



Hilltown Community Health Center

**BOARD MEETING
JUNE 9, 2016
HUNTINGTON HEALTH CENTER
5:30 PM**

AGENDA

1. Call to Order
2. Approval of the May 26, 2016 Meeting Minutes
3. Executive Director / Senior Manager Report
4. Committee Reports (as needed)
 - Executive Committee
 - Recruiting, Orientation, and Nominating (RON)
 - Corporate Compliance
 - Facilities
 - Personnel
 - Quality Improvement
 - Expansion
 - Strategic Planning
 - Fundraising and Development
5. New Business
 - Conflict of Interest Policy
 - Changes in Scope
6. Adjourn

HCHC BOARD OF DIRECTORS MEETING

Location: Huntington Health Center, Huntington, MA

Date/Time: 05/26/2016 6:00pm

MEMBERS: Wendy Lane Wright; Alan Gaitenby; Lee Manchester; Wendy Long; Nancy Brenner; Vice President; John Follet, President; Cheryl Hopson

STAFF: Eliza Lake, Executive Director; Michael Purdy CCCSO; Jeff Hagen, COO; Janet Laroche, Executive Assistant

GUESTS: Carol Leibinger-Healy, Adelson & Company, P.C.; Kathryn Jensen, possible new Board member

ABSENT: Lew Robbins, Treasurer; Tim Walter; Frank Mertes, CFO

Agenda Item	Summary of Discussion	Decision/Next Steps	Person Responsible/ Due Date
Approval of Minutes 04/28/2016	<p>John Follet called the meeting to order at 6:05pm.</p> <p>The April 28, 2016 minutes were reviewed by the Board members present. A motion was made to approve the April 28, 2016 minutes. The motion was seconded. With no discussion needed, the motion to approve the minutes for April was approved unanimously.</p>	The April 28, 2016 minutes were approved	
Guest Presentation: Adelson & Company, P.C.	<p>Carol Leibinger-Healy from Adelson & Company, P.C., our auditing firm attended this meeting to present to findings of the financial audit to the Board.</p> <p>She reported that cash was up \$122,000; A/R was down \$192,000; equipment was down \$16,000; and liabilities were up \$237,000 due to payroll accruals and payables. She said this is not an uncommon problem among companies and we're within our policy for payroll accruals. It was mentioned that this topic has been discussed in the past and there currently are not many employees at the max for their accruals.</p> <p>There was in an increase of \$283,000 in operations due to improvements made in new windows, siding, the parking lot, and tearing down the building in Huntington.</p> <p>Carol also reported that operating revenue was up \$600,000 due to reimbursement rates increasing; expenses were up \$590,000; the final net loss was \$44,000, an improvement of \$100,000 from last year.</p> <p>It was asked if the controls in place are working and her answer was yes.</p>		

	<p>Carol recommended that an inventory list of equipment purchased with federal money be kept.</p> <p>With no further questions, a motion was made to accept the audited financial report. The motion was seconded, and with no further discussion, the motion to accept the audited financial report was approved.</p> <p>It was also recommended that the finance committee should review and approve the UFR, due June 15th and Form 990. A motion was made to have the finance committee review and approve the UFR and 990 at the next Finance committee meeting. The motion was seconded, and with no discussion needed, the motion was approved.</p>	<p>The audited financial report was accepted.</p> <p>The UFR and 990 will be reviewed and approved at the next finance committee meeting.</p>	
Finance Committee	<p>John reported on the finance committee meeting. Pat Kirouac was in attendance in the absence of Frank. The reports in the process of being streamlined. Eliza, Frank and Pat plan to meet to review what reports are helpful for the Board and what information needs to be included.</p> <p>The April finances were reviewed. Revenue was under budget by \$300,000. Patient revenue for the month was approximately \$358,000. Cash is tight at the present time, but payroll is being met and bills are being paid. There is 17.8 days cash on hand.</p> <p>A capital expense request was approved to purchase medical grade refrigerators, which are mandated by CDC for vaccines. They will be placed at HHC and SBHC. The cost was \$8500.</p>		
Executive Director Report	<p>Eliza reported that everyone's been working hard to get ready for the HRSA visit. A call was held with the consultants on May 27th. She informed the Board as well as the consultants that Cooley Dickinson Hospital has refused to use our sliding fee policy as part of our referral agreement with them. When the agreement was uploaded to HRSA it was rejected, but CDH's decision is out of our control.</p> <p>A podiatrist has also been found for a referral agreement, but he also refuses to use our sliding scale fee.</p>		

	<p>Our policy for sliding fees has been reviewed and edited by Frank; A recruitment and retention policy for providers has been worked on; a 340B policy template has been found and Frank will review when he returns from vacation.</p> <p>The HRSA visit will begin at 9am on Wednesday, June 8 in Worthington. The consultants would like to meet with the Board on Thursday, June 9th. The time has been tentatively set for 6pm in Huntington. The consultants will then hold an exit interview sometime on Friday, June 10th.</p> <p>Eliza also reported that the new access point (NAP) application is due before the end of July, before the next Board meeting. She believes this will be the last NAP app request for a while to come. If we have an application in, we could still be awarded something later down the road if we're on the list. Thoughts for applying are expansion to Ware of Westfield, with Ware being the better choice. With the small amount of research done thus far, there's more of a need in Ware and it resides in Hampshire County. There are approximately 47,000 people in the area with 12,000 considered low income. Only 2 family practice doctors could be found in the town. Baystate Medical's presence in the area is pulling out leaving a need. Applying for expansion to Ware would be subject to determining that this is a solid idea and she asked the Board to authorize her to move ahead with the NAP application. The expansion committee recently met and spoke about this and thought it would be pro-active to apply.</p> <p>It was asked what services would be offered if opening in Ware. Eliza said only medical services would be offered to begin with. A motion was made to authorize Eliza to research and based on the findings to pursue to NAP application. The motion was seconded, and without further discussion the motion to authorize research and applying for the NAP was approved.</p>		
Chief Clinical and Community	Michael reported that a new behavioral health clinician, LCSW, has been hired and will begin		

Services Officer Report	<p>June 6th. Serena Torrey has been offering de-escalation training for staff which has been well attended.</p> <p>A job offer has been made to a dentist and there are 2 more interviews set up.</p> <p>Sheri Cheung will now be the medical rep on the QI Committee due to CMS/Medicare requirements. Jon Liebman will still be very involved with QI.</p> <p>The \$20,000 coming from the former ACO grant will be used to integrate SBHC into the health center network.</p>		
Executive Committee	<p>John reported that Lucy Fandel has handed in her resignation from the Board and he passed around the letter received from Lucy. Wendy Lane Wright has agreed to become the new clerk. Clerk, Kim May, has decided not to serve another term on the Board.</p> <p>Present at this meeting was Kathryn Jensen, a Psychotherapist from Cummington who is interested in healthcare delivery and helping at the policy level. She recently met with Eliza and John to learn more about the organization and what Board responsibilities would be. She is interested in serving a 3 year term. A motion was made to nominate Kathryn Jensen for a 3 year term to the Board. The motion was seconded, and without further discussion, to motion to nominate Kathryn Jensen to the Board was approved unanimously.</p> <p>John asked members if they would mind not meeting at the end of June as previously scheduled, since the Annual Meeting will take place June 1st and then the meeting with HRSA will be the following week. It was agreed to cancel the June 30th Board meeting.</p>	Kathryn Jensen was elected to the Board for a 3 year term.	
Recruiting, Orientation & Nominating Committee	<p>Wendy reported that she will be announcing the slate of officers and directors at the Annual Meeting being held June 1st. Some details regarding the annual meeting agenda and her role were finalized.</p> <p>It was asked how old someone has to be in order to be a Board member. Since there's nothing listed in the Bylaws, it was agreed that 18 should be the minimum age to be able to serve on the Board.</p>		

	Wendy also announced that the Board is still in need of representation from the towns of Russell and Chester and if anyone knows of someone in those towns who might be interested to let her know.		
Corporate Compliance Committee	The committee did not meet this month.		
Facilities Committee	The facilities committee will probably meet next quarter.		
Personnel Committee	The personnel committee discussed changing the earned sick time policy slightly. The terms per diem and part time need to be defined more clearly.		
QI Committee	<p>Cheryl reported on the last meeting since Kim May is no longer on the Board. Cheryl has agreed to chair this committee going forward. John also mentioned that Kathryn may be interested in joining this committee.</p> <p>Cheryl reported on the May meeting. It was discussed that the minutes regarding patient incidents may be too detailed and should be more of an overview without as many details. This will be the case moving forward when incidents are discussed. The lean team has received answers to their questions and is moving forward on internal communications within the medical department. Sheri Cheung, MD will now be the rep from Medical on this committee as Medicare does not allow nurse practitioners to be the official rep.</p> <p>There was no report from the Dental dept at this meeting.</p> <p>Eliza mentioned that we've just completed the renewal process for the health center's FTCA coverage and one of their requirements is to include 6 months of QI minutes and 6 months of Board minutes where QI is discussed. They want to see detailed conversations about QI processes, data, etc. at Board meetings.</p>		
Expansion Committee	The committee discussed the possible NAP application and translation services. Cooley		

	Dickinson Hospital offered to support translation services for the Amherst site at \$2500. We believe we'll need to add translation services to the budget, approximately \$30-\$60K for Amherst. A discussion regarding the outreach advisory committee for Amherst was held as well.		
Strategic Planning Committee	The committee is scheduled to meet June 21 st at WHC.		
Old Business			
ByLaws	The health center's bylaws were distributed last month to all members with suggested changes. The group was asked to take the time to review and ask questions this month. Lee suggested another minor change in Article III to remove 'call for that purpose'. All were in agreement with this additional change. A motion was made to approve the revised bylaws as written and to include the changes in Article III listed above. The motion was seconded. With no other discussion needed, the motion to approve the revised bylaws was approved unanimously.	Bylaws were approved with the changes made	
New Business			
Community Needs Assessment	Marie Burkart worked on updating the community needs assessment. The numbers included in the report will be updated annually going forward. John commented on what a detailed document this was and the time Marie put into it. A motion was made to approve the 2016 community needs assessment. The motion was seconded and without further discussion needed, the motion to approve the community needs assessment was approved.	2016 Community Needs Assessment was approved	
Corporate Compliance Plan	Jeff Hagen completed the updated corporate compliance plan. All staff will be receive a copy and will be asked to sign stating so. This will be a follow up to the training conducted in May for all-staff and the bi-monthly training emails being sent to all staff and the Board. John was		

	impressed with the work that Jeff put into this document. A motion was made to approve the Corporate Compliance Plan. The motion was seconded and without further discussion needed, the motion to approve the Corporate Compliance Plan was approved unanimously.	Corporate Compliance Plan was approved	
Sliding Fee Policy	Frank Mertes worked on the sliding fee policy. The billing dept, receptionists and navigators are working together to assist patients when it comes to this policy. A motion was made to approve the Sliding Fee policy. The motion was seconded and without further discussion needed, the motion to approve the Sliding Fee policy was approved unanimously.	Sliding Fee policy was approved	
Financial Policies Manual	The financial policies manual was updated by Frank. The policy has changed in that we now have a manual. Changes in procedure that are needed in the future will be made, but will not have to be voted upon. The manual will be brought up for review to the Board once a year. A motion was made to approve the Financial Policies Manual. The motion was seconded and without further discussion needed, the motion to approve the Financial Policies Manual was approved unanimously.	Financial Policies Manual was approved.	
Policy Reviews	<p>There's a small group of staff working on organizing all HCHC policies. The policies are being reviewed, updated and brought to the Board for approval.</p> <p>The policies reviewed and voted upon at this meeting include:</p> <p>School-Based Health Center policies</p> <p>Accident/Incident Reports In-House policy; a motion was made to approve the Accident/Incident Reports In-House policy. Without further discussion, the motion was seconded and approved.</p> <p>Appointments for Behavioral Health policy; a motion to approve the Appointments for Behavioral Health policy. Without any further discussion, the motion was seconded and approved.</p>	<p>Policies approved:</p> <ul style="list-style-type: none"> • Accident/Incident Reports In-House policy • Appointments for Behavioral Health policy 	

	<p>Appointments for Students Ill at Home policy; a motion was made to approve the Appointments for Students Ill at Home policy. Without further discussion, the motion was seconded and approved.</p> <p>Behavioral Health Record policy; a motion was made to approve the Behavioral Health Record policy. Without further discussion, the motion was seconded and approved.</p> <p>Care to Unemancipated Minor Not Accompanied by a Parent policy; a motion was made to approve the Care to Unemancipated Minor Not Accompanied by a Parent policy. Without further discussion, the motion was seconded and approved.</p> <p>Chlamydia-Gonorrhea Screening policy; a motion was made to approve the Chlamydia-Gonorrhea Screening policy. Without any further discussion, the motion was seconded and approved.</p> <p>Collaborative Care of Children with Special Needs policy; a motion was made to approve the Collaborative Care of Children with Special Needs policy. Without any further discussion, the motion was seconded and approved.</p> <p>Complaint Procedure policy; a motion was made to approve the Complaint Procedure policy. Without further discussion, the motion was seconded and approved.</p> <p>Confidential Visits policy; a motion was made to approve the Confidential Visits policy. Without further discussion, the motion was seconded and approved.</p> <p>Confidentiality policy; a motion was made to approve the Confidentiality policy. Without further discussion, the motion was seconded and approved.</p> <p>Emergency Transfer of Patients policy; a motion was made to approve the Emergency Transfer of Patients policy. Without further discussion, the motion was seconded and approved.</p> <p>Employee health for Communicable Diseases policy; a motion was made to approve the Employee health for Communicable Diseases policy. Without further discussion, the motion was seconded and approved.</p>	<ul style="list-style-type: none"> • Appointments for Students Ill at Home policy • Behavioral Health Record policy • Care to Unemancipated Minor Not Accompanied by a Parent policy • Chlamydia-Gonorrhea Screening policy • Collaborative Care of Children with Special Needs policy • Complaint Procedure policy • Confidential Visits policy • Confidentiality policy • Emergency Transfer of Patients policy • Employee health for Communicable Diseases policy • Filing Suspicion of Child Neglect/Abuse with DCFS policy • Hazardous Waste policy • Infection Control/Safety policy • Laboratory Test Done policy • Laboratory Tests Referred Out Policy • Laboratory Tests Transported to Outside Lab at HHC or WHC Policy • Medical Appointments for 	
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Filing Suspicion of Child Neglect/Abuse with DCFS policy; a motion was made to approve the Filing Suspicion of Child Neglect/Abuse with DCFS policy. Without further discussion, the motion was seconded and approved.

Hazardous Waste policy; a motion was made to approve Hazardous Waste policy. Without further discussion, the motion was seconded and approved.

Infection Control/Safety policy; a motion was made to approve the Infection Control/Safety policy. Without further discussion, the motion was seconded and approved.

Laboratory Test Done policy; a motion was made to approve the Laboratory Test Done policy. Without further discussion, the motion was seconded and approved.

Laboratory Tests Referred Out Policy; a motion was made to approve the Laboratory Tests Referred Out policy. Without further discussion, the motion was seconded and approved.

Laboratory Tests Transported to Outside Lab at HHC or WHC Policy; a motion was made to approve the Laboratory Tests Transported to Outside Lab at HHC or WHC policy. Without further discussion, the motion was seconded and approved.

Medical Appointments for Community Patients Policy; a motion was made to approve the Medical Appointments for Community Patients policy. Without further discussion, the motion was seconded and approved.

Medical Record Policy; a motion was made to approve the Medical Record Policy. Without further discussion, the motion was seconded and approved.

Medication Prescribing Policy; a motion was made to approve the Medication Prescribing Policy. Without further discussion, the motion was seconded and approved.

Missed Behavioral Health Appointments Policy; a motion was made to approve the Missed Behavioral Health Appointments Policy. Without further discussion, the motion was seconded and approved.

Non-Medical Emergency Plan/Crisis Fire Safety Plan Policy; a motion was made to approve

- Community Patients Policy
- Medical Record Policy
- Medication Prescribing Policy
- Missed Behavioral Health Appointments Policy
- Non-Medical Emergency Plan/Crisis Fire Safety Plan Policy
- Notification of Primary Care Providers Policy
- Off Hour Coverage Policy
- Participation in School Events Policy
- Patient's Admission Criteria/Consent to Care Policy
- Patients Seen by the SBHC and Either HHC or WHC policy
- Preventative Maintenance of Medical Equipment policy
- Provision of Emergency Care and Emergency Equipment policy
- Quality Improvement Program Policy
- Referral of Patients to Emergency Services Policy
- Referrals for Behavioral Health Services Policy
- Reportable Diseases and Conditions policy

	<p>the Non-Medical Emergency Plan/Crisis Fire Safety Plan Policy. Without further discussion, the motion was seconded and approved.</p> <p>Notification of Primary Care Providers Policy; a motion was made to approve the Notification of Primary Care Providers Policy. Without further discussion, the motion was seconded and approved.</p> <p>Off Hour Coverage Policy; a motion was made to approve the Off Hour Coverage Policy. Without further discussion, the motion was seconded and approved.</p> <p>Participation in School Events Policy; a motion was made to approve the Participation in School Events Policy. Without further discussion, the motion was seconded and approved.</p> <p>Patient's Admission Criteria/Consent to Care Policy; a motion was made to approve the Patient's Admission Criteria/consent to Care Policy. Without further discussion, the motion was seconded and approved.</p> <p>Patients Seen by the SBHC and Either HHC or WHC policy; a motion was made to approve the Patients Seen by the SBHC and Either HHC or WHC policy. Without further discussion, the motion was seconded and approved.</p> <p>Preventative Maintenance of Medical Equipment policy; a motion was made to approve the Preventative Maintenance of Medical Equipment policy. Without further discussion, the motion was seconded and approved.</p> <p>Provision of Emergency Care and Emergency Equipment policy; a motion was made to approve the Provision of Emergency Care and Emergency Equipment policy. Without further discussion, the motion was seconded and approved.</p> <p>Quality Improvement Program Policy; a motion was made to approve the Quality Improvement Program policy. Without further discussion, the motion was seconded and approved.</p> <p>Referral of Patients to Emergency Services Policy; a motion was made to approve the Referral of Patients to Emergency Services</p>	<ul style="list-style-type: none"> • Retention of Patient Files Policy • Selection of Personnel and Licensure/Training Policy • Self-Administered Pediatric Symptom Checklist Policy • Serious Incident Reports to Dept of Public health Policy • Services Provided/Referred Policy • Smoking Policy • Staffing/Coverage Policy • Storage and Disposal of Emergency Medications Policy • Student Medical Appointments Policy • Students in Behavioral health Crisis Policy • Triage Policy • Treatment of Minors Policy 	
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policy. Without further discussion, the motion was seconded and approved.

Referrals for Behavioral Health Services Policy; a motion was made to approve the Referrals for Behavioral Health Services Policy. Without further discussion, the motion was seconded and approved.

Reportable Diseases and Conditions policy; a motion was made to approve the Reportable Diseases and Conditions policy. Without further discussion, the motion was seconded and approved.

Retention of Patient Files Policy; a motion was made to approve the Retention of Patient Files Policy. Without further discussion, the motion was seconded and approved.

Selection of Personnel and Licensure/Training Policy; a motion was made to approve the Selection of Personnel and Licensure/Training Policy. Without further discussion, the motion was seconded and approved.

Self-Administered Pediatric Symptom Checklist Policy; a motion was made to approve the Self-Administered Pediatric Symptom Checklist Policy. Without further discussion, the motion was seconded and approved.

Serious Incident Reports to Dept of Public health Policy; a motion was made to approve the Serious Incident Reports to Dept of Public health Policy. Without further discussion, the motion was seconded and approved.

Services Provided/Referred Policy; a motion was made to approve the Services Provided/Referred Policy. Without further discussion, the motion was seconded and approved.

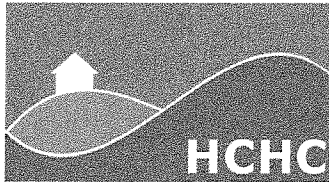
Smoking Policy; a motion was made to approve the Smoking Policy. Without further discussion, the motion was seconded and approved.

Staffing/Coverage Policy; a motion was made to approve the Staffing/Coverage Policy. Without further discussion, the motion was seconded and approved.

Storage and Disposal of Emergency Medications Policy; a motion was made to approve the Storage and Disposal of Emergency Medications Policy. Without

	<p>further discussion, the motion was seconded and approved.</p> <p>Student Medical Appointments Policy; a motion was made to approve the Student Medical Appointments Policy. Without further discussion, the motion was seconded and approved.</p> <p>Students in Behavioral health Crisis Policy; a motion was made to approve the Students in Behavioral health Crisis Policy. Without further discussion, the motion was seconded and approved.</p> <p>Triage Policy; a motion was made to approve the Triage Policy. Without further discussion, the motion was seconded and approved.</p> <p>Treatment of Minors Policy; a motion was made to approve the Treatment of Minors Policy. Without further discussion, the motion was seconded and approved.</p> <p>It was mentioned that in the future some of these policies should be combined and it was so noted.</p> <p>Other policies reviewed by the Board included:</p> <p>Conflict of Interest Policy; a motion was made to approve the Conflict of Interest Policy. Without further discussion, the motion was seconded and approved.</p> <p>Board of Directors Orientation Policy; a motion was made to approve the Board of Directors Orientation Policy. Without further discussion, the motion was seconded and approved.</p> <p>Board of Directors Grant and Contract Approval Policy; a motion was made to approve the Board of Directors Grant and Contract Approval Policy. Without further discussion, the motion was seconded and approved.</p> <p>Board of Directors Recruitment, Retention & Development Plan Policy; a motion was made to approve the Board of Directors Recruitment, Retention & Development Plan Policy. Without further discussion, the motion was seconded and approved.</p>	<p>Policies approved:</p> <ul style="list-style-type: none"> • Conflict of Interest Policy • Board of Directors Orientation Policy • Board of Directors Grant and Contract Approval Policy • Board of Directors Recruitment, Retention & Development Plan Policy • Continuity of Operations Plan (COOP) • Employee Credentialing Policy 	
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	<p>Continuity of Operations Plan (COOP); a motion was made to approve the Continuity of Operations Plan Policy. Without further discussion, the motion was seconded and approved.</p> <p>Employee Credentialing Policy; a motion was made to approve the Employee Credentialing Policy. Without further discussion, the motion was seconded and approved.</p> <p>HIPAA Security Awareness & Training Policy; a motion was made to approve the HIPAA Security Awareness & Training Policy. Without further discussion, the motion was seconded and approved.</p> <p>Staff Corporate Compliance Committee policy; a motion was made to approve the Staff Corporate Compliance Committee Policy. Without further discussion, the motion was seconded and approved.</p>	<ul style="list-style-type: none"> • HIPAA Security Awareness & Training Policy • Staff Corporate Compliance Committee policy 	
Adjourn	<p>The meeting adjourned at 7:45pm. The next meeting is the Annual Meeting scheduled for Wednesday, June 1, 2016 at 6:00pm at Tekoa Country Club in Westfield.</p>		



Hilltown Community Health Centers, Inc.

Administrative Policy All Departments and Programs

SUBJECT: CONFLICT OF INTEREST POLICY

REGULATORY REFERENCE: 45 CFR 75.327 and 42 CFR Pt 51c.304(b)

Purpose:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for disclosing all real or apparent conflicts of interest that are discovered or that have been brought to attention in connection with HCHC's activities.

Policy:

1. Employees of HCHC, its board of directors and agents are prohibited from participating in the selection, award and/or administration of any contract supported by federal funds that furnishes goods or services to HCHC.
2. No board member, HCHC employee or agent of HCHC may solicit or accept gratuities or favors of a monetary value from any person or organization having a contractual relationship with HCHC. This includes businesses soliciting business from HCHC.
3. No board of directors member or an immediate family member shall be an employee of HCHC
4. All board members and senior management shall disclose real or apparent conflicts of interest
5. Violations of this policy will be handled in accordance with procedures established in the Corporate Compliance Plan, Sect III, Para A & B and the Board of Directors' By-Laws.

Questions regarding this policy or any related procedure should be directed to the Chief Operations Officer at 413-238-4138.

Originally Drafted: JUL 2007

Reviewed or Revised: MAY 2016

Approved by Board of Directors,

Date: _____

Approved by:

Eliza B. Lake
Executive Director, HCHC

Date: _____

John Follet, MD
President, HCHC Board of Directors

Date: _____

Procedure

Employees of HCHC, its board of directors and agents are prohibited from participating in the selection, award and/or administration of any contract supported by federal funds that furnishes goods or services to HCHC.

An individual officer, agent, or identified employee who believes that he or she or an immediate member of his or her immediate family might have a real or apparent conflict of interest, in addition to filing a notice of disclosure, must abstain from:

1. Participating in discussions or deliberations with respect to the subject of the conflict (other than to present factual information or to answer questions),
2. Using his or her personal influence to affect deliberations,
3. Executing agreements, or
4. Taking similar actions on behalf of the organizations where the conflict of interest might pertain by law, agreement, or otherwise.
5. And if a Board member, Voting or,
6. Making motions on these measures.

No board member, HCHC employee or agent of HCHC may solicit or accept gratuities or favors of a monetary value from any person or organization having a contractual relationship with HCHC. This includes businesses soliciting business from HCHC

A "gift" is defined as anything of value offered directly by or on behalf of an actual or potential patient, vendor or contractor, except for promotional materials of little or nominal value such as pens, calendars, mugs, and other items intended for wide distribution and not easily resold. Gifts include (but are not limited to): personal gifts, such as sporting goods, household furnishings and liquor; social entertainment or tickets to sporting events; personal loans or privileges to obtain discounted merchandise, and the like.

No board of directors member or an immediate family member shall be an employee of the health center.

1. Except under extenuating circumstances, as determined by the Executive Director, HCHC will not hire any individual (or assign, transfer or promote a current employee) who is related to one of its employees or contractors, if in the position being applied for (or assigned, transferred or promoted to), the applicant will supervise, be supervised by, or have a direct reporting relationship with the related employee or contractor.
2. Every applicant for employment or consultancy with HCHC must disclose any and all family, business and personal relationships with any Individual Affiliated with HCHC.
3. Members of the HCHC Board of Directors and their immediate family members are not eligible for employment at HCHC.

All board members and senior management shall disclose real or apparent conflicts of interest.

All officers, Board members, and senior management employees (Executive Director, Chief Financial Officer, Department Managers) of this organization shall disclose all real or apparent conflicts of interest that they discover or that have been brought to their attention in connection with this organization's activities.

“Disclose” shall mean providing properly, to the appropriate person, a written description of the facts comprising the real or apparent conflict of interest. An annual disclosure statement shall be circulated to officers, Board members, and certain identified employees to assist them in considering such disclosures, but disclosure is appropriate and required whenever conflicts of interest may occur.

The written notices of disclosures shall be filed with the Executive Director or other person designated by the Executive Director to receive such notifications.

All disclosures of real or apparent conflicts of interest shall be noted for the record in the minutes of a scheduled Board of Directors meeting.

At the discretion of the Board of Directors or a committee thereof, a person with a real or apparent conflict of interest may be excused from all or any portion of discussion or deliberations with respect to the subject of the conflict.

A member of the Board or a committee thereof, who, having disclosed a conflict of interest, nevertheless shall be counted in determining the existence of a quorum at any meeting in which the subject of the conflict is discussed. The minutes of the meeting shall reflect the individual’s disclosure, the vote thereon, and the individual’s abstention from participation and voting.

The Executive Director shall ensure that all officers, agents, employees, and independent contractors of the organization are made aware of the organization’s policy with respect to conflicts of interest.