

Health in All Policies (HiAP)-CLAS Internal Assessment for FFS Contracts, Plans, Subgrants, Policies, MOUs and RFPs

Title of document under review _____

Document Type _____ Process Owner _____

Originator/Reviewer _____ Role or Title _____

Complete Question 1 then Check YES, NO or NA as appropriate for questions 2 through 6. Complete questions 7a and b for subgrants.

1. Who does this FFS contract, plan, sub grant, policy, MOU or RFP affect?			
2. Will this FFS contract, plan, sub-grant, policy, MOU or RFP affect those who have been historically marginalized or discriminated by i.e. age, class, race, ethnicity, immigration status, gender, sexual orientation, geographic location? If yes, please explain.	YES	NO	NA
3. Have external partners <i>i.e. corporations, businesses, schools, other government agencies, and/or not-for-profit organizations</i> been a part of the FFS contract, policy, plan, MOU, or RFP development process? If no, why not?	YES	NO	NA
4. Can the environment thrive through this FFS contract, plan, sub-grant, policy, MOU or RFP i.e., land use, transportation, residential segregation, housing, and exposure to toxins and chemicals? If yes, please explain.	YES	NO	NA
5. Will this FFS contract, plan, sub-grant, policy, MOU or RFP help improve the health or social conditions of the community i.e., health care, education, social services, violence prevention, media, and a cultural of health? If yes, please explain.	YES	NO	NA
6. Will this FFS contract, plan, sub-grant, policy, MOU or RFP contribute to improving the economic conditions and work environments in the community e.g., employment, income, retail business, occupational hazards, worksite wellness? If yes, please explain.	YES	NO	NA
7a. For subgrants, does the sub-grantee have a diverse partnership of people and/or organizations providing services/technical support/guidance/oversite reflecting the population that will be served? 7b. For subgrants, is the sub-grantee organization successful in serving its target population? If yes, explain.	YES	NO	NA

Office Director Signature _____ Date Completed _____

MS State Department of Health

Instructions for Form No 115, Health in All Policies (HiAP)-CLAS Internal Assessment for FFS Contracts, Plans, Sub grants, Policies, MOUs and RFPs

Issue Date: 7/26/19

Revision Active Date: DRAFT

Revision Number: 3

Purpose

The form was created to provide a guide for FFS contract, sub grant, plan, policy, MOU and RFP review to assure that all program and agency FFS contract, sub-grants, plans, MOUs and RFPs conform to a Health in All Policies framework whenever possible and to assure that National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare are included in all program and agency policies and procedures.

Please refer to MSDH General Agency Manual Section 5.1, Review and Approval of Agency Policies and Procedures and Section 14.0, Health Equity Policies and Procedures.

Instructions

1. Reviewer should complete all blanks at the top of the form for:

Title of document under review

Document Type

Process Owner

Originator/Reviewer Name Print

Reviewer Job role or title

2. Reviewer should provide a complete answer for Question 1.

3. Reviewer should screen document or section of document listed to assure that, whenever possible, each opportunity presented in the checklist has been addressed.

- If the opportunity is not applicable to the document being reviewed circle NA (not applicable).
- Circle YES or No as applicable.
- Provide explanations as requested for each question.
- Note: Question 3 does not apply to MOUs. Question 7 ONLY applies to subgrants.
- When required, explanations should be in the form of a short summary or overview.

4. Reviewer should then sign and date in spaces provided.

5. Fee for Service Contracts, plans, policies, procedures, sub grants, MOUs and other agency process documents will **not** be reviewed by Policy Evaluation analysts unless this form is completed.

5. Technical assistance will be provided from the Office of Policy Evaluation staff as requested.

Office Mechanics and Filing

Completed forms should accompany approval documents for entire routing process.

Retention Period

Completed forms will be filed with Approval documentation.