provide a mechanism for Applicants and their local partners to support a social determinant of health and health equity framework to community health investments.

*By focusing on the social determinants of health, CHI resources are directed toward strategies to change the conditions which promote or hinder opportunities for health. Consistent with major trends in health care, and in support of recent changes to MassHealth, this SDH focus represents a significant opportunity to address health inequities, improve health outcomes, and to realize substantial long-term health care cost savings for Applicants, patients, and the Commonwealth.*

CHIs are most successful when they reflect the synergy between the Applicant's ongoing community health needs assessments (CHNA) and community health improvement planning (CHIP) that:

1. Meet DPH standards for community engagement and use of data; and,
2. Result in the selection and implementation of strategies designed to positively impact the DoN Health Priorities and current EOHHS/DPH issue priorities.

Successful CHIs include robust community engagement, transparency in decision-making, accountability for planned activities, and demonstrable community health impact.

Applicants should follow the steps outlined in the *DoN CHI Planning Guideline* (the Guideline). These articulate standards for local implementation of CHIs and the requirements for participation in, and contribution to, the CHI Statewide Initiative.

## DoN Health Priorities

The DoN Health Priorities are six (6) common social determinants of health:

- 1) Social Environment
- 2) Built Environment
- 3) Housing
- 4) Violence and Trauma
- 5) Employment
- 6) Education

## Current EOHHS/DPH Focus Issues

Statewide trends and overall burden of morbidity and mortality point to:

- 1) Substance use disorders (SUDs)
- 2) Housing Stability/Homelessness
- 3) Mental illness and mental health
- 4) Chronic disease with a focus on Cancer, Heart Disease and Diabetes

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## How to Use this Document (by Project Type)

- A) If the DoN is for a Hospital-based Project** –read *For All Hospital-Based Projects* below before reviewing the full Guideline. Attention is directed, as well to a review of Table 1: CHI Funding Tiers and Community Engagement Requirements (p.19) for a snapshot view of requirements based on the Total Value of the CHI project and *CHI Planning and Implementation Steps* (p.25-26) for an overview of the CHI planning steps. Specialty Hospitals are subject to all of these same requirements.<sup>1</sup>
- B) Applications involving Freestanding Ambulatory Surgery Centers, Long-Term Care Facilities, or providers of DoN-Required Equipment or Service** acquired by an Entity other than a Hospital should be guided by the section titled *Other CHI Requirements by type of Applicant Facility* (p.29). Following review, all Applicants are directed contact DPH’s Office of Community Health Planning and Engagement for discussion of next steps.

### For All Hospital-based Projects:

The CHI or Factor 6 of the DoN process serves to connect hospital expenditures to public health goals by investing in DoN Health Priorities. DPH supports the development of CHIs that impact the DoN Health Priorities through the issuance of three (3) sets of DPH Guidelines, including the *CHI Planning Guideline* (this document). To this end, Applicants are directed to first review the *CHI Planning Guideline* prior to review of the other Guidelines, as this document serves as the roadmap for understanding the CHI process.

A brief summary of each of the CHI Guidelines is as follows:

- The *Community-Based Health Initiative (CHI) Planning Guideline* describes the processes necessary for DoN Applicants to comply with many of the requirements associated with Factors 2 and 6 requiring successful development of a Community-Based Health Initiative funding plan. Applicants should read this document first. In short, Applicants will submit their CHNA/CHIPs, which will serve as a foundation for their demonstration of sound community engagement, as well as their use of data to assess local needs and issues. Depending on the size of the CHI (in total dollar amount), an additional community engagement plan may also be required at time of Application. Further, based on how well the CHNA/CHIP meets DPH minimum standards, additional community engagement and data collection may be required prior to approval of an Applicant’s plan for choosing strategies that address the DoN Health Priorities.

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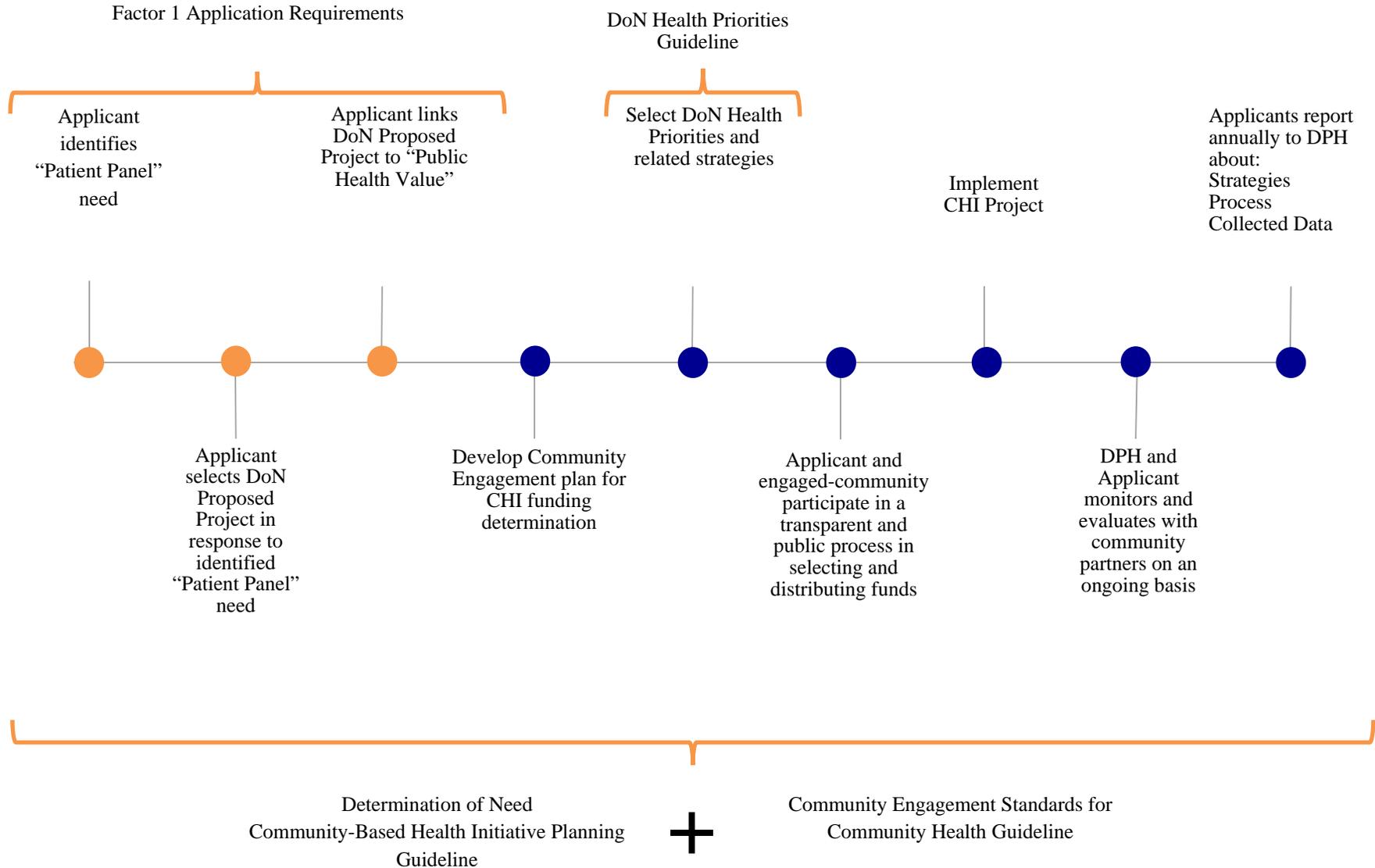
<sup>1</sup> Table 1 directly relates to the requirement set out in the Community Engagement Standards for Community Health Planning Guideline at pages 13-15.

- The *Community Engagement Standards for Community Health Planning Guideline* provides standards for public participation in community health planning, an explanation of how engagement processes are evaluated by DPH, and a description of how the CHI process synergizes with regular and ongoing CHNAs and CHIP conducted by DoN Applicants and their community partners. In order to evaluate the engagement process, the following forms are associated with these standards:
  - The *Community Engagement Plan*
  - The *Community Engagement Applicant Self-Assessment* form; and,
  - The *Community Engagement Stakeholder Assessment* forms.
  
- The *DoN Health Priorities Guideline* establishes and defines the six (6) SDH selected by DPH as Health Priorities pursuant to 105 CMR 100.000 and establishes criteria for strategy selection to ensure that strategies are evidence-informed, impactful, and designed to address one or more of the DoN Health Priorities. The Applicant will be required to complete and submit the *DoN Health Priority Strategy Selection* form. The selection of a strategy(ies) to impact the DoN Health Priorities is to occur ***after*** a DPH-approved community engagement process, and may also occur following issuance of a Notice of Determination of Need, if approved.
  
- DoN Factor 1 Application Requirements. While defining “Public Health Value” as required pursuant to Factor 1 and CHI are distinct, DPH encourages that staff from the Applicant institution responsible for CHI-related processes and requirements be involved as collaborative partners with an Applicant’s DoN Project submission. Accordingly, DPH has placed the determination of Public Health Value on the CHI Timeline.

The CHI timeline is depicted on the following page.

# Community-Based Health Initiative Timeline

## Use of the Guidance Documents



## Introduction

The goal of the DoN process and the framework for the Department's analysis is to promote population health and increased public health value in terms of improved health outcomes, increased quality of life, and increased access to care at the lowest reasonable aggregate cost. In so doing, the Department hopes to incentivize competition with a public health focus, and to support the development of innovative health delivery methods and population health strategies. Applicants must provide sufficient evidence that a proposed project, on balance, is superior to alternative and substitute methods for meeting existing Patient Panel needs, including alternative evidence-based strategies and public health interventions.

Factors 2 and 6 require that DoN Applicants include plans for addressing state-defined Health Priorities through CHIs. CHIs support the principle that health care access alone is insufficient to improve community health and to tackle health care cost growth. Instead, the preponderance of evidence directs public health and health care stakeholders to focus not just on patient care, but on the community-wide strategies and initiatives that address the conditions where people live, work, and play which in turn provide a significant opportunity for long-term health care cost savings. Applicants must address the Massachusetts DPH goals of identifying, understanding, and improving the underlying and common SDH across the Commonwealth. The emerging emphasis by the larger health care market on SDH is fundamentally transforming public health and health care practice<sup>2</sup> and as further evidenced by MassHealth's Delivery System Reform Incentive Program (DSRIP) that funds accountable care organizations directly addressing SDH such as housing conditions. The CDC Health Impact Pyramid provides the clearest depiction of the population health effect gained by focusing on the SDH.<sup>3</sup>

## Program Background and Purpose

CHIs foster collaborations between Applicant institutions, state and local public health authorities, and a wide array of community partners to improve health outcomes and reduce health inequities by building community capacity to promote social determinants of good health across the Commonwealth.

In the context of the revised DoN Regulation, DPH engaged in a broad stakeholder engagement process<sup>4</sup> during which DPH outlined four (4) goals to maximize the impact of the CHI Program. The CHI Program goals include:

1. Appropriate community engagement throughout the planning, implementation, and evaluation of the CHI process;
2. Transparency in CHI decision-making;

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<sup>2</sup> Kriseberg, K. Shift toward social determinants transforming public health work: Targeting causes of health disparities. *The Nation's Health*: July 2016 vol. 46 no. 5 1-21

<sup>3</sup> <http://www.cdc.gov/policy/hst/hi5/>

<sup>4</sup> For more information on the stakeholder engagement process, contact DPH's Office of Community Health Planning and Engagement at [DONCHI@state.ma.us](mailto:DONCHI@state.ma.us)

3. Accountability for planned CHI activities; and,
4. Demonstrating community health impact through strategies and initiatives that influence the SDH and intentionally reduce health inequities.

To achieve these goals, this Guideline sets out the following:

1. Requirements and standards for community engagement.
2. Requirements and standards for implementing strategies that impact the DoN Health Priorities.
3. Requirements for contributing to a newly established CHI Statewide Initiative that responds to the historically unequal distribution of CHI resources across the Commonwealth.

Accordingly, the CHI Program has been redesigned to integrate CHI into broader community health planning activities, such as those supported by the AGOs Community Benefits guidelines and required by federal law. Alignment with these processes will be formalized in the planning and implementation of CHIs.

### **The CHI Statewide Initiative**

The CHI Statewide Initiative extends the CHI program across the Commonwealth, addressing the historic realities that availability of CHI resources is uneven throughout the Commonwealth. The CHI Statewide Initiative encourages broad-based and multi-sector collaboration, including collaboration between Applicants.

The Statewide Initiative has three primary purposes:

1. To provide Local grants for Health Priority strategies and policy action in areas of the Commonwealth historically underserved by DoN CHI resources;
2. To provide support for regional and collaborative (CHIP) processes across the Commonwealth; and,
3. To fund tools and resources to support system-wide and local evaluation of CHI programs.

### **Applicable Regulation**

The DoN Regulation specifies CHI within DoN Factors 2 and 6 found at 105 CMR 100.210: *Determination of Need Factors*:

#### **(2) Health Priorities**

- (a) The Applicant has sufficiently demonstrated that the Proposed Project will meaningfully contribute to the Commonwealth's goals for cost containment, improved public health outcomes, and delivery system transformation; and,
- (b) The Department has determined, either:

- (i) The Applicant's Proposed Project, in its entirety and without Disaggregation, meets one or more of the Health Priorities set out in Department Guideline, and therefore, is exempted from 105 CMR 100.210(A)(6); or,
- (ii) The Applicant has provided sufficient evidence that, or attestations to, the Applicant's proposed fulfillment of 105 CMR 100.210(A)(6) will sufficiently advance one or more of the Health Priorities set out in Department Guideline.

**(6) Community-Based Health Initiatives**

(a) For all Proposed Projects, consistent with M.G.L. c. 111, §25C, and unless otherwise specified within 105 CMR 100.000, the Department has approved the Applicant's proposed plans for fulfilling its responsibilities set out in the Department's Community-Based Health Initiatives Guideline. Said plans shall fund projects which address one or more of the Health Priorities; shall be documented and enforceable as a Condition of any Notice of Determination of Need issued pursuant to 105 CMR 100.000; and, for all Proposed Projects, unless otherwise specified within 105 CMR 100.000, such funding shall in total be greater than or equal to 5% of the total Capital Expenditure of the Proposed Project.

## CHI Program Expenditures – Factors 2 and 6

This section of the Guideline provides a description of DPH’s requirements for the minimum total amount of the CHI contribution, the time period associated with the CHI contributions, and a summary breakdown of minimum expectations based on the total amount of the proposed CHI contribution.

Expenditures must be “new money” and cannot replace programs that Applicants provide pursuant to the Community Benefits Guidelines of the AGO. In partnership with the AGO, DPH will monitor Applicants community benefits contributions to ensure compliance with this requirement.

### CHI Contribution

The minimum total amount of the CHI contribution is, unless otherwise specified, set out as a Standard Condition as described in 105 CMR 100.310(J):

#### 100.310: *Standard Conditions*

(J) Unless explicitly exempted within 105 CMR 100.000, the terms and Conditions shall include descriptions of project(s), mutually agreed upon and approved by the Department, documenting the Holder’s obligations pursuant to 105 CMR 100.210(A)(6). Said plan shall require the Holder to expend, over a five-year period, or any other period as specified by the Commissioner, an amount which in total shall be greater than or equal to 5% of the total Capital Expenditure of the approved project, except in cases where exemptions within 105 CMR 100.000 may apply. Said projects shall address one or more of the Health Priorities set out in Department Guidelines.

For Conservation Projects and Proposed Projects in which the Applicant is a Long-Term Care Facility, the contribution amount and duration and other requirements can be found at 105 CMR 100.715(D)<sup>5</sup>:

#### (D) *Other Conditions*

(1) A Notice of Determination of Need issued to a Holder resulting from an Application proposed on behalf of a Long-Term Care Facility made pursuant to 105 CMR 100.715(A) that is not deemed a Conservation Project by the Department shall be subject to the following Other Conditions:

(a) The Terms and Conditions shall include descriptions of project(s), mutually agreed upon and approved by the Department, documenting the Holder’s obligations pursuant to 105 CMR 100.715(B). Said plan shall require the Holder to expend over a five-year period, or any other period as specified by the Commissioner, an amount which in total shall be greater than or equal to 3% of the total Capital Expenditure of the approved

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<sup>5</sup> Please find the entire regulation here: <http://www.mass.gov/courts/case-legal-res/law-lib/laws-by-source/cmr/100-199cmr/105cmr.html>

project. Said projects shall address one or more of the Health Priorities set out in Department Guidelines.

(2) A Notice of Determination of Need issued to a Holder resulting from an Application for a Conservation Project proposed on behalf of a Health Care Facility other than a Long-Term Care Facility made pursuant to 105 CMR 100.715(A) shall be subject to the following Other Condition(s):

(a) The Terms and Conditions shall include descriptions of project(s), mutually agreed upon and approved by the Department, documenting the Holder's obligations pursuant to 105 CMR 100.715(B). Said plan shall require the Holder expend over a five-year period, or any other period as specified by the Commissioner, an amount which in total shall be equal to 2.5% of the total Capital Expenditure of the approved project. Said projects shall address one or more of the Health Priorities set out in Department Guidelines.

(3) A Notice of Determination of Need issued to a Holder resulting from an Application for a Conservation Project proposed on behalf of a Long-Term Care Facility made pursuant to 105 CMR 100.715(A) shall be subject to the following Other Condition(s):

(a) The Terms and Conditions shall include descriptions of project(s), mutually agreed upon and approved by the Department, documenting the Holder's obligations pursuant to 105 CMR 100.715(B). Said plan shall require the Holder expend over a five-year period, or any other period as specified by the Commissioner, an amount which in total shall be equal to 1% of the total Capital Expenditure of the approved project. Said projects shall address one or more of the Health Priorities set out in Department Guidelines.

***In summary:***

- All DoN projects except Transfers of Ownership, Conservation Projects, or projects on behalf of a Long-Term Care Facility: 5% of the total maximum capital expenditure.
- Projects on behalf of a Long-Term Care Facility, except for those deemed Conservation Projects: 3% of the total maximum capital expenditure.
- Conservation Projects, except on behalf of a Long-Term Care Facility: 2.5% of the total maximum capital expenditure.
- Conservation Projects on behalf of a Long-Term Care Facility: 1% of the total maximum capital expenditure.

**CHI Funding Formula for Hospitals**

Standard Condition 100.310(J) will be implemented according to a funding formula that will provide resources for local implementation of strategies designed to impact the DoN Health Priorities, as well as resource support for the CHI Statewide Initiative.

To implement the CHI Statewide Initiative, Applicants are required to contribute to this common fund according to the following formula:

**For CHI Projects that total \$500,000 or more:**

1. 75% of funding will be dedicated to local approaches to the Health Priorities; and,
2. 25% of funding will be dedicated to the CHI Statewide Initiative.

**For CHI Projects that total \$500,000 or less:**

1. 90% of funding will be dedicated to local approaches to the Health Priorities; and,
2. 10% of funding will be dedicated to the CHI Statewide Initiative.

### Local CHI Contribution Expenditure Period and Timing of Payments

DPH encourages Applicants to develop a funding plan that meets local CHI planning and objectives. Total funding years, up to a maximum of eight (8) years, and uneven annual allocations may be negotiated; however, DPH will only approve longer expenditure periods that are based on well-articulated community health planning and implementation needs. The *DoN Health Priorities Selection* form will be used by the Applicant to describe the total number of funding years and the yearly allocations desired for DPH review and approval. CHI payments will begin based on the following schedule:

1. Negotiated contributions allocated for Applicant administrative costs should be made available immediately following Public Health Council approval.
2. Contributions supporting local strategies responding to the DoN Health Priorities will be made available within 3-12 months of Public Health Council approval based on the size of the CHI project and as described in *Table 1* (p.19).

### CHI Contribution Timing for the CHI Statewide Initiative

Contributions to the Statewide CHI Initiative will be made in full immediately following Public Health Council approval (e.g. 25% of the total CHI requirement for CHI Projects totaling \$500,000 or more will be made in full to the CHI Statewide Initiative host organization).

### Allowable Expenses for Local CHI's Expenditures

Local CHI expenditures will be directed to support evidence-informed strategies that meet DPH criteria as described in the *DoN Health Priorities Guideline*. The DoN Health Priorities (See *Figure 1*) are six (6) common SDH that impact communities across the Commonwealth. They are:

1. **Built Environment:** physical parts of where we live, work, travel and play including transportation, buildings, streets and open spaces;
2. **Education:** a person's educational attainment, or the years or level of overall schooling a person has;
3. **Employment:** availability of safe, stable, quality, well-compensated work for all people;

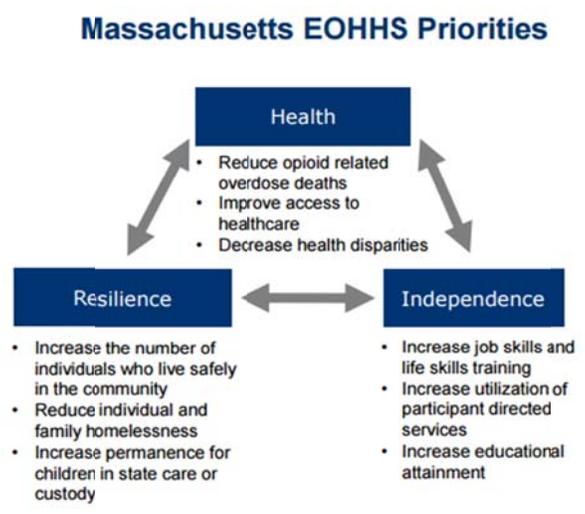
- 4. **Housing:** creation and maintenance of safe, quality, affordable living accommodations for all people;
- 5. **Social Environment:** a community’s social conditions and cultural dynamics; and,
- 6. **Violence:** intentional use of force or power, threatened or actual, against oneself, another person, or against a group or community.

Figure 1: DoN Health Priorities



Applicants are strongly encouraged to choose strategies that impact both the DoN Health Priorities and current Executive Office of Health and Human Service (EOHHS) and DPH Focus Issues. Currently, DPH is highlighting Substance Use Disorders, Housing Stability/Homelessness, Mental illness and mental health, and Chronic disease prevention with a focus on cancer, heart disease and diabetes. Applicants will be directed to demonstrate how these issues were assessed in their local CHNAs and if choosing to fund strategies with a different focus, will need to provide a data informed justification for those decisions (*See the DoN Health Priorities Guideline*).

Figure 2: EOHHS Priorities



As described in the *CHI Planning and Implementation Steps* section of this document (p.25), Applicants will complete the *DoN Health Priorities Selection* form and will submit this form to DPH for review and approval.

### **Community-Based Health Initiative Expenditure Plans and Allowable Expenses**

CHI expenditures fosters collaborations between Applicant institutions, state and local public health authorities, and a wide array of community partners to improve health outcomes and reduce health inequities by building community capacity to promote social determinants of good health across the Commonwealth. These strategies are locally determined with the choice of issues and strategies coming from local CHNA/CHIPs. The *DoN Health Priorities Guideline* describes the strategy selection criteria that DPH requires Applicants to follow. Applicants will use the *DoN Health Priority Selection* form to assign specific dollar allocations in support of the chosen strategies. The process to fund organizations to implement the chosen strategies must be open and transparent. In most cases, the Applicant will develop an open process such as a request for proposal process. Depending upon on the total amount of the CHI, Applicants may propose to DPH alternative plans to fund organizations, so long as they ensure necessary transparency in decision making.

For more information on the expectations and requirements based on the amount of the CHI see *Table 1: CHI Funding Tiers and Community Engagement Requirements* (p.19). In all cases, funded organizations must be either non-profit or governmental entities. If the Applicant proposes funding organizations that do not hold non-profit or governmental status, the Applicant shall submit to DPH for approval a written explanation detailing the reasons why other organization types should be considered.

### **Other allowable expenditures:**

- In some cases, implementation of the DoN Health Priorities at the local level may require allocations to the local health authority in support of the 10 Essential Public Health Services<sup>6</sup>, specifically for services related to monitoring health status to identify community health problems, and mobilizing community partnerships to identify and solve health problems. Support for the local health authority for these functions is directly related to DPH's goal of ensuring high-quality CHNA/CHIP activities that are the basis CHI related decisions. In some cases, Applicants may decide that to meet DPH's standards, direct support of the local health authority is necessary. Directly funding the local health authority for these specific services may be allowable with justification.
- Depending upon the total amount, as described in *Table 1: CHI Funding Tiers and Community Engagement Requirements* (p.19), administrative costs to support competitive bidding processes may be allowed.
- Stipends for community-based organizations and/or residents that are recruited to join an Applicant's CHI advisory committees (planning committees and/or allocation committees) required under these Guidelines. This does not apply to participation on a hospital's community benefits advisory committee, board of directors, or other ongoing boards.

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<sup>6</sup> <http://www.cdc.gov/nphpsp/essentialservices.html>

### “Pooled” Funding Option

In order to build collective impact around the DoN Health Priorities through shared support of strategies, DPH may allow Applicants to “pool” CHI resources with other CHI resources previously approved by the Department, including under other DoNs and by other Applicants and/or Holders. The act of pooling CHI resources may be allowed under the following restrictions:

- Evidence of a coordinated and cross-health care system CHIP process *and* the existence of a CHIP Coordinating organization to administer and implement the “pooled” funding; and,
- Robust compliance with DPH’s *Community Engagement Standards for Community Health Planning Guideline*; and,
- All funded activities from the “pooled” resources must meet DPH’s *DoN Health Priority Guideline*.

### Non-Allowable Expenditures

CHIs are required to fund community-based strategies to address the Health Priorities. As such, CHI expenditures shall not be directed to:

- Medical treatments that fall within the customary scope of the Applicant’s activities;
- Clinical/community linkage programs designed solely to address the Applicant’s existing or future Patient Panel;
- Capital and operating expenses for medical programs based at the Applicant institution or its Affiliated Health Care Facilities;
- Costs of transportation to/from the Applicant’s institutions and services, except when necessary to accomplish the objectives of a specific CHI strategy;
- If a particular service or intervention is eligible to be covered by any insurer including MassHealth (including flexible service spending) or Medicare, CHI funds cannot be used to cover that service or intervention;
- Costs associated with developing or expanding interpretive services required as a condition of a Notice of Determination of Need by the DPH Office of Health Equity;
- Funding support for CHIP Coordinating organizations, as DoN funding for CHIP Coordinating organizations will be determined through the CHI Statewide Initiative and therefore not a component of local CHI determinations. If the CHI Statewide Initiative does *not* fund a CHIP Coordinating organization (as will be the expectation for regions that regularly have DoN projects) in the Applicant’s region, CHIP coordination will need to be supported through community benefits or other resources.

### CHI Statewide Initiative Description and Applicant Responsibilities

The Statewide Initiative has three primary purposes:

1. To provide Local grants for Health Priority strategies and policy action in areas of the Commonwealth and for populations historically underserved by DoN CHI resources;
2. To provide support for regional and collaborative Community Health Improvement Planning (CHIP) processes across the Commonwealth; and,
3. To fund tools and resources to support system-wide and local evaluation of CHI programs.

Applicants' responsibilities are to fund the CHI Statewide Initiative according to the schedule provided in this document (p.13) and to participate in the CHIP Coordinating activities that will be funded through the initiative.

### **CHI Statewide Initiative Operations**

DPH will establish a CHI Statewide Initiative Advisory Committee (Advisory Committee) which will advise DPH on matters related to CHI processes and the DoN Health Priorities. The DPH Commissioner will appoint fifteen (15) members to this committee from organizations and stakeholders representing the following interests:

- Local Public Health Departments/Boards of Health;
- Hospitals;
- Community Health Centers;
- Community organizations that conduct community needs assessments, including community action agencies, area agencies on aging, regional planning agencies, and health coalitions;
- Organizations representative of the six (6) DoN Health Priorities.

The Advisory Committee's role will be limited to providing guidance and feedback to DPH as a deliberative body, except as otherwise noted below.

The first task of the Advisory Committee will be to advise DPH in establishing a competitive process for choosing an organization to host the CHI Statewide Initiative. There will be one organization chosen with input by the Advisory Committee to implement the goals of the CHI Statewide Initiative. The Advisory Committee will support decisions regarding this selected organization's structure, staffing plan, and annual budget. It is anticipated that the CHI Statewide Initiative will be functional by Calendar Year 2018, dependent on available DoN CHI funds.

The Advisory Committee will establish criteria and processes in order for the CHI Statewide Initiative host organization to implement the three goals of the initiative:

1. **Local grants for DoN Health Priority strategies** and policy action in areas of the Commonwealth and for populations historically underserved by DoN CHI resources:
  - Criteria will include but not be limited to identification of priority communities/populations based on need and whether there are available CHI resources in the region; and,
  - Grants will be made available to priority communities/populations through a competitive process determined by the Advisory Committee.
2. **Resource support for regional and collaborative Community Health Improvement Planning** processes across the Commonwealth (CHIP Coordinating Organizations):
  - The Advisory Committee will develop a competitive process that allows for CHIP Coordinating Organizations to be defined by local and regional partners across the Commonwealth. The Advisory Committee will establish criteria for which regions of the Commonwealth are eligible to receive resource support with the expectation that areas of the Commonwealth that have higher amounts of local CHI resources will not be eligible; and,

- CHIP Coordinating Organizations will be expected to coordinate regular CHNA/CHIP processes and ensure that DPH community engagement standards are met.
3. **CHI system-wide evaluation** to include tools and resources for local evaluation of CHI programs. Tasks will include:
- Developing system-wide evaluation questions and objectives;
  - Collecting system-wide information and developing annual reports;
  - Creation of tools and resources for local evaluation of Health Priority strategies and the provision of technical assistance; and,
  - Assisting with review of community engagement plans with DPH staff.

**Table 1: CHI Funding Tiers and Community Engagement Requirements for Hospitals**

Tier	CHI Total Amount	Demonstration of Community Engagement for establishing local health needs assessment and local issue priorities	Demonstration of Community Engagement and Transparency in decision-making for Health Priority strategy selection	Allowable Applicant Administrative Costs	Timing of Funds Disbursement
T1	<\$500K	<p>To ascertain compliance with DPH Community Engagement standards, the Applicant shall submit:</p> <ol style="list-style-type: none"> <li>1. Current IRS Form, 990 Schedule H CHNA/CHIP and/or current CHNA/CHIP submitted to Massachusetts AGO’s Office;</li> <li>2. <i>Community Engagement Self-assessment</i> form; and,</li> <li>3. <i>Community Engagement Stakeholder Assessment</i> forms.</li> </ol> <p>A corrective action plan may be required by DPH and developed by the Applicant.</p>	<p>The Applicant shall choose a DoN Health Priority strategy(ies) from the Schedule H CHNA/CHIP and/or current CHNA/CHIP submitted to Massachusetts AGO’s Office in consultation with community benefits board, or equivalent, which must include engagement of the local health authority in decision-making.</p> <p>The Applicant may choose a “Pooled Funding” option subject to DPH approval.</p> <p>The Applicant shall publicly post the funding plan to allow for public comment, or shall conduct a public request for proposal (RFP) process.</p> <p>The Applicant shall provide annual reports as required by DPH.</p>	<p>Up to 4% of total CHI amount, but only if conducting a RFP process.</p>	<p>The Applicant shall make funds available for disbursement within three (3) months of receipt of a duly-approved Notice of Determination of Need.</p> <p>If conducting a RFP process, the Applicant shall publicly release the RFP within 3 months of receipt of a duly-approved Notice of Determination of Need.</p>
T2	\$500K-\$4M	<p>To ascertain compliance with DPH Community Engagement standards, the Applicant may demonstrate to DPH that an existing CHNA/CHIP meets the standards and shall submit:</p> <ol style="list-style-type: none"> <li>1. Current IRS Form 990, Schedule H CHNA/CHIP and/or current CHNA/CHIP submitted to Massachusetts AGO’s Office;</li> <li>2. <i>Community Engagement-Self Assessment</i> form; and,</li> <li>3. <i>Community Engagement Stakeholder Assessment</i> forms which shall include description of the CHI Advisory Committee</li> </ol> <p>A corrective action plan may be required by DPH that could result in the development of a <i>Community Engagement Plan</i> by the Applicant</p> <p style="text-align: center;"><b>(OR)</b></p> <p>To ascertain compliance with DPH community engagement standards, the Applicant may determine that an existing CHNA/CHIP does not meets the standards and shall submit:</p> <ol style="list-style-type: none"> <li>1. Current IRS Form 990, Schedule H CHNA/CHIP and/or current CHNA/CHIP submitted to Massachusetts AGO’s Office; and,</li> <li>2. <i>Community Engagement-Self Assessment</i> form; and,</li> <li>3. <i>Community Engagement Stakeholder Assessment</i> forms; and,</li> <li>4. <i>Community Engagement Plan</i> form</li> </ol> <p>A corrective action plan may be required by DPH and developed by the Applicant.</p>	<p>The Applicant shall develop a CHI Advisory Committee that shall select the DoN Health Priority strategies from the CHNA/CHIP. Such advisory committee shall include representation and decision-making roles as described in the <i>Community Engagement for Community Health Planning Guideline</i>.</p> <p>The Applicant shall submit the <i>DoN Health Priority Strategy Selection</i> form to DPH for approval and using the approved <i>Community Engagement Plan</i> or DPH corrective action requirements, the Applicant shall report on community engagement activities within 6 months of receipt of a duly-approved Notice of Determination of Need.</p> <p>Following DPH approval of the <i>DoN Health Priority Strategy Selection</i> form, the Applicant shall develop an Allocation Committee to conduct an RFP process to be completed within 6 months of receipt of a duly-approved Notice of Determination of Need.</p> <p>The Applicant shall provide annual reports as required by DPH.</p> <p>The Applicant may choose a “Pooled Funding” option subject to DPH approval (for part of or for the whole CHI amount).</p>	<p>Up to 3% of total CHI amount.</p>	<p>The Applicant shall make funds available for disbursement within 6 months of receipt of a duly-approved Notice of Determination of Need or upon completion of RFP process.</p>

<p>T3</p>	<p>&gt;\$4M</p>	<p>To ascertain compliance with DPH Community Engagement standards, the Applicant shall submit:</p> <ol style="list-style-type: none"> <li>1. Current IRS Form 990, Schedule H CHNA/CHIP and/or current CHNA/CHIP submitted to Massachusetts AGO’s Office; and,</li> <li>2. <i>Community Engagement-Self Assessment form</i>; and,</li> <li>3. <i>Community Engagement Stakeholder Assessment form</i>; and,</li> <li>4. <i>Community Engagement Plan form</i>.</li> </ol> <p>The Applicant’s Community Engagement Plans must include, at a minimum, a CHI Advisory Committee to select DoN Health Priorities based on, but not exclusive to, the CHNA/CHIP (additional community engagement must occur to develop issue priorities). Such advisory committee shall include representation and decision-making roles as described in the <i>Community Engagement for Community Health Planning Guideline</i>.</p> <p>Corrective action plans may be required by DPH and developed by the Applicant.</p>	<p>The Applicant shall submit the <i>DoN Health Priority Strategy Selection</i> form to DPH for approval and using the approved Community Engagement Plan or DPH corrective action requirements, the Applicant shall report on community engagement activities within 6 months of receipt of a duly-approved Notice of Determination of Need.</p> <p>Following DPH approval of the <i>DoN Health Priority Strategy Selection</i> form, the Applicant shall develop an Allocation Committee to conduct an RFP process to be completed within 12 months of receipt of a duly-approved Notice of Determination of Need.</p> <p>The Applicant shall provide annual reports as required by DPH.</p> <p>The Applicant may choose a “Pooled Funding” option subject to DPH approval (for part of or for the whole CHI amount).</p>	<p>Up to 2% of total CHI amount.</p>	<p>The Applicant shall make funds available for disbursement within 12 months of receipt of a duly-approved Notice of Determination of Need or upon completion of RFP process.</p>
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# CHI Planning Process

## CHI Proposal Development and Approval Process

This section of the Guideline describes the planning process requirements, detailing the steps an Applicant must take within the CHI proposal development and approval process.

### Planning Process Requirements

CHI proposals are developed through a cooperative process involving the Applicant and the DPH Office of Community Health Planning and Engagement, with processes built-in to ensure that representatives of community-based organizations and local public health authorities have been sufficiently engaged. Other staff from DPH may be involved in the CHI planning and approval process as needed. Applicants are directed to review the *Community Engagement for Community Health Guideline* and the *DoN Health Priorities Guideline* as a first step in the CHI planning process.

The outcome of an Applicant's CHI planning is the identification of strategies to address the DoN Health Priorities (*Figure 3: Health Priority Strategy Selection Process*). To reach this outcome, an Applicant's community health planning processes will need to:

1. Meet DPH Community Engagement standards for assessing needs and developing priorities; and,
2. Meet DPH standards on transparency in decision-making specific to the CHI funding determination.

**Figure 3: Health Priority Strategy Selection Process**



To meet DPH's community engagement standards for assessing needs and developing priorities, the CHI planning process, for all hospital Applicants, has been designed to build on, and make use of, the CHNA/CHIPs supported as part of the AGO's Community Benefits Guidelines<sup>7</sup> and/or federal IRS requirements for community benefits reporting (Schedule H, Form 990).<sup>8</sup> To operationalize this alignment, Applicants will use the CHNA/CHIPs that are submitted to the

<sup>7</sup> <http://www.mass.gov/ago/doing-business-in-massachusetts/health-care/community-benefits.html>

<sup>8</sup> <https://www.irs.gov/uac/about-schedule-h-form-990>

IRS and/or the AGO as the basis for CHI planning. Accordingly, CHI funds will support strategies that align with the local region and geographic area where the CHNA/CHIP is focused with the understanding that DPH encourages cross-system and multi-sector collaborations that may over-time broaden or shift the current geographical focus of an Applicant's CHNA/CHIP. DPH will ensure that the plans submitted meet community engagement standards, and if they do not, the Applicant will be required to submit a corrective action plan. Additionally, DPH will require that Applicants describe how the CHNA/CHIP assessed local conditions and measured local needs related to:

1. Substance use disorders (SUDs)
2. Housing Stability/Homelessness
3. Mental illness and mental health
4. Chronic disease with a focus on Cancer, Heart Disease and Diabetes

This will allow DPH, through the Office of Population Health, to provide the Applicant with options for using data to better understand these issues as well as directing the Applicant to first consider these issues when choosing DoN Health Priority strategies.

DPH's goal in requiring this alignment is to reduce the number of CHNAs being conducted for similar purposes and to encourage alignment between community benefits determinations and investments being made through CHI resources. DPH is making this alignment explicit under the following considerations:

- CHNA/CHIPs supported under the AGO's Community Benefits Guidelines and required by federal law meet DPH standards for community engagement which includes guidance on sectors of representation; and,
- CHNA/CHIPs supported under the AGO's Community Benefits Guidelines and required by federal law are currently and/or will be conducted in partnership with health care systems that share service areas.

DPH recognizes that Applicants' CHNA/CHIPs may not initially meet Community Engagement Standards and that corrective action plans will need to be tailored to meet the specific planning contexts and needs of the Applicant's region (as defined by the CHNA/CHIP). DPH sees the community engagement work as an area for continual quality improvement and corrective action plans will be designed to encourage changes to the ongoing CHNA/CHIP processes the Applicant engages in, as well as to identify immediate issues, such as sectoral representation in decision-making, that can be rectified during the CHI planning process.

DPH's goal is to ensure that the Department understands how the CHNA/CHIP was conducted and how it will be used to make decisions related to CHIs. For brief example scenarios, *See Attachment A: Brief Case Study Examples of CHI Planning and Community Engagement.*

Further, and as previously described in *Table 1: CHI Funding Tiers and Community Engagement Requirements* (p.19), to meet DPH standards regarding transparency and engagement in decision-making specific to the CHI funding determination, Applicants will meet different levels of criteria based on the size of the total CHI investment. To summarize the differences:

- **Tier 1 CHI projects** are allowed to use the Applicant’s CHNA/CHIP as the basis for DoN Health Priority strategy selection as long as the CHNA/CHIP meets community engagement standards;
- **Tier 2 CHI projects** are allowed to use the Applicant’s CHNA/CHIP as the basis for DoN Health Priority strategy selection, however, advisory committees will need to be developed to guide strategy selection and allocation decisions (the Applicant may propose using an existing advisory committee, such as the committee that helped guide the CHNA/CHIP as long as the committee meets DPH’s standards for sectoral representation). DPH may determine after review of submitted documentation that a *Community Engagement Plan* is necessary to adequately meet community engagement standards. Tier 2 Applicants may alternatively determine that the Applicant’s CHNA/CHIP will not initially meet DPH community engagement standards and submit a *Community Engagement Plan* at the time of Application. In both cases, the CHNA/CHIP will need to be self-assessed and community stakeholders will need to complete the *Community Engagement Stakeholder Assessment* forms at the time of Application.
- **Tier 3 CHI projects** are required to develop a CHI Advisory Committees to guide DoN Health Priority strategy selection and allocation decisions that make use of the Applicants CHNA/CHIP but may also require, based on local community needs and expectations, additional community engagement activities to arrive at decisions (the Applicant may propose using an existing advisory committee, such as the committee that helped guide the CHNA/CHIP as long as the committee meets DPH’s standards for sectoral representation). All Tier 3 CHI projects require the development of the *Community Engagement Plan* form, the *Community Engagement Self-Assessment* form for the CHNA/CHIP and the *Community Engagement Stakeholder Assessment* forms at the time of Application.

### **Principles for CHI Advisory Committees and for open solicitation processes**

For CHIs that require the establishment of CHI Advisory Committees for DoN Health Priority strategy selection and for allocation decisions (*See Table 1*), DPH recognizes the possibility that conflicts of interest may arise with Advisory Committee members. The following practices shall be followed by all Applicants requiring CHI Advisory Committees:

- Potential CHI Advisory Committee members shall disclose any real or perceived conflicts of interest relating to the Applicant or its Affiliates. Additionally, members, as the planning process proceeds, shall identify whether or not they would be a potential applicant for CHI funding. A conflict of interest does not necessarily preclude participation and shall be duly determined by the Applicant, in its best judgement.
- Potential allocation committee members shall disclose any real or perceived conflicts of interest relating to the Applicant or its Affiliates and shall confirm they will not be an applicant for CHI funding. The exception to this policy will be the local health authority.
- The Applicant shall put into place regular communication practices to keep the Advisory Committee and any sub-committees, including allocation committees, if applicable, informed of decisions and processes. This may be accomplished by regular electronic communications, in-person meetings, or a website that is continually updated.

## **CHI Planning Partners**

The *Community Engagement for Community Health Planning Guideline* describes required and suggested sectoral representation in the various stages of the CHI planning process. Specific attention should be paid to the following:

### **Local Public Health Authorities**

Local boards of health and health departments are vested by state law and regulation with broad authority and numerous specific responsibilities to protect and promote population health. These functions may also be carried out by public health districts or regions comprised of multiple cities or towns. Municipal or district health officials should be involved in the development of CHI proposals in order to take advantage of opportunities that may exist to align CHI expenditures with CHIPs developed by or in partnership with public health authorities. As part of the *Community Engagement Plan* form that is submitted to DPH, the Applicant shall verify that the local public health authority has reviewed and has been provided the opportunity to comment on the CHI planning process.

### **Community Health Coalitions and Community Health Improvement Planning Partnerships**

Many Massachusetts communities have active health coalitions, such as Community Health Network Areas, which represent viable partners for community health planning. More recently, partnerships and coalitions have developed to conduct regional CHIPs that may or may not interact with or support hospital based CHIPs. In many parts of the Commonwealth, these processes are conducted by the Community Health Network Areas. DPH requires Applicants to coordinate with appropriate CHIP processes that currently exist in their regions and/or that will exist as a result of the new CHI Statewide Initiative support for CHIP coordinating entities.

### **Additional Partners**

There are many types of community organizations that routinely conduct community needs assessments that align with the CHNA/CHIP processes that Hospitals undergo. In particular, DPH encourages Applicants to develop working relationships with Federally Qualified Community Health Centers, Community Action Agencies, and Area Agencies on Aging to ensure that the routine community assessments conducted by these types of agencies are coordinated to the highest-extent possible. Regional CHIP coordinating entities funded out of the CHI Statewide Initiative will be required to align these efforts.

## **CHI Planning and Implementation Steps**

The CHI Planning and Implementation Process has eleven discrete (11) steps.<sup>9</sup> These steps include the requirement to submit documentation related to the Public Health Value of the DoN project which is part of the DoN Factor 1 Application Requirements.

Prior to submittal of the Application and completion of the required forms, Applicants are encouraged to contact the DPH Office of Community Health Planning and Engagement to

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<sup>9</sup> *Note:* the timeline on p.6 of this document which provides a broader overview of the DoN Application and CHI process and does not show this level of detail.

receive documents and to have preliminary discussions regarding the Applicant's proposed CHI objectives and processes, by phone or in person.

As described in *Table 2: CHI Planning Steps and Timing* (p. 26), the following steps are required components of the CHI planning process:

**Steps 1-4 or 1-5:** These steps will be required of all Applicants at the time of the Filing Date. During this stage of the process and depending on the size of the CHI project, the *Community Engagement Plan* form and the assessment forms (the *Community Engagement Self-Assessment* form and the *Community Engagement Stakeholder Assessment* forms) shall be submitted to DPH, along with the Application. Submittal of the *Community Engagement Plan* and *Community Engagement Self-Assessment/Community Engagement Stakeholder Assessment* forms for CHI considerations are submitted at the time of the Filing Date based on the Applicants response to the requirements detailed in *Table 1: CHI Funding Tiers and Community Engagement Requirements for Hospitals*. Verification of the submitted information and discussion with the Applicant and their local partners will take place during the approximately four to six month window between the time of the Filing Date and DPH Final Action. As part of this verification, a corrective action plan may be developed and required by DPH.

**Steps 7-9:** Within 3-12 months (depending on the size of the CHI as described in *Table 1*, p.19) of receipt of a duly-approved Notice of Determination of Need, if granted, Steps 6-8 will be completed by the Holder. During this period, the Holder shall submit forms and documentation to DPH, including the following:

- Reporting on actions described in the approved *Community Engagement Plan* including advisory and allocation committee development and any additional corrective actions undertaken/planned as directed by DPH.
- A completed *DoN Health Priorities Strategy Selection* form.

DPH recognizes that it is possible that Applicants will be able to complete Steps 1-6 prior to DPH Final Action, if granted, especially in cases where the Applicant is choosing to "Pool" CHI funding with existing CHI resources.

**PLEASE NOTE: Steps 1-5 are minimum requirements prior to DPH Final Action on DoN Proposed Projects.**

**Steps 10-12:** These steps represent continuous components of the CHI implementation process with requirements for annual evaluation and reporting that includes steps the Holder has taken to evaluate the impact of the Health Priority strategies and processes to keep local partners engaged in the CHI implementation process.

**Table 2: Summary Table CHI Planning Steps and Timing**

DoN Application Steps for Public Health Value (Factor 1) and CHI	Completed at time of DoN application submittal and verified with DPH staff prior to Department review and determination of the Proposed Project	Completed within 3-12 months of DPH approval, if granted, of the DoN project	Completed throughout the CHI expenditure period	Form Submitted to DPH?
Applicant identifies “Patient Panel” need	✓			
Applicant selects DoN Project in response to identified “Patient Panel” need	✓			
Applicant links proposed DoN project to “Public Health Value by completion of Factor 1 Application Requirements	✓			✓
Applicant completes <i>Community Engagement Plan</i> form ** See Table 1 (p.19) for when this form is used	(✓)			✓
Applicant completes <i>Community Engagement Applicant Self-Assessment</i>	✓			✓
Applicant distributes and is responsible for DPH’s receipt of <i>Community Engagement Stakeholder Assessments</i>	✓			✓
Applicant selects DoN Health Priorities and related strategies and submits <i>DoN Health Priority Strategy Selection</i> form		✓		✓
Applicant and engaged community guide a transparent and public process in selecting and distributing funds		✓		
Applicant prepared to administer CHI funds		✓		
Applicant implements CHI Project			✓	
Applicant monitors and evaluates with community partners CHI project on an ongoing basis			✓	
Applicant reports evaluation results annually to DPH			✓	✓

# Evaluation, Reporting and Accountability

## CHI Evaluation

The *DoN Health Priority Selection* form includes specific objectives to implement DoN Health Priority strategies established as a result of community planning. These objectives will be evaluated as a continuous component to the CHI process (*See CHI Planning and Implementation Steps 9-11, p.24-26*). The CHI Statewide Initiative's Advisory Committee shall provide recommendations on evaluation standards and requirements to DPH. DPH will then provide final evaluation requirements to the Holder. The Advisory Committee includes an evaluation component that will support local CHI evaluation through the development of standard evaluation tools.

## CHI Accountability

If DPH staff determine that submitted documents, including, but not limited to the *Community Engagement Plan* form, *Community Engagement Applicant Self-Assessment*, *Community Engagement Stakeholder Assessment* forms and the *DoN Health Priorities Selection* form do not meet standards agreed upon at project approval, a 30-day notice shall be sent to the Holder requiring their appearance before the Department which may result in up to an additional 2.5% assessment to fund the Health Priorities pursuant to the Standard and Other Conditions attached to the Notice of Determination of Need.

## CHI Reporting

Consistent with 105 CMR 100.310(L), Applicants are required to file annual written reports to DPH through the duration of each approved project, including, but not limited to:

- Reporting period;
- Funds expended;
- Recipient(s) of funds;
- Purpose(s) of expenditures;
- Project outcomes to date;  
Proposed changes, if any, to the approved CHI;
- Balance of funds to be expended over the duration of the project; and,
- Name of Applicant's representative, including complete contact information.

Reports should be sent electronically to Ben Wood, Director, DPH Office of Community Health Planning and Engagement at [DONCHI@state.ma.us](mailto:DONCHI@state.ma.us).

Evaluation and reporting of CHIs may be coordinated with evaluation and reporting of programs provided pursuant to the AGO's community benefits guidelines, subject to consultation with the Director of the DPH Office of Community Health Planning and Engagement and with the Office of the AGO. Combined reporting and evaluation, if arranged, will be required to clearly distinguish between DoN-funded CHIs and community benefits programs.

## Other CHI Requirements by Type of Facilities

### CHI Requirements for any DoN-Regulated Applicant Other than a Hospital

DoN Applicants that are **not** Hospitals, pursuant to 105 CMR 100.000 are required to contribute to a CHI, and that are **not otherwise** required to conduct regular CHNAs/ CHIPs by the IRS or the AGO's Community Benefits program, including Freestanding Ambulatory Surgery Centers not Affiliated with an existing Hospital, certain Applicants including physician practices employing DoN-Required Services and Technologies, and Long-Term Care Facilities, shall fulfill their CHI obligations accordingly:

- **Freestanding Ambulatory Surgery Centers** not Affiliated with an existing Hospital shall provide the entire CHI payment to the CHI Statewide Initiative. Payment may be made in full at time of project approval or in 2-year installments with first payment due at the time of receipt of a duly-approved Notice of Determination of Need.
- **DoN-Required Equipment or Services** acquired by an entity other than a Hospital, will either:
  - Provide the entire CHI payment to the CHI Statewide Initiative. Payment may be made in full at time of project approval or in 2 year installments with first payment due at the time of receipt of a duly-approved Notice of Determination of Need; or,
- **Long-Term Care Facilities** will be directed to contribute CHI resources to a CHI Healthy Aging Fund. The CHI Healthy Aging Fund will support the development of Age-Friendly communities following the eight (8) elements of an age-friendly community as defined by the WHO and AARP<sup>10</sup> and/or CHI Healthy Aging Fund will be consistent with the strategic efforts of *Healthy Aging in Action (HAIA): Advancing the National Prevention Strategy*<sup>11</sup>. The HAIA is designed to:
  - Support prevention efforts to enable older adults to remain active, independent, and involved in their community;
  - Highlight innovative and evidence-based programs from National Prevention Council departments, agencies, and local communities that address the challenges related to physical, mental, emotional, and social well-being that are often encountered in later life; and
  - Inform future multisector efforts to promote and facilitate healthy aging in communities.

The CHI Healthy Aging Fund will use the HAIA and the Age-Friendly Communities frameworks to identify current issues and initiatives that are consistent with the DoN Health Priorities and strategy framework and that will be reflective of regionally specific

<sup>10</sup> <http://www.aarp.org/livable-communities/network-age-friendly-communities/info-2014/an-introduction.html>

<sup>11</sup> <http://www.surgeongeneral.gov/priorities/prevention/about/healthy-aging-in-action-final.pdf>

needs and approaches to healthy aging. As examples, this may mean supporting the development of Age-Friendly Communities with activities focused on issues such as housing and the built environment and/or supporting evidence-informed strategies related to current EOHHS issue priorities such as substance use disorders in older adult populations.

The Commissioner of Public Health and the Secretary of Elder Affairs will name stakeholders to a CHI Healthy Aging Fund Advisory Committee to develop and implement the CHI Healthy Aging Fund. The CHI Healthy Aging Fund Advisory Committee will be operational by June 30, 2017. The CHI Healthy Aging Fund Advisory Committee will identify a host agency that will act as fiscal agent to the CHI Healthy Aging fund. The CHI Healthy Aging Fund Advisory Committee will develop criteria and priorities for an annual funding plan which will include the identification of regional entities/organizations that will be responsible for identifying the regional and local approaches to healthy aging supported through this fund.

## **Attachment A: Brief Case Study Examples of Hospital CHI Planning and Community Engagement**

**Example 1:** A Hospital submits an Application that proposes a total CHI investment of more than \$4 million. This Applicant has been part of a regular CHIP planning process that is led by the region's largest health department (which has also used the CHIP as the basis for application to the Public Health Accreditation Board). The Applicant participates in this collaborative CHNA/CHIP process as the basis for meeting its federal IRS and Massachusetts AGO community benefits-related requirements. An existing steering committee of the CHIP can be used to choose Health Priority strategies and specific allocation decisions for the CHI. Through the Applicant's self-assessment in the *Community Engagement Self-Assessment* form and the *Community Engagement Stakeholder Assessment Forms*, it is identified that minimal areas of correction would improve the engagement process. DPH agrees with the assessment plan with the exception of identifying additional stakeholders for the steering committee and the Applicants which is agreed to in the *Community Engagement Plan*. The steering committee selects the DoN Health Priorities and transparently procures organizations to implement the CHI strategies. Reporting on the *Community Engagement Plan* activities and any other corrective actions are completed within 6 months of receipt of a duly-approved Notice of Determination of Need.

**Example 2:** A Hospital that has regularly conducted CHNA/CHIP processes in partnership with other health care systems in the region submits an Application that proposes a total CHI investment of \$1.5 million. The Applicant plans to use its existing community benefits advisory board for DoN Health Priority selection and allocation decisions. Determining that the existing CHNA/CHIP does not meet DPH community engagement standards the Applicant submits a *Community Engagement Plan* form and is responsible for DPH's receipt of the corresponding *Community Engagement Stakeholder Assessments*. In its evaluation of these forms DPH identifies that there is an active CHIP effort convened by multiple community stakeholders and that has its own steering committee separate from the Hospital's existing community benefits advisory committee. To ensure coordination of all CHIP related processes in the region, and to ensure that Health Priority strategies are broadly representative of community interests and needs, DPH, through a required corrective action plan, requires that the Applicant modify plans to coordinate the activities of their existing community benefits advisory board with the steering committee of the region-wide CHIP process. The Hospital's existing community benefits advisory board and the region-wide CHIP steering committee then decide to collaborate to apply for infrastructure resources through the CHI Statewide Initiative creating one continuous CHNA/CHIP organizational framework for the region. The Hospital's existing community benefits advisory board and the CHIP steering committee jointly select the DoN Health Priorities and strategies and

transparently procure organizations to implement CHI strategies. Reporting on the *Community Engagement Plan* activities and on any other corrective actions are completed within 3 months of receipt of a duly-approved Notice of Determination of Need..

**Example 3:** A small community Hospital submits an Application that proposes a total CHI investment of \$750,000. The Applicant does not collaborate with any other regional health care system or community group to comply with the federal IRS or Massachusetts AGO's CHNA/CHIP requirements. In past approved DoNs, this Hospital has met its CHI requirements by providing funds to a Community Health Network Area without taking an active role in that decision-making. The Hospital's *Community Engagement Self-Assessment* and corresponding *Community Engagement Stakeholder Assessment* forms identifies numerous corrective actions, including, but not limited to, a need to identify the best way to routinely collaborate with ongoing CHNA/CHIP processes in the region, as well as identifying a need for additional representation on its community benefits advisory board. DPH encourages the Applicant and the Community Health Network Area to identify opportunities for collaboration that would result in a successful application for CHIP coordinating resources through the CHI Statewide Initiative. In addition, DPH requires additional Community Engagement activities specific to the choice of DoN Health Priority strategies. Reporting on corrective actions is completed within 3 months of receipt of a duly-approved Notice of Determination of Need.

**Example 4:** A Hospital in a large city with multiple and overlapping health care systems submits an Application that proposes a total CHI of \$6.5 million. The Applicant recently conducted a joint CHNA/CHIP process with the other regional health care systems but did not coordinate that process with the ongoing CHIP activities of the local health department and other community groups. The Hospital submits plans in their *Community Engagement Plan* form plans to develop a CHI advisory committee for DoN Health Priority strategy selection and allocation related decisions that meet DPH standards for sectoral representation. However, through analysis of the *Community Engagement Self-Assessment* form and the *Community Engagement Stakeholder Assessment* forms DPH identifies that the CHNA/CHIP process that the DoN Health Priority strategy selection will be based on did not meet DPH Community Engagement standards. Corrective action includes an encouragement to coordinate with the local health department to establish an ongoing CHIP coordinating entity that would establish standards for CHI planning and funding across the city and across the regional health care systems, as well as requirements for additional community engagement efforts specific to the CHI process. Reporting on the *Community Engagement Plan* activities and on any other corrective actions are completed within 12 months of receipt of a duly-approved Notice of Determination of Need.