



Community Benefits Plan Frequently Asked Questions

1. Who is required to submit a plan?

Private not-for-profit hospitals located in California are required to submit. Private not-for-profit means a health facility, licensed by California Department of Public Health with licensee type of nonprofit corporation. Please refer to [California Code of Regulations section 95100 subsection \(i\)](#) and [Health and Safety Code 1250 \(a\), \(b\), or \(f\)](#).

2. Are there any hospitals exempt from submitting a Community Benefits Plan?

Yes. In accordance with [Health and Safety Code Section 127345 \(g\) \(1\)-\(3\)](#). There are three types of hospitals that are exempt:

- a. Hospitals that are dedicated to serving children and that do not receive direct payment for services to any patient.
- b. Small and rural hospitals as defined in [Health and Safety Code Section 124840](#) are exempt unless the hospital is part of a hospital system.
- c. A district hospital organized and governed pursuant to the Local Health Care District Law (Division 23 (commencing with Section 32000)) or a nonprofit corporation that is affiliated with the health care district hospital owner by means of the district's status as the nonprofit corporation's sole corporate member pursuant to subparagraph (B) of paragraph (1) of subdivision (h) of [Section 14169.31 of the Welfare and Institutions Code](#).

For more information about hospitals that are exempt, please contact the Hospital Disclosures and Compliance team at (916) 326-3830 or email at CommunityBenefit@hcai.ca.gov.

3. When are Community Benefits Plans Due?

Community Benefits Plans are due annually no later than 150 days after the facility's fiscal year-end date. If a hospital is unable to submit a plan on time, statutes allow for a single, 60-day extension request to be submitted.

4. What happens if the Community Benefits Plan cannot be submitted on time?

If a hospital is unable to submit a plan on time, statutes allow for a single, 60-day extension request to be submitted via the [Hospital Disclosures and Compliance System](#). Instructions on how to request an extension are available in the [QuickStart Guide: Requesting an Extension](#). In accordance with [California Code of Regulations \(CCR\) Section 95108](#), a hospital that fails to submit a plan required by [Health and Safety Code Sections 127350](#) by the due date established by [CCR Section 95104](#), considering an extension of due date as provided in [CCR Section 95105](#), is liable for a fine of one hundred (\$100) for each day that the required plan is not filed.

5. What is being collected in the Hospital Disclosure and Compliance System?

For fiscal year-end occurring on or after January 31, 2025, and all subsequent periods, hospitals will be required to submit their Community Benefits Plan to the Department via the [Hospital Disclosures and Compliance System](#). Reporting will consist of two parts:

Submitters will be required to manually enter the web address where the Community Benefits Plan is published, details surrounding their most recent Community Health Needs Assessment (CHNA) and complete the financial table pertaining to the hospital's net community benefit expenses. Hospitals shall report the hospital's net community benefit expenses for services to vulnerable populations and broader community, with each category aggregated separately, and reported in whole dollars. For a full preview of the required information, including the financial data table, please review our [Community Benefits Plan Submission Template](#).

To complete the submission in the HDC system, hospitals will be required to upload their Community Benefits Plan. In accordance with [California Code of Regulations Section 95102](#), Community Benefits Plan must be submitted in Portable Document Format (.pdf) and be in machine-readable format in accordance with [Government Code section 11546.7](#). (scanned documents or images of paper documents are prohibited). [Health and Safety Code Section 127350 and 127355](#), require hospitals to complete a CHNA at least every three years. Annually adopt, update, and submit their Community Benefits Plan to ensure benefit provision.

6. What information should be included in a Community Benefits Plan (PDF)?

The Community Benefits Plan document should include the following:

- a. Reaffirm their mission statement that requires its policies to integrate and reflect the public interest.
- b. Including, but not limited to, the activities that the hospital has undertaken to address community needs within its mission and financial capacity.
- c. Assign and report the economic value of community benefits provided in furtherance of its plan.
- d. Include a description of how needs identified in the assessment are being addressed and which needs are not being addressed, and why.
- e. Contain an explanation of the methodology used to determine the hospital's costs, written in plain English.
- f. Mechanisms to evaluate the plan's effectiveness including, but not limited to, a method for soliciting the views of the community served by the hospital and identification of community groups and local government officials consulted during the development of the plan.
 - i. Measurable objectives to be achieved within specified timeframe.
 - ii. Community benefits categorized into the following framework:
 1. Medical care services.
 2. Other benefits for vulnerable populations.
 3. Other benefits for the broader community.
 4. Health research, education, and training programs.

5. Nonquantifiable benefits

7. How can the Community Benefits Plan be submitted to the department?

Hospitals whose fiscal year-ends on or after January 31, 2025, will be required to submit their Community Benefits Plan in accordance with [California Code of Regulations Sections 95102](#) and [95103](#), via the [Hospital Disclosures and Compliance System](#). Resources for the submission system are available in the [HDC System and Community Benefits Plan Resource Manual](#).

8. How can an account be created in the Hospital Disclosure and Compliance (HDC) System?

Instructions are available in the [QuickStart Guide: Getting Started](#).

9. How to associate to a facility in the HDC System?

Instructions are available in the [QuickStart Guide: Getting Started](#).

10. Who can approve requests to associate a facility?

Primary contacts, associated users, and HCAI program staff can approve pending requests for facility associations.

11. Are facilities required to meet a minimum spending amount on Community Benefits Plan?

No, this is not a requirement at this time.

12. Under which population category should community benefit expenses be reported under if expenses for the vulnerable population cannot be separated from those that serve the broader community?

If a report submitter is unable to separate the expenses, please report the expenses under the broader community. Broader community also means groups or communities not specifically identified as vulnerable populations. This may include groups or communities where vulnerable populations cannot be identified, or the activity is not specifically directed towards vulnerable populations.

13. What if a facility did not have an expense on a certain category?

If \$0 were spent, a facility would enter \$0.

14. How often should a Community Health Needs Assessment (CHNA) need to be updated?

In accordance with [Health and Safety Code Section 127350 Subsection \(b\)](#), the community needs assessment shall be updated at least once every three years.

15. Where are previously submitted plans published?

Previously submitted plan(s) can be reviewed [here](#).

16. Can corrections be made to a previously submitted plan?

Yes. Hospitals whose fiscal year-ends on or after January 31, 2025, revisions should be submitted through the [Hospital Disclosures and Compliance System](#). Revisions

are permitted for a period not exceeding twenty-four (24) months after the reporting period end date. Instructions are available in the [HDC System and Community Benefits Plan Resource Manual](#).

For submissions received prior to January 31, 2025, revisions must be emailed directly to the department at CommunityBenefit@hcai.ca.gov. Revisions are permitted for a period not exceeding twenty-four (24) months after the reporting period end date.

17. When are Community Benefits Plan made available to the public?

Community Benefits Plan and datasets are uploaded quarterly to the [California Health and Human Services Open Data Portal \(ODP\)](#). Additionally, links to all data products and visualizations are available on the [Hospital Community Benefits Plan Website](#).