

Nonprofit Hospital, Federally Qualified Health Center, and LPHA Assessment Requirements Comparison Table

Mandated Assessment and Planning	Authority	Specific Requirements	Timeline	Anticipated Outputs
The Public Health Act	C. R. S. § 25-1-501 et seq.	<p>Each LPHA shall prepare a county or district public health plan</p> <p>This plan shall not be inconsistent with the State plan required under SECTION 25-1-504.</p> <p>The plan must:</p> <ol style="list-style-type: none"> 1. Examine data about health status and risk factors in the local community 2. Assess the capacity and performance of the county or district public health system 3. Identify goals and strategies for improving the health of the local community 4. Describe how representatives of the local community develop and implement the local plan 5. Address how LPHAs coordinate with the CDPHE and others within the PH system to accomplish goals and priorities identified in the comprehensive state plan 6. Identify financial resources available to meet requirements for the provision of core services 	As soon as practicable after approval of each statewide plan (required at least every 5 years beginning 12/31/2009)	A Local Plan reviewed by the agency BOH and the state BOH
Federally Qualified Health Centers	<p>Section 330 of the Public Health Service Act (42 USCS § 254b)</p> <p>Needs Assessment: Health center demonstrates and documents the needs of its target population, updating its service area, when appropriate. (Section 330(k)(2) and Section 330(k)(3)(I) of the PHS Act)</p>	<p><u>Statutory Language</u></p> <p>The grant application for this program and shall include:</p> <ol style="list-style-type: none"> 1. An assessment of the need that the population proposed to be served by the health center for which the project is undertaken has for required primary health services and additional health services; 2. The design of a health center program for such population based on such assessment; 3. Initiation and encouragement of continuing community involvement in the development and operation of the project; and 4. Proposed linkages between the center and other appropriate provider entities, such as health departments, local hospitals, and rural health clinics, to provide better coordinated, higher quality, and more cost-effective health care services. <p>Description of need. An application for a grant shall include</p> <ol style="list-style-type: none"> 1. A description of the need for health services in the catchment area of the center; 2. A demonstration by the applicant that the area or the population group to be served by the applicant has a shortage of personal health services; and 3. A demonstration that the center will be located so that it will provide services to the greatest number of individuals residing in the catchment area or included in such population group. 4. The center will review periodically its catchment area to: <ol style="list-style-type: none"> (i) ensure that the size of such area is such that the services to be provided through the center (including any satellite) are available and accessible to the residents of the area promptly and as appropriate; 	Upon application for planning grant from HRSA	Unclear other than use of data for grant application

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<p>Federally Qualified Health Centers</p>		<p>(ii) ensure that the boundaries of such area conform, to the extent practicable, to relevant boundaries of political subdivisions, school districts, and Federal and State health and social service programs; and</p> <p>(iii) ensure that the boundaries of such area eliminate, to the extent possible, barriers to access to the services of the center, including barriers resulting from the area's physical characteristics, its residential patterns, its economic and social grouping, and available transportation.</p> <p><u>Language from the Grant Application</u></p> <p>Need Narrative:</p> <ol style="list-style-type: none"> 1. The extent to which the applicant describes the unique characteristics of the target population within the proposed service area that affect access to primary health care, health care utilization and/or health status, including: <ol style="list-style-type: none"> a. Cultural/ethnic factors including language, attitudes, knowledge and/or beliefs; b. Geographic/transportation barriers; c. Unemployment or educational factors; and d. Unique health care needs of the target population(s). 2. The extent to which the applicant demonstrates knowledge/documentation of existing primary health care services (including mental health/substance abuse and oral health) currently available in the applicant's service area, including any gaps in services (e.g., provider shortages) and the role and location of any other providers who currently serve the target population 3. The extent to which the applicant demonstrates a thorough understanding of the health care environment and describes any significant changes that have affected the community's ability to provide services and/or have affected the applicant's fiscal stability, if applicable. The topics may include: <ol style="list-style-type: none"> a. Changes in insurance coverage, including Medicaid, Medicare and CHIP; changes in State/local/private uncompensated care programs; b. Major events including changes in the economic or demographic environment of the service area (e.g., influx of refugee population; closing of local hospitals; community health care providers or major local employers; major emergencies such as hurricanes, flooding, terrorism); and 4. Significant changes affecting the special populations served (if applicable). <p>Need Worksheet:</p> <ol style="list-style-type: none"> 1. Core barriers (compare pop size to # PCPs, pop at 200% FPL, % population uninsured, travel time to nearest PCP accepting Medicaid or uninsured patients) 2. Core Health Indicators – compared to national benchmark data (diabetes, cardiovascular disease, cancer, Pre and perinatal health, child health, behavioral and oral health) 3. Other Health Indicators (ex. HIV incidence rates) 		

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<p>Affordable Care Act</p>	<p>Section 9007(a) of the Patient Protection and Affordable Care Act Pub. L. No. 111-148, 124 Stat. 119</p> <p>Internal Revenue Code 501(c)(3)—</p> <p>IRS Announcement (2011-52)</p>	<p>A CHNA is a written report that includes:</p> <ol style="list-style-type: none"> 1. A description of the community served by the hospital facility and how it was determined. 2. A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. The report should also describe information gaps that impact the hospital organization’s ability to assess the health needs of the community served by the hospital facility. <ol style="list-style-type: none"> a. If a hospital organization collaborates with other organizations in conducting a CHNA, the report should identify all of the organizations with which the hospital organization collaborated. b. If a hospital organization contracts with one or more third parties to assist it in conducting a CHNA, the report should also disclose the identity and qualifications of such third parties. 3. A description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility , including a description of when and how the organization consulted with these persons (whether through meetings, focus groups, interviews, surveys, written correspondence, etc.). <ol style="list-style-type: none"> a. If the hospital organization takes into account input from an organization, the written report should identify the organization and provide the name and title of at least one individual in such organization with whom the hospital organization consulted. b. The report must identify any individual providing input who has special knowledge of or expertise in public health by name, title, and affiliation and provide a brief description of the individual’s special knowledge or expertise. c. The report also must identify any individual providing input who is a “leader” or “representative” of populations described in paragraph (3) of section 3.06 of this notice by name and describe the nature of the individual’s leadership or representative role. 4. A prioritized description of all of the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs. 5. A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA. <p>In order to meet the requirement to take into account input from persons who represent the broad interests of the community served by a hospital facility, a CHNA must, at a minimum, take into account input from—</p>	<p>Once every three tax years beginning with the tax year that includes March 23, 2012</p>	<p>Needs assessment is a written report that must be made widely available to the public</p> <p>A hospital organization will be considered to have made a hospital facility’s CHNA widely available to the public by posting the written report of the CHNA findings on the hospital facility’s website or, if the hospital facility does not have its own website separate from the hospital organization that operates it, on the hospital organization’s website. Alternatively, the written report may be posted on a website established and maintained by another entity as long as either –</p> <p>(1) the hospital organization or facility’s website provides a link to the website on which the report is posted, along with clear instructions for accessing the report on that website; or</p> <p>(2) if neither the hospital organization nor the hospital facility has a website, the hospital organization or facility provides any individual requesting a copy of the written report with the direct website address, or url, where the document can be accessed.</p> <p>The hospital must have an implementation strategy for meeting the needs identified in the assessment, report how it is addressing those needs and</p> <p>describe any needs that are not being addressed together with the reasons they are not being acted on.</p> <p>An “implementation strategy” is a written plan that addresses each of the community health needs identified through a CHNA for such facility. For these purposes, the implementation strategy plan either—</p>

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<p>Affordable Care Act</p>		<ol style="list-style-type: none"> 1. Persons with special knowledge of or expertise in public health; 2. Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility; and 3. Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility. <p>IRS intends “to allow a hospital organization to conduct a CHNA in collaboration with other organizations, including state and local agencies, such as public health departments.”</p> <p>Hospitals will be permitted to develop implementation strategies in collaboration with other organizations, including public health departments.</p>		<ol style="list-style-type: none"> 1. describes how the hospital facility plans to meet the health need; or 2. identifies the health need as one the hospital facility does not intend to meet and explains why the hospital facility does not intend to meet the health need. <p>In describing how a hospital facility plans to meet a health need identified through a CHNA for purposes of paragraph (1), the implementation strategy must tailor the description to the particular hospital facility, taking into account its specific programs, resources, and priorities.</p> <p>A hospital organization operating multiple hospital facilities must create a separate CHNA and implementation strategy for each of its hospital facilities.</p>