



Hilltown Community Health Center

Administrative Offices
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www.hchcweb.org

BOARD MEETING
August 8, 2019
HUNTINGTON HEALTH CENTER
5:30 PM

AGENDA

1. Call to Order
2. Introduction of Jenicca Gallagher
3. Approval of the July 11, 2019 Meeting Minutes (Vote Needed)
4. Finance Committee Report for April (Vote Needed)
5. Committee Reports (as needed) (Vote Needed)
 - Executive Committee
 - Quality Improvement
 1. June QI Meeting Minutes
 2. Patient Satisfaction Survey
 3. Diabetes Action Plan
 - Fundraising
 - Credentialing/ Privileging-(Vote Needed)
 1. New Employee/Intern:
 - Jodi Bridgman, Dental Hygienist
 - Amanda Kathleen Sheldon, Dental Hygienist
 - Alexandra Kowalczyk, Dental Assistant
 - Ellen Chechile, RN
 2. Re-privileging:
 - Julia Goncalves, LICSW
 3. Re-credentialing and Re-privileging :
 - Yaileen Santiago, Medical Assistant
 - Personnel
 - Facilities
 - Recruiting, Orientation, and Nominating (RON)
 - Strategic Planning
 - Corporate Compliance
6. Chief Executive Officer / Senior Manager Reports
7. Old Business
 - By-Laws (Vote Needed)
8. New Business
 - Employee Handbook

- HRSA Site Visit Training-September Board Meeting
 - Mary Ellen McIntyre
- Policies (Vote Needed)
 - Human Resources Policies:
 - Criminal Offender Record Information Policy
 - Communicable Diseases
 - Immunization against Influenza Policy
 - Medical Policies:
 - Acceptance of Guidelines for Evidence-Based Care Policy
 - Assigning New Patients to a Primary Care Provider
 - Coordination Care Transitions Policy
 - Diagnostic Imaging Tracking Policy
 - Disposal of Outdated Controlled Substances or Prescriptions Medications Policy
 - Department of Transportation Physicals Policy
 - Hospital/ER Follow Up Policy
 - Internal Paper Chart Retrieval Request Policy
 - Provider On-Call Policy
 - Reproductive Health Services Policy
 - Supervision of Nurse Practitioners Policy
 - Tracking Patient Referrals Policy
 - Welcome For New Medical Patients

9. Executive Session

10. Adjourn

HCHC BOARD OF DIRECTORS MEETING

Date/Time: 07/11/2019 5:30pm

Worthington Health Center

MEMBERS: John Follet, President; Nancy Brenner, Vice President; Kathryn Jensen, Clerk; Deb Leonczyk, Treasurer; Matt Bannister; Wendy Long; Lee Manchester; Alan Gaitenby

STAFF: Eliza Lake, CEO; Frank Mertes, CFO; Tabitha Griswold, Executive Assistant; Michael Purdy, Chief Clinical and Community Services Officer

ABSENT: Kate Albright-Hanna; Seth Gemme; Maya Bachman

Agenda Item	Summary of Discussion	Decisions/ Next Steps/ Person Responsible Due Date
Review of Minutes 06/04/2019	John Follet called the meeting to order at 5:36 pm. The minutes from the meeting of June 4, 2019 were reviewed. Nancy Brenner moved to approve the June Board minutes. Kathryn Jensen seconded the motion, which was approved by those present.	June 4, 2019 Board minutes were approved by all present
Finance Committee	<ul style="list-style-type: none">• Deb Leonczyk reported on the April and May 2019 financial results. Overall the results were positive for both months. HCHC had \$12K operating profit in revenue for the month of April and \$50K operating profit in May. This is a \$98K improvement in revenue from last year. However, it is slight misleading because the expansion of Amherst last year meant that we were overstaffed for the months prior to the opening, but it is still very positive. Compensation was generally flat and all other expenses consistent. Deb explained that although there will be challenges in the near future, HCHC is trending on track.• Frank Mertes, CFO reported that the June results will be slightly different due to a major EHR system issue. June will not be able to close as scheduled, and the results will be estimated and then reconciled when he is able to do a “hard close” on the month in August. Frank reported that he will still be able to bill for the month of June and hopefully mitigate the cash flow crisis.	

	Alan Gaitenby moved to approve the finance report, Wendy Long seconded the motion.	
CEO Report	<ul style="list-style-type: none"> • Eliza Lake reported on the newly approved membership with NACHC. Dues for this membership are \$20K annually but a proposal was made to NACHC for more affordable dues and NACHC approved the offered amount. • Eliza reported that there has been recent meeting with companies regarding purchasing and installation of the IT conferencing systems. The expectation is to have that capacity soon. • Eliza reported the eCW issue, and failed upgrade at the end of June that resulted in a corrupted database. A discussion ensued regarding the support or non-support of large entities, as well as, legal and financial implications. There is a lot of frustration right now with eCW as they have not been supportive and were not efficient in informing HCHC of this issue. CDH has been supportive, especially in legal terms. Michael Purdy reported that issues still keep presenting themselves but the team that came together to work on this have been tremendous. Eliza presented handwritten Thank You notes to all staff who worked on recovering the eCW issue, and John Follet as Board Chair and Senior Management signed them. • Eliza reported that more information regarding the proposed operational consultants that could be funded by the League will be discussed in a meeting next week. More specifically, Senior Management will find out the budget that the League is working with, to provide an idea of the amount of time the consultants can spend at HCHC. 	
Recruitment, Orientation & Nominating	<ul style="list-style-type: none"> • Wendy Long reported that a potential new Board member will be notified of the next meeting to be brought forward to the board. • Eliza Lake reported that two potential leads for Board membership have been brought to her attention, and she 	

(RON) Committee	<p>will pursue. One potential lead is a community member who expressed interest in being patient as well, and the other an Amherst community member.</p> <ul style="list-style-type: none"> Eliza will be conducting the Board Member orientation meeting with Deb Leonczyk and will set that up for the coming weeks. 	
Corporate Compliance Committee	<ul style="list-style-type: none"> Eliza Lake reported that although this meeting has not met, there will be discussion on revisiting the committee description to ensure that we are compliant. 	
Credentialing/ Privileging Committee	<ul style="list-style-type: none"> John Follet, on behalf of the Credentialing/ Privileging Committee, presented the following new employees: <ul style="list-style-type: none"> Linda Nolau, Community Health Worker Meg Breyman, Family Nurse Practitioner Mabeline Burgos, Community Health Worker Intern Paige Peterson, Certified Medical Assistant <p>Alan Gaitenby moved to approve the credentialing and privileging for the slate of new employees and intern. Nancy Brenner seconded the motion.</p> John Follet, on behalf of the Credentialing/ Privileging Committee, presented the following employees for re-privileging: <ul style="list-style-type: none"> Kristina Kulon, Dental Hygienist Sheri Cheung, Physician Nicole Makris, Nurse Practitioner Franny Hubberman, LICSW Kim Krusell, Optometrist <p>Alan Gaitenby moved to approve the privileging for the slate of employees. Wendy Long seconded the motion.</p> John Follet, on behalf of the Credentialing/ Privileging Committee, presented the following employees for Re-credentialing and Re-privileging: <ul style="list-style-type: none"> Brenda Chaloux, Nurse Practitioner Beth Coates, Physician Aaron Riverwood, LMHC Donna Mayer, Dental Assistant (no longer employed) Ellen Wright, Dental Hygienist Lori Paquette, Dental Hygienist Karen Rowe, Dental Assistant Mary Lou Stuart, Dentist/Dental Director Timothy Gearin, Dentist Amanpreet Gill, Dentist Rossie Feldman, LICSW Cheryl Circe, Dental Hygienist Susan Hedges, Dental Assistant Kristina Kulon, Dental Hygienist 	<p>The Board voted unanimously to approve the credentialing and privileging of the entire slate of employees.</p> <p>Bridget Rida, HR Manager to notify employee(s) of the granted credentials/privileges.</p>

	<ul style="list-style-type: none"> ○ Lisa Lynch, Medical Assistant ○ Helen O'Melia, Dental Assistant ○ Eleanor Smith, Dental Assistant ○ Elizabeth Spooner, Dental Hygienist ○ Julia Cowles, Dental Hygienist ○ Alexandra Kowalczyk, Dental Assistant Intern (McCann Tech) <p>Alan Gaitenby moved to approve the credentialing and privileging for the slate of employees. Matt Bannister seconded the motion.</p>	
Facilities Committee	<ul style="list-style-type: none"> ● Frank Mertes reported that the scalloped siding in Huntington has been temporarily repaired. Replacement of the scalloped siding is on schedule to be completely replaced this fall. The air conditioning system in Huntington is struggling, and is on the list for potential replacement. 	
Personnel Committee	<ul style="list-style-type: none"> ● John Follet reported that the committee recently met to review the HR policies and Employee Handbook. HR policies were reviewed, a few more will be reviewed in an upcoming meeting, along with the employee handbook. All HR policies are referenced and incorporated in the handbook. The handbook is on schedule to be reviewed and brought to the next Board meeting. 	
Strategic Planning	<ul style="list-style-type: none"> ● This committee has not met. 	
Fundraising Committee (ad hoc)	<ul style="list-style-type: none"> ● Nancy Brenner reported that the annual appeal letter went out last week. The coloring on the envelope printed by the mail house was slightly skewed. The next task will be work on the annual report which will go out this fall to major donors, again as a fundraising exercise. The timeline for the annual report is tentatively set for early September, the results of the annual appeal being a driving force. ● Nancy reported on a recent \$110K additional donation provided by the largest donors of the John P. Musante Health Center. The donation was provided following a meeting with the donors, at which Eliza Lake and Marie Burkart gave them an update on the site's progress. This donation was provided to help mitigate the expense HCHC 	

	<p>incurred by the overrun of the project. These donors are willing to be included in a vignette in the annual report.</p>	
Quality Improvement/Risk Management Committee	<ul style="list-style-type: none"> Kathryn Jensen reported on the last QI meeting, discussing the on-going topic of efficient processing of lab results from outside organizations. This issue has been exacerbated by the under-staffing problem. There were two incidents of needle sticks discussed, and the ways in which they could have been better addressed, including ensuring that staff not have difficulty in finding the policy on the public drive (different name/technical title). Staff executed the proper procedure during these incidents. Kathryn discussed the no show level in the Behavioral Health Department, currently at 35%. This result will be broken down between true no shows from late cancellations. Transportation as a boundary was discussed- Deb Leonczyk will follow up with information on a grant opportunity for a volunteer driver program to potentially support the Behavioral Health Department. Limited staffing also poses an issue with efficiency in follow- up calls for no show appointments. 	<p>Deb Leonczyk will provide information on grant opportunity for transportation.</p>
Committee Reports	<p>Matt Bannister moved that the committee reports be approved. Deb Leonczyk seconded the motion.</p>	<p>Committee reports presented at this meeting were approved unanimously.</p>
Old Business	<ul style="list-style-type: none"> Eliza Lake reported that a copy of the FTCA Application was provided for informational purposes as it was submitted in June. If any other information is needed, she will be notified in the coming months. The application was brought to the QI committee prior to submission and was approved for submission there. <p>Kathryn Jensen moved to approve the 2020 FTCA application. Lee Manchester seconded the motion.</p>	<p>The Board voted unanimously to approve the FTCA application.</p>
New Business	<ul style="list-style-type: none"> John Follet recommended a change to the meeting schedule to accommodate a member. A discussion ensued regarding the best day and week of the month. It was agreed that the second Thursday of the month would be best. There was also discussion about incorporating more Valley based membership by hosting the meeting in 	<p>The Board voted unanimously to change the meetings to the second</p>

	<p>Amherst and/or Northampton, more discussion will be needed for this change.</p> <p>Wendy Long moved that the Board Meetings be moved to the second Thursday of the month starting in August. Matt Bannister seconded the motion.</p> <ul style="list-style-type: none"> • The following Board policies were reviewed: <ul style="list-style-type: none"> ○ Board Member Recruitment, Retention and Development Plan ○ Board Orientation Policy – the group discussed the need to add the Musante Health Center into the list of sites visited as part of the orientation of new members ○ Grant and Contract Approval Policy <p>Lee Manchester moved to approve the slate of Board policies, as amended. Kathryn Jensen seconded the motion.</p> <ul style="list-style-type: none"> • The following Human Resources Policies were reviewed: <ul style="list-style-type: none"> ○ Anti-Discrimination Policy ○ Phone Use for Personal Matters Policy ○ Code of Conduct Policy – the group noted that the date on the acknowledgement form requires updating ○ Confidentiality Agreement Policy ○ Employee Badge Policy ○ Employee Use of Social Media Policy ○ Fragrance Controlled Work Environment Policy ○ Locations of Personnel Files and Access Policy ○ Procedure for Unplanned, Short- Notice Absences from Work Policy ○ Sexual Harassment Policy ○ Sick Leave Bank Policy ○ Smoke and tobacco Free Work Place Policy ○ Time off During 90-Day Probation Period Policy <p>Wendy Long made a motion to approve the entire slate of Human Resources policies as amended. Nancy Brenner seconded the motion.</p> <ul style="list-style-type: none"> • Eliza Lake reported on the changes made to the By-Law and represented in the track changes in the handout distributed to the members present. A discussion ensued 	<p>Thursday of the month.</p> <p>The Board voted unanimously to approve the Board policies.</p> <p>The Board voted unanimously to approve the Human Resources Policies.</p>
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	regarding whether changes were substantive enough for any legal implications. The changes incorporated HRSA requirements, specifically in regards to board membership composition.	
Executive Committee	Matt Bannister moved that the meeting move into Executive Session. Kathryn Jensen seconded the motion.	The Board voted unanimously to move into Executive Session
Next Meeting	With no further business to discuss, Nancy Brenner made a motion to adjourn this meeting and Matt Bannister seconded the motion. The motion was approved. The meeting adjourned at 7:39pm. The next scheduled meeting is set for August 8, 2019 at 5:30pm in Huntington.	

Respectfully submitted,
Tabitha Griswold, Executive Assistant

QI-RISK MANAGEMENT COMMITTEE

Location: Huntington Health Center

Date/Time: 06/18/2019 9:15am

TEAM MEMBERS: Kathryn Jensen (chair), Board Representative; Michael Purdy, CCCSO; Jon Liebman, ANP; Franny Huberman, Behavioral Health Representative; Cynthia Magrath, Practice Manager; Eliza Lake, CEO; MaryLou Stuart, Dental Representative; Kim Savery, Community Programs Representative; Dawn Flatt, Director of Clinical Operations;

ABSENT: Seth Gemme, Board Representative; Tabitha Griswold, Executive Assistant

Agenda Item	Summary of Discussion	Decision/ Next Steps/ Person Responsible/ Due Date
Review of March 19, 2019 Minutes	<p>The meeting was called to order by Kathryn Jensen at 9:19 am.</p> <p>The minutes from May 21, 2019 meeting were reviewed. Correction noted in minutes that Seth Gemme should be added to the absent list.</p> <p>Michael Purdy motioned to approve, Eliza Lake seconded the motion.</p>	May 21, 2019 Minutes were approved unanimously pending correction.
Old Business	There was no old business to report.	
Risk Management	<ul style="list-style-type: none">• Michael Purdy reported that there have been two incidents. Both involved needle sticks, one in the Medical Department and one in the Dental Department. A review of the incidents found no mistakes in steps taken, but did find that the policy/procedure for such an incident could not be easily located on the All Staff drive. Eliza Lake noted that computer searches now turn up only the title of the policy, so if the search is not exact it will not be successful. She has directed that a text recognition feature be added to all policies, so that internal computer searches will be easier.• The problem with using the correct incident report form, noted in the previous meeting, is being addressed. All old versions of the form have now been deleted.• A handout for patients on the follow-up for a needle-stick has been developed. When the translation of the form is complete, a memo will be sent to all staff on the matter.• The problem of understaffing is being addressed by continued recruitment. The management is seriously considering use of a recruiting firm to hire a doctor. Meanwhile, the hours of operation at the Worthington site will be temporarily reduced to account for summer vacations/leaves.	

	<ul style="list-style-type: none"> The problem of diagnostic tests, especially imaging, coming back from the testing site is continuing. The understaffing problem has slowed the administrative efforts to track down the test results. The pre-appointment planning, which has improved efficiency, is also currently reduced because of the understaffing. 	
Dental Department	<ul style="list-style-type: none"> MaryLou Stuart reported zero incidents in the current quarter. There have been no suspicious lesions requiring tracking. Peer reviews were conducted. The department has 159 high risk pediatric patients (41% of all pediatric patients). The metrics reflecting sealants for these patients are being affected by incomplete data coding. Managers are now conducting monthly reviews to ascertain how staff can improve their data entry for this procedure. MaryLou expressed confidence that the clinical work is being done appropriately. 	
Behavioral Health Department	<ul style="list-style-type: none"> Franny Huberman reported that there were 71 same-day visits this quarter (a few days shy of a complete quarter). These have been done for one year, and continue to help reduce the department's wait list. She noted that the documentation work of these appointments is substantial. The rate for missed appointments (late cancellations and no-shows) was 35%, a decrease from the previous quarter. She noted that absence of the administrator means that patients are not regularly getting reminder phone calls. Eliza Lake suggested that text messages may be included in future patient reminder methods. Franny also noted that the number peer reviews have increased. In other department news, the newly hired clinician has started, the clinician designated for the Amherst site will be starting to see clients there, a clinician had become independently licensed, and that another staff member will be seeing clients at the high school over the summer. There is a strong possibility that a student intern will be joining the department. 	.
Other Departments	<ul style="list-style-type: none"> There were no other department reports. 	
FTCA Application	<ul style="list-style-type: none"> Eliza Lake handed out a copy of the FTCA application to be submitted, as well as a list of materials to be included in the application, noting that the QI/RM meeting minutes are a key element. Attendance at trainings is overseen here, so sign-in sheets are important. Another area of attention is credentialing: paraprofessionals (medical assistants and community health workers) are now being credentialed, in accordance with HRSA requirements. . <p>Eliza Lake moved and Michael Purdy seconded a motion that the committee approve the submission of the FTCA application.</p>	The Committee unanimously approved the submission of the FTCA application.
Adjourn	Katheryn Jensen moved that the meeting be adjourned, the meeting was adjourned at 10:02am. The next meeting is scheduled for Tuesday, July 16, 2019 at 9:15am at the Huntington Health Center.	

Respectfully submitted,
Kathryn Jensen, Committee Chair

HEALTH CENTER DIABETES ACTION PLAN

Health Center Name:	Hilltown Community Health Center, Inc.		
Person(s) Responsible for Diabetes Action Plan:	Dawn Flatt		
Dates for Action Plan Monitoring	(1 Year):	October 30, 2018	Through: September 30, 2019

DIABETES PERFORMANCE IMPROVEMENT ACTIONS

Instructions:

Project Officer Inputs the three actions from Root Cause Analysis Discussion and returns this form to the health center to input quarter progress updates. The progress updates should be submitted to the Project Officer at quarterly intervals on dates agreed upon by the health center and Project Officer.

Action 1

By September 30, 2019, 15 percent of patients with an HbA1c greater than 8 will be contacted to schedule an appointment with their primary care provider. Contact will include two calls and a follow-up letter, if non-responsive.

Action 2

By September 30, 2019, 40 percent of patients with an HbA1c greater than 8 will be contacted to schedule an appointment with a community health worker. Contact will include two calls and a follow-up letter, if non-responsive.

Action 3

By September 30, 2019, 40 percent of patients with an HbA1c greater than 8 will be contacted to schedule an appointment with a nutritionist. Contact will include two calls and a follow-up letter, if non-responsive.

Project Officer feedback/comments to Actions (optional):

November 21, 2018. The health center's CEO confirmed via email that the above activities were the ones agreed upon during Diabetes Targeted TA conducted October 29-30, 2018. In addition, the health center reiterated that the number of patients that they are targeting is small; approximately 21 patients have been identified. The health center will not be contacting patients who are up-to-date with appointments, are being followed by specialists, or have A1Cs that have been improving with diet and medications over the last year.

December 19, 2018. The final TA report was sent to the health center.

March 20, 2019. The First Quarterly Report is due to the Project Officer via email.

HEALTH CENTER DIABETES ACTION PLAN

QUARTERLY PROGRESS UPDATES

Progress Note 1

Date Submitted: 3/13/2019

An outreach list has been generated that includes staff member responsible for the outreach- CHW, Nutrition or Reception, depending on the need. A plan for conducting outreach has been developed and will be implemented in the next quarter.

Progress Note 2

Date Submitted:

Progress Note 3

Date Submitted:

Progress Note 4

Date Submitted:

Project Officer feedback/comments to Progress Notes:

Meeting Minutes

Committee: Personnel **Location:** Worthington **Date/Time:** 7/30/2019 8:00am

Team Members: John Follet, Lee Manchester, Pat Kirouac, Bridget Rida, Eliza Lake, Tabitha Griswold

Absent: Wendy Long, Karen Rowe

Agenda Item	Summary of Discussion	Decision/Next steps	Person Responsible/ Due Date
Policy Review	3 policies were reviewed. 2 regard immunization requirements for employees including an Influenza policy. The third reviewed some changes in the CORI Policy.	These three policies will be presented to the Board for a vote of approval.	August 8, 2019
Employee Handbook	The most recent draft of the Employee Handbook was reviewed. The most recent version contains minor changes and clarifications in language. Redundancy in the Equal Employment Opportunity heading was dropped.	A final version will be sent to the Board prior to the next Board meeting. Board approval will be sought.	August 8, 2019

Respectfully submitted,

John Follet



Policy Title: Communicable Diseases Policy	Policy Number: <u>HR-01</u>
Department: All departments	Policy status: New
Date Published: JUL 2019	
Dates Reviewed:	
Dates Revised:	

PURPOSE:

Hilltown Community Health Centers have established this policy to ensure its workforce is appropriately immunized against communicable disease.

POLICY

All employees of HCHC shall be required to be immunized against communicable disease in order to ensure the safety of the staff members and HCHC patients. Employees shall provide proof of immunization upon hire, or when asked by the HR Coordinator, if employment predates required immunization. If documentation of immunization status or immunity is not available, employees shall either be offered the required immunization or complete antibody testing to establish immunity status.

In the case of an individual who cannot be appropriately immunized (e.g. they are pregnant or had an adverse reaction to one dose of vaccine and were never able to receive the rest of the series), HCHC would consider those on an individual basis. HCHC would consider the case of a current employee or the hire of a prospective employee if it were possible to develop a plan to ensure the safety of the prospective staff member and HCHC patients. Current employees who can be appropriately immunized but still refuse immunizations will be disciplined through the progressive disciplinary process.

If at any time during a person's employment it is suspected that (s)he may have a communicable disease that may constitute a risk for other staff or patients, the medical director or assistant medical director, in her/his absence, should be notified immediately.

Approved by Board of Directors on: _____

Approved by:

Chief Executive Officer, HCHC President

HCHC Board of Directors

Procedure

HCHC employees are required to adhere to the following immunization standards:

1. Tuberculosis:
 - a. New employees, are required to have a Tuberculosis test (PPD) prior to their start date. This requirement also applies to students, volunteers, and interns.
 - b. Proof of having had a PPD test within three (3) months of hire may be presented in lieu of testing.
 - c. Annually thereafter, an employee, student, volunteer or intern must complete a PPD test.
2. Measles (rubeola), Mumps, Rubella, Hepatitis B, and Pertussis.
 - a. A prospective employee must provide proof of immunization or immunity to measles (rubeola), mumps, rubella and hepatitis B. The individual can either bring old vaccination records or lab results showing positive antibodies to measles (rubeola), mumps, rubella, and hepatitis B surface antibody. A prospective employee must provide proof of immunization for pertussis.
 - b. If they have vaccination records, it should show:
 - i. MMR: two doses, at least one month apart if given as an adult, or two doses given in childhood
 - ii. Hepatitis B: three doses, with the last dose no less than 6 months after the first;
 - iii. Tdap: one dose given after age 25, or if the individual is age <25, evidence of prior childhood vaccination. If the individual is pregnant, Tdap should be given during pregnancy (and at all subsequent pregnancies).
 - c. If the individual has neither proof of vaccination nor proof of immunity to any one of these diseases, then they should be offered vaccination (MMR at 0 and 1 months; Hepatitis B at 0,1 and 6 months; varicella at 0 and 1 month; Tdap once).
 - d. If the individual refuses vaccination, but agrees to antibody testing, HCHC can offer this testing. Antibody testing would be ordered the Medical Director, and paid for by HCHC. No antibody testing should be done unless the individual agrees to vaccination if they prove not to have immunity.
3. Varicella:
 - a. A prospective employee must provide proof of immunization or immunity to Varicella. The individual can either bring old medical records showing documented provider diagnosis of chicken pox, vaccination records, or lab results showing positive antibodies to varicella.
 - i. If they have vaccination records, it should show two doses at least one month apart if given after age 13, or at least 3 months apart if given at a younger age.



Policy Title: Criminal Offender Record Information Policy	Policy Number: HR-07
Department: Human Resources	Policy status: New
Date Published: JUL 2019	
Dates Reviewed: JUL 2019	
Dates Revised:	

PURPOSE:

As required by state and federal laws and regulations, Hilltown Community Health Center has established this policy to ensure that a member of its workforce does not have a criminal history that would counter-indicate their employment at HCHC.

POLICY

Hilltown Community Health Centers requires a Criminal Offender Record Information (CORI) check for all internal employees, volunteers, and interns upon hire once a conditional offer of employment has been extended by the hiring manager, or an agreement between the two parties has been signed. Contractors and vendors who may be in direct contact with patients or clients will also be subject to a criminal background check.

HCHC will conduct subsequent CORI checks EVERY THREE (3) YEARS from the date of the originating CORI check provided, however, that Hilltown Community Health Centers, must first provide the employee with written notice of this check.

Approved by Board of Directors on: _____

Approved by:

Chief Executive Officer, HCHC President

HCHC Board of Directors

Procedure

HCHC requires a Criminal Offender Record Information (CORI) for all internal employees, volunteers, and interns.

1. Schedule:
 - a. Upon hire: A CORI once a conditional offer of employment has been extended by the hiring manager, or an agreement between the two parties has been signed. Contractors and vendors who may be in direct contact with patients or clients will also be subject to a criminal background check.
 - b. On-going: subsequent CORI checks will be conducted EVERY THREE (3) YEARS from the date of the originating CORI check provided, however, that HCHC must first provide the employee with written notice of this check.
2. Although a disqualification is possible, in accordance with federal and state laws, a previous conviction does not automatically disqualify an applicant from consideration for employment/affiliation with HCHC. Depending on a variety of factors, the candidate may still be eligible for employment with HCHC.
3. An offer of employment may be extended to an applicant prior to the completion of the CORI check. However, the applicant's first day of work in the position must not be prior to the satisfactory completion of the criminal conviction check.
4. When a CORI check is required, the internal or external applicant for the position or current employee must authorize in writing this background investigation using the company-provided form.
5. Review Process:
 - a. Only those listed on the current CORI Privilege List will be allowed to initiate and review the results of the CORI.
 - b. The HR Coordinator, CFO, and CEO shall comprise the CORI Review Team.
 - c. Only the CORI Review Team will be responsible for reviewing and making a determination on the applicant's ability to become or remain employed with HCHC, as a result of the CORI results.
 - d. The company will inquire only about convictions and probation status, if any, and not about arrests unless required by applicable laws.
 - e. The following factors will be considered for those applicants with a criminal history in determining whether to hire the external applicant, or retain, transfer or promote the current employee:
 - i. the nature of the conviction;
 - ii. age of the candidate when the illegal activity occurred;
 - iii. the nature of the crime and its relationship to the position;
 - iv. the time since the conviction;
 - v. the number (if more than one) of convictions; and
 - vi. whether hiring, transferring or promoting the applicant would pose an unreasonable risk to the business.
 - f. The applicant will be given an opportunity to review the CORI check results and submit an explanation.
 - g. If any applicant is found to have falsified any information regarding conviction history, the applicant will not be considered for employment. If an employee seeking a transfer or promotion to a position requiring a CORI check is found to have falsified any information regarding conviction history, the employee may be immediately discharged.



Policy Title: Immunization Against Influenza Policy	Policy Number: HR-18
Department: All departments	Policy status: New
Date Published: JUL 2019	
Dates Reviewed:	
Dates Revised:	

PURPOSE:

Hilltown Community Health Centers have established this policy to ensure its workforce is appropriately immunized against influenza.

POLICY

All employees, volunteers, interns, Board Members (?), and anyone with patient contact of HCHC shall be required to be immunized against influenza in order to ensure the safety of the staff members and HCHC patients. Employees shall provide proof of immunization annually, unless they have an approved medical exemption.

Approved by Board of Directors on: _____

Approved by:

Chief Executive Officer, HCHC President

HCHC Board of Directors

Procedure

All employees shall be immunized against influenza annually.

HCHC offers free vaccination during its autumn all-staff meeting. Individuals may also choose to be vaccinated elsewhere, and must therefore provide documentation to the nurse manager annually.

Exceptions will be made on an individual basis, in consultation with the Human Resources Coordinator and/or Medical Director, for persons who have a history of severe reaction to influenza vaccine or have had Guillain-Barre syndrome within 6 weeks of a prior influenza vaccination.

Any employee who has not been vaccinated at the all-staff meeting, or by the 1st of November, whichever comes last, will be required to wear a mask at all times in all patient care areas until the 1st of May. Failure to do so would result in the application of HCHC's progressive discipline process.



Policy Title: Acceptance of Guidelines for Evidence- Based Care	Policy Number: MED-01
Department: Clinical	Policy status: Active
Regulatory Reference: None	
Date Published: JAN 2012	
Dates Reviewed: MAY 2018, JUNE 2019	
Dates Revised:	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for providing evidence-based care to our patients.

POLICY:

HCHC will identify the organization and evidence-based guidelines that its providers will follow in providing clinical care for certain conditions, encounters, or screenings. These conditions, encounters, or screenings could include but are not limited to pediatric CPEs, diabetes, hypertension, etc. HCHC will review these guidelines and ensure that providers are providing evidence-based care.

Questions regarding this policy or any related procedure should be directed to the Practice Manager at 413-238-4126.

Approved by Board of Directors on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors

PROCEDURE:

1. HCHC has agreed to follow the American Academy of Pediatrics' guidelines for conducting Well Child checks and Well Adolescent checks.
2. HCHC has agreed to follow the American Diabetes Association's guidelines regarding testing and medication recommendations for treating our patients diagnosed with Diabetes, Type 1 or Type 2.
3. HCHC has agreed to follow the American Academy of Family Physicians and Joint National Committee guidelines regarding testing and medication recommendations for treating our patients diagnosed with Hypertension.
4. HCHC has agreed to follow the U.S. Preventive Services Task Force (USPSTF) guidelines regarding testing and medication for treating our patients diagnosed with Elevated Body Mass Index (BMI) and other weight-related diagnoses.



Policy Title: Assigning New Patients to a Primary Care Provider	Policy Number: MED-02
Department: Clinical	Policy status: Active
Regulatory Reference: None	
Date Published: APR 2012	
Dates Reviewed: MAY 2018, JUNE 2019	
Dates Revised:	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for assigning new patients to the practice to a primary care provider (PCP).

POLICY:

1. Upon a new patient starting at HCHC, he/she will designate a PCP.
2. Depending on the patient's insurance, he/she will be informed if required to contact their insurance to designate the newly assigned PCP.

Questions regarding this policy or any related procedure should be directed to the Practice Manager at 413-238-4126.

Approved by Board of Directors on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors

PROCEDURE:

New health center patients will designate a Primary Care Provider.

1. A receptionist will schedule an appointment with a provider selected by the patient in consultation with the receptionist and will assign the chosen provider as the PCP.
 - a. A new patient packet will be mailed to the patient if the appointment is at least 2 weeks in advance.
 - b. If the appointment is a same day visit, or less than 2 weeks, the patient will be asked to arrive 15 minutes prior to the appointment time to complete all necessary paperwork.
 - c. If an HCHC PCP has not yet been selected, and the patient's insurance requires a PCP designation, the patient will be informed and asked to contact their insurance company to designate a PCP at HCHC.
 - d. The receptionist will check the New Patient check box in the appointment screen the electronic medical record (EMR) at the first visit.
2. When a new patient needs an acute care visit, the receptionist will schedule the patient with their designated PCP, if available. If PCP is unavailable and the patient agrees, the patient will be scheduled with another provider with availability.



Policy Title: Coordination Care Transitions	Policy Number: Med- 05
Department: Clinical	Policy status: Active
Regulatory Reference: None	
Date Published: NOV 2012	
Dates Reviewed: MAY 2018	
Dates Revised: JUNE 2019	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for coordinating the transition of care for patients recently discharged from the hospital, emergency room or other clinical care facility.

POLICY:

1. Providers, RN (care manager), nursing, medical assistants, reception staff will identify patients with a hospital admission and or Emergency Department (ED) visit.
2. RN (care manager), nursing, medical assistants/reception will share clinical information securely with admitting hospital or ED and will continue two-way communication during the patient's hospitalization.
3. RN (care manager), nursing, medical assistants/reception will request patient discharge summaries before follow-up appointment date.
4. A member of the patient's clinical care team will contact and arrange follow-up appointments within 48 hours of discharge from ED or hospital.
5. HCHC will obtain proper consent for release of information and securely exchange information with community partners.

Questions regarding this policy or any related procedure should be directed to the Practice Manager at 413-238-4126.

Approved by Board of Directors on: _____

Approved by: _____

Chief Executive Officer, HCHC

HCHC Board of Directors

PROCEDURE:

Providers, RN (care manager), nursing, medical assistants, reception staff will identify patients with a hospital admission and or ED visit.

1. Patients will be identified using methods laid out in the Hospital and ER follow-up policy.
2. When RNs are unavailable, nursing supervisors will receive the notifications.

RN (care manager), nursing, medical assistants/reception will share clinical information securely with admitting hospital or ED and will continue two-way communication during the patient's hospitalization.

If admitting hospital requests medical information at the time of admission and/or during the patient's hospitalization, reception will fax medical summary (assuring confidential fax). Medical summary may include, but not limited to:

- a. Medical history
- b. Current medications
- c. Allergies

To quickly fax a medical summary, open the patient hub:

- d. Click on Medical Summary
- e. Click the FAX button
- f. Enter recipient information in upper left corner
- g. Click the Send Fax button

RN (care manager), nursing, medical assistants/reception will request patient discharge summaries before follow-up appointment date.

1. Requests for discharge summaries will be made when the follow-up appointment is booked, or when the staff receives notice of the ED visit/hospital admission.
2. Requests will be made by fax or telephonic request to the medical records department at the rendering hospital.
3. Nursing staff will annotate both the request and subsequent receipt of the discharge summary using ED/Hospital template.

A member of the patient's clinical care team will contact and arrange follow-up appointments within 48 hours of discharge from ED or hospital.

1. Providers, RN (care manager), and nursing will determine if follow-up appointment can be waived.
2. In the case of a fractured bone, the patient will be scheduled to see orthopedics, and an office visit with primary provider may not be medically necessary at this time.
3. When in doubt, nursing will request advice from the providers.

HCHC will obtain proper consent for release of information and securely exchange information with community partners.

1. All patients sign a release of information form at the time of being registered as a new patient. The release of information form is updated on a yearly basis. The release authorizes all necessary information to be shared with insurance companies, other payers, and medical providers/facilities.
2. The signed release of information form is scanned into patient's EMR record.



Policy Title: Diagnostic Imaging Tracking	Policy Number: MED-06
Department: Clinical	Policy status: Active
Regulatory Reference: None	
Date Published: NOV 2012	
Dates Reviewed: MAY 2018	
Dates Revised: JUNE 2019	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to ensure that diagnostic imaging (DI) orders are completed and results are received to improve patient care.

POLICY:

1. Care team staff will reconcile DI orders on a weekly basis during Pre-Visit planning Time.
2. Urgent Diagnostic Imaging appointments will be made by referrals specialist and tracked by the Team MA.
3. The scanner will attach results to DI orders and send to ordering provider.
4. Provider will make arrangements to contact the patient with results.

Questions regarding this policy or any related procedure should be directed to the Practice Manager at 413-238-4126.

Approved by Board of Directors on: _____
Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors

PROCEDURE:

Care team staff will reconcile diagnostic imaging orders on a weekly basis during pre-visit planning time.

1. On a weekly basis Care team staff will track all outstanding diagnostic imaging orders during pre-visit planning time.
2. When ordering diagnostic imaging, providers (or other staff depending on standing orders or protocols) will use the “internal notes” field of the order to enter where the patient would like to have the imaging done. If the order is printed for the patient to take to radiology, the staff member who prints the order will enter “printed” and where the patient is going for the test in the “internal notes” field of the order.
3. Certain orders (MRI, CT Scans, Ultrasounds, etc.) will likely require processing by the Referrals Specialist. Once the Referrals Specialist has processed the order, they will document in the “internal notes” field and reassign to the Team MA. The Referrals Specialist will make appointments for all DI, except x-rays, mammograms, colonoscopies, bone density. They will note the appointment date and time in the “internal notes” field.
4. The Team MA will monitor the orders to ensure results have been received and that have been linked to the original order. If not linked, the report will be returned to the scanner for linking and assignment to the appropriate provider.
5. If the DI result is not received, the Team MA will contact the location where the order was sent and request the DI results to be faxed to the electronic fax (413-923-9355) and will document in internal notes “results requested”.
 - a. If the patient did not go to the appointment or non-scheduled testing, the Team MA will contact the patient via phone or letter and ask the patient if they are still planning on doing the testing. Team MA will attempt to contact the patient 2 times. If no reply from the patient within 14 days, the Team MA will contact the patient again via letter or phone call. If no call back after 7 days, the Team MA will send a telephone encounter (TE) to the provider regarding outreach to patient.
 - b. If the patient is going to do the testing, reschedule appointment if needed.
 - c. If the patient refuses/declines/ no-shows for the testing, the Team MA/Referrals Specialist will note in the “internal notes” field “declined” and create a TE to send to the provider.
 - d. The provider will address if further action is needed. If no further action is needed, the provider will note in the TE and the DI order and cancel the order. If further action is required, the provider will arrange for contacting the patient.
 - e. The provider should send TE back to Team MA letting the Team MA know the DI order can be cancelled.

Urgent Diagnostic Imaging appointments will be made by referrals specialist and tracked by the Team MA.

1. A provider will mark a diagnostic imaging order as high priority. The diagnostic imaging order will be assigned to HCHC referral specialist.
2. For tracking purposes, a high priority telephone encounter will be created by the referral specialist and assigned to REFERRALS.
3. If necessary the referral specialist will obtain an insurance authorization.
4. The referral specialist will schedule an appointment for the patient and notify the patient of the appointment date and time.
5. Once the patient is aware of the appointment, the diagnostic imaging order and telephone encounter will be forwarded to the team medical assistant to track.

6. The medical assistant will request the consult notes or test results and hold the telephone encounter open until the notes are received.
7. If the notes or test results are received Front Desk will scan them into the patient's chart and assign them to the provider to review.
8. The team medical assistant will address the telephone encounter once the consult notes or test results have been received.
9. If the patient cancels the appointment, the telephone encounter should be assigned to the provider as FYI.
10. If the appointment is rescheduled, the team medical assistant will keep the telephone encounter until the new date.

The scanner will attach all DI orders and send to ordering provider.

1. When we receive results for DI, the scanner will attach the report to the order.
2. The scanner will then assign the DI to the ordering provider to review.

Provider will make arrangements to contact the patient with results.

1. If DI results are normal, the provider will make arrangements to contact the patient within 5 business days.
2. If the DI results are abnormal, the provider will make arrangements to contact the patient within 12 hrs.



Policy Title: Disposal of Outdated Controlled Substances or Prescription Medications	Policy Number: Med-08
Department: Clinical	Policy status: Active
Regulatory Reference: 105 CMR 700.000; M.G.L. c. 94C, § 2.	
Date Published: NOV 2012	
Dates Reviewed: MAY 2018	
Dates Revised: JUNE 2019	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for the disposal of outdated prescription medications and controlled substances.

POLICY:

1. Patients who possess outdated or unwanted prescription medications that are in need of disposal will be given information on local facilities and retail outlets with medication disposal capacities.

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

Approved by Board of Directors on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors



Policy Title: Department of Transportation (DOT) Physicals	Policy Number: Med-10
Department: Clinical	Policy status: Active
Regulatory Reference: NONE.	
Date Published: DEC 2014	
Dates Reviewed: MAY 2018	
Dates Revised: JUNE 2019	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for conducting Department of Transportation (DOT) physicals.

POLICY:

1. DOT physicals will be scheduled with providers certified to perform DOT physicals.
2. Clients requesting a DOT or CDL physical will be scheduled for a DOT visit type.
3. The cost of the DOT physical will be \$75.00 and will be paid by the patient upon check-in.
4. The visit will be coded using the E & M code 99DOT.

Questions regarding this policy or any related procedure should be directed to the Practice Manager at 413-238-4126.

Approved by Board of Directors on: _____
Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors

PROCEDURE:

DOT physicals will be scheduled with providers certified to perform DOT physicals.

1. All HCHC providers are certified for DOT physicals EXCEPT: Jon Liebman, NP; Brenda Jaeger, NP; Lora Grimes, MD; Miranda Balkin, MD.
2. Physicals for bus drivers require that an MD conduct the physical and sign off on the Medical Examination Report; schedule accordingly.

Clients requesting a DOT or CDL physical will be scheduled for a DOT visit type.

1. Reception will schedule DOT physicals for any and all people requesting this service.
 - a. If the requester is a current patient, schedule per usual protocol
 - b. If requester is not a current patient, add requester to the patient database as a New Patient, filling in the required fields and identify as a **SELF PAY** in the demographics screen. The PCP will be identified as **NONE, None**. The Rendering Provider will be left blank.
 - c. In the event a current, active patient is also due for a complete physical, it is advisable to schedule consecutive appointments, one for the DOT and one for the CPE. Each appointment will be 30 minutes in duration and charted separately.
2. Patients will be informed that, due to current insurance regulations, insurance will not cover a DOT physical and that payment of \$75.00 is required upon check-in.
3. The visit code DOT will be used to schedule these physicals
4. Patients will be mailed the appropriate Medical Examination Report forms and instructed to ensure that they bring them to the appointment.
5. Reception will take payment upon check-in and provide the patient with a receipt. Patients are free to file for reimbursement with their employer.

The cost of the DOT physical will be \$75.00 and will be paid by the patient upon check-in

In the event a person fails the initial DOT physical, a subsequent follow-up will be charged at \$35.00, payable at check-in.

The visit will be coded using the E & M code 99DOT.

1. Providers may use the template **HCHC DOT Physical**. This template contains the following information:
 - a. E & M Code – 99DOT for the visit
 - b. DTAUD – CPT code for Audiometry, Pure Tone DOT, \$0.00
 - c. DTVIS – CPT code for Visual Acuity Screen DOT, \$0.00
 - d. DTURI – CPT code for Urinalysis-No micro DOT (IH), \$0.00
 - e. Lab Order for Urinalysis DOT (IH)
 - f. Assessment V70.5 Encounter for CDL exam
 - g. General Examination template

2. Since these visits are not billable to insurance companies, the CPT codes reflect a zero charge when a claim is created.
3. Providers should use the ICD-9 Code V70.5 – Encounter for CDL (commercial driving license)
4. Providers should use the E & M code 99DOT if they choose not to use the template
5. It is not permissible to use V70.0 for the ICD-9 Code since this applies to an annual physical and should be combined with an age-specific 993XX, Preventive Care visit code.
6. The Medical Examination Report will be completed and forwarded to scanning into the patient's documents (attached to the DOT visit).



Policy Title: Hospital/ ER Follow Up	Policy Number: Med- 14
Department: Clinical	Policy status: Active
Regulatory Reference: NONE	
Date Published: JUN 2012	
Dates Reviewed: MAY 2018	
Dates Revised: JUNE 2019	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for identifying and contacting HCHC patients following an Emergency Room visit or a hospitalization.

POLICY:

1. HCHC will maintain a protocol for ensuring patients are contacted within 2 business days following discharge from a hospital or an emergency room.
2. HCHC will document follow up patient contact in the electronic medical record (EMR).

Questions regarding this policy or any related procedure should be directed to the Practice Manager at 413-238-4126.

Approved by Board of Directors on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors

PROCEDURE:

1. Nursing will be notified of all Hospital / ER visits
 - a. When scanners receive Hospital or ER records, they will create a telephone encounter (TE) and send to nursing queue.
 - b. When providers receive hospital/ER lab or DI results, they will create TE and send to nursing queue.
 - c. Prior to creating a new TE, ensure that one doesn't already exist for the incident.
2. Team or covering team nurse will contact the patient by phone or letter within 2 business days.
 - a. If contact made by phone, nurse will assess the patient and complete the appropriate template. This includes reviewing the discharge instructions with the patient
 - b. Patient will be sent a letter ONLY if it is clear that no follow up is needed and will complete the appropriate template
 - c. Nursing will ensure that all pertinent medical information is received from the hospital or ED, including discharge summaries, lab reports, diagnostic imaging reports, etc.
 - d. Nursing will arrange follow up visit, if needed or enter a referral if patient is to follow up with outside specialist.
3. TE will be forwarded to the PCP for review.



Policy Title: Internal Paper Chart Retrieval Request Policy	Policy Number: Med-15
Department: Clinical	Policy status: Active
Regulatory Reference: NONE	
Date Published: MAY 2015	
Dates Reviewed: MAY 2018	
Dates Revised: JUNE 2019	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to pull, track and refile paper chart.

POLICY:

1. All paper charts will be requested through an action in eClinicalWorks.
2. The turnaround time for chart requests is 24 business hours.
3. Worthington Health Center staff is responsible for retrieving and refiling patient charts.

Any questions regarding this policy or any related procedure should be directed to front desk supervisor.

Questions regarding this policy or any related procedure should be directed to the Practice Manager at 413-238-4126.

Approved by Board of Directors on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors

PROCEDURE:

All paper charts will be requested through an action in eClinicalWorks.

1. Go to the patient's hub, start a new action.
 - a. **Action Type:** Medical Records Request
 - b. **Subject:** Paper Chart Request
 - c. **Assign to:** Any WHC Front Desk Receptionist
 - d. **Add Note:** Paper Chart Request
 - e. **Status:** Change to In Progress
 - f. **Priority:** Should be normal unless urgent request and then it should be high.

Worthington Health Center staff is responsible for retrieving and refiling patient charts.

1. WHC front desk receptionist receiving the action will put patient's name on the list posted at the front desk for the staff member that retrieves and refiles charts.
2. Once paper chart is given to WHC front desk staff member they will put a note in action.
 - a. If it is an HHC staff member requesting, add this note in action: "Chart in bag to HHC".
 - b. If it is a WHC staff member requesting, add this note in action: "Chart given to requestor".
3. Action should say "in progress" and be reassigned to the requestor be on the lookout for the paper chart.
4. Once requestor is finished with the paper chart, add this note to action: "Paper chart sent to be refiled" and complete the action.
 - a. In HHC, the chart will go back to WHC in the interoffice bag to be refiled.
 - b. In WHC, the chart will go on the cart in the reception area to be refiled.



Policy Title: Provider On-Call	Policy Number: Med- 21
Department: Clinical	Policy status: Active
Regulatory Reference: NONE	
Date Published: JUL 2014	
Dates Reviewed: MAY 2018	
Dates Revised: MAY 2019	

PURPOSE:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process for providing safe and effective after-hours and Saturday care to the patients of Hilltown Community Health Center.

POLICY:

- All providers at the HCHC will take call on a rotating basis. Call will include one week (7 days) of phone call coverage.
- Nurse Practitioner or Physicians Assistants are on-call; MD backup will be provided.

Questions regarding this policy or any related procedure should be directed to the Practice Manager at 413-238-4126.

Approved by Board of Directors on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors

PROCEDURE:

All providers at the HCHC will take call on a rotating basis.

1. Call rotation will be established prior to the beginning of the year.
2. The provider will be reimbursed for time spent on coverage.
3. If a provider wishes to make any changes to the schedule, is it the responsibility to make arrangements with another provider and notify scheduler of the changes.
4. The call schedule will be forwarded to the answering service no later than December 26th of the preceding year for the upcoming year.
5. The answering service will be notified by the scheduler of any changes in schedule throughout the year.
6. The provider may choose to decrease that week's work by 4 clinical hours in lieu of additional pay with the following provisions:
 - a. The decision to decrease clinical hours must be made at least three months in advance to reduce patient rescheduling.
 - b. If the provider chooses to decrease clinical hours, they may not switch their call week.

Call will include one week (7 days) of phone call coverage and Saturday morning clinical hours from 9am – 12pm.

1. Call will begin on Monday at 8:00 a.m. and run through Monday at 7:59 a.m.
2. The provider taking call will work the Saturday clinical hours beginning at 9:00 a.m. and running through 12:00 p.m.



Policy Title: Reproductive Health Services Policy	Policy Number: Med-23
Department: Clinical	Policy status: Active- Replaces Women's Reproductive Health Services Policy
Regulatory Reference: Section 330 of the US Public Health Service Act; Consolidated Appropriations Act, 2016, Pub. L. No. 114-113, §§ 506-507, 129 STAT. 2242, 2649 (2015); M.G.L. c. 111, § 70E	
Date Published: DEC 2016	
Dates Reviewed: MAY 2018, MAY 2019	
Dates Revised: MAY 2019	

PURPOSE:

The purpose of this policy is to provide a documented processes of the safeguards utilized to offer comprehensive reproductive care and to ensure HCHC's compliance with laws and regulations relating to the provision of reproductive health services.

DEFINITIONS:

Voluntary Family Planning Services: HRSA defines Voluntary Family Planning Services as, "...appropriate counseling on available reproductive options consistent with Federal, state, local laws and regulations. These services may include management/treatment and procedures for a patient's chosen method (e.g., vasectomy, subdermal contraceptive placement, IUD placement, tubal ligation)."

Hyde Amendment: The Hyde Amendment is a statutory provision included as part of the annual HHS Appropriations legislation, which prohibits health centers from using federal funds to provide abortions (except in cases of rape or incest, or where a woman patient suffers from a physical disorder, physical injury, or physical illness, including a life- endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman patient in danger of death unless an abortion is performed). The Hyde Amendment prohibits the performance of abortion procedures, as well as the administration.

POLICY:

HCHC's ensures compliance with laws and regulations relating to the provision of reproductive health services affecting health centers that receive federal grant funds under Section 330 of the Public Health Service Act ("Section 330") through the U.S. Department of Health and Human Services ("HHS") as follows:

Compliance with Section 330

Under Section 330, Health Center is required to provide, either directly or through contracts or formal written referral arrangements, voluntary family planning services. As neither “appropriate counseling” nor “available reproductive options” are defined in Section 330, the implementing regulations, or HHS Health Resources and Services Administration (“HRSA”) guidance, HCHC will use the criteria established under the Family Planning Program regulations authorized under Title X of the Public Health Service Act for guidance on how best to provide appropriate family planning options counseling to HCHC’s patients.

Compliance with the Hyde Amendment

HCHC does not provide abortion services. Therefore, in providing reproductive health services as a component of its Section 330-supported health center program, HCHC will assure compliance with the Hyde Amendment. The Hyde Amendment prohibits the performance of abortion procedures, as well as the administration of drugs and devices that are used for “medication” abortions that terminate an early pregnancy (up to 70 days from the date of the patient’s last menstrual cycle) rather than prevent implantation, including, but are not limited to, administration of the combination of RU-486 (Mifepristone or Mifeprex) and Misoprostol, unless the abortion procedure or medication abortion fits within one of those explicit Hyde Amendment exceptions.

Compliance with Public Health Service Regulations

HCHC does not provide abortion services directly, but if HCHC furnishes an abortion referral in the event the patient is the survivor of rape or incest or if the patient’s life would be endangered, HCHC will maintain adequate documentation and certifications as required under 42 C.F.R. §§50.304, 50.306 and 45 C.F.R. Part 75.

Compliance with Prohibition on Coercion

In providing reproductive health services as a component of its Section 330-supported health center program, HCHC will assure compliance with statutory requirements, as set forth in 42 U.S.C. §300a-8, which prohibits all HCHC employed and contracted staff from coercing or endeavoring to coerce any person to undergo an abortion by threatening such person with the loss of, or disqualification for the receipt of, any benefit or other health center services. HCHC will also assure that HCHC employed and contracted staff do not coerce or endeavor to coerce any person not to undergo an abortion by threatening such person with the loss of, or disqualification for the receipt of, any benefit or other health center services, consistent with guidelines to provide only neutral, factual information and nondirective options counseling.

Providing Access to FDA-Approved Contraceptive Methods

HCHC will ensure that its patients have access to the full range of Food and Drug Administration (“FDA”)-approved contraceptive methods designed to prevent a pregnancy.

All Health Center employees and contractors who provide clinical services and non-clinical support services are required to comply with this’s Reproductive Health Services Policy and Procedure by signing and returning the certification attached to this document as Exhibit A.

Questions regarding this policy or any related procedure should be directed to the Practice Manager at 413-238-4126.

Approved by Board of Directors on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors

Guidelines for Reproductive Health Services Procedure

PURPOSE:

The purpose of this procedure is to provide guidelines for the providing comprehensive reproductive care while ensuring compliance with laws and regulations relating to the provision of reproductive health services.

CONTACTS

Role	Name	Phone#	Email
Medical Director			
Assistant Medical Director			

PROCEDURE:

- 1. Voluntary Family Planning Services Training.** All HCHC Staff, regardless of their specific job or position descriptions, duties performed or services provided, will be trained on Section 330 requirements applicable to voluntary family planning services including, but not limited to, the required scope of voluntary family planning services, as well as prohibitions and limitations on providing abortions within the Section 330-supported health center program and coercing or endeavoring to coerce any person to undergo an abortion. HCHC shall maintain records indicating the completion of such training in each employee's and contractor's personnel file.
- 2. Complying with the Hyde Amendment.** All HCHC Staff agree that HCHC shall not provide abortion services, either directly or by contract, within HCHC's Section 330-supported health center program, unless the abortion fits within a Hyde Amendment exception, as described in Section II (3). All HCHC Staff agree that this prohibition includes the administration of "medication" abortions that terminate an early pregnancy (up to 70 days from the date of the woman patient's last menstrual cycle) rather than prevent implantation. Medication abortions include, but are not limited to, administering the combination of RU-486 (Mifepristone or Mifeprex) and Misoprostol which results in the termination of a pregnancy.
- 3. Providing Abortion Referrals Under the Hyde Amendment Exceptions.** If HCHC provides an abortion referral in the event that the woman patient is a survivor of rape or incest, HCHC will secure and maintain documentation from a law enforcement agency or public health service stating:
 - a. that the person upon whom the medical procedure was performed was reported to have been the survivor of an incident of rape or incest;
 - b. the date on which the incident occurred;
 - c. the date on which the report was made, which must have been within 60 days of the date on which the incident occurred;

- d. the name and address of the survivor and the name and address of the person making the report (if different from the survivor); and
- e. that the report included the signature of the person who reported the incident.

If HCHC provides an abortion referral in cases where a woman patient suffers from a physical disorder, physical injury, or physical illness, including a life- endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a provider, place the woman patient in danger of death unless an abortion is performed, HCHC will secure and maintain a written certification from a physician provider who has found that on the basis of his or her professional judgement, the life of the mother would be endangered if the fetus were carried to term. The certification must contain the name and address of the patient.

4. **Options Counseling.** HCHC Staff providing options counseling shall offer the pregnant patient the opportunity to be provided information and counseling regarding each of the following options:

- a. prenatal care and delivery;
- b. infant care, foster care, or adoption; and
- c. pregnancy termination.

If requested to provide such information and counseling, HCHC Staff will provide neutral, factual information and nondirective counseling on each of the options, and referral upon request (subject to Section 7 below), except with respect to any option(s) about which the pregnant woman patient indicates that they do not wish to receive such information and counseling.

5. **Prohibition on Coercion.** HCHC Staff are strictly prohibited from coercing or endeavoring to coerce any person to undergo or not to undergo an abortion by threatening such person with the loss of, or disqualification for the receipt of, any benefit or other health center services.

6. **Contraceptive Methods.** HCHC Staff, upon request, will provide patients with information regarding the management/treatment, as appropriate, for a patient's chosen family planning method. Such management/treatment information may address vasectomy, tubal ligation, and placement of long-acting reversible contraception (e.g., IUDs and implants). In addition, HCHC Staff will ensure that its patients have access to the full range of FDA-approved contraceptive methods designed to prevent a pregnancy.

As required by Massachusetts law, female rape survivor's survivors at risk of pregnancy have the right to receive written information about emergency contraception, to be promptly offered emergency contraception, and to be provided with emergency contraception upon request.

HCHC providers are required, at a minimum, to provide such written information, and they must offer and initiate emergency contraception if They requests.

The 's Reproductive Health Services Policy and Procedure shall be reviewed periodically and updated consistent with the requirements established by the Board of Directors, HCHC's senior management, federal and state law and regulations, and applicable accrediting and review organizations.

RELATED INFORMATION

REVIEWED BY:

ADDENDUM A



Policy Title: Supervision of Nurse Practitioners	Policy Number: Med-25
Department: Clinical	Policy status: Active- Replaces Women's Reproductive Health Services Policy
Regulatory Reference: 244 CMR 4.0 and 263 CMR 2.01-6.02	
Date Published: FEB 2015	
Dates Reviewed: MAY 2018	
Dates Revised: MAY 2019	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to ensure the supervision of Nurse Practitioners.

POLICY:

Hilltown Community Health Centers (HCHC) ensures the supervision of Nurse practitioners as allowed by the applicable laws and regulations of the Commonwealth of Massachusetts Department of Public Health Boards of Registration in Medicine, and Nursing.

Questions regarding this policy or any related procedure should be directed to the Chief Community and Clinical Services Officer at 413-667-3009.

Approved by Board of Directors on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors

PROCEDURE:

A. Scope of Practice for Nurse Practitioners

1. In accordance with Massachusetts Regulations governing the practice of Nurse Practitioners, 244 CMR 4.0, the nature and scope of practice within HCHC includes assessing the health status of individuals and families by obtaining health and medical histories, performing physical examinations, diagnosing health and developmental problems and caring for patients with acute and chronic diseases, including ordering diagnostic tests, treatments, and medications. HCHC Nurse Practitioners provide primary care to individuals and populations as determined by the scope of practice delineated by their certification. Treatment may include the prescription and administration of oral and parenteral therapies.
2. Nurse Practitioners provide care either independently and/or collaboratively with a supervising physician by managing therapeutic regimens in a manner consistent with generally accepted medical and nursing practice, including HCHC policies and practice guidelines.
3. Nurse Practitioners seek physician consultation in cases where the practitioner feels physician expertise is indicated, including procedures or diagnoses which the practitioner determines to be beyond their expertise, and in the case of any life threatening situation. A designated physician is available on-site or by telephone at all times. Appropriate consultation with a physician may include brief, informal consultation; formal review of a patient's records; collaborative management of a patient in which the patient periodically sees the physician in addition to the NP; or transfer of the care of the patient entirely to a physician. It is the expectation that NPs will seek consultation as appropriate to their level of training and experience, and that physicians will respond in an appropriate timeframe to a request for consultation, collaborative management, or transfer of care.
4. In the setting of a clinical emergency, depending upon the assessment of the NP and provisions of advance directives, if any, the NP activates the Emergency Medical Services system by calling 911 or the relevant local telephone number; initiates Basic Life Support procedures; and/or arranges for emergency transport, as needed.

B. Prescribing Guidelines

1. Nurse Practitioners are required to provide a copy of a current Massachusetts RN license with appropriate expanded role designation from the Massachusetts Board of Registration in Nursing.
2. Nurse Practitioners prescribing medication are required to provide to HCHC a copy of valid registration to issue written or oral prescriptions for controlled substances from the Massachusetts Department of Public Health & U.S. Drug Enforcement Administration.
3. Each NP prescribing medication is covered by the Health Center's malpractice liability insurance policy.
4. Each NP will have a signed agreement with a designated supervision physician. Additional staff physicians may be designated to cover. According to the Code of Massachusetts Regulations, a supervising physician is defined as a licensee holding an unrestricted full license in the Commonwealth, who: (a) has completed training in the United States approved by the Accreditation Council for Graduate Medical Education (ACGME) or in Canada approved by

the Royal College of Physicians and Surgeons in Canada (RCPSC) in a specialty area appropriately related to the NP's area of practice, is Board certified in a specialty area appropriately related to the NP's area of practice, or has hospital admitting privileges in a specialty area appropriately related to the NP's area of practice; (b) holds valid registration(s) to issue written or oral prescriptions or medication orders for controlled substances from the Massachusetts Department of Public Health and the U.S. Drug Enforcement Administration; (c) provides supervision to a nurse midwife, a nurse practitioner, a psychiatric clinical nurse mental health clinical specialist, nurse anesthetist, or physician assistant as provided for in the applicable law or regulations of the Boards of Registration in Medicine in Nursing and Physician Assistants; (d) collaborates with the NP engaged in prescriptive practice to sign mutually developed guidelines; and (e) reviews the NP's prescriptive practice as described in the guidelines.

5. Prescription from NPs must include the name of the supervising physician.
6. Medications prescribed by an NP may include any oral, transrectal, transvaginal, transdermal, topical or injectable medication within the limits of their prescriptive privileges as specified by their Massachusetts and federal Controlled Substances Registration. Intravenous therapies will not be prescribed by NPs, nor will medications not commonly used in primary care medical practice. Implantable devices and medications, including IUDs and long-acting implantable contraceptives, will only be prescribed or implanted by clinicians who have received appropriate training in their use.
7. The initial prescription of Schedule II drugs must be submitted to the supervising physician, or his/her clearly established designee, within 96 hours. This may be done electronically. It is the responsibility of the supervising physician to document their review of the prescription, and to communicate directly with the NP should they have concerns.

C. Procedure

1. Routine Audits:

As required under state regulation, a review of each NP's charts will be conducted at least quarterly by the designated supervising physician, focusing on the appropriateness of the prescription of medications. The results of this review will be documented, and submitted to the Medical Director or Medical Council, and to the NP. This mandatory review will be conducted as part of the regular, ongoing quality improvement process at HCHC. A copy of the audit summary sheet is kept by the NP.

This document is intended to comply with Massachusetts regulations governing the practice of nursing in the expanded role, 244 CMR 4.0. Signature below indicates understanding of the above conditions for practice, and willingness to comply.

Physician/Nurse Practitioner

Signature: _____

Name: _____

Date _____

Supervising Physician Signature: _____

Name: _____

Date _____

Additional Designated Physicians

Signature: _____

Name: _____

Date _____

Signature: _____

Name: _____

Date _____

Signature: _____

Name: _____

Date _____

Signature: _____

Name: _____

Date _____

Signature: _____

Name: _____

Date _____

Signature: _____

Name: _____

Date _____

Personnel Committee Member

Signature: _____

Name: _____

Date _____

Expiration Date: _____

(Two years from signature date)



Policy Title: Tracking Patient Referrals	Policy Number: Med-28
Department: Clinical	Policy status: Active
Regulatory Reference: NONE	
Date Published: NOV 2012	
Dates Reviewed: MAY 2018	
Dates Revised: MAY 2019	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for ensuring that referrals to other Providers are received and to identify patients who do not follow through with specialty referrals to improve care.

POLICY:

1. Open referrals will be tracked by the Team Medical Assistant (MA).
2. Referrals will be reconciled every 2 weeks or at pre-visit planning time by the Team MA.
3. Urgent referral appointments will be made by the Referrals Specialist and tracked by the Team MA.

Questions regarding this policy or any related procedure should be directed to the Practice Manager at 413-238-4126.

Approved by Board of Directors on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors

PROCEDURE:

The Team MA/Referrals Specialist will track patient appointments for referrals.

1. The provider will place a referral in the Patient's EMR. Relevant Clinical Information should be included in the referral such as:
 - a. Current Medications
 - b. Diagnoses, including mental health
 - c. Allergies
 - d. Medical and Family history
 - e. Substance abuse
 - f. Behaviors that affect the patient's health
 - g. Clinical findings and current treatment
 - h. Any testing/ results that already have been done
 - i. Follow up communication
 - j. Patient demographics- communication needs, Primary language, DOB, Sex, Contact information, Health insurance information, relevant cultural or ethnic information.
2. If the consult note is not received within three months, the Team MA will contact the specialist office and assess if the patient has made an appointment.
 - a. If the patient has made an appointment and the visit has been completed, request the consult notes to be sent to the electronic fax.
 - b. If the patient's appointment is at a future date, the Team MA/Referrals Specialist will note the appointment date in the appointment field in the referral.
 - c. If the patient does not have an appointment, the Team MA will note that in the referral in the notes or reason section of the referral.
3. The Team MA will call patient and ask them about their appointment for the referral.
4. If the Patient agrees to book the referral appointment, the Team MA will document in referral in the notes section that the patient will book appointment with the specialist. The Team MA will give referral information to the Patient again.
5. If the Patient has not responded to 2 calls or if the patient does not agree to book the referral, the Team MA will create a TE and send to the Provider.
 - a. The Team MA will make 1 phone call, if no response from patient after 1 month, the Team MA will make a 2nd call.
6. The Provider will assess. If no further action is needed, the Provider will document in the telephone encounter (TE) and send the TE back to Team MA to address the referral.
7. If the Provider feels that patient needs to be seen by the specialist, he/she will contact the patient.

Referrals will be reconciled every two weeks or at Pre-Visit Planning time by Team MA.

1. On a bi-weekly basis, the Team MA will assess if consult notes have been received for pending referrals in the last 90 days.
2. When consult note is received, scanners will upload them to patient documents and assign the consult note to the provider and address the referral.
 - a. Scanners will check the "Received date" box and go into the structured data and click on the "received consult note from specialist" box and a date will populate.
3. During reconciliation, if consult note has been received and the referral is not addressed the Team MA will enter the date received from the scanned document in the "received date" box and "received consult note from specialist" in the structured data tab.

Urgent referral appointments will be made by Referrals Specialist and tracked by the Team MA.

1. A Provider will mark a referral as urgent or high priority. The referral will be assigned to an HCHC Referrals Specialist.
2. For tracking purposes, a high priority telephone encounter will be created by the Referrals Specialist and assigned to REFERRALS.
3. If necessary, the Referrals Specialist will obtain an insurance authorization.
4. The Referrals Specialist will schedule an appointment for the patient and notify the patient of the appointment date and time.
5. Once the patient is aware of the appointment, the referral and telephone encounter will be forwarded to the Team MA to track.
6. The MA will request the consult notes or test results and hold the telephone encounter open until the notes are received.
7. If the notes or test results are received, Front Desk will scan them into the patient's chart and assign them to the Provider to review.
8. The Team MA will address the telephone encounter once the consult notes or test results have been received.
9. If the patient cancels the appointment, the telephone encounter should be assigned to the Provider as FYI.
10. If the appointment is rescheduled, the Team MA will keep the telephone encounter until the new date.



Policy Title: Welcome for New Medical Patients	Policy Number: Med-31
Department: Clinical	Policy status: Active
Regulatory Reference: NONE	
Date Published: JAN 2017	
Dates Reviewed: MAY 2018	
Dates Revised: MAY 2019	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for welcoming new patients to the health center and providing information about the medical home.

POLICY:

It is the policy of HCHC to provide patients with orientation materials about the medical department and Hilltown Community Health Center services.

Questions regarding this policy or any related procedure should be directed to the Practice Manager at 413-238-4126.

Approved by Board of Directors on: _____

Approved by:

Chief Executive Officer, HCHC

HCHC Board of Directors

PROCEDURE:

1. A new patient information packet is mailed by the front desk staff to each newly established patient two weeks prior to his/her appointment.
 - a. Completed new patient packets are collected by the front desk staff at the patient's first visit and information is entered into the medical record
 - b. The new patient history form is given to the patient to be brought to the exam room for review with the provider
 - c. Patients that do not bring required paperwork to their first visit will be asked to complete it prior to meeting with their PCP
2. The new patient packet includes:
 - a. Appointment information/reminder letter which includes sliding fee scale information
 - b. HIPAA and registration forms
 - c. New patient history form
 - d. Medical records request form for the patient to complete and return
 - e. Cooley Dickinson Hospital's Information Exchange handout
 - f. HCHC services sheet describing other services offered by the health center and contact information
 - g. Hours of operation and after-hours coverage
 - h. Medical home/patient responsibilities handout
 - i. PCMH brochure
 - j. Treating minors in the absence of a parent or legal guardian (when patient is a minor)
3. After a new patient's first visit, a thank you packet is mailed by the executive assistant to the patient in the month following the first visit. The packet includes:
 - a. Thank you letter from the CEO with information about being a patient-centered medical home and a link to the HCHC web site, www.hchcweb.org
 - b. HCHC brochure
 - c. Patient portal information handout
4. To assist patients with questions regarding potential insurance coverage options and financial support for care needs, if needed, reception staff:
 - a. Explain the health center's Navigator Program to the patient
 - b. Offer Navigator handout and point of contact information (business card) of Navigator staff



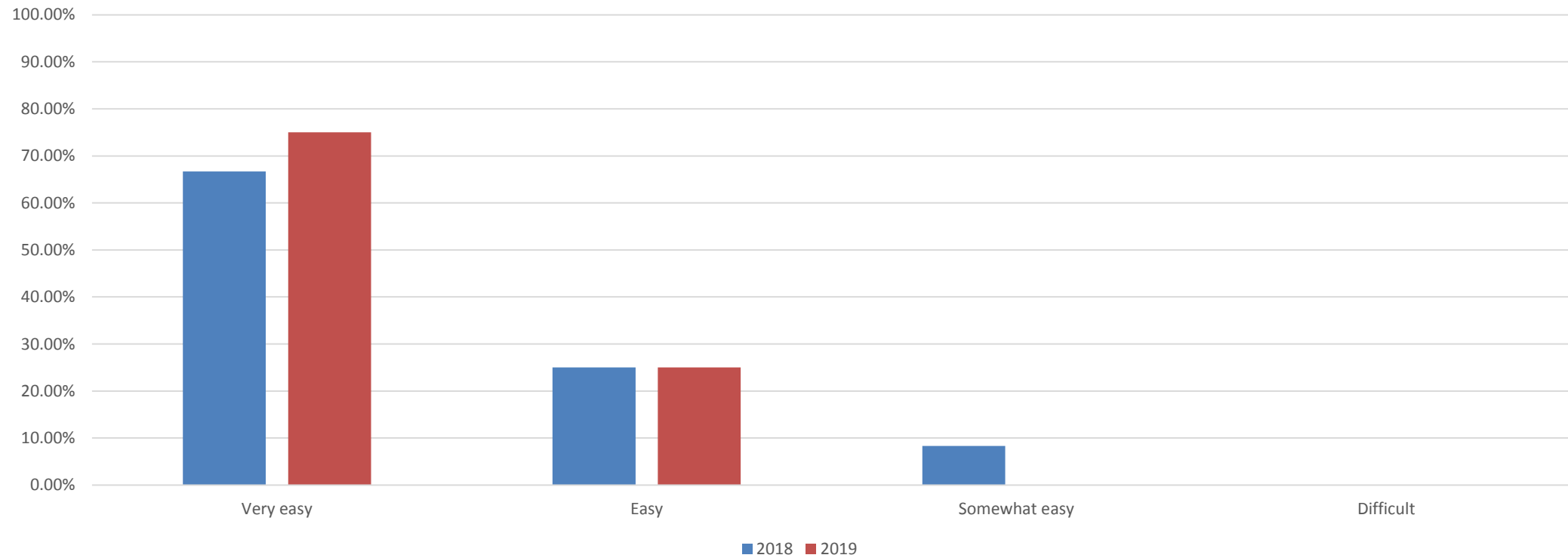
**Hilltown Community
Health Center**

Patient Satisfaction Surveys

A COMPARISON OF 2018 AND 2019 RESULTS FOR:
EYE CARE, BEHAVIORAL HEALTH, DENTAL AND COMMUNITY PROGRAMS

Eye Care Department

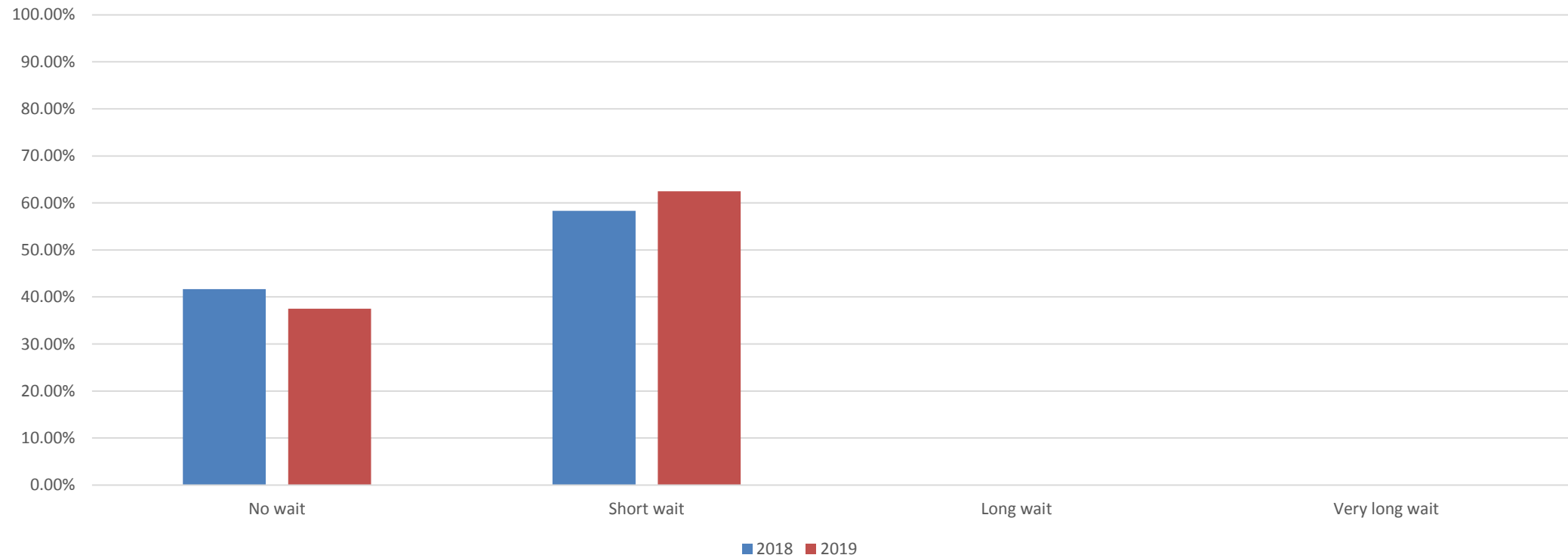
Q3. How easy was it to get your most recent appointment?



NB: There were 11 respondents in 2018, and 12 respondents in 2019.

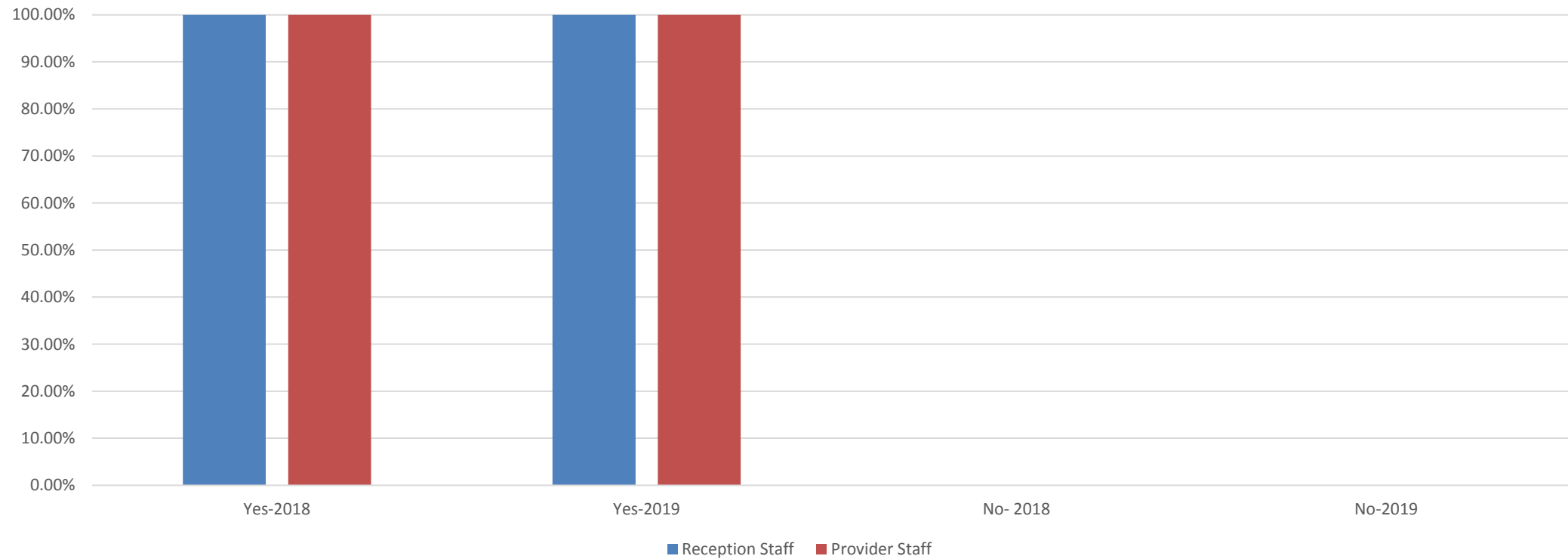
Eye Care Department

Q4. How long was your wait in the waiting room?



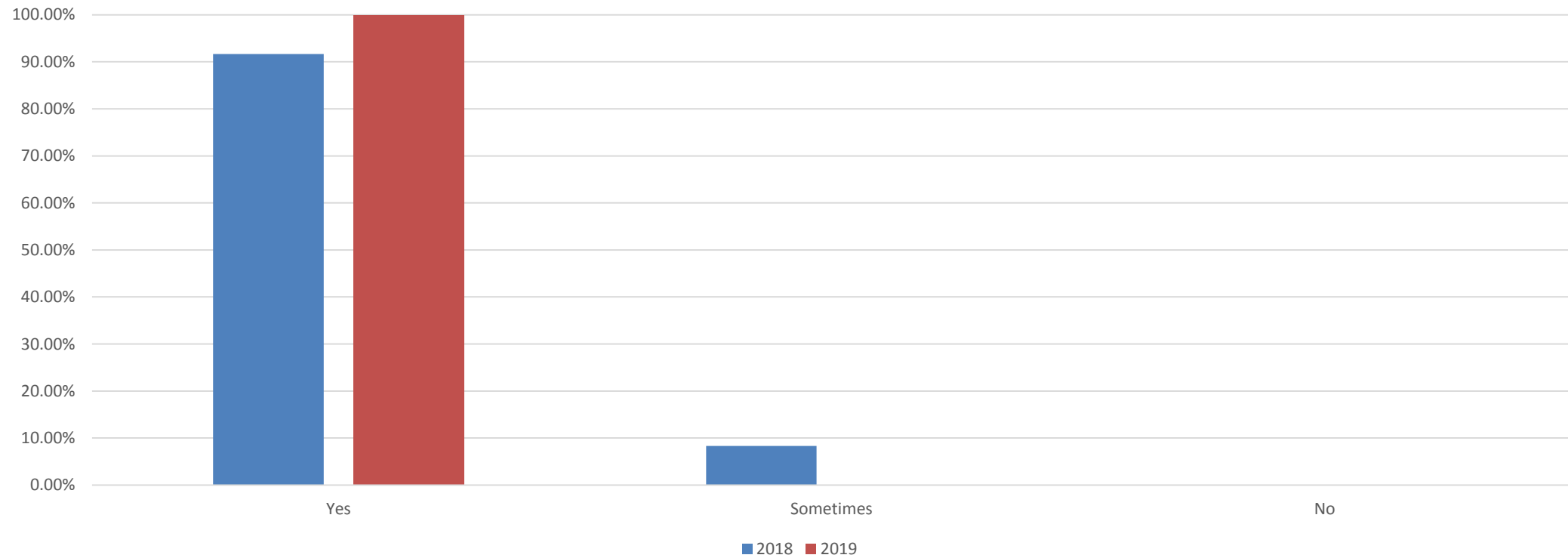
Eye Care Department

Q5. Do you feel you were treated politely and with respect by the:



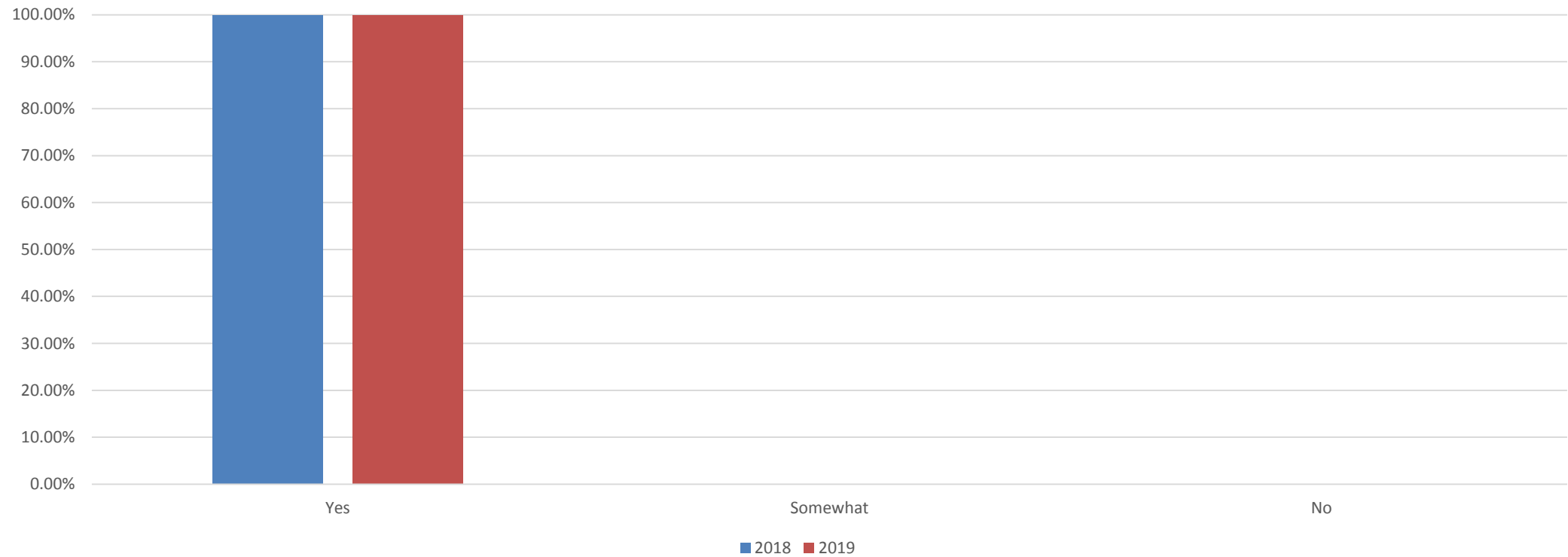
Eye Care Department

Q6. Do you feel understood and listened to by staff?



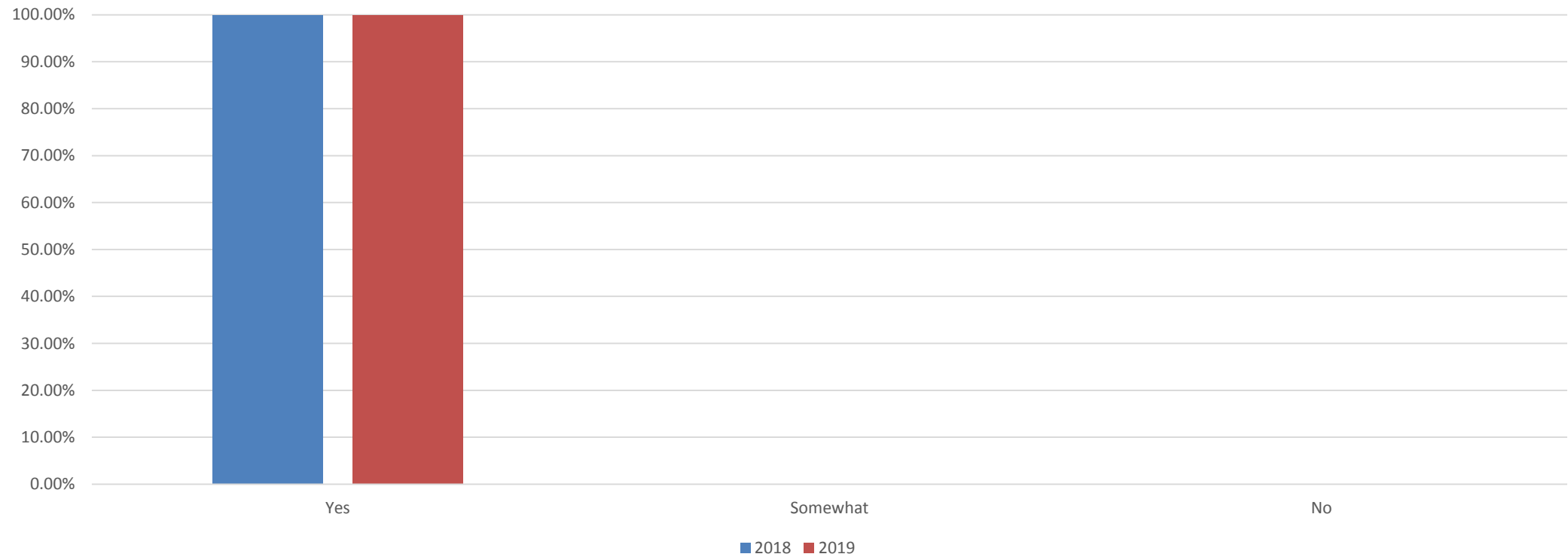
Eye Care Department

Q7. Do you feel your personal health information is kept confidential?



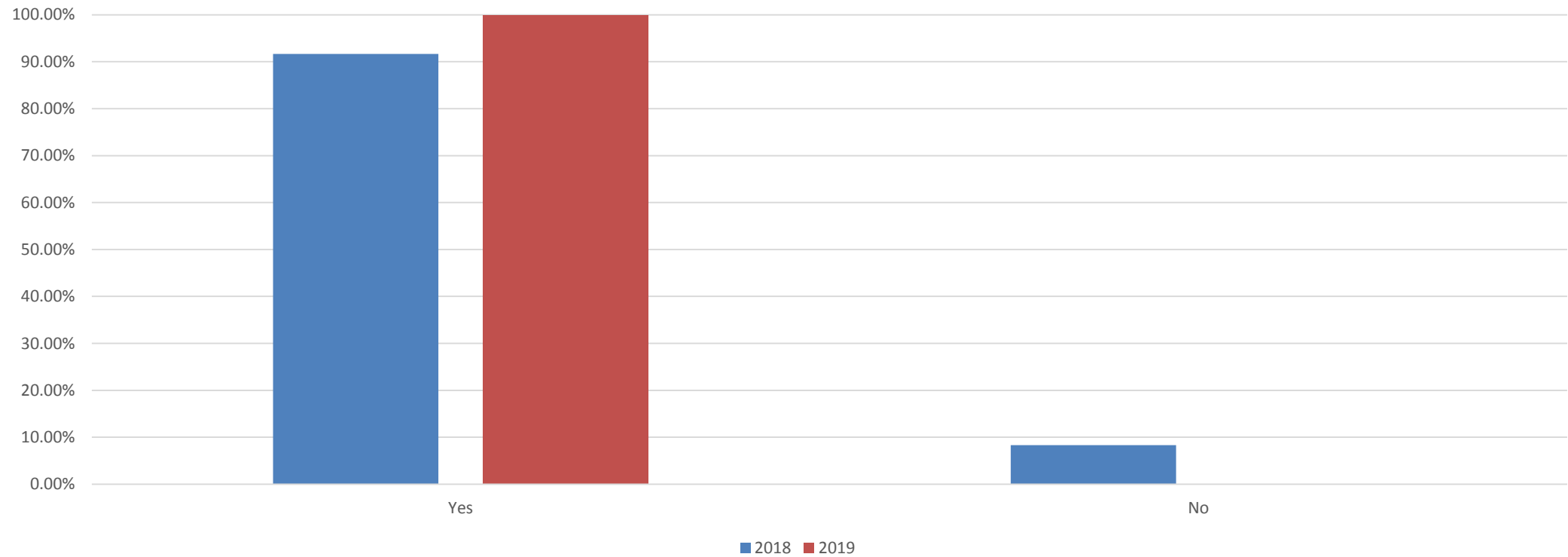
Eye Care Department

Q8. Are your language and cultural needs being met?



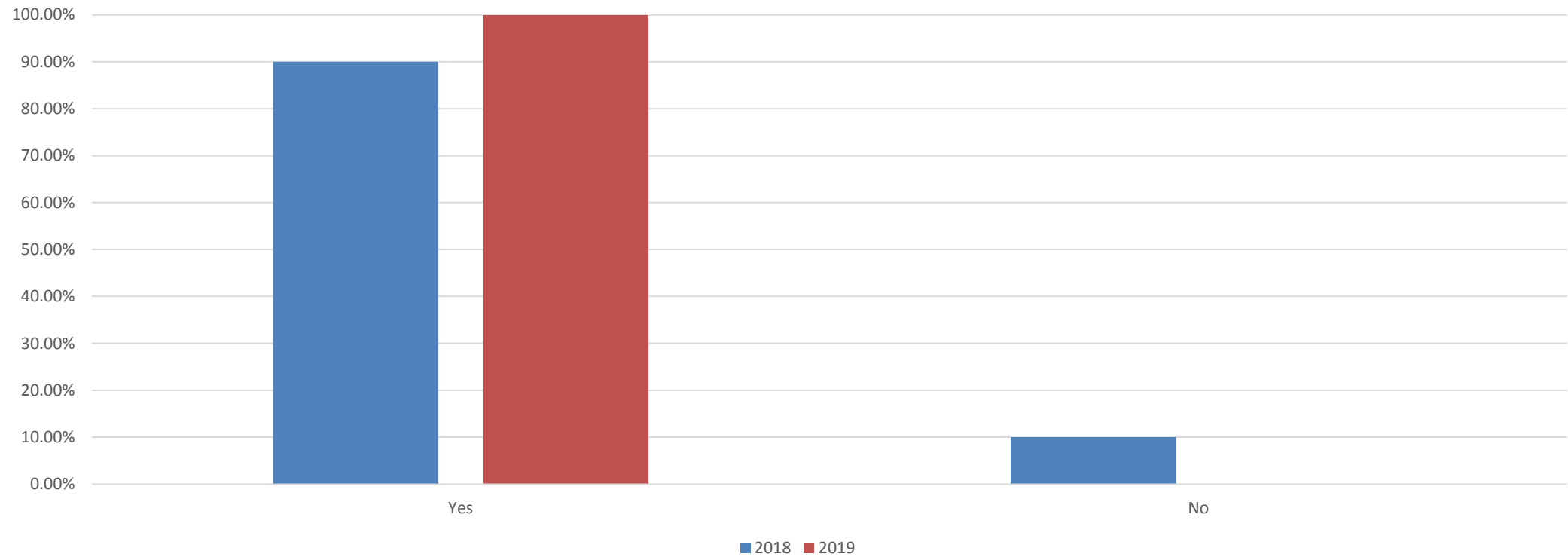
Eye Care Department

Q9. Are you satisfied with your overall experience at the Health Center?



Eye Care Department

Q10. Would you recommend the Health Center to family and friends?



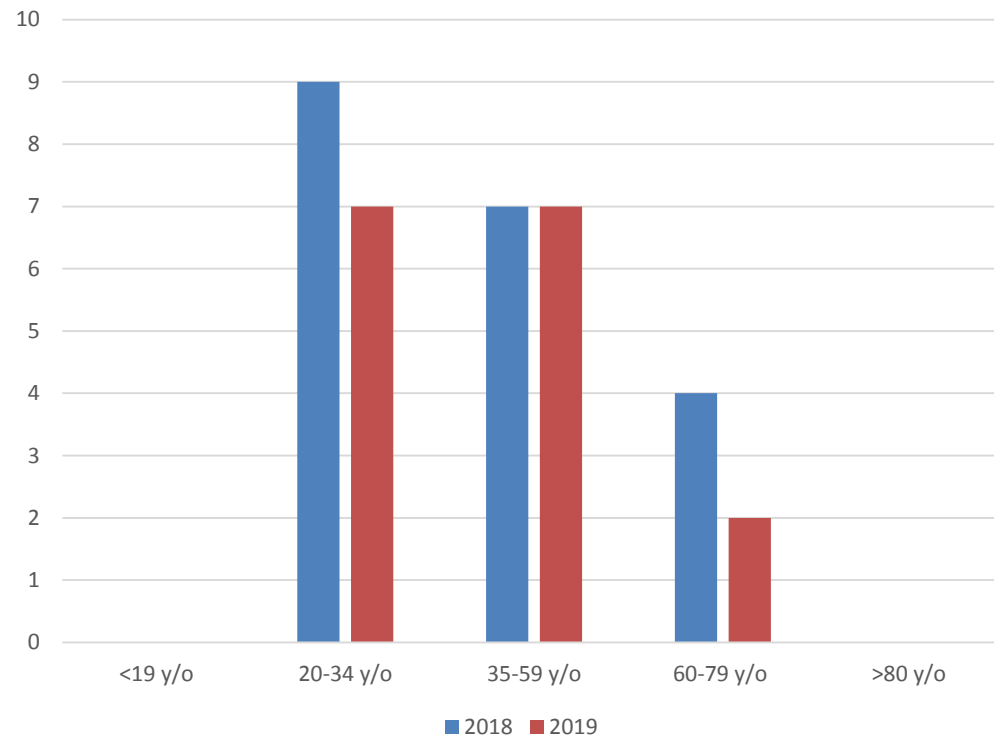
Eye Care Department

2019 Comments

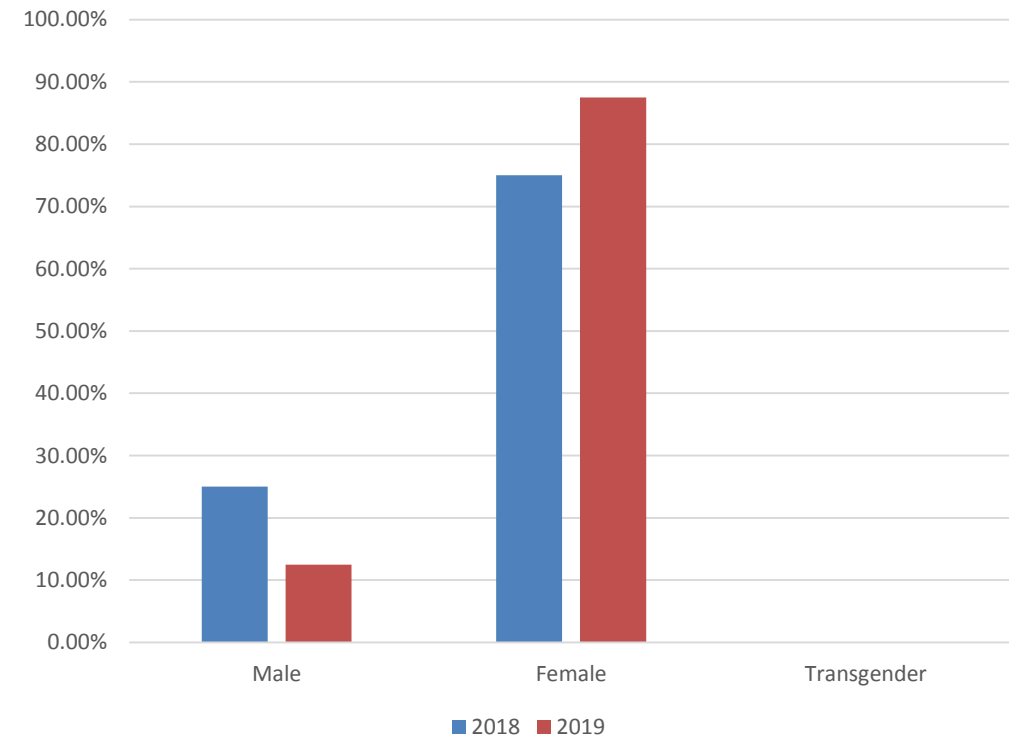
☐ Thank you for all you do...very appreciated!

Eye care Department

Q12. About You: Age

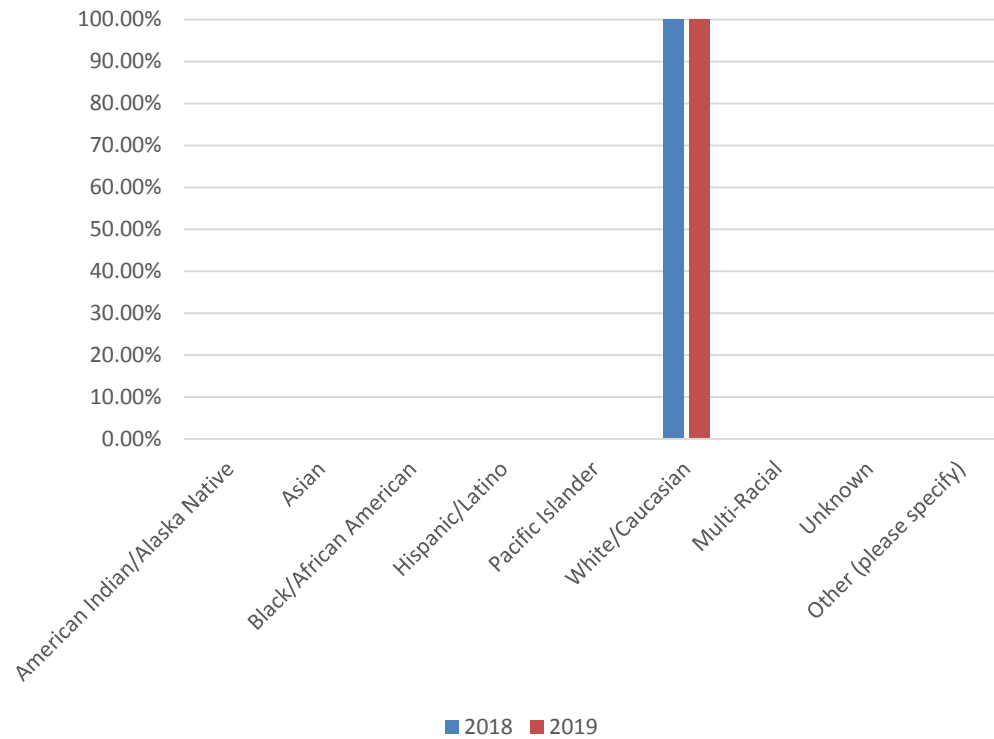


Q13. About You: Gender

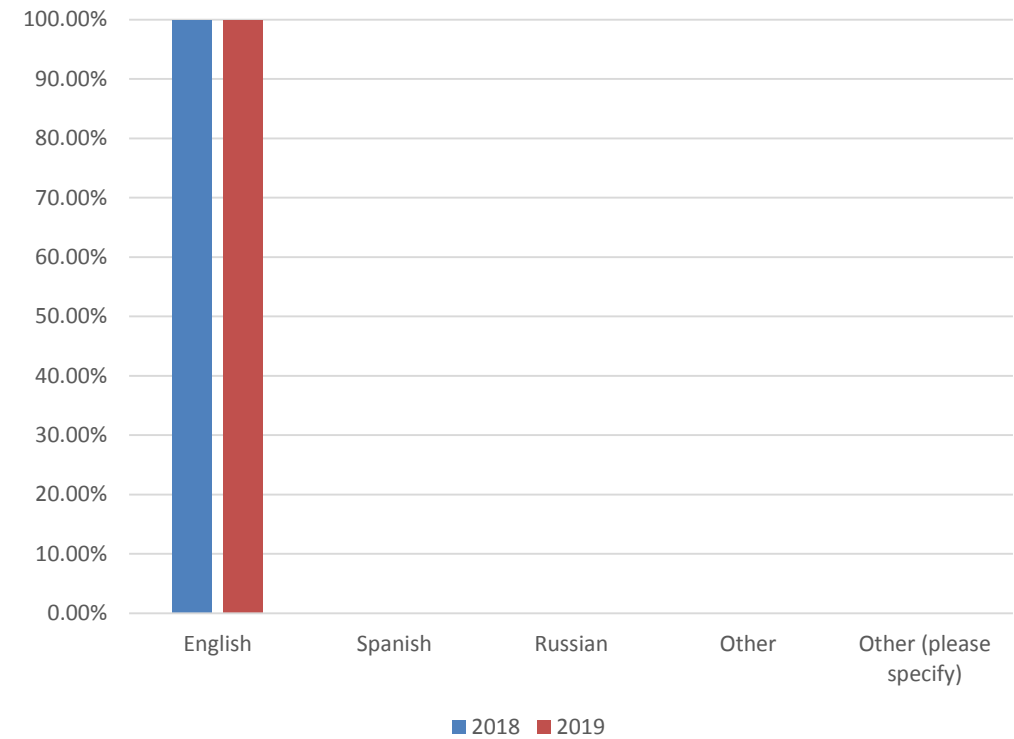


Eye Care Department

Q14. About You: Race/Ethnicity

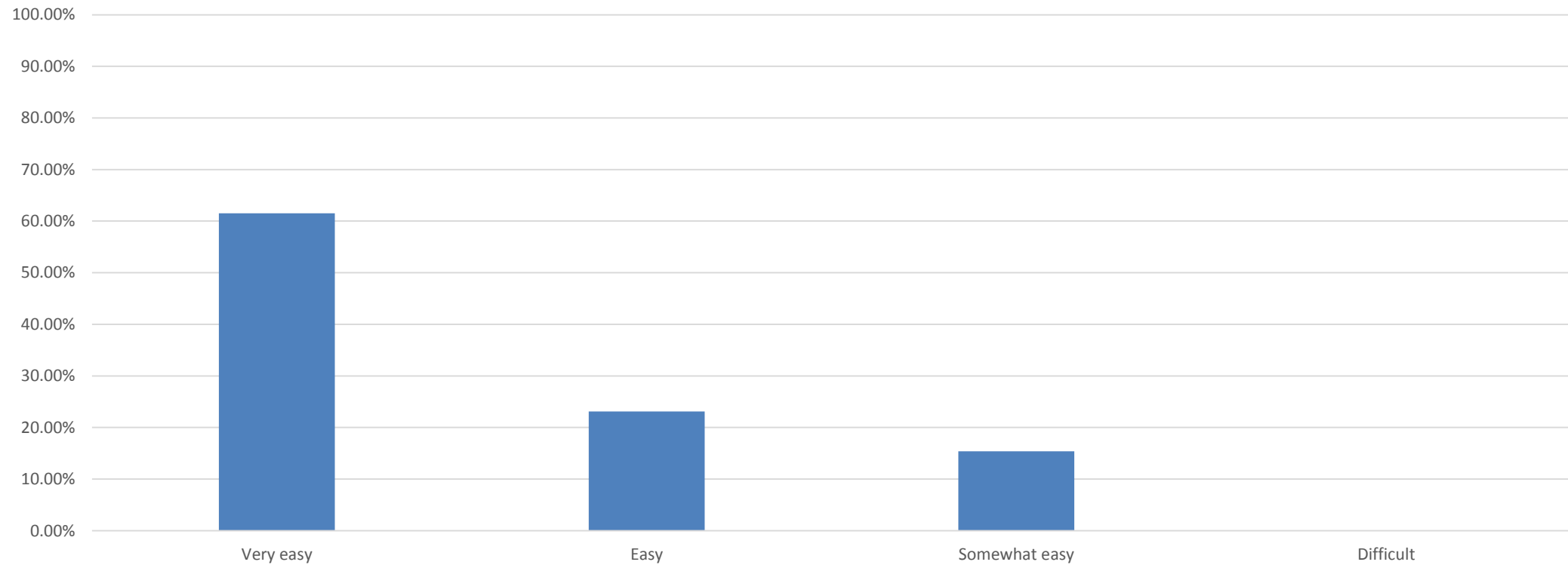


Q15. About You: Primary Language



Behavioral Health Department

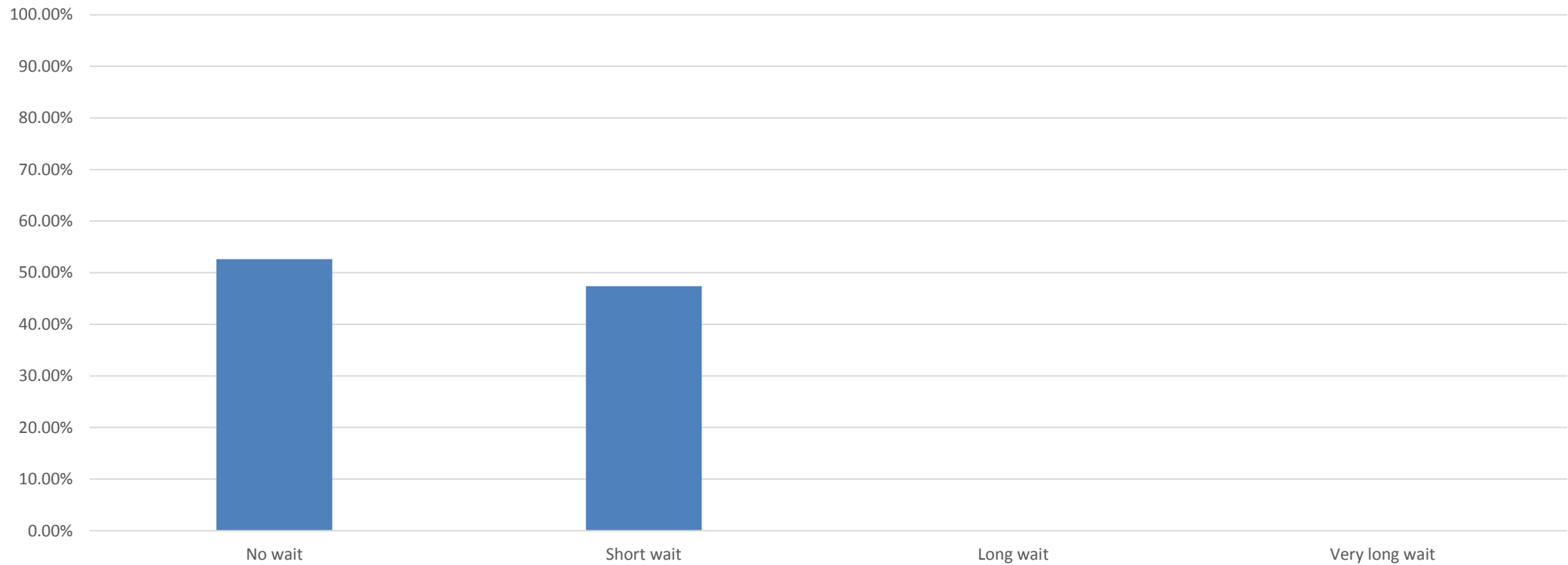
Q3. How easy was it to get your most recent appointment? Responses



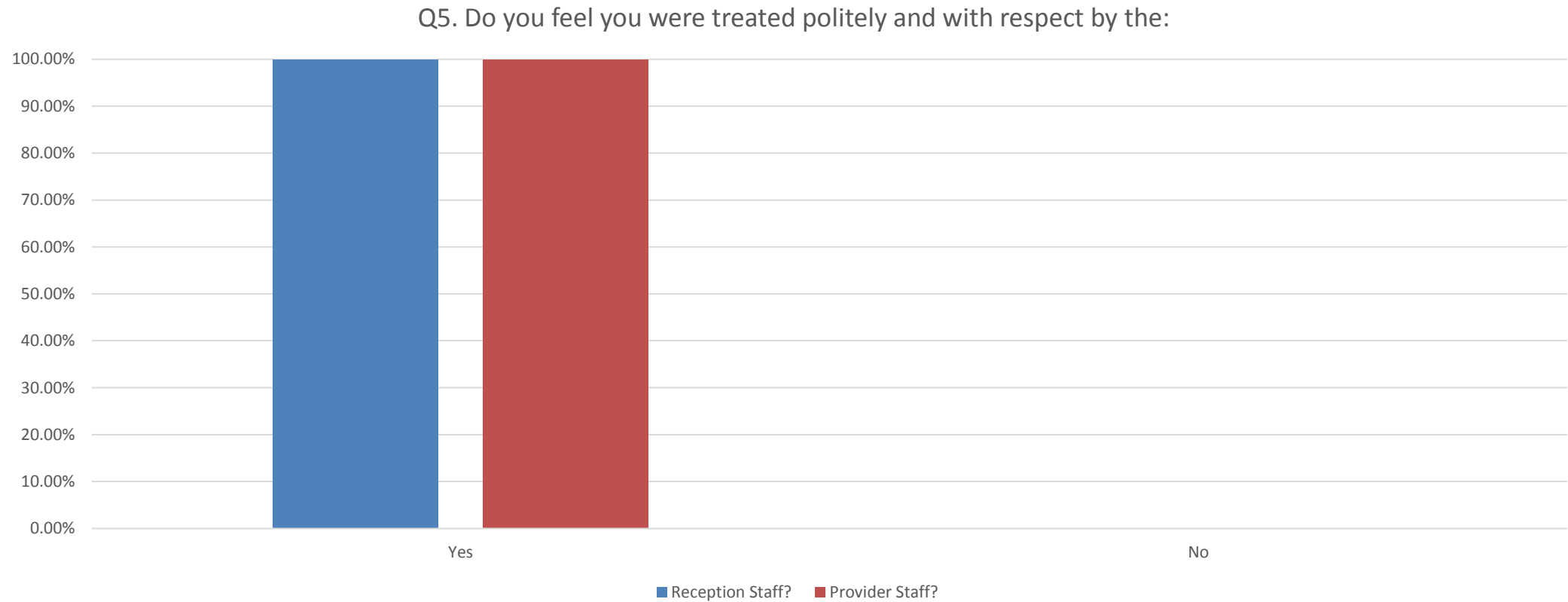
NB: Results include both Worthington and Huntington responses. Total responses in 2019 were 44 – in 2018 there were only two, so data is not represented.

Behavioral Health Department

Q4. How long was your wait in the waiting room? Responses

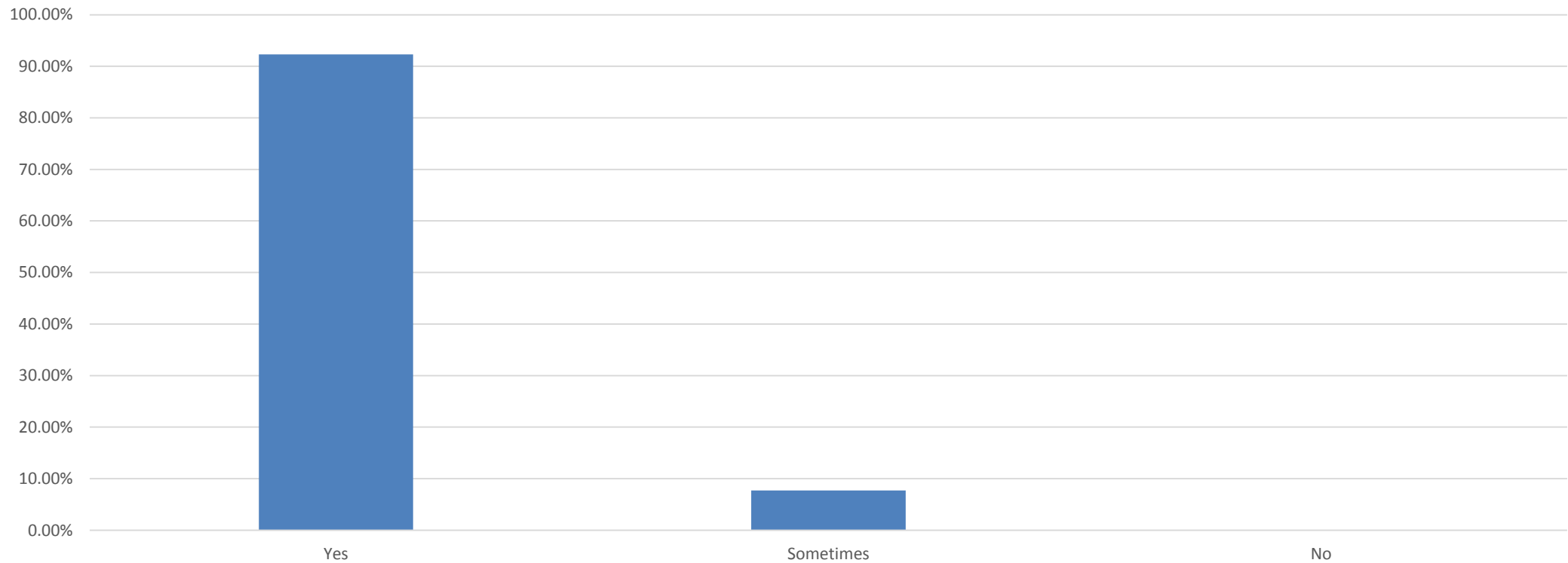


Behavioral Health Department



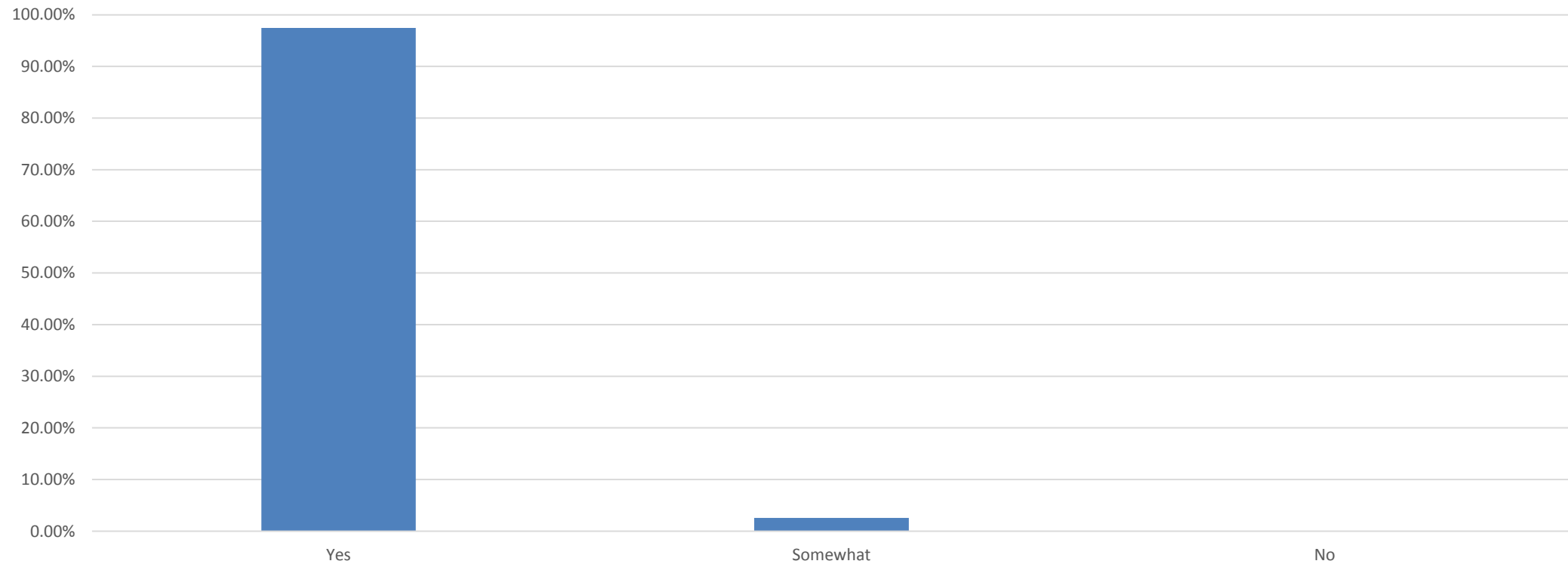
Behavioral Health Department

Q6. Do you feel understood and listened to by staff? Responses



Behavioral Health Department

Q7. Do you feel your personal health information is kept confidential? Responses



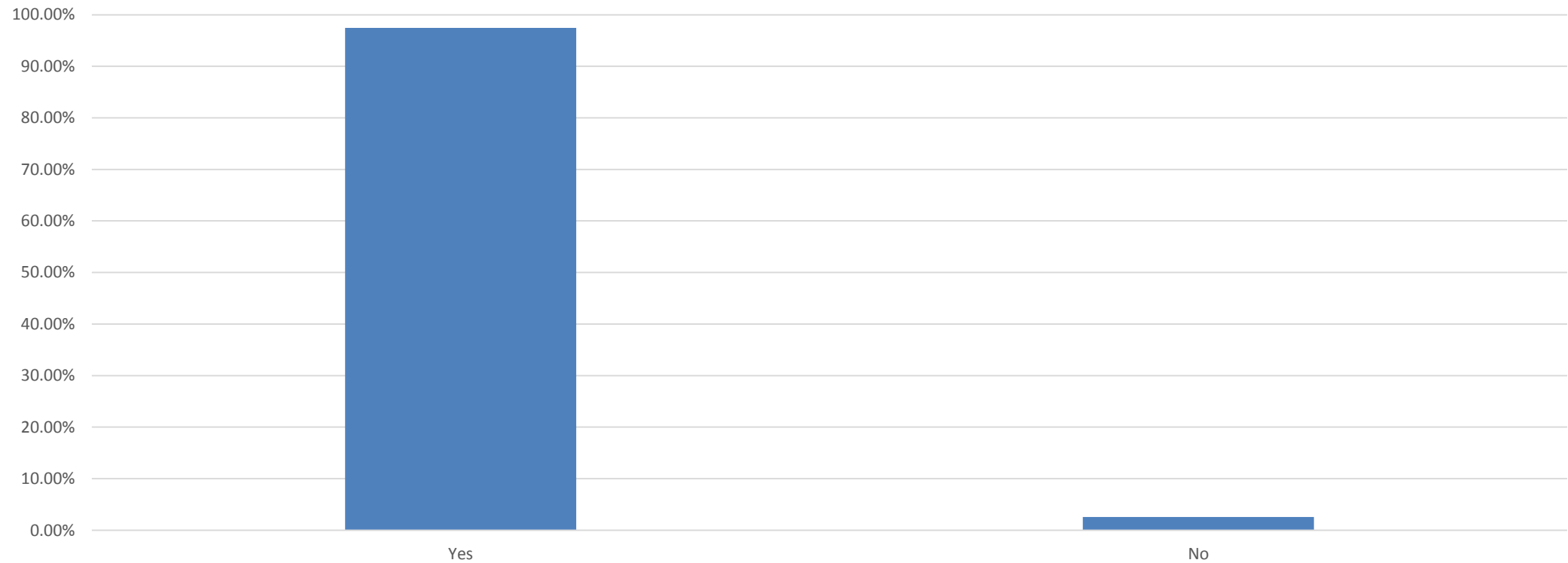
Behavioral Health Department

Q8. Are your language and cultural needs being met? Responses



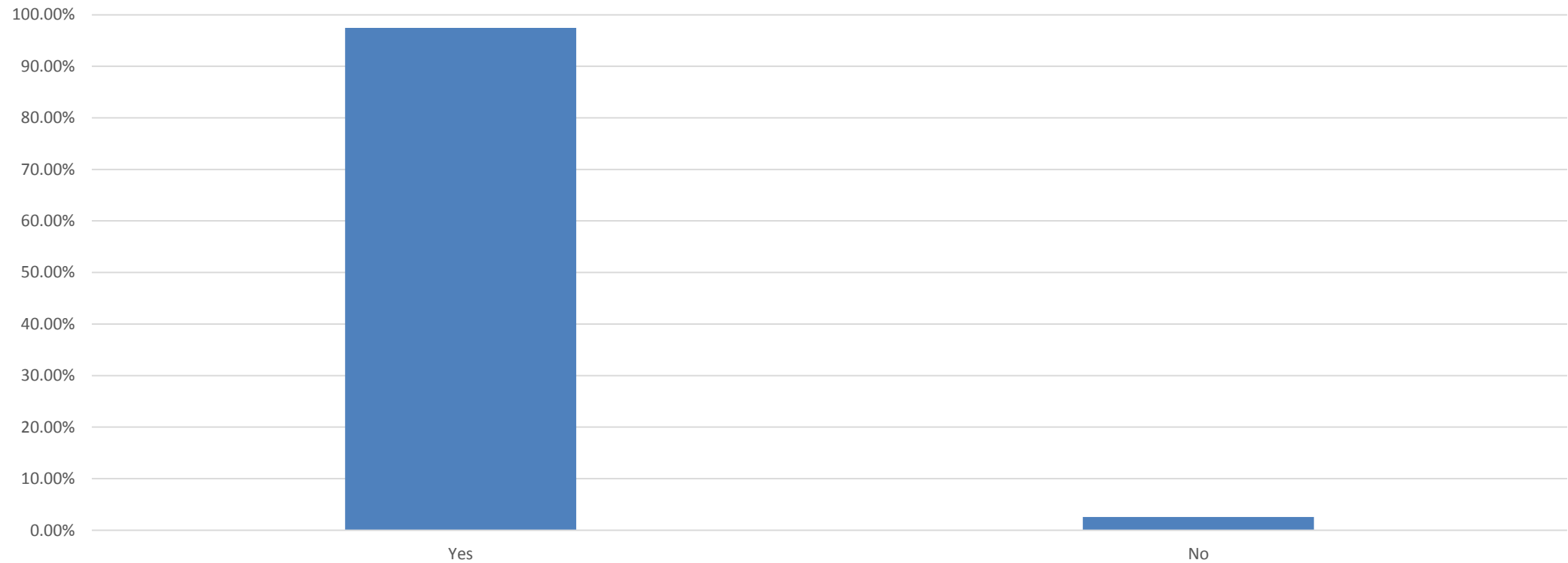
Behavioral Health Department

Q9. Are you satisfied with your overall experience at the Health Center? Responses



Behavioral Health Department

Q10. Would you recommend the Health Center to family and friends? Responses



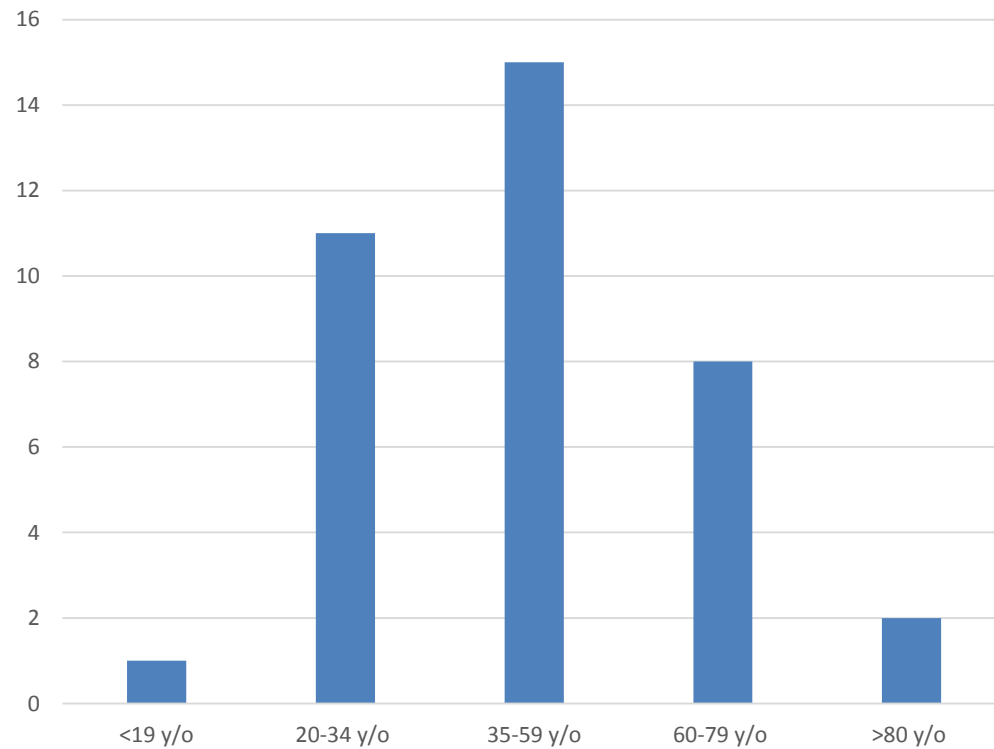
Behavioral Health Department

2019 Comments

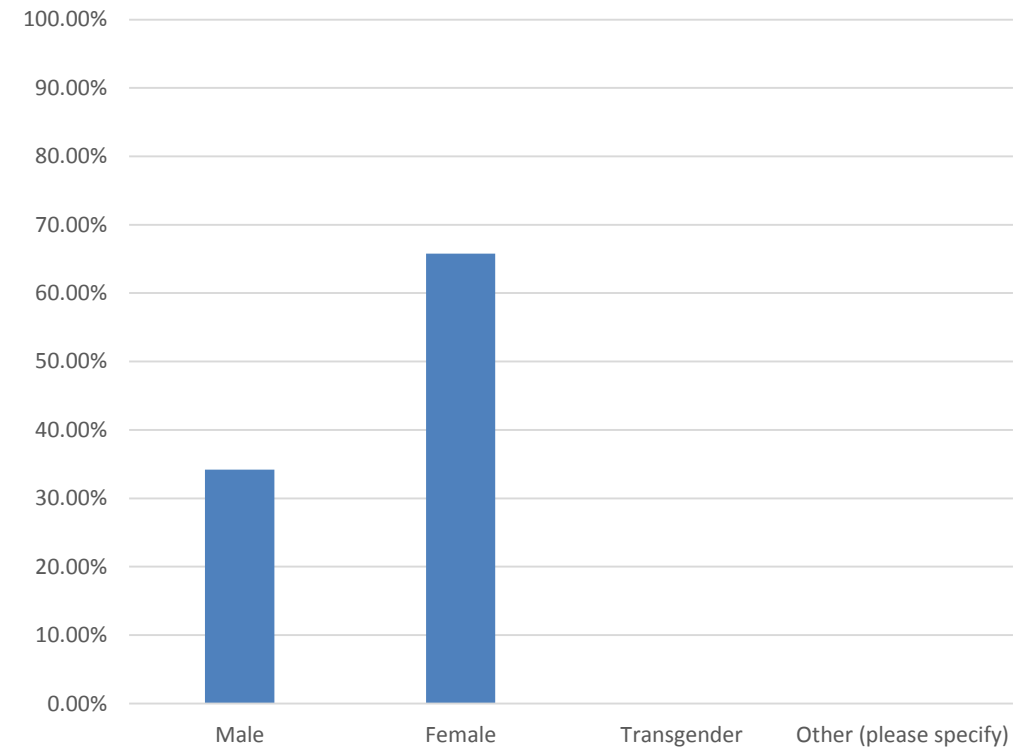
- ☐ It's always very warm in here
- ☐ The dental reception does not seem very knowledgeable. They never tell me if I have copays, appointment changes, etc. until I either show up for my appointment or get a bill in the mail. Half of the time they are too busy chatting to ACTUALLY check me in. They say I have been checked in but don't put it in the computer.
- ☐ Friendly people always
- ☐ Thank you! Wonderfully taken care of!

Behavioral Health Department

Q12. About You: Age

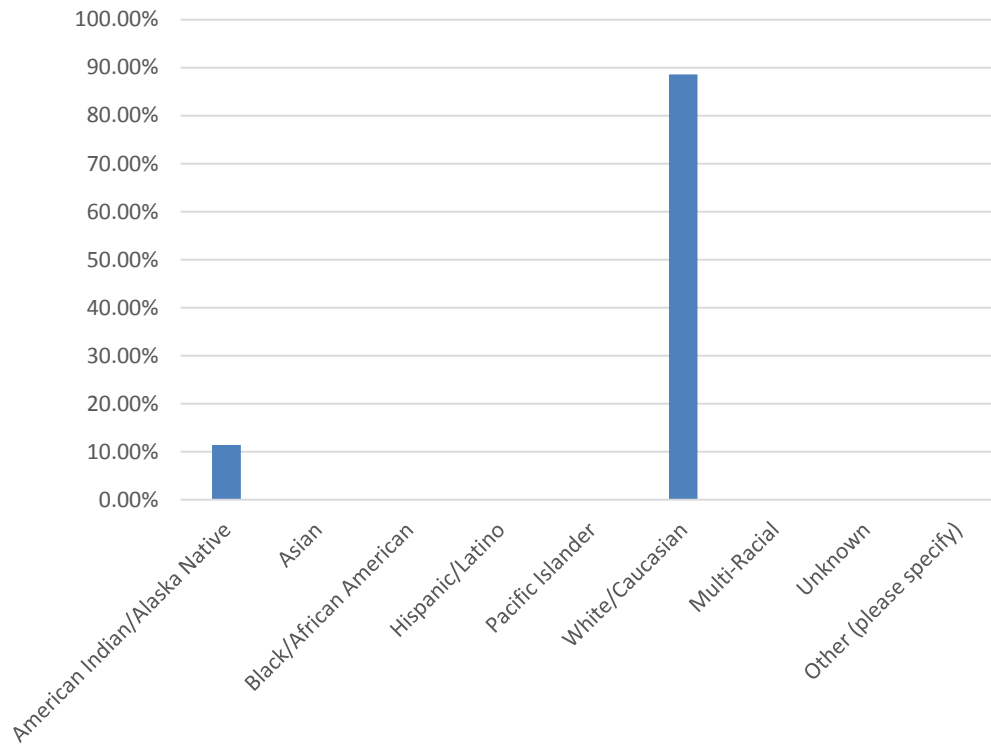


Q13. About You: Gender Responses

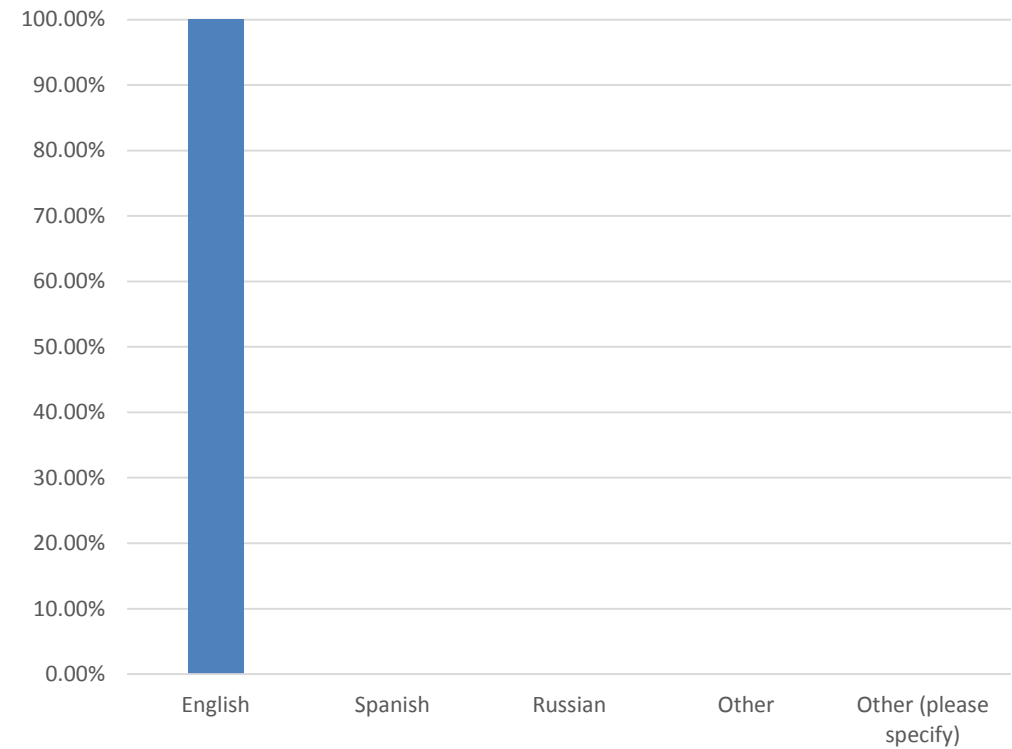


Behavioral Health Department

Q14. About You: Race/Ethnicity Responses

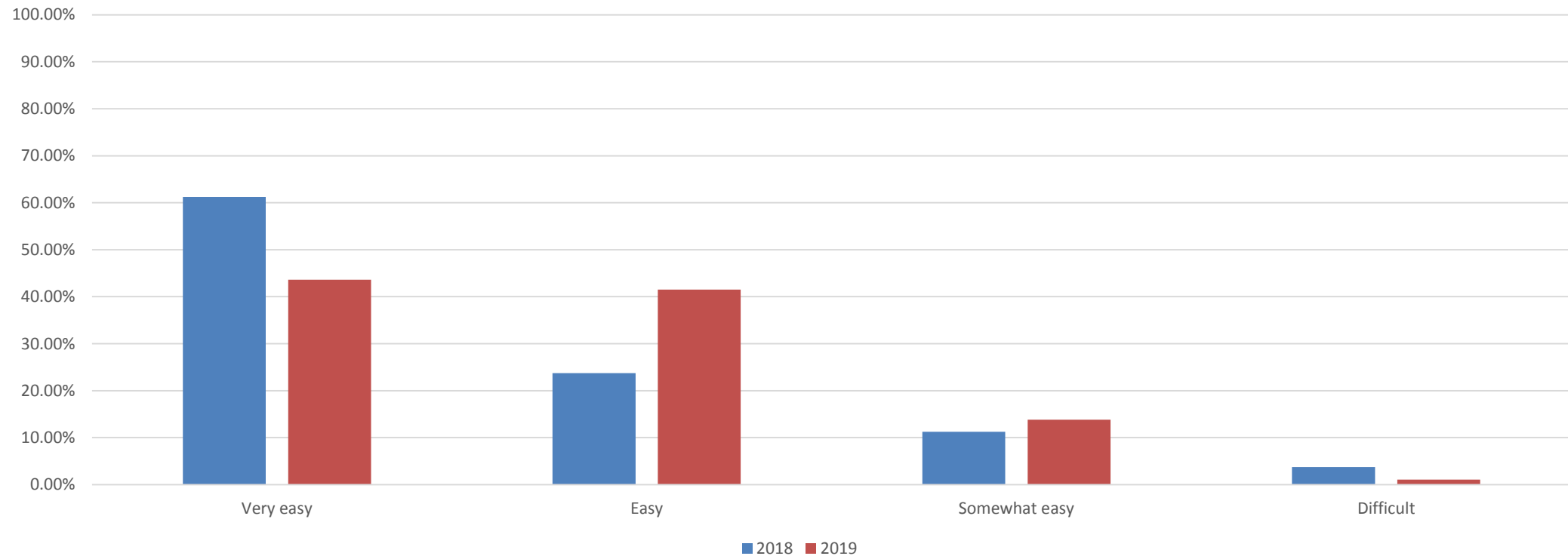


Q15. About You: Primary Language Responses



Dental Department

Q1. How easy was it to get your most recent appointment?



NB: Comprised of Worthington and Huntington respondents in 2018 (n=80), and Worthington, Huntington, and Musante respondents in 2019 (n=94).

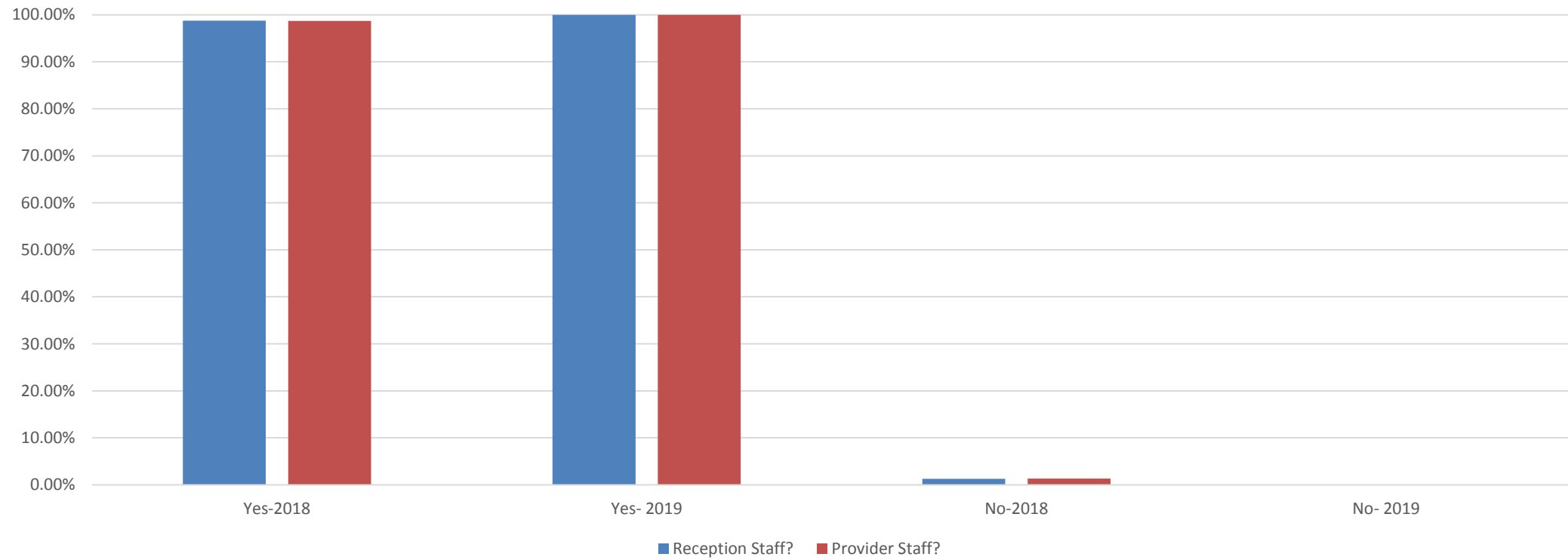
Dental Department

Q2. How long was your wait in the waiting room?



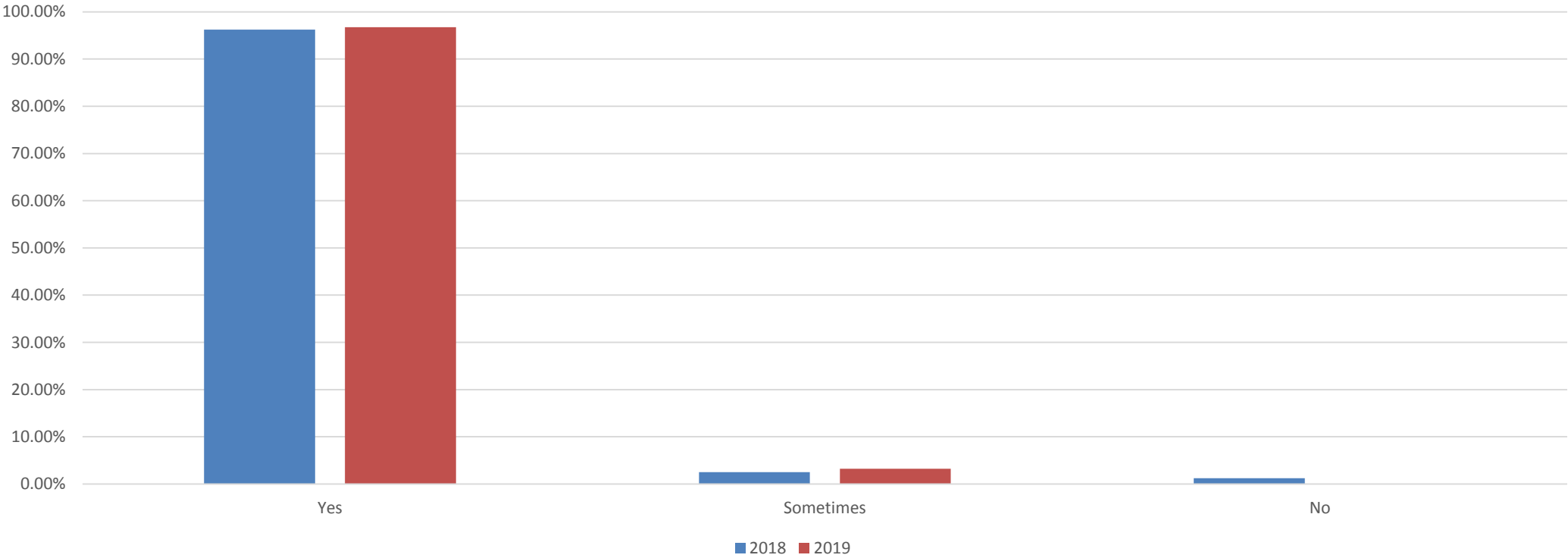
Dental Department

Q3. Do you feel you were treated politely and with respect by the:



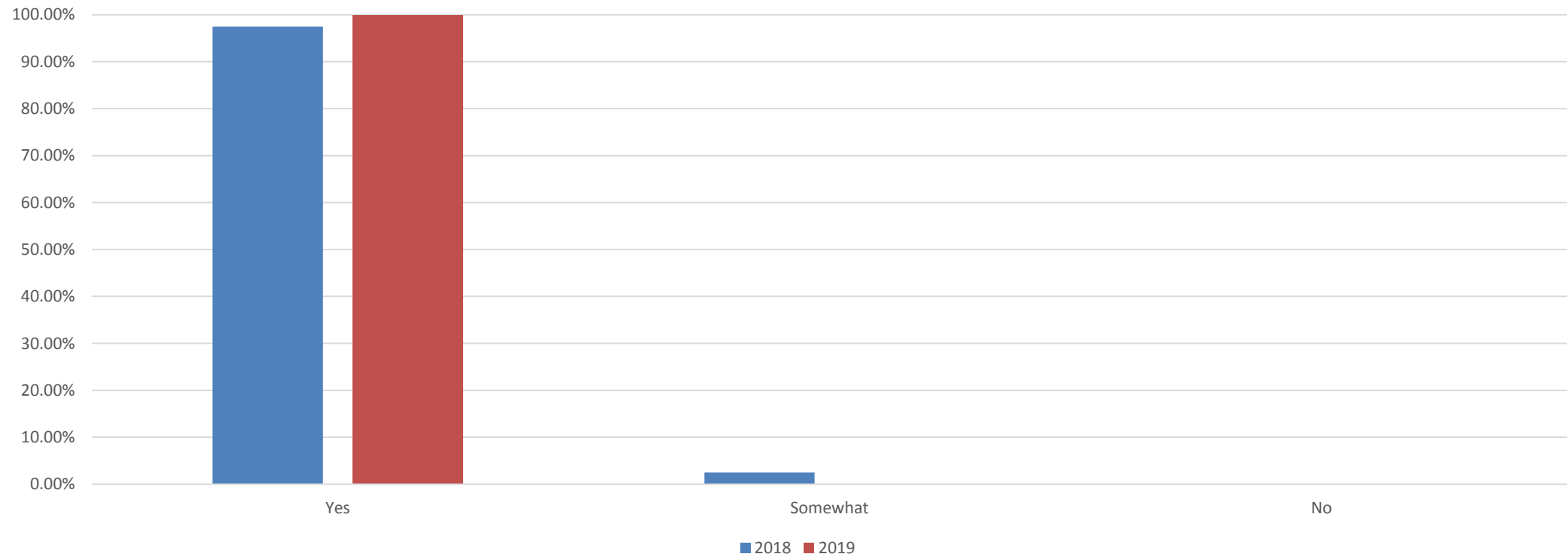
Dental Department

Q4. Do you feel understood and listened to by staff?



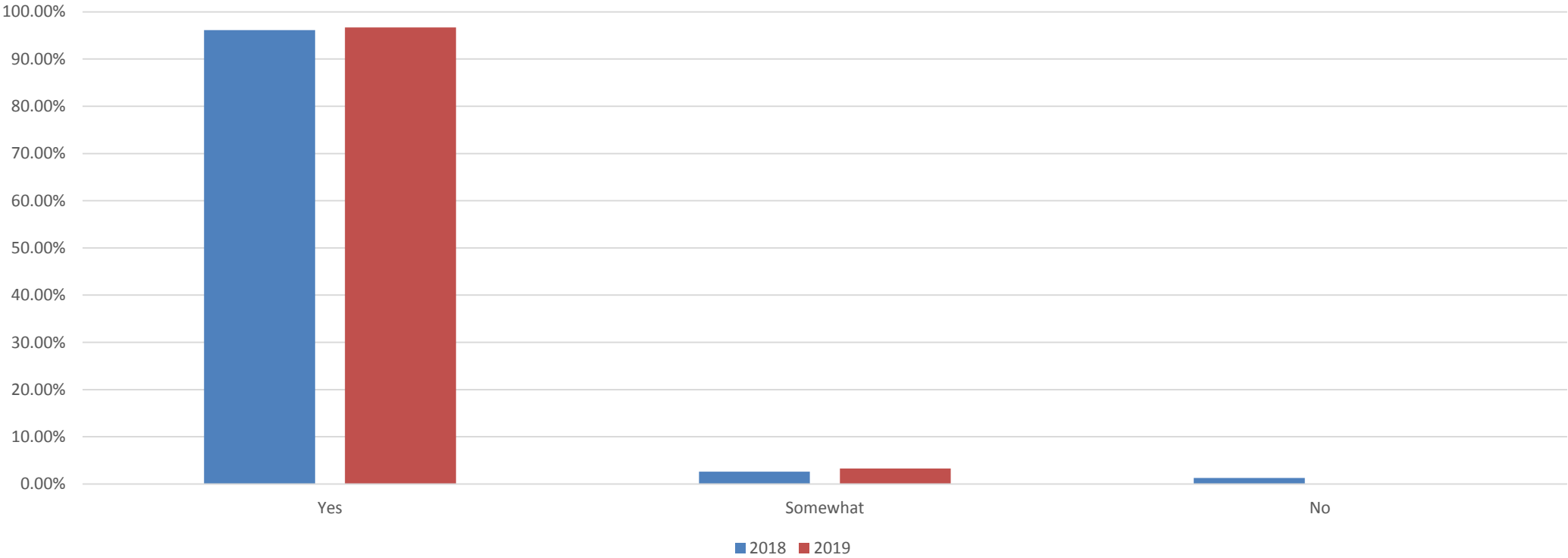
Dental Department

Q5. Do you feel your personal health information is kept confidential?



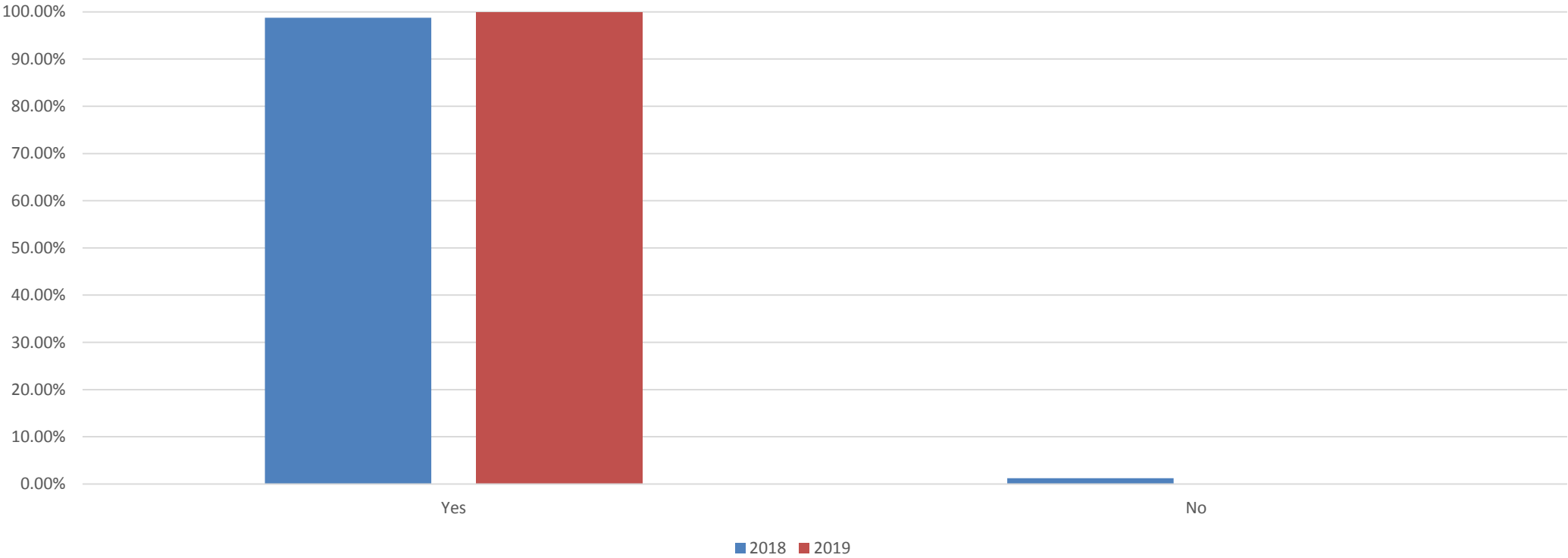
Dental Department

Q6. Are your language and cultural needs being met?

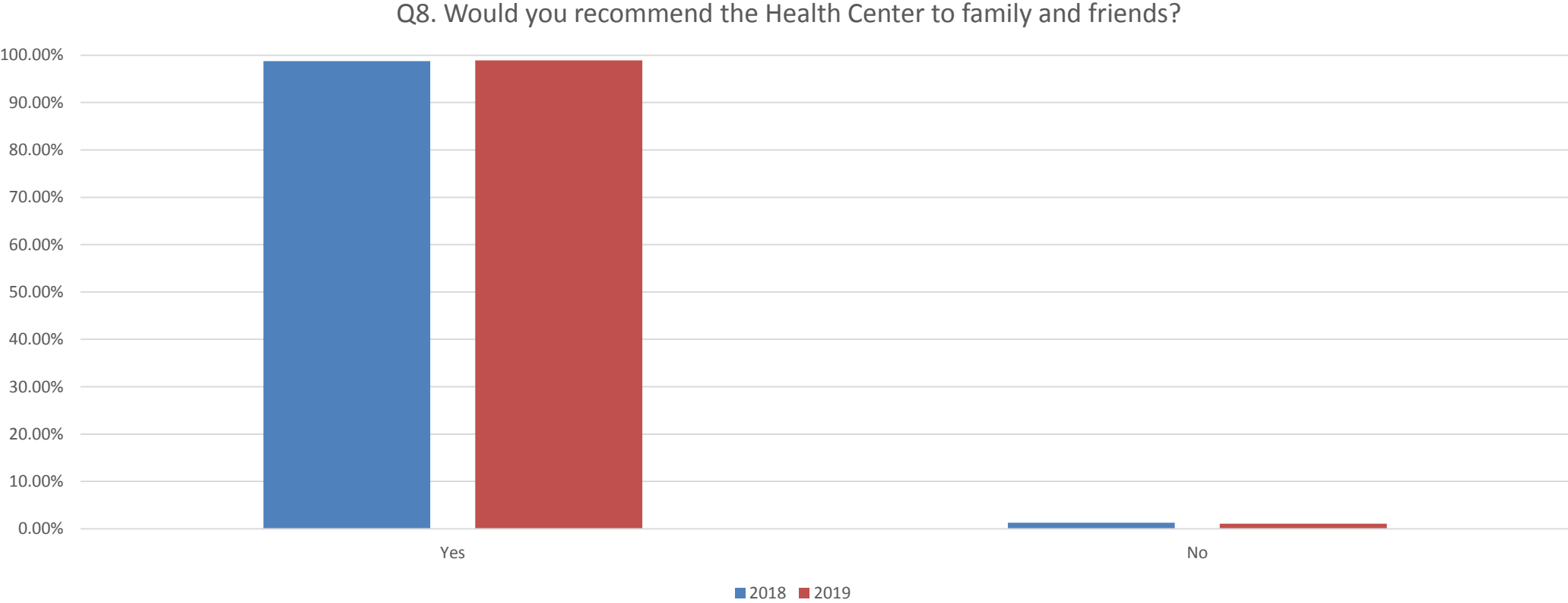


Dental Department

Q7. Are you satisfied with your overall experience at the Health Center?



Dental Department



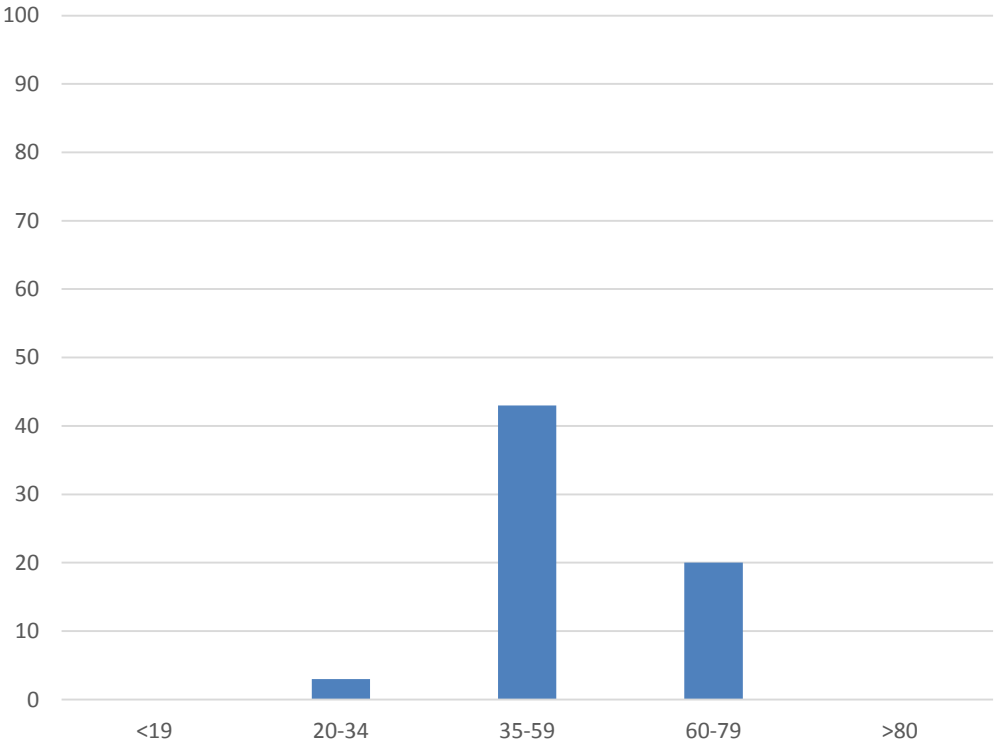
Dental Department

2019 Comments

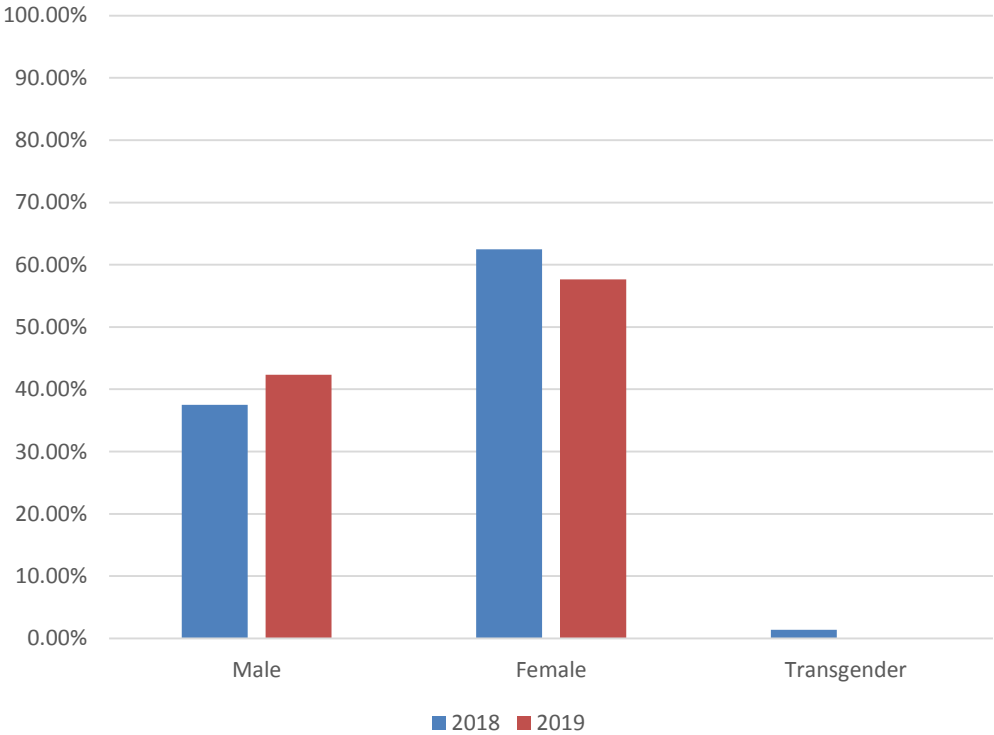
- ☐gratitude!
- ☐Got right in!
- ☐rescheduled multiple times "provider out of office"
- ☐Great staff
- ☐There's a special aura about you folks. Caring.
- ☐Staff is awesome
- ☐great staff
- ☐Find it very easy to be here- everyone is very friendly and professional
- ☐Glad you cleaned the waiting room up! thanks
- ☐This place is Lovely!
- ☐ I have recommended it. If I had this good care all my life I could have been somebody-And I would have all my teeth.
- ☐ Good experience!
- ☐ Very happy with quality of care!
- ☐ Totally impressed with all staff and service. Best dental experience I've had.
- ☐ Always friendly staff, only problem I have ever had is w/ afternoon appointments and waiting over 30 minutes.
- ☐ Liz is very friendly and very knowledgeable and helpful!
- ☐ We love coming here-the dentist, hygienist, our NP and all staff are friendly and helpful.

Dental Department

Q10. About You: Age

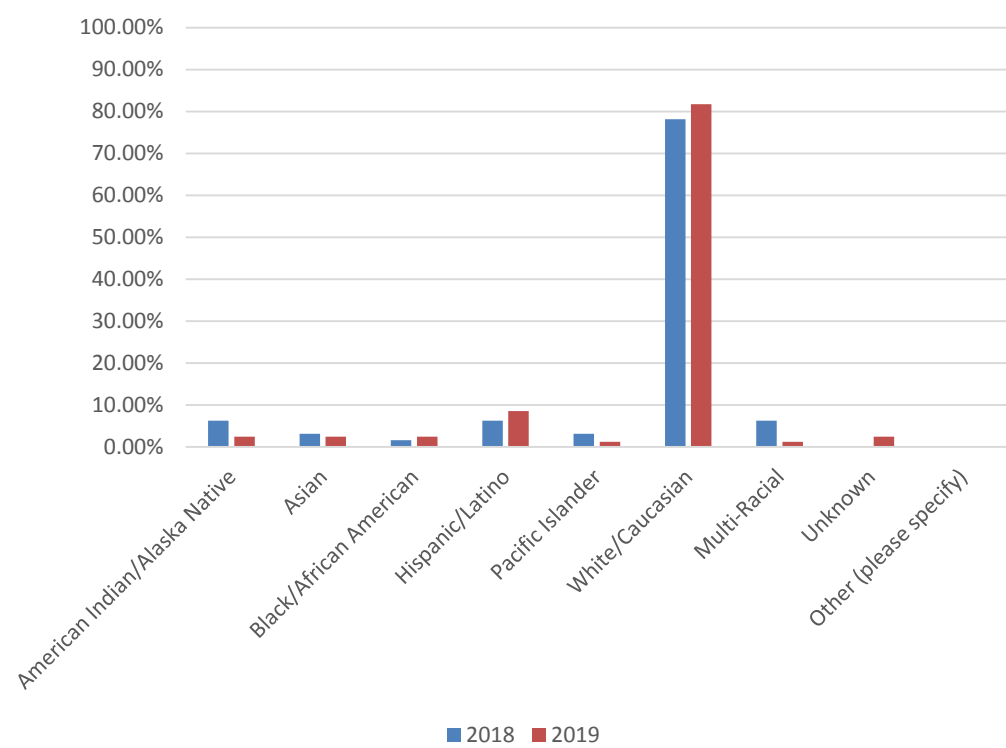


Q11. About You: Gender

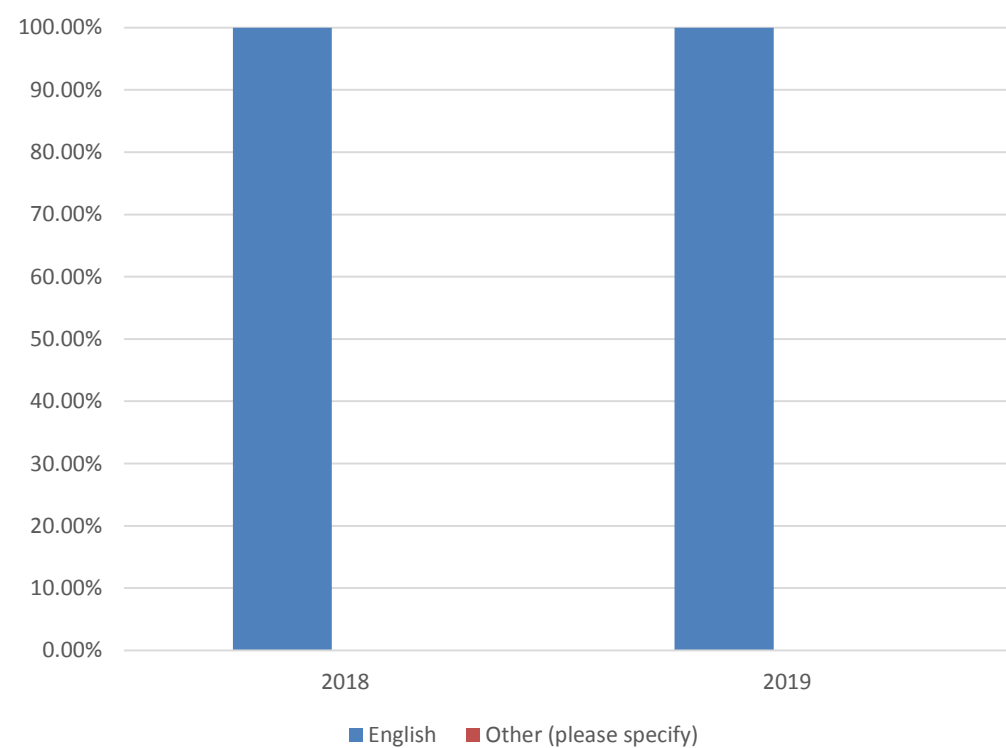


Dental Department

Q12. About You: Race/Ethnicity

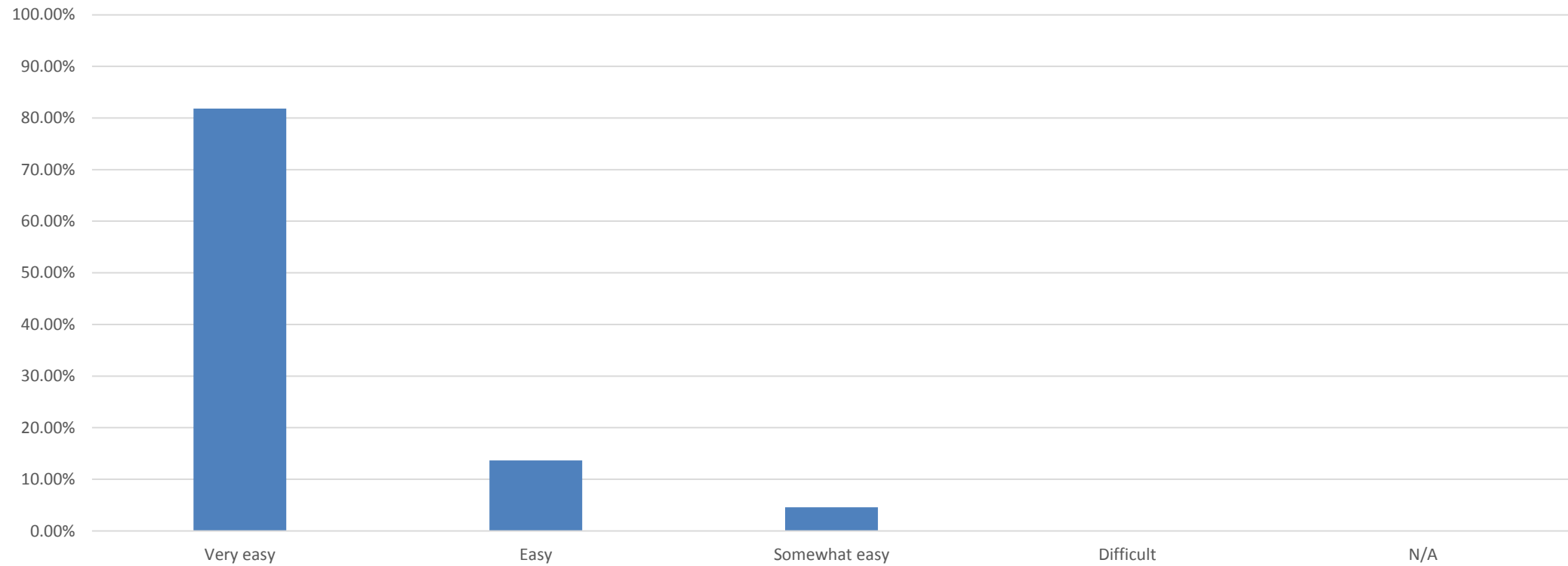


Q13. About You: Primary Language



Community Programs

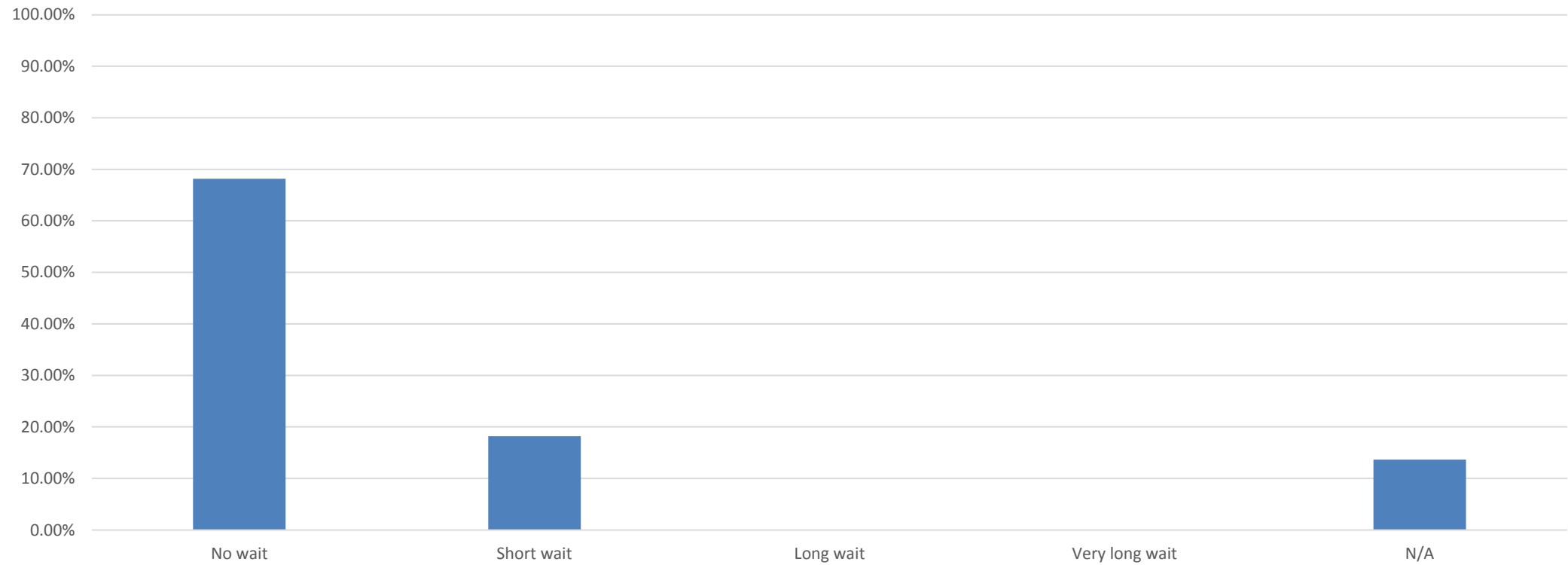
Q2. How easy was it to get your most recent appointment? Responses



NB: New survey for 2019. Total respondents in 2019 was 22.

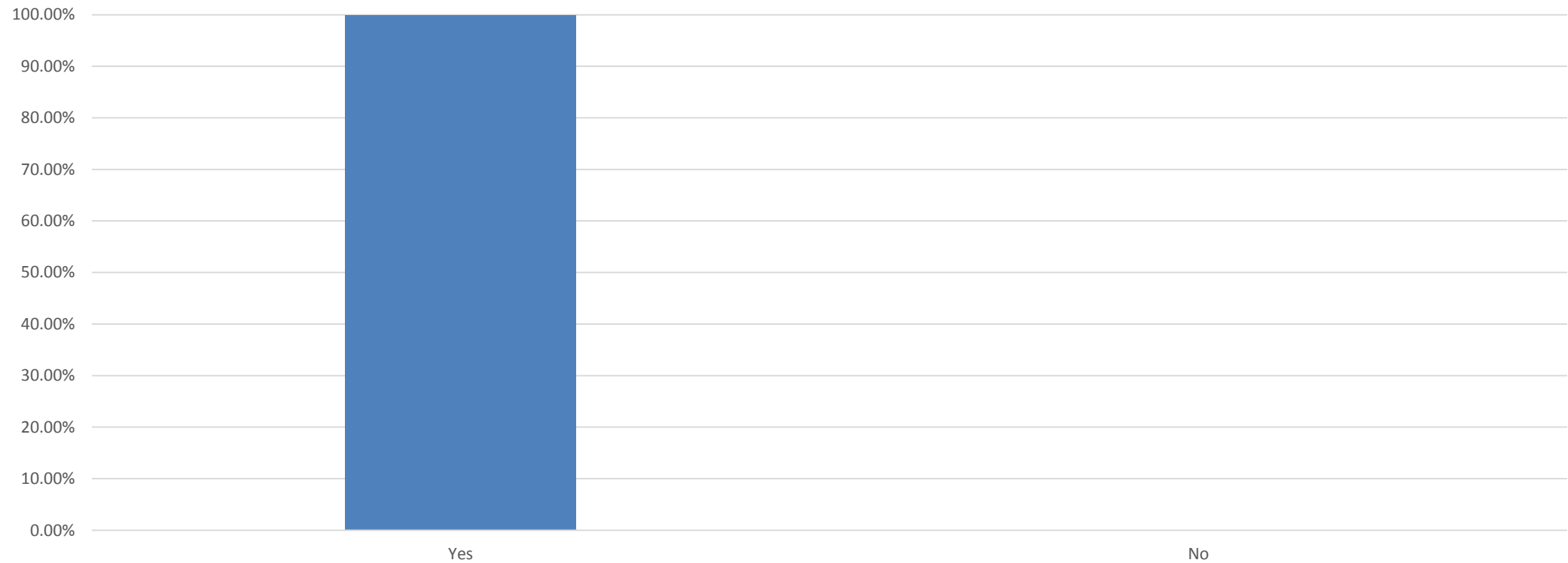
Community Programs

Q3. How long was your wait in the waiting room? Responses



Community Programs

Q4. Do you feel you were treated politely and with respect by the staff? Responses



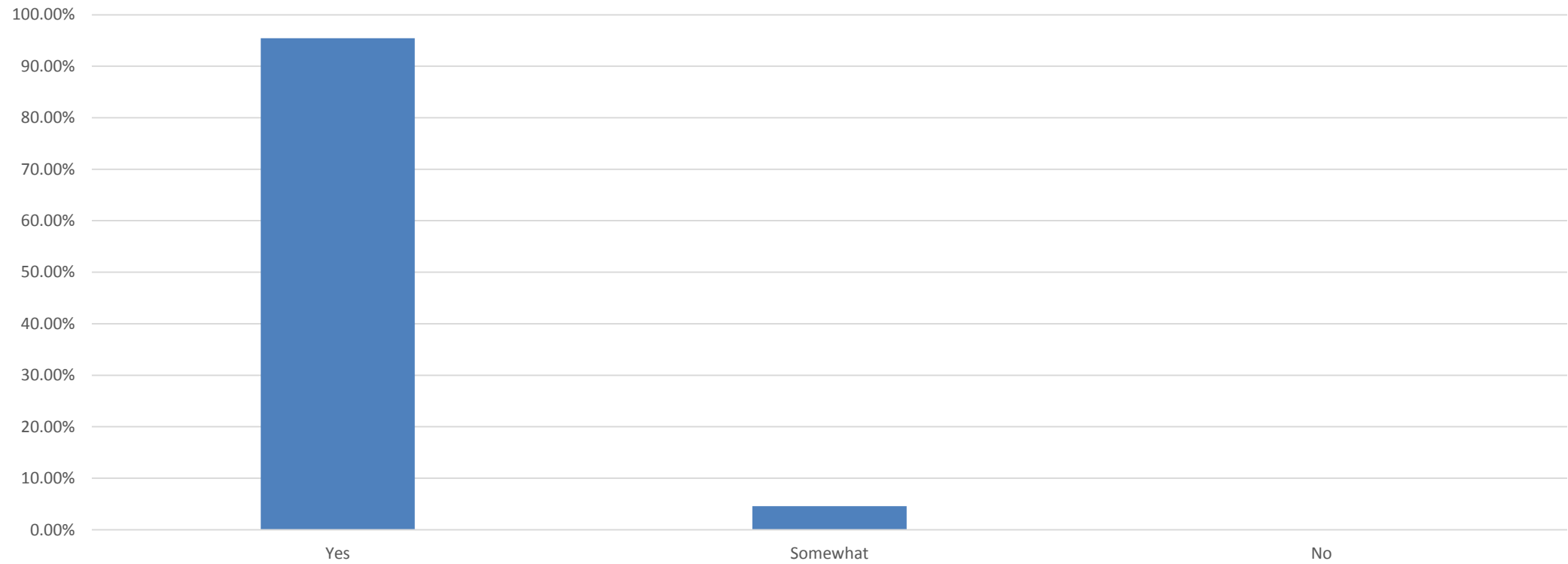
Community Programs

Q5. Do you feel understood and listened to by staff? Responses



Community Programs

Q6. Do you feel your personal health information is kept confidential? Responses



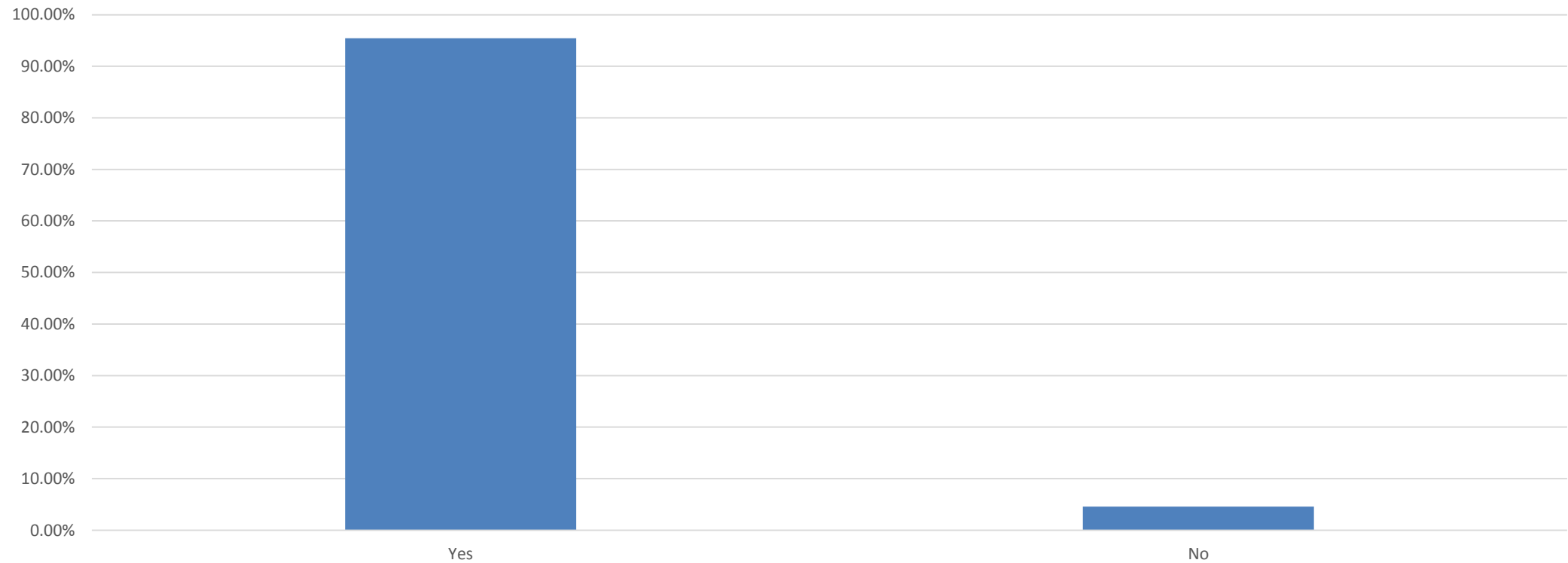
Community Programs

Q7. Are your language and cultural needs being met? Responses



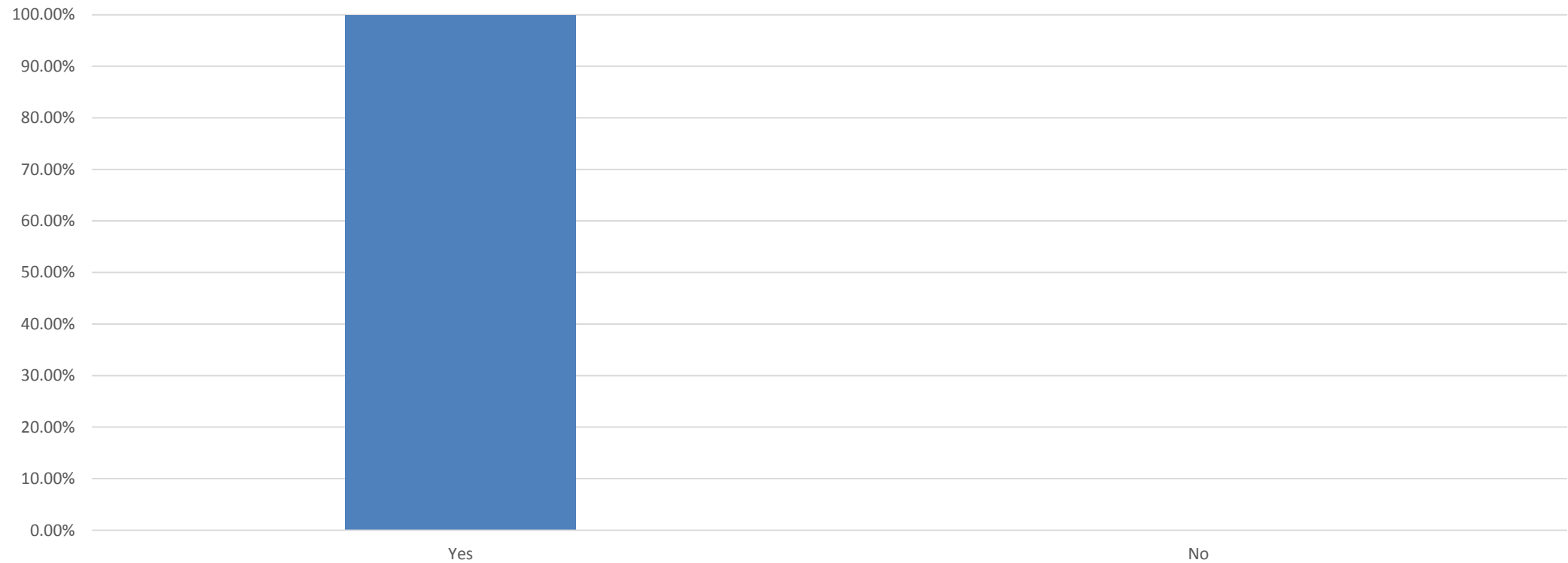
Community Programs

Q8. Are you satisfied with your overall experience with our programs? Responses



Community Programs

Q9. Would you recommend these programs to family and friends? Responses



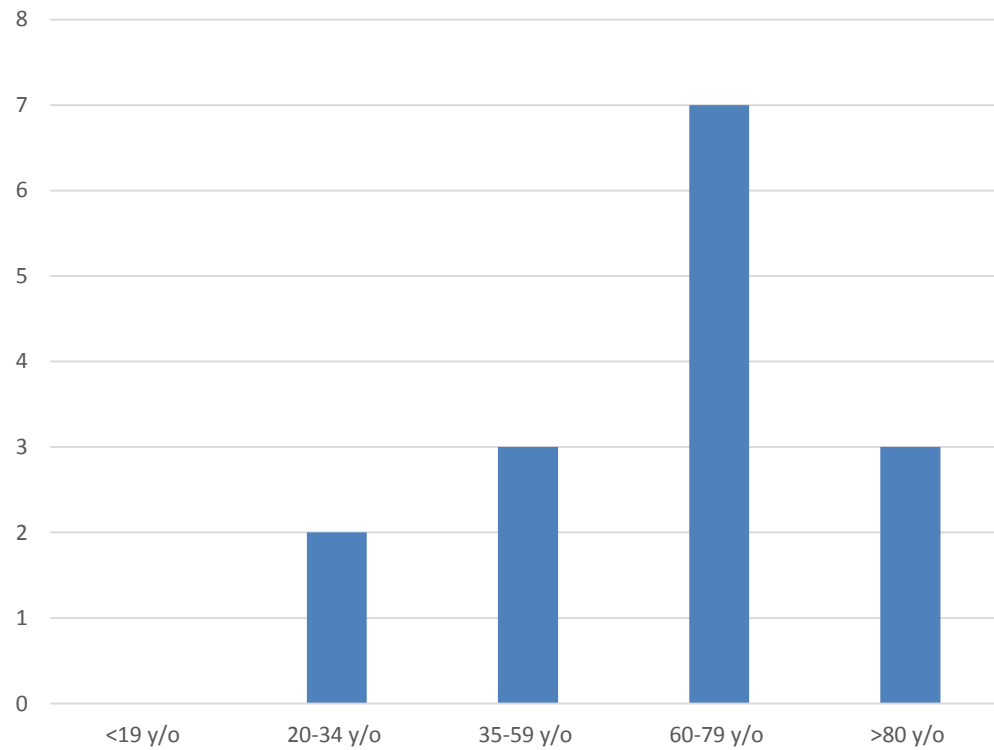
Community Programs

2019 Comments

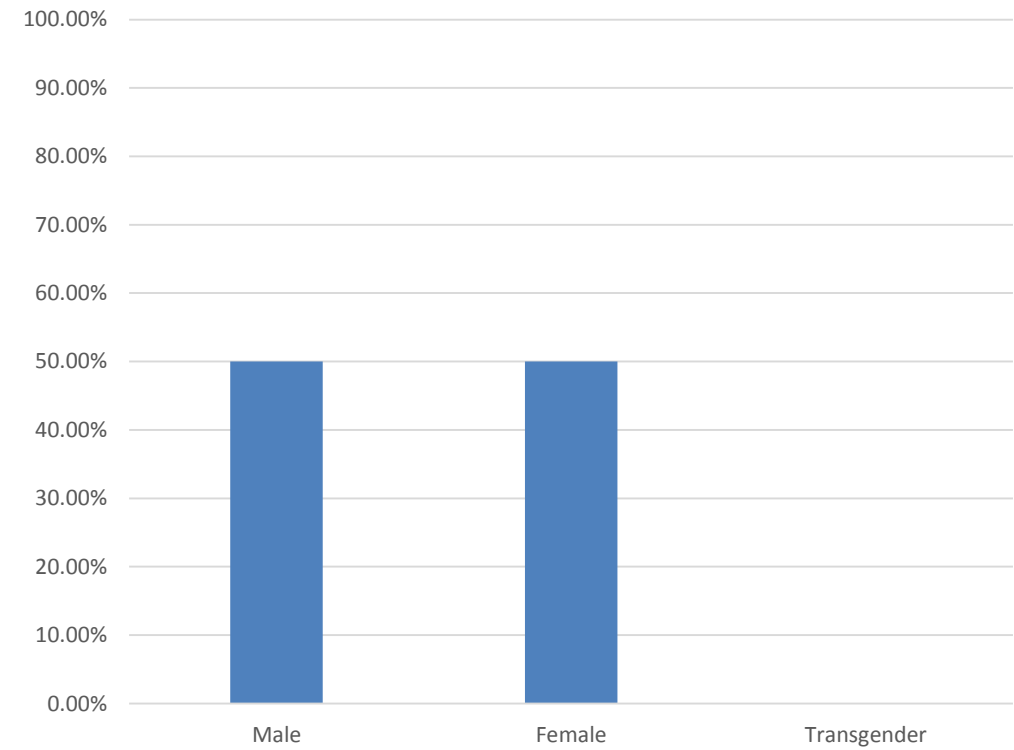
- ☐ We enjoy coming. the staff is great and very accommodating.
- ☐ We attend playgroup. It is a shame that they have little or no funds for snacks and special programs and outings. HELP THEM! This is a wonderful asset to the community for families!
- ☐ A much better visit than I expected. Very happy.
- ☐ Buliah Mae is a treasure!!! Don't lose her! (And double her pay also!)
- ☐ CHW is nice. Very satisfied with HHC.
- ☐ Very happy with the commitment of staff
- ☐ HOPE nurse is wonderful and always on time

Community Programs

Q11. About You: Age

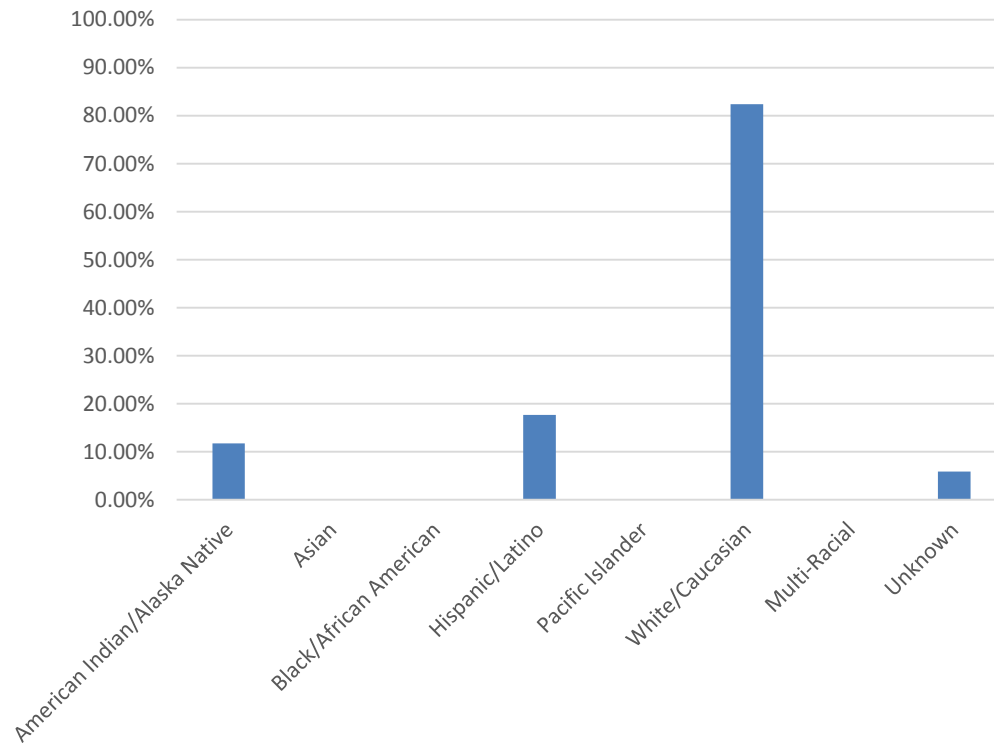


Q12. About You: Gender Responses

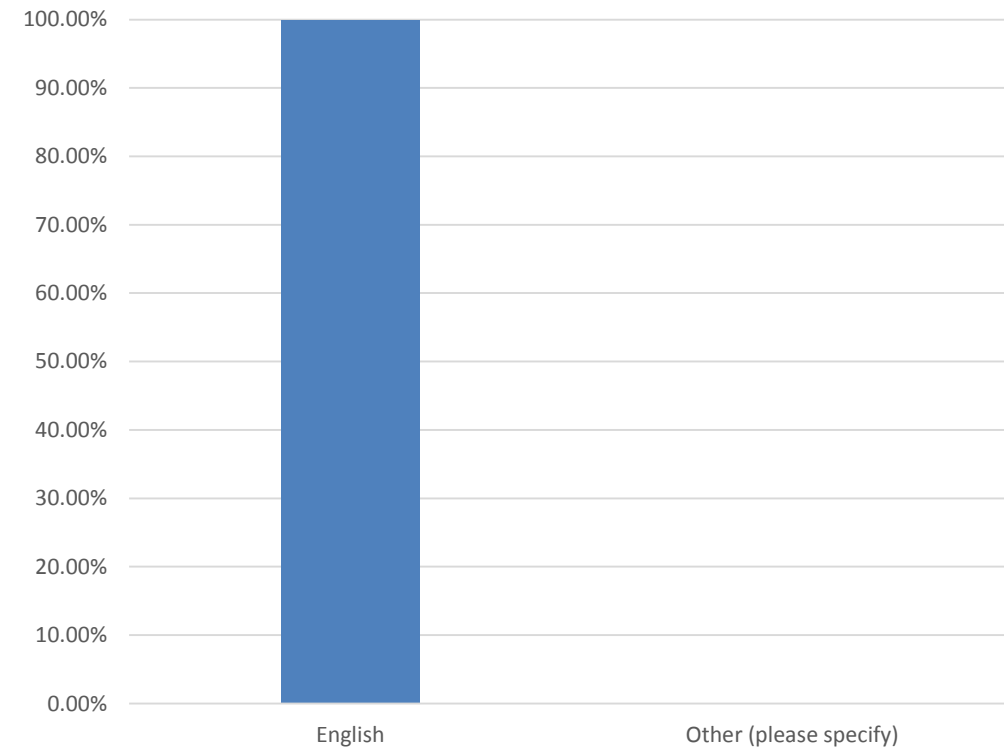


Community Programs

Q13. About You: Race/Ethnicity Responses



Q14. About You: Primary Language Responses





CEO Progress Report to the Board of Directors
Strategic and Programmatic Goals
August 2019

Goal Areas and Progress Reports

Goal 1: Health Care System Integration and Financing

Community Care Cooperative (C3) ACO: This week I signed a contract with the organization in Connecticut that will be providing us with PCP to specialist e-consultations. C3 is footing the bill for all of their patients (which is about \$40/consultation), and we have crafted the contract such that we can expand the service to all of our patients once we know how it works, and they will bill any of the insurances that might pay for it, and bill us for the rest. This could be a huge change for our patients – studies show that as much as 70% of referrals can be dealt with through this system, dramatically reducing the time that patients have to wait for a specialists’ appointment (which can be months) and travel to the appointment (which can be hours) and wait for a diagnosis. Everyone is very excited, particularly since the group that provides this service is another community health center, so they know our patients and know our type of organization.

Hospital Engagement: I have just written to Cooley Dickinson (CDHC) and asked to start the conversation about how we can recoup some of the resources (ie money) that we spent on fixing the eCW disaster last month. I have told them to begin the conversation with Frank in my absence. We are not very optimistic, but I think the place to start is for CDHC to talk to eCW, with whom they hold the contract; we think eCW will try to throw the blame on CDHC.

EHR Transition: Amazingly, the cleanup from the eCW failed upgrade appears to be complete, without any adverse events or incidents. Following the last Board meeting, I contacted our legal counsel to discuss the HIPAA implications, and at her suggestion, I now have written confirmation from eCW that none of our patient data was incorrectly inserted into the other practice’s database, and/or is visible to the staff at that practice. The other practice and CDHC would not provide this assurance, but only because eCW is the only party that could do so. I am satisfied with this assurance, and am working with staff to identify the shortest possible timeline for removing our staff members’ access to the corrupted database, so that we are responsible for the other practice’s data.

Last weekend, eCW finally completed the upgrade that had failed so spectacularly, but it went smoothly only because Frank and Briana Blanchard, our EHR specialist, made them repeatedly test the process until it worked, and ensured that we had an absolutely up-to-date backup completed immediately beforehand. All of this was preparatory to an upgrade to the EHR software this fall, and so Briana is working with a test version to understand all the prep and training for staff that the new version will require.

At the same time, Daniel Worpek, our IT Manager, upgraded our internal servers without incident. We need to do major upgrades to our software systems this fall before they are no longer supported by Microsoft, etc. He will also be looking at a plan for training staff on the new software, as needed.

Goal 2: HCHC Expansion

John P. Musante Health Center (JPMHC): After a successful test of targeted Facebook ads that drove new patients to our dental practice in Amherst, which resulted in at least 10 new patients, Tabitha is working with the agency that developed the campaign to target possible medical patients. We will have to pay for this development (the dental campaign management was *pro bono*), but we will test the return on investment for a couple of months and decide if we want to proceed.

Portable Dental Program: I have met with the principals of both the Chesterfield and Worthington elementary schools to inform them of HCHC's inability to continue to provide portable dental services in their schools due to lack of enrollment. Continuation of these programs would take resources away from the Gateway program, which is fully enrolled and growing to meet the need. Both principals were interested in exploring creative ways to ensure that those families that were enrolled continue to get the care they need, and we will be working together on to make sure that they do.

Goal 3: Improved Organizational Infrastructure

Frank and I are still in conversation with the **strategy consultant at Health Management Associates** and the League. While the League does not have the funds available that the original scope would require, they are thinking very creatively about different funding sources. We had a great call in mid-July where we talked about how to both pare down the scope, and find the needed resources. The consultant has revised it and sent it to the League, and Frank will be having a call with them next week to keep the project moving. She is tentatively scheduled to come and do her assessment for the 19th through the 21st of August, but I imagine that timeline will have to be amended.

Our new **MD recruitment service** has already identified two candidates, both of whom our Medical leadership have talked to on the phone. One of them has already withdrawn from consideration due to geographic constraints, but the other is actively interested in a visit and in-person interview, which is being scheduled. While this is a good time to be recruiting, because current residents are looking for jobs, this pool of doctors won't be available until next summer. We are working on a plan for staffing in the interim.

On Tuesday the 30th, seven staff members from the **MassLeague's Governmental Affairs Division** came for a site visit. We toured all five sites over eight hours, and talked at great length about HCHC, our challenges, and how much support from the state we need to both become stable and to transform into the next level of success. It was a very thorough and intense experience, but as I told the staff, now they can better represent us on Beacon Hill.

And speaking of Beacon Hill, the Governor signed the 2020 state budget with no vetoes (an historic first), which means that we will receive the **\$25,000 earmark** put into the House budget by

Representative Mindy Domb. I have already submitted a letter to the state asking for the funds. This exciting news only sort of balances the challenge created in July by MassHealth deciding to spend a lot of their money in June by paying ahead of schedule for a lot of our claims. They did not, however, tell any of the health centers that they were doing so, so everyone took the money and spent it, and then freaked out when the next payment was less than 1% (in our case) of what was expected. This did cause a cash flow issue, but Frank has managed the issue well, and the League has told the state that their communication is deplorable and they need to not do that again.



Employee Handbook

Worthington Health Center · 58 Old North Road · Worthington, MA 01098 · Telephone: 413-238-5511
Huntington Health Center · 73 Russell Road · Huntington, MA 01050 · Telephone: 413-667-3009
Gateway School-Based Health Center · 12 Littleville Road · Huntington, MA 01050 · Telephone: 413-667-0142
Hilltown Community Center · 9 Russell Road · Huntington, MA 01050 · Telephone: 413-667-2203
John P. Musante Health Center · 70 Boltwood Walk · Amherst, MA 01002 · Telephone: 413-835-4980

TABLE OF CONTENTS

Our Mission	Page 3
Our Values	Page 3
Our History	Page 3
Introduction	Page 4
General Provisions	Page 4
By-Laws	Page 4
Board of Directors	Page 4
Personnel Committee	Page 4
Equal Employment Opportunity Policy	Page 5
Confidentiality	Page 5
Our Employee Relations Philosophy	Page 6
Anti-Harassment	Page 6
Employment Authorization Verification	Page 10
Categories of Employment	Page 10
Exempt Employee	Page 10
Non-Exempt Employee	Page 10
Introductory Employee	Page 10
Full-Time Employee	Page 10
Part-Time Employee	Page 10
Temporary Employee	Page 10
School-Based Health Center Employee	Page 10
Criminal Offender Record Information (CORI) Checks	Page 11
Employee Licensure	Page 12
New Employee Orientation	Page 12
Communicable Diseases	Page 13
Immunization Against Influenza	Page 13
Meal Break	Page 13
Overtime	Page 13
Payday	Page 14
Pay Raises	Page 14
Performance Reviews / Evaluations	Page 14
Scheduled Weekly Hours	Page 14
Recording Time	Page 15
Paid Holidays	Page 15
Paid Minor Holidays	Page 16
Paid Vacation Time	Page 17
Paid Sick Leave	Page 17
Sick Leave Bank Program (SLBP)	Page 18
Paid Personal Leave	Page 19
Unpaid Family Medical Leave Act	Page 20
Unpaid Small Necessities Leave Act	Page 21
Unpaid Parental Leave	Page 22

Bereavement Leave	Page 23
Unpaid Leave of Absence	Page 23
Jury Duty	Page 24
Continuing Education / Professional Development	Page 24
Insurance	Page 25
Health Insurance	Page 25
Dental Insurance	Page 25
Work Related Injuries / Worker's Compensation	Page 25
Life Insurance	Page 25
Disability Insurance	Page 25
Tax-Sheltered Annuity – 403(b) Plan	Page 25
Travel Expenses	Page 26
Attendance and Punctuality	Page 26
Work Week	Page 26
Corrective Action Steps	Page 27
Appeals	Page 28
Solving Problems and Grievances	Page 28
Public Relations	Page 29
Employee Use of Social Media	Page 29
Care of Patient Records	Page 29
Change of Personal Data	Page 30
Protecting HCHC Information	Page 30
Appearance	Page 30
Fragrance-Controlled Work Environment	Page 30
Personal Telephone Calls and Faxes	Page 31
E-Mail, Internet and Other Electronic Information Resources	Page 31
Equipment Use	Page 32
Outside Employment and Conflicts of Interest	Page 32
Personnel Records	Page 32
Severe Weather Policy	Page 33
Severance Pay	Page 34
Resignations	Page 34
Layoffs and Furlough	Page 34
COBRA	Page 34
Exit Interviews	Page 35
References	Page 35
Safety in the Workplace	Page 35
Good Housekeeping	Page 36
Smoking in the Workplace	Page 36
Substance Abuse / Drug-Free Workplace	Page 36

OUR MISSION

Hilltown Community Health Center's mission is creating access to high quality integrated health care and promoting well-being for individuals, families and our communities.

OUR VALUES

We listen, consider and care. We respect the individual strengths and diverse experiences of the people we serve and all of our employees.

We commit to working together. We provide integrated care through teamwork and collaboration.

We hold ourselves accountable. We work to the best of our abilities and commit to open communication.

We encourage curiosity and growth. We strive to continually improve through innovation and the use of best practices.

We focus on our future. We ensure financial sustainability through efficient practices and management.

OUR HISTORY

The Worthington Health Center was founded by Florence Bates and other concerned citizens in 1950. It began with Ms. Bates, a nurse who had worked for the Red Cross and then for the Town of Worthington, along with a part-time physician, and two semi-retired dentists. Since then we have provided high-quality medical, dental, and behavioral health care for individuals and families in the Hilltowns of rural Western Massachusetts.

In response to community needs, our services have continued to grow throughout the years. In 1987 we built a community health center in Huntington. In 1998 we established the Gateway School-Based Health Center, located at the Gateway Regional Middle-High School, and our mobile dental clinic, Gator Grins saw its first patient at the school in April 2008. In 2002, we renovated and doubled the size of our Worthington facility. A community outreach program was added in 2005. To better serve our patients in the Huntington area, the Huntington Health Center underwent a renovation and expansion in 2007. In the summer of 2018 HCHC expanded again by opening a new site in Amherst, MA called the John P. Musante Health Center. For over 65 years Western Massachusetts families have established trusting relationships with our health care providers. We are proud to continue this tradition of meeting the needs of the residents of Western Massachusetts.

INTRODUCTION

From time to time this handbook will require changes and updating. HCHC retains the right without advance notice to make revisions to this handbook and other decisions involving employment as needed in order to conduct its work in a manner that is beneficial to the employees and HCHC.

All employment with HCHC is “at will” employment. Under “at will” employment, either HCHC or the employee can end the employment relationship with or without cause, at any time, for any reason, or for no reason at all. No oral promises or statements will be effective or binding on either party. Accordingly, no promise, statement, custom or act of HCHC or its representative constitutes or provides a basis for an employment contract of any specified duration unless it is in writing and signed by the CEO and the employee. In the case of the CEO, any agreement is not binding unless signed by both the CEO and the Board chair.

If there are discrepancies between an individual employee’s contract, and this handbook, the provisions of the employee’s contract will prevail.

All questions about the Employee Handbook should be directed to the Human Resources Coordinator. Policies may be viewed on the all staff drive under policies and procedures folder. In circumstances where a policy is not referenced, this handbook serves as the policy.

In limited circumstances, the CEO, together with Senior Management, may have the authority to make an exception to a rule or policy.

GENERAL PROVISIONS

By-laws: The activities of HCHC are governed by its by-laws as duly enacted and amended by its Board of Directors. In the event of a conflict between the by-laws and provisions set forth in this handbook, the by-laws shall prevail.

Reference: [By-Laws](#)

Board of Directors: As set forth in the by-laws, the Board of Directors is the sole policy-making body of HCHC. It approves all personnel policies and major personnel practice, as recommended by its personnel committee.

Reference: By-Laws

Personnel Committee: The Personnel Committee, a sub-committee of the Board of Directors, is responsible for the formulation of personnel policy, and makes its recommendations to the Board of Directors. The sub-committee is comprised of Board members, the CEO, the Human Resources Coordinator, and employee representatives.

EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of HCHC to ensure that all recruitment, employment, training, compensation, job classification, assignments, working conditions, and privileges of employment be conducted in a manner which does not discriminate against any person on the basis of sex, race, color, religion, national origin, ancestry, sexual orientation, age, mental or physical disability, service in the military, veteran status, gender identity, or genetic information.

Whenever possible, it is the goal of HCHC to have a staff that is representative of the community it serves.

Reference: [Anti-Discrimination Policy](#)

CONFIDENTIALITY

All employees, interns, residents, and volunteers are expected to show the highest regard for the privacy of each patient and employee and must strictly observe the confidentiality of medical, behavioral health, and dental records and all other patient information. Confidentiality is essential to a sound professional/patient relationship; it is also a legal and ethical matter of the utmost importance. Use and disclose patient information and/or confidential information only if such use or disclosure complies with HCHC policies and procedures, and is required for the performance of your job. Personal access codes, user ID's, office keys, and other passwords used to access computer and other equipment are to be kept confidential and secure at all times.

Do not access or view any information other than what is required to do your job. If you have any questions about whether certain information is required for your job, ask your supervisor. Do not discuss any information pertaining to practice in an area where unauthorized individuals may hear such information. Do not make inquiries about any practice information for any individual or party who does not have proper authorization to access such information.

Upon termination of employment/assignment/affiliation with HCHC, immediately return all property (e. g. keys, ID badges, etc.) to HCHC. Obligations under this agreement regarding patient information and confidential information will continue after termination of employment/assignment/affiliation.

Violation of this agreement may result in disciplinary action up to and including suspension or termination of employment/assignment/affiliation with HCHC in accordance with HCHC policies and procedures, as well as potential personal civil and criminal legal penalties.

Care should be taken to prevent patient care discussions from being overheard by other patients or staff members who are not involved, i.e., discussions regarding a patient should never take place in the corridors or reception area. Additionally, under no circumstances should any aspect of patient care or information be discussed with anyone outside of work. Care must be taken not to leave in public view lab containers, lab reports, medical files or other items containing medical or personal information.

Staff are expected to keep any personal information of current and past employees confidential. This includes payroll information, as well as personal information such as address, DOB, phone number, marital status, etc...

Reference: [Confidentiality Policy/Agreement](#)

OUR EMPLOYEE RELATIONS PHILOSOPHY

The philosophy of the HCHC is to treat each employee as an individual. HCHC also aspires to develop a spirit of teamwork to obtain a common goal and to support employees in achievement of their own goals.

In order to maintain an atmosphere where these goals can be accomplished, we are committed to having a workplace in which communications are open and problems can be discussed. We firmly believe that by communicating with each other directly we will continue to resolve any difficulties that may arise and develop a mutually beneficial relationship. Employees are expected to attend regular staff meetings, where staff and management can communicate openly.

ANTI - HARASSMENT

It is the goal of Hilltown Community Health Centers (HCHC) to promote a workplace that is free of discriminatory harassment of any type, including sexual harassment. Discriminatory harassment consists of unwelcome conduct, whether verbal or physical, that is based on a characteristic protected by law, such as gender, gender identity and expression, race, color, national origin, ancestry, religion, age, disability, genetics, service in the military, veteran status, sexual orientation, or participation in discrimination complaint-related activities (retaliation). HCHC will not tolerate harassing conduct that affects employment conditions, that interferes unreasonably with an individual's performance, or that creates an intimidating, hostile, or offensive work environment.

Harassment of employees occurring in the workplace, in connection with work-related travel, and/or work-sponsored events will not be tolerated. Further, any retaliation against an individual who has complained about harassment or retaliation against individuals for cooperating with an investigation of a harassment complaint is similarly unlawful and will not be tolerated.

Because HCHC takes allegations of harassment seriously, we will respond promptly to complaints of harassment. Where it is determined that inappropriate conduct has occurred, we will act promptly to eliminate the conduct and impose such corrective action as is necessary, including disciplinary action where appropriate.

Please note that while this policy sets forth our goals of promoting a workplace that is free of harassment, the policy is not designed or intended to limit our authority to discipline or take

remedial action for workplace conduct which we deem unacceptable, regardless of whether that conduct satisfies the definition of harassment.

“Harassment” means unwelcome conduct, whether verbal or physical, that is based on a characteristic protected by law. Harassment includes, but is not limited to:

1. Display or circulation of written materials or pictures that are degrading to a person or group as previously described.
2. Verbal abuse, slurs, derogatory comments, or insults about, directed at, or made in the presence of an individual or group as previously described.

“Sexual harassment” means unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment;
2. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile or offensive working environment.

Under these definitions, direct or implied requests by a supervisor for sexual favors in exchange for actual or promised job benefits such as favorable reviews, salary increases, promotions, increased benefits, or continued employment constitutes sexual harassment.

The definition of sexual harassment is broad. In addition to the above examples, other unwelcome sexually oriented conduct, whether intended or not, that has the effect of creating a work environment that is hostile, offensive, intimidating or humiliating to either male or female workers may also constitute sexual harassment.

While it is not possible to list all those additional circumstances that may constitute sexual harassment, the following are some examples of conduct which, if unwelcome, may constitute sexual harassment depending upon the totality of the circumstances including the severity of the conduct and its pervasiveness:

- Unwelcome sexual advances – whether they involve physical touching or not
- Sexual epithets, jokes, written or oral references to sexual conduct, gossip regarding one’s sex life; comment on an individual’s body, comment about an individual’s sexual activity, deficiencies, or prowess
- Displaying sexually suggestive objects, pictures, cartoons
- Unwelcome leering, whistling, brushing against the body, sexual gestures, suggestive or insulting comments
- Inquiries into one’s sexual experiences
- Discussion of one’s sexual activities

In addition to sexual harassment, harassment may occur related to age, disability, gender, genetics, national origin, ancestry, race, color, religion, sexual orientation, gender identity, active military status, veteran status, or retaliation. The following are examples of other forms of discriminatory harassment:

- Unwanted jokes regarding people of a particular religion or sexual orientation
- Derogatory references to a subordinate's or coworker's disability or race includes in email messages
- Insulting remarks directed at someone because they exercised their right to file an internal or external discrimination complaint

All employees should take special note that, as stated above, retaliation against an individual who has complained about sexual harassment, and retaliation against individuals for cooperating with an investigation of a sexual harassment complaint is unlawful and will not be tolerated by this organization.

Reference: [Sexual Harassment Agreement Policy](#)

Complaint Procedures

All employees, managers, and supervisors of HCHC share responsibility for avoiding, discouraging and reporting any form of discriminatory harassment. The primary responsibility for ensuring proper investigation and resolution of harassment complaints rests with the CEO and Human Resources Coordinator or their designee, who will administer the policy and procedures described herein.

If any of our employees believe that he or she has been subjected to discriminatory harassment, the employee has the right to file a complaint with our organization. This may be done in writing or orally. In addition, residents, visitors, applicants, vendors, contractors, their agents and employees, or other third parties who believe they have been subjected to discriminatory harassment may also file a complaint with our organization using the procedures described herein. Furthermore, employees may also file a complaint if they have been subjected to harassment from residents, visitors, applicants, vendors, contractors, their agents and employees, or any other third parties in the workplace, while performing work-related duties, or during other work-related activities.

Prompt reporting of harassment is in the best interest of our organization and is essential to a fair, timely, and thorough investigation. Accordingly, complaints should be filed as soon as possible following the incident(s) at issue. If you would like to file a complaint you may do so by contacting any level manager, or Human Resources.

Complaint Investigation

When we receive the complaint, we will promptly investigate the allegation in a fair and expeditious manner to determine whether there has been a violation of our policy. The investigation will be conducted in such a way as to maintain confidentiality to the extent practicable under the circumstances. Our investigation will include private interviews with the person filing the complaint and with witnesses. We will also interview the person alleged to have committed harassment. The complainant, the person alleged to have committed harassment, and all witnesses are required to fully cooperate with all aspects of an investigation. Attorneys are not permitted to be present or participate in the complaint investigation. When we have completed our investigation, we will, to the extent appropriate,

inform the person filing the complaint and the person alleged to have committed the conduct of the results of that investigation.

Notwithstanding any provision of this policy, we reserve the right to investigate and take action on our own initiative in response to behavior and conduct which may constitute harassment or otherwise be inappropriate, regardless of whether an actual complaint has been filed.

If it is determined that inappropriate conduct has occurred, we will act promptly to eliminate the offending conduct, and where it is appropriate we will also impose disciplinary action.

Disciplinary Action

If it is determined that inappropriate conduct has been committed by one of our employees, we will take such action as is appropriate under the circumstances. Such action may range from counseling to termination from employment, and may include such other forms of disciplinary action as we deem appropriate under the circumstances.

State and Federal Remedies

In addition to the above, if you believe you have been subjected to discriminatory harassment of any type, including sexual harassment, you may file a formal complaint with either or both of the government agencies set forth below. Using our complaint process does not prohibit you from filing a complaint with these agencies. Each of the agencies requires that claims be filed within 300 days from the alleged incident of when the complainant became aware of the incident.

The United States Equal Employment Opportunity Commission
("EEOC")

John F. Kennedy Federal Building
475 Government Center
Boston, MA 02203
(800) 669-4000

The Massachusetts Commission Against Discrimination
("MCAD")

Boston Office:
1 Ashburton Place, Suite 601
Boston, MA 02108
(617) 994-6000

New Bedford Office:
800 Purchase Street, Room 501
New Bedford, MA 02740
(508) 990-2390

Springfield Office:
436 Dwight Street, Room 220
Springfield, MA 01103
(413) 739-2145

Worcester Office:
484 Main Street, Room 320
Worcester, MA 01608
(508) 453-9630

EMPLOYMENT AUTHORIZATION VERIFICATION

The Immigration Reform and Control Act of 1986 prohibits the hiring of illegal aliens and mandates verification of identity and work authorization for all employees hired after November 6, 1986. Failure to provide the necessary documentation and completion of the required I-9 form prohibits employment by HCHC.

CATEGORIES OF EMPLOYMENT

Exempt Employee: Exempt employees are paid on a salaried basis, typically work at least 37.5 hours per week and meet the specific tests established by the Fair Labor Standards Act (FLSA) for exemption from overtime pay.

Non-Exempt Employee: Non-Exempt employees may be paid hourly or salaried, and are eligible for overtime pay.

Introductory Employee: New employees are considered to be in an introductory period during their first three months of employment. During this time, the employee and his/her supervisor will be able to determine if the job is suitable for the employee. During this introductory period, an employee may be terminated at any time, for any reason, without resort to HCHC's progressive disciplinary policy. The completion of the introductory period does not guarantee employment for any period of time thereafter. At all times, both during the introductory period and after the conclusion of the introductory period, employment is at-will, meaning either the employee or HCHC may terminate the employment relationship at any time, with or without cause or notice.

Full-Time Employee: If an employee regularly works a schedule of 37.5 or more hours per week, they are considered to be a full-time employee and will earn all benefits of HCHC based on full-time equivalency status.

Part-Time Employee: If an employee regularly works a schedule of less than 37.5 hours per week, they are considered to be a part-time employee. For a schedule of between 20 and 37.5 hours, benefits will be pro-rated, based on scheduled hours as a percent of full-time equivalency. Employees who regularly work less than 20 hours per week are not entitled to accrued leave time or other benefits, with the exception of sick time, per the MA Earned Sick Leave Law.

Temporary Employee: If an employee is not regularly scheduled to work or is hired for a limited period of time, they are considered to be a temporary employee. Temporary employees are not entitled to receive benefits. The status of a temporary position will be reviewed every six months to determine if the position is still needed, if temporary position status continues, or if the position will become permanent or be eliminated. Decisions will be subject to budgetary and other management constraints and considerations.

School-Based Health Center Employee: Employees who spend the majority of their time at the School-Based Health Center (SBHC), and Gator Grins office located at the Gateway Regional

High School are eligible for the same benefits as all other health center employees with the following exceptions:

All decisions are at the discretion of the SBHC director, in conjunction with each department supervisor.

1. ***Vacation Days:*** Must be taken either during the scheduled school closings, or during the summer when school is closed. Vacation days may not be used while school is in session, except under extenuating circumstances. During school closings (i.e. Christmas, February and April break, etc...) the SBHC employee may request to work at one of the health centers if there is work available at the discretion of the department manager/supervisor.
2. ***Holidays:*** If the health center and SBHC are both closed, accrued time may be used to account for total weekly scheduled hours. If the health center is open and their services are needed, the employee may work at the health center and "bank" their holiday time. See PAID MINOR HOLIDAYS in the employee handbook for examples and further explanation.
3. ***Closed or Delayed for Inclement Weather:*** If the school has a delay, or is closed, the employee must contact their supervisor ASAP to see if their services are needed at either the Worthington site or the Huntington site during the duration of the closure. If services are not needed, they get paid for the hours they were scheduled to work that day. If their services are needed, they will report to the health center as their site for that period of time. If they choose not to report to work, accrued time must be used for the hours scheduled for that day.
4. ***School- Scheduled Professional Days and Early Releases:*** When the school has a scheduled Professional Day or Early Release, the SBHC employee may have the option to report to the Health Center if they are not expected to attend the Professional Day, and their services are needed. If services are not needed at one of the Health Centers, they are paid for the hours they would have typically worked. If they choose not to report to work that day, accrued time must be used. This decision must be discussed and in place at least 1 month prior to the date.
5. ***Summer Vacation:*** During the summer vacation, SBHC employees, like all others, are expected to provide services where needed, with the option to take time off without pay, or use accrued time. Employees may also have the option of working reduced hours during the summer weeks. In the event that services are not needed, employee may be laid off, or furloughed. During the summer months, SBHC employees will be responsible for the entire cost of any benefits carried for any period in which they are not working for HCHC.

CRIMINAL OFFENDER RECORD INFORMATION (CORI) CHECKS

Hilltown Community Health Centers requires a Criminal Offender Record Information (CORI) check for all internal employees, volunteers, and interns upon hire once a conditional offer of employment has been extended by the hiring manager, or an agreement between the two

parties has been signed. Contractors and vendors who may be in direct contact with patients or clients will also be subject to a CORI check.

HCHC will conduct subsequent CORI checks EVERY THREE (3) YEARS from the date of the originating CORI check provided, however, that Hilltown Community Health Centers, must first provide the employee with written notice of this check.

Reference: [Criminal Offender Record Information Policy](#)

EMPLOYEE LICENSURE

All applicable professional licenses must be kept current for continued employment at HCHC. It is incumbent upon each licensed employee to provide proof of his/her licensure when requested, and it is the responsibility of the licensed professional to renew his/her license in a timely manner.

Reference: [Credentialing and Privileging Policy](#)

NEW EMPLOYEE ORIENTATION

All new employees meet with the Human Resources Coordinator either prior to or immediately after their start date. During that meeting the Human Resources Coordinator will review the policies and procedures of the health center and assist with the completion of all necessary forms.

It is important that all new employees are oriented regarding hazards and safety. Therefore, new employees will receive a copy of all manuals pertinent at the time of hire including, but not limited to, the following:

1. [Employee Handbook](#)
2. [HIPAA Policy Manual](#)
4. [Corporate Compliance Manual](#)
5. [Emergency Preparedness Plan](#)
6. [Anti-Harassment Policy](#)
7. [Confidentiality Policy](#)
8. [WISP Policy](#)
9. [Code of Conduct](#)

All new employees must acknowledge receipt of these handouts. In addition, the Human Resources Coordinator will review the health center's site specific Emergency Evacuation Plan with each new employee. The posted Job Safety and Health Protection, OSHA posters will be reviewed with each new employee by designated department personnel.

All new employees will receive an identification badge. It is HCHC's policy that the proper care and use of the badge is maintained by employee. The ID must be worn at all times while on premises.

Reference: [Employee Badge Policy](#)

COMMUNICABLE DISEASES

All employees of HCHC shall be required to be immunized against communicable disease in order to ensure the safety of the staff members and HCHC patients. Employees shall provide proof of immunization upon hire, or when asked by the HR Coordinator, if employment predates required immunization. If documentation of immunization status or immunity is not available, employees shall either be offered the required immunization or complete antibody testing to establish immunity status.

In the case of an individual who cannot be appropriately immunized (e.g. they are pregnant or had an adverse reaction to one dose of vaccine and were never able to receive the rest of the series), HCHC would consider those on an individual basis. HCHC would consider the case of a current employee or the hire of a prospective employee if it were possible to develop a plan to ensure the safety of the prospective staff member and HCHC patients. Current employees who can be appropriately immunized but still refuse immunizations will be disciplined through the progressive disciplinary process.

If at any time during a person's employment it is suspected that (s)he may have a communicable disease that may constitute a risk for other staff or patients, the medical director or assistant medical director, in her/his absence, should be notified immediately.

Reference: [Communicable Disease Policy](#)

IMMUNIZATION AGAINST INFLUENZA

All employees, volunteers, interns/students, and any anyone who may be in contact with patients of HCHC, shall be required to be immunized against influenza in order to ensure the safety of the staff members and HCHC patients. Employees shall provide proof of immunization annually, unless they have an approved medical exemption.

Reference: [Immunization Against Influenza Policy](#)

MEAL BREAK

Employees who are scheduled to work more than six hours a day are required to take an unpaid 30-minute meal break. Employees may request a longer meal break, but permission for any such arrangement remains at the discretion of the employee's supervisor. There are no other mandatory breaks. Any other breaks are at the discretion of the employee's supervisor.

OVERTIME

All non-exempt employees working more than 40 hours per week, excluding meal times and leave time, shall be compensated for hours worked in excess of 40 at a rate of 1½ times their regular hourly rate. Supervisory approval must be given to an hourly employee prior to working overtime. Exempt employees do not receive overtime.

PAYDAY

Employees are paid every other week on Thursday, for the 2-week period that ended on the previous Sunday. When a payday falls on a holiday, pay will be deposited on the last working day before the holiday. Employees are required to set up direct deposit. If an employee does not have a bank account, the payroll company will issue a debit card.

PAY RAISES

HCHC values its employees and will make every effort to reward good work and dedication with salary increases and/or cost of living raises, depending upon available financial resources.

PERFORMANCE REVIEWS / EVALUATIONS

Annually, within the month of the employee's anniversary of date of hire, supervisors will review job performances and work with an employee to develop new job performance goals. Job performance will be reviewed during this meeting; goals will be reviewed and new job performance goals set. Each employee's job performance will be evaluated based upon their most current job description.

The performance review process is designed to provide a basis for better understanding between an employee and his/her supervisor, with respect to his/her job performance, potential, and development at HCHC. New employees will generally have a review after completing their introductory period. Performance reviews may also occur at other times as deemed appropriate by your supervisor or HCHC administration.

SCHEDULED WEEKLY HOURS

Some positions require weekend or evening hours. The standard work week for an employee will be determined by the supervisor in each department based on the operational needs of the Health Center. Employees are expected to account for their scheduled weekly hours (also known as PAF hours), per the most recent Personnel Action Form (PAF). In order to account for total hours, one may have to use accrued time, since all benefits are based on scheduled weekly hours. Accrued time cannot be used to exceed total PAF hours, unless the employee has prior approval from their supervisor to work beyond their normally scheduled hours. This must be clearly noted and justified on the timesheet if this is why accrued time was used in excess of PAF hours. Excess hours not noted will be adjusted to total PAF hours.

Non-exempt employees are excused from the requirement of using accrued time in order to make up sufficient hours to equal their official FTE status, only during work weeks that include a holiday. See "PAID MINOR HOLIDAYS" below for details and examples.

RECORDING TIME

Governmental laws require that all employees maintain an accurate record of all time worked. Timesheets are maintained and carefully reviewed in the Human Resources Office; they must also be made available to representatives of various government agencies responsible for compliance with applicable laws and regulations. Discrepancies in time and attendance records discovered by payroll or by federal regulatory agencies may result in legal consequences for all parties involved. Falsification of timesheets will be considered cause for disciplinary action.

As stated above, in order to account for total hours, employees may have to use accrued time, since all benefits are based on scheduled weekly hours. Accrued time cannot be used to exceed total PAF hours, unless the employee has prior approval from their supervisor to work beyond their normally scheduled hours. This must be clearly noted *and justified* on the timesheet if this is why accrued time was used in excess of PAF hours. *Excess hours not noted will be adjusted to total PAF hours.*

Worked hours must be recorded to the nearest quarter hour, on bi-weekly time sheets, and submitted by the employee or their supervisor. Failure to document and attest to hours worked may result in disciplinary action. Bi-weekly time sheets will be reviewed by your supervisor or their designee, and approved. Each department manager/supervisor has overall responsibility for the regular submission of timesheets to the Human Resources Office. To ensure accuracy, it is recommended that timesheets are updated daily, rather than at the end of the pay period.

PAID HOLIDAYS

Paid holidays are considered to be the following:

New Year's Day*
Martin Luther King Day
President's Day
Patriot's Day
Memorial Day*
Independence Day*

Labor Day*
Columbus Day
Thanksgiving Day*
Day after Thanksgiving
Christmas Day*

* All Health Centers will be closed on these days.

Employees who work a minimum of 20 hours weekly, receive paid holiday leave hours for each of the holidays listed above. Employees who regularly work less than 20 hours per week are not entitled to paid holiday leave hours. When calculating the amount of hours each employee will receive as a holiday benefit, the health center will take the number of hours each employee is regularly scheduled to work each week and divide those hours by five days to determine that employee's specific amount of paid holiday benefit time. To receive paid holiday leave, employees must record the hours they are using under the holiday leave earning code on the timesheet. If an employee's regularly scheduled hours for a holiday are more than their allowed holiday hours, the employee may use previously accrued paid holiday leave to equal a regular

day's scheduled time. Alternatively, employees may elect to bank the accrued holiday leave and take the holiday as paid time off at a later date. Such time off must be approved in writing by the employee's supervisor. Unused accrued paid holiday leave will not be paid at termination and does not carry over at the end of each calendar year.

When a holiday falls on a Saturday, the holiday will be observed on the preceding Friday: on a Sunday, the following Monday.

PAID MINOR HOLIDAYS

One of the health center facilities is open on Martin Luther King Day, President's Day, Patriot's Day, Columbus Day, and the day after Thanksgiving. Staff may be required to work on these days. When an employee works on a holiday, (s)he may elect to be paid their earned holiday pay in addition to the pay for the time worked or bank his/her holiday time for future use as described in the previous paragraph.

For weeks containing a holiday only, hourly staff are excused from the requirement of using accrued time in order to make up sufficient hours to equal their official FTE status. Staff will only be paid for the time submitted on their weekly timesheet.

Example 1: Sally works 40hrs/wk, 5 days/week. She earns 8 hrs per holiday ($40/5=8$). By the 3rd holiday she has earned 24 hours ($8\text{hrs} \times 3 \text{ holidays}$). She used 8 hours for holiday #1, and 0 hours for holiday #2. She currently has 8 hours banked, and earns another 8 hours for holiday #3. If she works holiday #3, she can also elect to be paid the additional 8 hours, but no more. However, if she doesn't work the holiday, she can do either of the following 3 options:

- 1.) Take that day unpaid, which could potentially put her below her PAF hours, which would be OK in this case.
- 2.) Use only enough holiday hours (9hrs) to meet her PAF hours for that week.
- 3.) Take her earned 8 hours of holiday time in addition to all hours worked, potentially putting her total hours for that week over her PAF hours if she works over 32 hours during the remainder of the week (OK in this case). Since this week includes a holiday, it needs no justification for exceeding PAF hours with holiday time, but no more than 8 hours can be used in exceeding PAF hours.

Example 2: Fred works 30hrs/wk, 4 days/week: 8hrs Tue, 8hrs Wed, 8hrs Thu, 6hrs Fri. His holiday time is still based on 5 days per week- he earns 6hrs per holiday ($30/5=6$). By the 3rd holiday he has earned 18 hours ($6\text{hrs} \times 3 \text{ holidays}$). He used 6 hours for holiday #1, and 0 hours for holiday #2 because he doesn't work Mondays, leaving him with a total of 6 banked holiday hours. For holiday #3 (which falls on a Monday) he earns 6 more holiday hours for a total of 12 available. He can do either of the following 4 options:

- 1.) Choose to be paid his normal 30 hours that he worked, plus his earned 6 hours of holiday pay, putting him over his PAF. Since this week includes a holiday, it needs no justification for exceeding PAF hours with holiday time, but no more than 6 hours can be used in exceeding PAF hours.
- 2.) Choose to be paid his normal 30 hours and bank the holiday time.
- 3.) Use all 12 hours of holiday time if another day was not worked.
- 4.) Use only enough holiday hours to total his PAF hours for that week (if he worked less than 30 hours)

PAID VACATION TIME

Employees are entitled to the following paid vacation time: 1) during the first five years of employment, vacation time is accrued at the rate of 1¼ days per month, i.e., three weeks annually; and 2) after the five-year anniversary date of hire, and continuing thereafter, vacation time is accrued at the rate of 1 2/3 days per month, i.e., four weeks annually. Vacation time is pro-rated for part-time staff who work a minimum of 20 hours weekly. Employees who are regularly scheduled to work less than 20 hours per week are not entitled to vacation leave. **New Hires will accrue vacation time beginning the first day of employment, however this accrued time will not be available for use until they have completed 90 days of employment.**

Reference: [Time off During 90-Day Probation Period Policy](#)

Clinical staff must provide three months' advance notification of time off requests. Non-clinical staff must provide one month's advance notification of time off requests. Supervisors will be responsible for ensuring compliance with this protocol. Whenever possible, vacation time will be granted in accordance with employee requests, taking department operating requirements into account. Generally speaking, length of employment determines priority in scheduling vacation times.

Reference: [Procedure for Unplanned, Short-Notice Absences from Work Policy](#)

Accrued paid vacation time that is unused at the end of the calendar year may be carried over to the next year, but vacation time does not accrue when the employee has more than five weeks of accrued paid vacation time. Upon accrual of five weeks of paid vacation time, an employee ceases to accrue paid vacation time until the total accrual is reduced to less than five weeks. Upon termination of employment, payment of accrued vacation time, up to the date of termination, will be paid at the employee's current rate of pay.

Staff who will be taking approved vacation time may request to receive their vacation pay prior to leaving for vacation. The request must be made in writing and must indicate the dates of the approved vacation. The request must be submitted to the Human Resources Coordinator at least two weeks in advance of the staff member's planned vacation.

PAID SICK LEAVE

Paid sick leave is granted to full-time employees at the rate of one day per month, accrued from the first day of employment. This benefit is pro-rated for part-time employees who work a minimum of 20 hours weekly. Employees who work less than 20 hours per week will earn sick time at the rate of 1 hour for every 30 hours worked, up to a maximum of 40 hours per calendar year as defined in the Massachusetts Earned Sick Time Law MGL c.149, s.148C and 148D, Regulation 940 CMR 33.

Sick time may be used for the following:

- To care for the employee's child, spouse, parent or parent of a spouse who is suffering from a physical or mental illness, injury, or medical condition that requires home care, professional medical diagnosis or care or preventative medical care.
- To care for the employee's own physical or mental illness, injury, or medical condition that requires home care, professional medical diagnosis or care or preventative medical care.
- To attend the employee's routine medical appointment or a routine medical appointment for the employee's child, spouse, parent, or parent of spouse;
- To address the psychological, physical or legal effects of domestic violence; or
- To travel to and from an appointment, pharmacy, or other location related to the employee's need for Sick Leave.

Employees are encouraged to schedule medical appointments during time off whenever possible. HCHC may request, at any time, a doctor's certification regarding your or a family member's illness. Accrued sick leave that is unused at the end of the calendar year may be carried over to the next year, but only a maximum of 70 days of paid sick leave may be accrued.

New hires will accrue sick time beginning the first day of employment, however this accrued time will not be available for use until they have completed 90 days of employment, except under extenuating circumstances as outlined in the [Time Off During 90 Day Probationary Period Policy](#).

The smallest amount of time that an employee may use sick leave is one quarter hour. If an employee is sick, he or she must contact his or her supervisor to report the absence before the employee's scheduled start time. If leave will be for an extended period of time, please refer to HCHC's FMLA policy.

Employees who are absent from work for more than three consecutive workdays may be required to provide documentation for the need for this leave within seven days of the leave. HCHC may also require medical documentation of the employee's need for leave under other circumstances. If the employee fails to provide this documentation, HCHC may deduct any paid leave from the employee's pay. Employees may not use sick leave as an excuse for tardiness without advance notice of a proper use.

Upon termination, an employee will not be paid for any unused sick time.

HCHC will not interfere or retaliate against an employee who uses Paid Sick Leave in accordance with this policy. If employees have questions about Massachusetts Earned Sick Leave Law, they can contact Human Resources or contact the Attorney General at <http://www.mass.gov/ago/> or One Ashburton Place Boston, MA 02108 -1518; Phone: (617) 727-2200.

SICK LEAVE BANK PROGRAM (SLBP)

Hilltown Community Health Center will maintain a Sick Leave Bank program that will, under specific circumstances and for eligible employees, provide resources for those who are experiencing serious extended illness or injury, and have exhausted all of their available paid leave.

The use of the Sick Bank is restricted to those who have been employed for at least one year, and have donated at least 4 hours during the previous open enrollment period. New employees will have the option to contribute 12 months after they become benefit eligible.

Reference: [Sick Leave Bank Policy](#)

PAID PERSONAL LEAVE

Personal days are granted to full-time employees at the rate of two days per year, pro-rated for part-time employees who work a minimum of 20 hours weekly. Employees who regularly work less than 20 hours per week are not entitled to paid personal leave. Personal days off are to be taken with supervisory approval and should be scheduled at least two weeks in advance, except in the case of an emergency, in which case the employee must make the request for personal time off as soon as the need for this time off is known to the employee. Personal days cannot be carried over to the following year except for those hired between October 1 and December 31. Those employees hired between October 1 and December 31 will be allowed to carry over their balance until December 31 of the following year. Employees will not be paid in lieu of taking the actual time off. Upon termination, employees are not paid for any unused personal time. **Personal time for new hires will be prorated beginning the first day of employment, however this time will not be available for use by hourly non-exempt employees until they have completed 90 days of employment. Salaried employees may be entitled to use their personal time prior to 90 days if their time off was pre-approved by their supervisor. Documentation may be required.**

Reference: [Time Off During 90 Day Probationary Period Policy](#)

UNPLANNED, SHORT NOTICE ABSENCE FROM WORK

HCHC has adopted a formal process for employees calling out on short notice or with an emergency. Non-Provider employees must notify their immediate supervisor as early as practicable prior to the start of their scheduled work hours. Providers must notify the Practice Manager as early as practicable prior to the start of their scheduled work hours. Notification can be made by telephone, text messaging or email, and is considered accepted if acknowledged. Otherwise, it is the responsibility of the Practice Manager or the immediate supervisor to establish the desired form of communication with their clinical providers and/or employees and that the appropriate contact information is supplied.

If an employee is absent for 2 days without notifying HCHC, it is assumed that the employee has voluntarily abandoned their position with HCHC and may be terminated.

Reference: [Procedure for Unplanned, Short-Notice Absence from Work Policy](#)

UNPAID FAMILY AND MEDICAL LEAVE

Eligible employees may take up to 12 weeks of unpaid family/medical leave within a 12-month period and be restored to the same or an equivalent position upon their return to work. The 12-month period (or rolling year) in which 12 weeks of leave may be taken will be tracked based on the first day of the qualifying event.

When an employee's need for family/medical leave is foreseeable, the employee must give 30 days prior written notice or as much notice as possible to your supervisor and the Human Resources Coordinator. Failure to provide such notice may be grounds for delay or denial of leave. If an employee's need for leave is because of a planned medical treatment, the employee must make a reasonable effort to schedule the treatment so as not to unduly disrupt HCHC's operations, subject to the approval of the employee healthcare provider.

To be eligible for family/medical leave, you must have been employed by HCHC for a total of 12 months within the previous seven years and have worked at least 1250 hours in the 12 months immediately preceding the first day of requested leave. Eligible employees may request family/medical leave for any of the following reasons:

1. For incapacity due to pregnancy, prenatal medical care or child birth.
2. To care for an employee's child after birth or placement for adoption or foster care.
3. To care for an employee's spouse, son or daughter or parent, who has a serious health condition.
4. For a serious health condition that makes the employee unable to perform the employee's job.

Any leave due to the birth and care of a child or the placement of a child for adoption or foster care must be completed within one year of the date of birth or placement of the child.

If leave is requested for any of the above reasons, the employee must first use all accrued paid leave during the FMLA leave. Employees do not accrue any additional paid vacation leave, sick leave or personal leave during unpaid FMLA leave. The substitution of paid leave time for unpaid leave time does not extend the 12-week period.

During an approved family/medical leave, HCHC will maintain health and dental benefits under the same terms and conditions applicable to employees not on leave. However, if an employee elects not to return to work at the end of the leave period, the employee will be required to reimburse HCHC for the cost of the premiums paid by HCHC for maintaining coverage during said leave, unless the employee cannot return to work because of a serious health condition of the employee, the employee family member or because of other circumstances beyond their control.

Prior to FMLA leave, arrangements must be made with the Human Resources Coordinator to complete necessary paperwork. If the employee has dental and/or health insurance, arrangements regarding payment of the employee's portion of health insurance need to be made for while on FMLA leave.

Where both spouses are employed by HCHC and eligible for FMLA leave, they are limited to a combined total of 12 weeks of leave during any 12-month period if the leave is taken for the placement of the employee's son or daughter or to care for the child after placement, for the birth or to care for the child after birth, or to care for the employee's parent with a serious health condition.

Leave, because of a serious health condition, may be taken intermittently (in separate blocks of time due to a single health condition) or on a reduced leave schedule (reducing the usual number of hours worked per work week or work day) if medically necessary. In addition, if an employee is taking intermittent leave for planned medical treatment, HCHC may temporarily transfer the employee to an available alternative position which better accommodates the employee's recurring leave and which has equivalent pay and benefits.

If an employee is requesting a leave because of the employee's own serious health condition or to care for a covered relative with a serious health condition, the employee may be required to provide medical certification from the relevant health care provider within 15 calendar days. Failure to provide a complete and sufficient certification is grounds for delay or denial of leave. HCHC may require subsequent re-certification on a reasonable basis.

Employees who take FMLA leave for a serious health condition are required to obtain a certification from the employee's health care provider addressing the employee's ability to perform the essential functions of his or her job before returning to work.

Key employees may be denied restoration to employment on completion of the FMLA leave if: (1) the denial is necessary to prevent substantial and grievous economic injury to the operations of HCHC; and (2) HCHC has notified the employee of its decision to deny restoration should the leave take place or continue.

A copy of the Notice to Employee of Rights Under FMLA is attached and included as part of this handbook.

UNPAID SMALL NECESSITIES LEAVE

Under Massachusetts law, employees who have worked for HCHC for at least one year and have worked at least 1250 hours during the 12 months prior to the start of the requested leave, and at least 50 employees are employed by HCHC within 75 miles from the location where employee works, are entitled to 24 hours of unpaid Small Necessities leave during a twelve-month period. The 12-month period will be calculated on a rolling forward/backward 12-month period basis. Leave may be taken for the following reasons:

- 1) To participate in school activities directly related to the educational advancement of a son or daughter of the employee, such as parent-teacher conferences or interviewing for a new school;
- 2) To accompany the son or daughter of the employee to routine medical or dental appointments, such as check-ups or vaccinations;

- 3) To accompany an elderly relative of the employee to routine medical or dental appointments and for other professional services related to the elder's care, such as interviewing at nursing or group homes. (An elderly relative is defined as one who is 60 years of age and related by blood or marriage.)

Employees are required to use available accrued time while out on leave. Sick time may be used for #2 and #3 listed above, but not for #1. If you have no accrued time available, the time will be unpaid.

Employees requesting to take Small Necessities Leave are required to complete a "Request for Time Off Under the Small Necessities Leave Act". The request must be submitted to Human Resources, with a copy to your supervisor for approval. If the leave is foreseeable, the request must be submitted not less than seven days prior to the beginning of the leave. If the necessity for leave was not foreseeable, employees must provide such notice as practicable.

Requests for leave must be supported by documentation verifying the need to take the leave. Such documentation could include, but is not limited to, a doctor's note or appointment card, a teacher's note, or a receipt for services rendered. Supporting documentation must be submitted either prior to or immediately upon return from the Small Necessities Leave. Failure to provide such documentation will result in the time off being counted as an unexcused absence, subject to disciplinary action.

If employees have any questions concerning eligibility or requirements under the Small Necessities Leave Act, please contact Human Resources.

PARENTAL LEAVE

Full-time employees who have been employed for a period of three months are entitled to eight weeks of unpaid leave to 1) give birth, 2) adopt a child under the age of 18, 3) adopt a child under the age of 23 if that child is physically or mentally disabled, or 4) for the placement of a child with an employee pursuant to a court order. To be eligible for this leave, the employee must give the Company at least two weeks' notice of the anticipated date of departure and the employee's intention to return to work at the end of the leave or, if delayed notice is beyond the employee's control, as much notice as is possible.

Parental Leave is unpaid, but employees may use their accrued paid sick, vacation, or personal time in order to receive pay during this leave, if they wish to do so. At the conclusion of Parental Leave, employees will be restored to their previous or a similar position unless business conditions have eliminated their position or restructured their job in their absence.

Parental Leave will run concurrently with leave under the Family and Medical Leave Act, if the employee is eligible for such leave. Employees on Parental Leave will be required to pay the full amount of any health insurance premium while on leave. If both parents are employed by the Company, they, together, will be eligible for a total of eight weeks. Employees who take more than eight weeks of leave will not be guaranteed reinstatement unless otherwise required by state or federal law. Questions about Parental Leave may be addressed to the Human Resources Department.

BEREAVEMENT LEAVE

Paid bereavement leave of up to five consecutive days will be granted for the death of an immediate family member. Immediate family members include spouses, domestic partners, parents, sisters, brothers, children, grandparents, grandchildren, in-laws, step-parents, step-children, and step siblings.

Paid bereavement leave of up to two consecutive days will be granted for the death of an aunt, uncle, cousin, or other extended family. Extended family shall be those members determined by blood, law, or social proximity.

Exceptions may be made in certain circumstances by sending a request in writing to Human Resources prior to the leave. Final approval will be rendered by the Human Resources Coordinator.

UNPAID LEAVES OF ABSENCE

Medical Leave of Absence

Employees who are not eligible for Family and Medical Leave and who are absent for work because of their own physical or mental impairment that substantially limits a major life activity and is not temporary or minor may be entitled to a job-protected Medical Leave of Absence. If an employee applies for and is granted a Medical Leave of Absence, the employee will be reinstated to the employee's previous job at the end of that leave, unless changed business circumstances make reinstatement impossible or an undue hardship to the company. Employees who are seeking a Medical Leave of Absence will be required to provide medical documentation of their need for the leave and a return to work date and may be asked to provide updates during the course of their Medical Leave. Prior to returning to work, employees on a Medical Leave of Absence will be required to provide a medical note attesting to their fitness for duty and describing any restrictions that may apply to their ability to perform the essential functions of their position, together with any accommodations that might be necessary to permit them to perform those essential functions. Employees on a Medical Leave of Absence will be required to exhaust all paid leave, including vacation, earned holiday, personal, and sick leave, while on their leaves of absence. After the employee has exhausted his/her paid leave, any additional leave will be unpaid, unless the employee qualifies for Long Term Disability or Workers Compensation benefits. Employees on a Medical Leave of Absence will be responsible for paying the entire health insurance premium for their health insurance coverage while they are on unpaid leave.

Personal Leave of Absence

Employees who are ineligible for any other leave of absence under company policy may apply for a Personal Leave of Absence. Personal Leaves of Absence are only available to full-time employees who have been employed by the company for at least 12 consecutive months. Employees may apply for a Personal Leave of Absence through the Human Resources Department, but approval of the Personal Leave of Absence is at the sole discretion of the

employee's supervisor, who will evaluate the request and determine whether the leave will or will not be approved. Personal Leaves of Absence may not exceed three (3) months, although requests for extensions may be submitted and will be subject to supervisor approval. Employees on a Personal Leave of Absence will be required to exhaust all available vacation, personal, and earned holiday time while on leave. After the employee has exhausted his/her paid leave, any additional leave will be unpaid. Employees on a Personal Leave of Absence will be responsible for paying the entire health insurance premium for their health insurance coverage while they are on unpaid leave. At the conclusion of the Personal Leave of Absence, HCHC will make every effort to return an employee on a Personal Leave of Absence to his/her previous position or, if that is not possible, to another position within HCHC, but reinstatement to that position or to any other position within HCHC is not guaranteed. If an employee on a Personal Leave of Absence fails to return to work after the end of his/her Personal Leave, HCHC will assume that the employee is not interested in returning to work and consider the employee to have voluntarily resigned from employment.

JURY DUTY

Employees who are summoned for jury duty on a scheduled work day will receive their regular wages for the first three days of jury duty. Thereafter, full-time and part-time employees who are summoned for jury duty on a day they are normally scheduled to work will be paid the difference between their normal rate of pay and the jury duty pay. To receive compensation, an employee must provide the HCHC with proof of jury service from the court.

Documentation of jury duty must be presented to the employee's supervisor as soon as a summons is received. An employee is expected to return to work if excused from jury duty during regularly scheduled work hours.

CONTINUING EDUCATION / PROFESSIONAL DEVELOPMENT

Employees are encouraged to take part in continuing education programs. If the continuing education program is one for which the employee intends to seek reimbursement by HCHC, the employee must obtain approval in advance from the appropriate department head in advance of attending the program. The program should directly relate to the employee's job. Approval of such reimbursement is at the discretion of the appropriate department head or the CEO. Requests for reimbursement must be accompanied by adequate documentation and submitted within 90 days of the program, except at year end when documentation must be submitted by January 15th of the following year.

In certain situations, employees may be paid for their attendance at approved continuing education programs. If the continuing education program for which the employee received prior approval occurs during the employee's regular work schedule, then the employee will receive his/her regular pay. If the continuing education program occurs outside of the employee's regular hours of work, the employee will not be paid and will not receive compensatory time off for attending the program, if the continuing education program is voluntary and at the request of the employee. When non-exempt employees are required to attend continuing educational programs, all cost and time will be paid for by HCHC.

Employees are also encouraged to take advantage of workshops and trainings, provided free of charge, both at HCHC and at other organizations. Reimbursement of continuing education programs will cease upon the submission of a resignation.

Reference: [Continuing Education Policy](#)

INSURANCE

Health Insurance: Group health insurance is offered to all employees who regularly work 20 or more hours per week. HCHC and employees share in the cost of the health insurance. Employees are responsible for ensuring that their coverage is in effect. Please refer to the plan document for the most up-to-date information.

Dental Insurance: Dental insurance is offered to all employees who regularly work 20 or more hours per week. HCHC and its employees share in the cost of the dental insurance. Employees are responsible for ensuring that their coverage is in effect. Please refer to the plan document for the most up-to-date information.

Work Related Injuries/ Worker's Compensation: On-the-job injuries are covered by Workers' Compensation Insurance. Workers' Compensation Insurance is provided at no cost to the employee. Employees injured on the job, no matter how slightly, must report the incident immediately to his/her supervisor, complete an [incident report](#) and forward it to the Human Resources Coordinator within 24 hours. Please refer to the plan document for the most up-to-date information. Employees must alert management to any condition which could lead or contribute to an employee accident.

Reference: [Adverse-Event and Near-Miss Reporting Policy](#)

Life Insurance: Term life insurance is available for all employees who work 20 hours or more per week. The amount of coverage is based upon each employee's annual salary. This insurance is paid for by HCHC. Additional amounts may be available from the insurer at the employee's own expense. Please refer to the plan document for the most up-to-date information.

Disability Insurance: Long-term disability insurance is available for all employees who work at least 30 hours per week. The insurance is paid for by HCHC. Please refer to the plan document for the most up-to-date information. Short-term disability is not offered by HCHC.

TAX-SHELTERED ANNUITY – 403(b) PLAN

A section 403(b) tax-sheltered annuity plan is available to all employees who regularly work 20 or more hours per week. Payroll deductions are deposited directly into the employees own tax sheltered annuity plan. Depending upon HCHC's financial condition, the Board of Directors may elect to place a set amount of money or a standard percentage of each employee's salary into their tax-sheltered annuity plan. This is by no means an obligation on the part of HCHC and the percentage selected, if at all, may vary from year to year. Please refer to the plan document for the most up-to-date information.

TRAVEL EXPENSES

HCHC reimburses employees for reasonable business-related and approved travel. The amount of mileage reimbursement, determined by the Board of Directors, is subject to change. A Mileage Reimbursement Request Form must be completed and signed by the employee and his/her supervisor and submitted to accounts payable clerk for payment, along with all related receipts for tolls and parking. Driving from and to home and HCHC is not reimbursable. Fees for parking or traffic violations will not be reimbursed.

For business-related/approved trips that are for a day or less, employees will be reimbursed for vehicle mileage, tolls and parking. Meals will not be reimbursed for trips that do not include an overnight stay.

Business-related trips that require an overnight stay must be approved in advance. Lodging can be paid for directly by HCHC or the employee may be reimbursed upon submission of a Check Request Form, with proper documentation attached. Only business-related charges will be paid by HCHC; if the lodging receipt includes things such as personal telephone calls, room service, purchases, these items will not be reimbursed.

Employees will be reimbursed for meals while HCHC on business that requires an overnight stay. HCHC does not, under any circumstances, reimburse for alcoholic beverages. Receipts must accompany a request for reimbursement.

ATTENDANCE AND PUNCTUALITY

Attendance and punctuality are important factors for your success within HCHC. We work as a team, and this requires that each person be in the right place at the right time. Accordingly, regular and reliable attendance is an essential function of all positions at HCHC. If an employee is going to be late for work, or absent, he/she must notify their immediate supervisor as early as possible before the start of the workday/shift.

If an employee is absent for two days without notifying HCHC, it is assumed that the employee has voluntarily abandoned his/her position with HCHC, and may be terminated.

Reference: [Procedure for Unplanned, Short-Notice Absence from Work Policy](#)

WORK WEEK

Because of the nature of our business, an individual's work schedule may vary depending upon the job responsibilities. Based on patient demand or HCHC need, it may be necessary to adjust an employee's hours of work. In these situations, every effort will be made to give an employee two weeks' notice.

CORRECTIVE ACTION STEPS

All employees of HCHC are expected to accept personal responsibility for maintaining reasonable standard of conduct, attendance and job performance and for observing established rules and policies. Consistent with the nature, seriousness and frequency of the conduct, HCHC may apply progressive corrective action and discipline in order to ensure that employees who fail to meet or maintain acceptable standards of conduct, job performance, or attendance will receive fair and equal treatment in the application of corrective action and discipline. This policy applies to employees at all levels. Typically, corrective action is applied to issues concerning attendance, performance, and misconduct.

While HCHC may not follow any particular order in imposing disciplinary measures, progressive steps can be as follows:

Verbal Warning: The supervisor or department head will inform the employee clearly that there is dissatisfaction with the employee's attendance, conduct, or performance and that failure to meet established standards may result in moving forward in the corrective action process. The warning will be documented and placed in the employees personnel file.

Written Warning: Used to notify the employee that there is a concern that has not been addressed; they would be subject to further corrective action, up to and including discharge. Employee shall be informed in writing that he/she is being warned as a result of misconduct, poor performance or attendance issues, and that further corrective action will follow if there is not sufficient improvement or if the conduct recurs. The written warning will be issued by the employee's supervisor/department head, and placed in the employees personnel file

Final Written Warning/Disciplinary Action: This is typically the last opportunity for an employee to improve attendance, conduct or performance issues. Suspension will be considered when the supervisor/department head is of the opinion that the employee's work, behavior or performance is severe enough to merit suspension. Suspension may be with or without pay. Written Warnings/Disciplinary Actions are issued by the supervisor/department head and the HR Coordinator.

Discharge: Is appropriate when it has been determined that any one or all of the following apply:

- 1) Previous steps have failed to adequately correct the issue.
- 2) Gross issues of attendance, misconduct or performance have occurred.
- 3) The employee has failed to meet overall performance standards.
- 4) Discharge would be in the best interest of HCHC and its commitment to quality and excellent patient care.

Right to Appeal: An employee may appeal any corrective action that may occur through the appeal procedure outlined in this handbook.

This policy does not change the at-will status of any employee. HCHC reserves the right to determine the level of discipline appropriate to any misconduct, performance, or attendance issues and may skip a step in this disciplinary process or begin the disciplinary process at any step, including discharge, depending upon the facts and circumstances.

APPEALS

In the event that an employee does not agree with the decisions made during the process identified above, the employee may file an appeal within 10 business days of the occurrence or reasonable knowledge of the event which is the basis for the appeal.

To appeal a decision, the employee must submit a written appeal to the CEO. Please be specific about the nature of the appeal and include dates, as relevant. The CEO, or designee, will meet with the employee within five working days of receipt of the appeal, to try to resolve the issue. The CEO, or designee, will issue a written reply within five working days of this meeting. Decisions of the CEO are final. If there is an appeal against actions by the CEO, the appeal is referred to the Board of Directors Personnel Committee. Only Board members of the committee will preside. The same procedure as outlined above will apply.

SOLVING PROBLEMS AND GRIEVANCES

We encourage you to bring your questions, suggestions, and complaints to our attention. Careful consideration will be given to each of these in our continuing effort to improve operations. All problems should, if possible, be discussed with your immediate supervisor, or with the department head, if necessary. In the event that these discussions are unsatisfactory, you may file a grievance, within 30 days of the occurrence or reasonable knowledge of the event which is the basis for the grievance, through the following procedures:

Step 1: Submit a written grievance to your supervisor/department head, with a copy to the Human Resources Director. If grievance is against your supervisor, submit grievance to CEO. Please be specific about the nature of your grievance and include dates, as relevant. Your supervisor/department head will meet with you within five working days of receipt of the grievance, to try to resolve the issue. Your supervisor/department head will issue a written reply within five working days of this meeting.

Step 2: If the issue is still unresolved, within five working days of receipt of your supervisor's written reply, you may submit a written grievance, as well as your initial grievance and your supervisor's response, to the appropriate Chief Officer, who will meet with you within five working days of receipt of the grievance, to try to resolve the issue. The appropriate Chief Officer will issue a written reply within five working days of this meeting.

Step 3: If the issue is not resolved in Step 2, within five working days of receipt of the appropriate Chief Officer's written reply, you may submit a request for a formal hearing to the Board of Directors, who will turn this over to its Personnel Committee for the final resolution. Within seven days of receipt of your request, the Board members of the Personnel Committee will meet with you to discuss your grievance and review all prior written replies. Within five working days of this meeting, the Personnel Committee will issue a written response to you. All decisions at this level are final.

A copy of your written grievance, replies from your supervisor and the appropriate Chief Officer, and the final response from the Personnel Committee will be placed in your personnel file if the grievance reaches Step 3.

If the grievance is against the CEO, the grievance can be filed with a Board member of the Personnel Committee of the Board of Directors. Review of the grievance and any deliberations will be conducted by Board members of the committee. Other members of the committee can be involved at the discretion of the Board members.

The identity of any employee filing a grievance will be held in strictest confidence unless the employee's identity needs to be revealed to resolve the grievance.

PUBLIC RELATIONS

In order to preserve the image and reputation of HCHC, only designated personnel are permitted to speak to the public and/or media on behalf of HCHC. In any event, either the Public Information Officer, or their designee will be allowed to speak on behalf of HCHC.

EMPLOYEE USE OF SOCIAL MEDIA

Social media may not be accessed through HCHC computers without authorization of the CEO.

Conduct that adversely affects job performance, the performance of fellow employees or otherwise adversely affects patients, practitioners, or people who work on behalf of HCHC or HCHC's legitimate business interests may result in disciplinary action up to and including termination.

Reference: [Employee Use of Social Media Policy](#)

CARE OF PATIENT RECORDS

The impression that patients have of HCHC will be based, in part, on the way in which we care for their records. As professionals, we must respect the trust of our patients and ensure their records are handled securely. Records should not be altered in any way.

Original files cannot be removed from the office or site at which the patient is seen, unless required for patient care. Copies of files may only be released from the office by written release signed by the patient or by court order. In all cases, the release of copies of patient files must be approved by the personal physician, dentist, site office manager, practice manager, director of behavioral health services, medical director, dental director, or CEO. For further information on the care of patient files.

Reference: [HIPAA Policy Manual](#)

CHANGE OF PERSONAL DATA

HCHC needs to maintain up-to-date information on all employees in the event of an emergency. Changes in name, address, telephone number, number of dependents, or next of kin and/or beneficiaries should be forwarded to the Human Resources Coordinator as soon as the information is available.

PROTECTING HCHC INFORMATION

Protecting HCHC's information is the responsibility of every employee, and we all share a common interest in making sure it is not improperly or accidentally disclosed. Confidential information relating to the business of the agency should not be released, such as personnel files or other confidential information.

APPEARANCE

It is the policy at HCHC to maintain a clean and professional appearance at all times. To this end, HCHC will provide the dental staff with blue lab coats and the medical providers with white lab coats. Business casual is to be worn by the administrative staff. There are to be no sandals or open toed shoes worn in the clinical area.

FRAGRANCE-CONTROLLED WORK ENVIRONMENT

The organization recognizes that exposure to strong scents and fragrances in the environment can cause discomfort as well as directly impact the health of sensitive individuals. Therefore, for the comfort and health of all, use of scents and fragrant products, other than minimally scented personal care products, by HCHC employees and staff, is discouraged, particularly in clinical areas.

Fragrances: any product which produces a scent, strong enough to be perceived by others including but not limited to colognes, perfumes, after shave products, lotions, powders, deodorants, hair sprays and other hair products, and other personal products.

HCHC considers fragrance to be: Fragrances and scented products that are perceived by others in addition to the user are not to be worn in the Health Centers, particularly in and around clinical areas, waiting rooms, the lab, or other areas that patients may frequent.

Air fresheners and room deodorizers purchased for use in the health centers must be unscented. These products are intended to mask other objectionable odors for the purpose of improved environmental comfort.

Any employee with concerns about scents or other odors associated with products used while performing job duties should contact their supervisor or department head to determine if there is an appropriate product substitution available.

Reference: [Fragrance Controlled Work Environment Policy](#)

PERSONAL TELEPHONE CALLS AND FAXES

It is HCHC's policy, that personal telephone calls and faxes are discouraged while employees are at work, and enforces safe use of cell phones by employees while driving. Not only are they disruptive to fellow staff members, they tie up valuable lines that would otherwise be available for official business. Employees are encouraged to make any personal calls on non-work time where possible and to ensure that friends and family members are aware of HCHC's policy. HCHC recognizes that there may be isolated occasions which may arise from time to time whereby an employee needs to address some urgent situation immediately. It is our policy that you will limit your use of phones on those instances. Traffic violations resulting from employee use of their phone while driving will be responsible by the employee for all liabilities that result from such actions. HCHC is not liable for the loss of personal cellular phones or other electronic devices brought to the workplace. Use of cellphones or other audio or video recording devices with the company may breach confidentiality of protected information. Therefore the use is prohibited without the prior permission of senior management and of the person (s) being videoed/ recorded at the time.

Reference: [Phone Use for Personal Matters Policy](#)

E-MAIL, INTERNET, AND OTHER ELECTRONIC INFORMATION RESOURCES

The use of HCHC's automation systems, including computers, fax machines, printers, scanners and all forms of internet/intranet access, is for company business and is to be used for authorized purposes only. Brief and occasional personal use of the electronic mail system or the Internet is acceptable as long as it is not excessive or inappropriate, occurs during personal time (lunch or other breaks), and does not result in expense to HCHC.

HCHC owns the rights to all data and files in any computer, network, or other information system used in the health centers. HCHC reserves the right to monitor computer and e-mail usage, both as it occurs and in the form of account histories and their content. HCHC has the right to inspect any and all files stored in any areas of the network or on any types of computer storage media in order to assure compliance with this policy and state and federal laws. Employees must be aware that the electronic mail messages sent and received using HCHC equipment are not private and are subject to viewing, downloading, inspection, release and archiving at all times. The use of a password to access HCHC's systems does not guarantee any right of privacy in the contents of the information on that system.

HCHC has taken the necessary actions to assure the safety and security of our network. Any employee who attempts to disable, defeat, or circumvent HCHC security measures is subject to disciplinary action. Violation of this policy may lead to disciplinary action, up to and including dismissal.

EQUIPMENT USE

From time to time equipment owned by HCHC may be assigned to a staff member for their use either at the health center or off-site. HCHC equipment is not intended as a replacement for any equipment that may be owned personally. When a staff member is assigned a piece of equipment (e.g., tablet, cell phone, laptop), they must complete and sign an equipment deployment form. It is the employee's responsibility to take appropriate precautions to prevent damage to or loss or theft of the equipment assigned. The employee or department may be responsible for certain costs to repair or replace the equipment if damage or loss is due to negligence or intentional misconduct. If a piece of equipment is lost or stolen it must be reported immediately to the employee's direct supervisor, in addition, if lost off-site, it must be reported to the police as well.

OUTSIDE EMPLOYMENT AND CONFLICTS OF INTEREST

If an employee is planning to accept an outside position while being employed by HCHC, they must notify the CEO in writing. HCHC professionals may not be part of and may not develop private or other public practices which are directly competitive with HCHC and these practices may not be located within HCHC's primary service area. Outside employment must not conflict in any way with responsibilities within HCHC. The use of HCHC's telephones, fax machines, paper copiers, postage meters, and administrative support is not allowed for any outside employment purposes.

When terminating employment, professionals may not solicit HCHC patients into their practice. Extreme circumstances in which the patient's well-being would be seriously compromised may be discussed with the appropriate department head. The department head will determine if it is clinically necessary to recommend to the patient that they continue to be seen by the terminating professional. This does not apply to patients who follow a terminating professional, due to their own choosing.

PERSONNEL RECORDS

It is HCHC's policy to maintain all employee personnel files and adhere to a formal documented process for storage of those files.

1. All employee personnel files will be stored in a locked file cabinet in the Human Resources Coordinator's office.
2. The only employees who have regular access to personnel files are the Human Resources Coordinator, the Finance Manager in the HR Coordinators absence, and the Chief Financial Officer (CFO), as the CFO oversees the personnel management functions of HCHC.
3. An employee who wishes to review his/her personnel file should put this request in writing and submit it to the Human Resources Coordinator. The Human Resources

Coordinator (or CFO, in the Human Resources Coordinator's absence) shall contact the employee and schedule a time within five (5) work days of the receipt of the request, to review the file with the employee.

4. All information contained in the personnel file is the property of HCHC and cannot be removed. Employees may, however, request copies of information contained in their personnel files.

No information contained in individual personnel files will be released to outside sources unless explicitly requested, in writing, by the employee.

Reference: [Location of Personnel Files and Access Policy](#)

SEVERE WEATHER

Severe weather is to be expected during the winter months. Except in cases of severe weather conditions, all employees are expected to work their regular hours. The CEO makes the determination when to close HCHC sites in extreme weather or other emergency circumstances; this will be as rare an occasion as possible.

If an HCHC site closes early or has a delayed opening, employees scheduled to work that day at that location may be asked to transfer to another site to work their scheduled hours.

If they choose not to report to another site, accrued time must be used for the hours scheduled for that day. Unused Holiday time must be used first, and then employees may elect to use Vacation, Personal, or Sick time. Should an employee not have any unused Holiday and accrued time available, they may choose to create a negative balance in Vacation or Sick time. Hourly employees may also choose to be unpaid for their scheduled time.

If their services are not needed at another site, they will be paid for the hours they were scheduled to work during the closure.

If an HCHC site closes for an entire day due to a declared emergency situation, employees scheduled to work that day at that location may be asked to transfer to another site to work their scheduled hours. If they choose not to report to another site, accrued time must be used for the hours scheduled for that day. Unused Holiday time must be used first, and then employees may elect to use Vacation, Personal, or Sick time. Should an employee not have any unused Holiday and accrued time available, they may choose to create a negative balance in Vacation or Sick time. Hourly employees may also choose to be unpaid for their scheduled time. If their services are not needed, accrued time must be used for the hours scheduled for that day. Unused Holiday time must be used first, and then employees may elect to use Vacation, Personal, or Sick time. Should an employee not have any unused Holiday and accrued time available, they may choose to create a negative balance in Vacation or Sick time. Hourly employees may also choose to be unpaid for their scheduled time.

In some situations, employees may be asked by their supervisor to work from home; in this case, the employee will bill the hours worked as Regular time. Supervisors may approve or request that employees reschedule hours affected by a closure.

The School-Based policy, as noted in the “Categories of Employment” section of the handbook will remain unchanged, but will be superseded by the policy above only in cases where both the SBHC and HUNTINGTON SITE sites are closed.

Reference: [Health Center Closure Policy](#)

SEVERANCE PAY

HCHC does not offer severance pay to employees whose relationship with the organization is terminated.

RESIGNATIONS

HCHC requests that non-exempt employees give a minimum of three weeks’ notice of their resignation. HCHC requests that exempt employees give as much notice as possible (three to six months for healthcare providers and one month for other exempt employees). Thoughtfulness will be noted favorably should employees wish to reapply for employment with HCHC. HCHC should be notified of any address changes during the calendar year in which termination occurs so that tax information can be sent to the proper address.

LAYOFFS AND FURLOUGH

Staff may be separated from service by layoff, furlough, or a reduction in work force whenever there is no further need for employment in the position, by reason of stoppage of work, lack of funding, discontinuation of the position, restructuring, or other organizational reason. Layoffs and furloughs will be department and position-specific. HCHC will provide as much notice as is required by law or as HCHC determines is reasonable under the circumstances.

Reference: [Corporate Furlough Policy](#)

COBRA

Employees of HCHC have the right to elect continuation of coverage of medical and dental benefits where there is a loss of group medical/dental coverage because of reduction in the employee’s hours of employment, the termination of employment, or other qualifying events (for any reason other than gross misconduct on the employee’s part, as determined by the CEO). Continuation of coverage is at the employee’s expense.

A spouse or dependent child of an employee has the right to choose continuation coverage under HCHC’s group medical/dental insurance plan. Under the law, the employee or family member (to include divorced spouse or dependent child) has the responsibility to inform HCHC’s plan administrator of a divorce, legal separation, or a child losing dependent status under HCHC’s group medical/dental insurance plan.

It is the responsibility of the plan administrator to notify the employee and any dependents the right to choose continuation coverage. Under the law, the employee has 60 days from the date of loss of coverage due to the above mentioned events to inform the plan administrator of continuation of coverage.

Coverage of group medical/dental insurance will end on the date of the qualifying event.

Under COBRA, the employee is responsible for the monthly payment of the premiums for continuation health and dental insurance coverage. It also states that, at the end of the continuation coverage period, a participant must be allowed to enroll in an individual conversion medical plan provided under HCHC's medical insurance plan (this does not apply to dental insurance plans).

Additional information regarding coverage and cost, as well as a complete copy of the COBRA law may be obtained from the Human Resources Coordinator.

EXIT INTERVIEWS

All employees resigning from HCHC are encouraged to participate in an exit interview with their immediate supervisor or Human Resources. Employees who resign may also schedule an exit interview with the CEO or designee.

REFERENCES

HCHC does not give references for employees. HCHC will, however, confirm dates of employment and an employee's position title, if requested to do so.

SAFETY IN THE WORKPLACE

Safety can only be achieved through teamwork at HCHC. Each employee, supervisor, and manager must practice safety awareness by thinking defensively, anticipating unsafe situations, and reporting unsafe conditions immediately. Please observe the following precautions:

- A. Notify supervisor if an employee identifies a potentially unsafe/unstable person, including patients and/or staff.
- B. Notify supervisor of any emergency situation. If an employee is injured or become sick at work no matter how slightly, the employee must inform the supervisor or the department director immediately.
- C. The use of alcoholic beverages or illegal drugs, substances, or the abuse of legal prescription drugs during working hours will not be tolerated.
- D. Use, adjust, and repair machines and equipment only if trained and qualified.
- E. Get help when lifting or pushing heavy objects.

- F. Understand job fully and follow instructions. If an employee is not sure of any safe procedure, ask the supervisor or department director.
- G. Know the locations, contents, and use of first aid and firefighting equipment.
- H. Wear personal protective equipment in accordance with the job being performing.

A violation of a safety precaution is in itself an unsafe act. A violation may lead to corrective action, up to and including termination.

Reference: [Incident Report Form](#)

Reference: [Adverse-Event and Near-Miss Incident Reporting Policy](#)

GOOD HOUSEKEEPING

Good work habits and a neat place to work are essential for job safety and efficiency. All employees are expected to keep their place of work organized and materials in good order at all times. Report anything that needs repair or replacement to your supervisor. It is expected that employees clean up after themselves in break room areas, including spills in the microwave or eating area and washing and putting dishes away.

SMOKING IN THE WORKPLACE

It is the Company's policy to maintain a tobacco and smoke free environment. Tobacco products, smoke producing products, and the use of electronic cigarettes are not permitted on the HCHC premises or inside any buildings.

Reference: [Smoke and Tobacco Free Workplace Policy](#)

SUBSTANCE ABUSE / DRUG-FREE WORKPLACE

It is a specific condition of employment that employees abide by the terms of the Drug-Free Workplace Act which prohibits the unlawful manufacture, distribution, dispensing, or use of a controlled substance at any HCHC facility or site engaged in activities supported by HCHC funds.

Each employee taking a legal drug which would affect job safety or performance is responsible for notifying the supervisor or the department director and providing a physician's certificate stating that (s)he is able to safely and efficiently perform his/her duties while on such medication. This certification must be provided before you report to your work area.

Any employee convicted of any criminal drug statute for a violation occurring in the workplace must notify the CEO of the conviction no later than five days after the employee has been convicted.

Employment or continued employment with HCHC is conditioned upon the employee's full compliance with HCHC's drug-free workplace policy. Any violation may result in corrective action, up to and including discharge. Furthermore, any employee who violates this policy may be required, in connection with or in lieu of corrective sanctions, to participate in or successfully completed a drug or alcohol assistance program, approved for such purposes by the federal, state, or local health, law enforcement, or other agency, as a condition of continued employment.

HCHC reserves the right to take other appropriate and lawful actions to enforce this policy, including but not limited to, the right to inspect the employees' personal property in certain circumstances, as well as HCHC-issued lockers, desks, or other suspected areas of concealment. Consent to such inspections under the foregoing circumstances shall be a condition of employment or continued employment with HCHC. Any employee who fails to allow a properly requested inspection shall be subject to corrective action, up to and including discharge.

HILLTOWN COMMUNITY HEALTH CENTERS
FINANCIAL SUMMARY FOR BOARD MEETING JULY 11, 2019

June 2019 Results

These June 2019 results include an estimated revenue amount for our June eCW billing. The need for an estimate was caused by a failed server upgrade at CDH. This failure created one week of corrupt data which was corrected in July. The July 2019 report will include any needed adjustments and true up all eCW accounts. We believe this is reasonable estimate of our actual results.

In June 2019 we had a Net Operating Deficit of \$12,539 and an overall Deficit of \$10,179. This was \$24,719 and \$22,369 behind budget, respectively. However, on a YTD basis we remain \$88,576 better than the prior year.

While hard to quantify we believe the eCW problem impacted our revenue negatively by approximately \$20k. On the positive side we also got notice from HSN that we could resubmit some old HSN billing that had been previously written off, this was approximately an \$18k pickup. This helped to minimize the June loss.

We continue to limp along on meeting our cash flow commitments and our operating cash on-hand is only 5 days.

Please see detailed statements for more information regarding balance sheet, departmental net results, visits and ratios.

Hilltown CHC
Dashboard And Summary Financial Results
May 2019

	Actual YTD June 2018	Actual YTD Dec. 2018	Actual YTD Jun. 2019	Notes on Trend	Cap Link TARGET	COMMENT
<u>Liquidity Measures</u>						
Operating Days Cash	3	9	5	Measures the number of days HCHC can cover daily operating cash needs.	> 30-45 Days	Not Meeting Benchmark
Current Ratio	0.84	0.83	0.81	Measures HCHC's ability to meet current obligations.	>1.25	Not Meeting Benchmark
Patient Services AR Days	34	36	33	Measures HCHC's ability to bill and collect patient receivables	< 60-75 Days	Doing Better than Benchmark
Accounts Payable Days	64	29	45	Measures HCHC's ability to pay bills	< 45 Days	Meeting Benchmark
<u>Profitability Measures</u>						
Net Operational Margin	-5.5%	-4.8%	-3.1%	Measures HCHC's Financial Health	> 1 to 3%	Not Meeting Benchmark
Bottom Line Margin	5.6%	1.2%	-2.7%	Measures HCHC's Financial Health but includes non-operational activities	> 3%	Not Meeting Benchmark
<u>Leverage</u>						
Total Liabilities to Total Net Assets	26.3%	32.6%	34.3%	Measures HCHC's total Liabilities to total Net Assets	< 30%	Not Meeting Benchmark
<u>Operational Measures</u>						
Medical Visits	8,863	18,166	9,048			
Net Medical Revenue per Visit	\$ 144.02	\$ 143.59	\$ 145.41			
Dental Visits	7,426	15,537	8,681			
Net Dental Revenue per Visit	\$ 115.98	\$ 112.76	\$ 115.08			
Behavioral Health Visits	2,120	4,306	2,079			
Net BH Revenue per Visit	\$ 89.42	\$ 87.74	\$ 89.08			
Optometry Visits	1,124	2,381	1,178			
Net Optometry Revenue per Visit	\$ 85.75	\$ 86.40	\$ 92.71			

Hilltown Community Health Centers
Income Statement - All Departments
Period Ending June 2019

	June 2019 Actual	June 2019 Budget	Over (Under) Budget	YTD Total Actual	YTD Total Budget	Over (Under) Budget	YTD PY Actual	Over (Under) Cur. v. PY YTD
OPERATING ACTIVITIES								
Revenue								
Patient Services - Medical	209,886	199,875	10,011	1,315,706	1,255,131	60,575	1,276,445	39,261
Visits	1,261	1,385	(124)	9,048	8,840	208	8,863	185
Revenue/Visit	\$ 166.44	\$ 144.31	\$ 22.13	\$ 145.41	\$ 141.98	\$ 3.43	\$ 144.02	\$ 1.39
Patient Services - Dental	149,475	176,445	(26,970)	998,976	1,011,209	(12,233)	861,262	137,714
Visits	1,293	1,541	(248)	8,681	8,908	(227)	7,426	1,255
Revenue/Visit	\$ 115.60	\$ 114.50	\$ 1.10	\$ 115.08	\$ 113.52	\$ 1.56	\$ 115.98	\$ (0.90)
Patient Services - Beh. Health	37,230	28,275	8,955	185,207	170,278	14,929	189,574	(4,367)
Visits	280	325	(45)	2,079	2,019	60	2,120	(41)
Revenue/Visit	\$ 132.96	\$ 87.00	\$ 45.96	\$ 89.08	\$ 84.34	\$ 4.75	\$ 89.42	\$ (0.34)
Patient Services - Optometry	22,178	19,123	3,055	109,217	100,513	8,704	96,384	12,833
Visits	177	215	(38)	1,178	1,195	(17)	1,124	54
Revenue/Visit	\$ 125.30	\$ 88.94	\$ 36.36	\$ 92.71	\$ 84.11	\$ 8.60	\$ 85.75	\$ 6.96
Patient Services - Optometry Hardware	5,402	7,000	(1,598)	47,214	44,163	3,051	40,411	6,803
Patient Services - Pharmacy	13,786	16,000	(2,214)	53,932	67,717	(13,785)	60,870	(6,938)
Quality & Other Incentives	373	276	97	27,759	18,743	9,016	10,280	17,479
HRSA 330 Grant	128,597	168,659	(40,062)	825,739	900,531	(74,792)	784,539	41,200
Other Grants & Contracts	70,936	56,130	14,806	472,661	410,934	61,727	526,504	(53,843)
Int., Dividends Gain /(Loss) Investments	17,003	2,530	14,473	41,323	35,180	6,143	4,000	37,323
Rental & Misc. Income	1,853	2,567	(714)	15,851	15,111	740	17,068	(1,217)
Total Operating Revenue	656,719	676,880	(20,161)	4,093,585	4,029,510	64,075	3,867,337	226,248
Compensation and related expenses								
Salaries and wages	404,437	437,387	(32,950)	2,778,405	2,820,188	(41,783)	2,840,747	(62,342)
Payroll taxes	32,401	33,460	(1,059)	222,632	218,633	3,999	213,464	9,168
Fringe benefits	37,451	41,390	(3,939)	231,880	248,076	(16,196)	236,083	(4,203)
Total Compensation & related expenses	474,289	512,237	(37,948)	3,232,917	3,286,897	(53,980)	3,290,294	(57,377)
No. of week days	20	20	-	129	129	-	130	-
Staff cost per week day	\$ 23,714	\$ 25,612	\$ (1,897)	\$ 25,061	\$ 25,480	\$ (418)	\$ 25,310	\$ (249)

Hilltown Community Health Centers
Income Statement - All Departments
Period Ending June 2019

	June 2019 Actual	June 2019 Budget	Over (Under) Budget	YTD Total Actual	YTD Total Budget	Over (Under) Budget	YTD PY Actual	Over (Under) Cur. v. PY YTD
Other Operating Expenses								
Advertising and marketing	395	350	45	6,365	11,003	(4,638)	3,457	2,908
Bad debt	38,451	5,075	33,376	100,244	44,897	55,347	39,002	61,242
Computer support	4,632	6,537	(1,905)	42,609	38,903	3,706	43,246	(637)
Conference and meetings	8	405	(397)	5,560	2,109	3,451	3,081	2,479
Continuing education	1,235	3,870	(2,635)	18,758	18,380	378	10,343	8,415
Contracts and consulting	13,735	3,470	10,265	45,564	18,983	26,581	19,185	26,379
Depreciation and amortization	27,651	27,651	-	165,903	165,903	-	70,352	95,551
Dues and membership	3,908	3,134	774	15,527	17,487	(1,960)	14,264	1,263
Equipment leases	2,723	2,107	616	13,977	12,603	1,374	12,916	1,061
Insurance	2,107	2,119	(12)	12,669	12,705	(36)	11,139	1,530
Interest	928	1,368	(440)	8,132	8,329	(197)	8,950	(818)
Legal and accounting	2,188	2,888	(700)	14,019	15,925	(1,906)	17,190	(3,171)
Licenses and fees	3,186	4,660	(1,474)	23,671	26,023	(2,352)	28,942	(5,271)
Medical & dental lab and supplies	11,176	12,100	(924)	68,646	67,839	807	58,914	9,732
Merchant CC Fees	1,623	1,515	108	9,459	9,058	401	8,662	797
Office supplies and printing	4,514	3,586	928	17,642	19,508	(1,866)	25,942	(8,300)
Postage	2,237	1,575	662	8,628	9,396	(768)	8,871	(243)
Program supplies and materials	19,613	19,450	163	117,915	114,351	3,564	138,592	(20,677)
Pharmacy & Optometry COGS	11,513	10,340	1,173	48,298	58,142	(9,844)	44,954	3,344
Recruitment	29	-	29	2,982	450	2,532	284	2,698
Rent	8,411	5,538	2,873	34,554	34,680	(126)	18,840	15,714
Repairs and maintenance	16,343	14,064	2,279	84,388	79,065	5,323	94,010	(9,622)
Small equipment purchases	398	175	223	4,036	4,649	(613)	5,146	(1,110)
Telephone/Internet	11,834	13,696	(1,862)	75,623	82,101	(6,478)	63,704	11,919
Travel	2,794	2,280	514	13,333	11,614	1,719	12,252	1,081
Utilities	3,337	4,500	(1,163)	27,463	29,041	(1,578)	28,678	(1,215)
Loss on Disposal of Assets	-	-	-	-	-	-	-	-
Total Other Operating Expenses	194,969	152,453	42,516	985,965	913,144	72,821	790,916	195,049
Net Operating Surplus (Deficit)	(12,539)	12,190	(24,729)	(125,297)	(170,531)	45,234	(213,873)	88,576
NON-OPERATING ACTIVITIES								
Donations, Pledges & Contributions	-	-	-	7,857	430	7,427	25,846	(17,989)
Loan Forgiveness	-	-	-	-	-	-	-	-
Capital Grants	2,360	-	2,360	8,073	115,234	(107,161)	404,993	(396,920)
Net Non-operating Surplus (Deficit)	2,360	-	2,360	15,930	115,664	(99,734)	430,839	(414,909)
NET SURPLUS/(DEFICIT)	(10,179)	12,190	(22,369)	(109,367)	(54,867)	(54,500)	216,966	(326,333)

Hilltown CHC
Summary of Net Results By Dept.
June 2019
Net Results Gain (Deficit)

	June 2019	June Budget	Over (Under) Budget	YTD	YTD Budget	Over (Under) Budget	PY YTD	Cur. v. PY YTD
<u>Operating</u>								
Medical	\$ (34,788)	\$ (28,389)	\$ (6,399)	\$ (174,553)	\$ (221,567)	\$ 47,014	\$ (169,096)	\$ (5,457)
Dental	(13,714)	2,804	(16,518)	(87,428)	(75,745)	(11,683)	(141,349)	\$ 53,921
Behavioral Health	7,181	8,037	(856)	20,308	19,216	1,092	17,215	\$ 3,093
Optometry	1,554	1,872	(318)	(9,050)	(17,492)	8,442	(11,296)	\$ 2,246
Pharmacy	13,040	14,859	(1,819)	53,323	62,509	(9,186)	52,756	\$ 567
Community	6,635	1,739	4,896	(3,486)	(16,562)	13,076	7,007	\$ (10,493)
Fundraising	(126)	(4,582)	4,456	(22,495)	(29,615)	7,120	(36,633)	\$ 14,138
Admin. & OH	7,679	15,850	(8,171)	98,084	108,725	(10,641)	67,523	\$ 30,561
Net Operating Results	\$ (12,539)	\$ 12,190	\$ (24,729)	\$ (125,297)	\$ (170,531)	\$ 45,234	\$ (213,873)	\$ 88,576
<u>Non Operating</u>								
Donations		\$ -	\$ -	\$ 7,857	\$ 430	\$ 7,427	\$ 25,846	\$ (17,989)
Capital Project Revenue	2,360	-	2,360	8,073	115,234	(107,161)	404,993	\$ (396,920)
Total	\$ 2,360	\$ -	\$ 2,360	\$ 15,930	\$ 115,664	\$ (99,734)	\$ 430,839	\$ (414,909)
Net	\$ (10,179)	\$ 12,190	\$ (22,369)	\$ (109,367)	\$ (54,867)	\$ (54,500)	\$ 216,966	\$ (326,333)

Hilltown Community Health Centers

Balance Sheet - Monthly Trend

	Actual Dec 2018	Actual Jan 2019	Actual Feb 2019	Actual Mar 2019	Actual Apr 2019	Actual May 2019	Actual Jun 2019	Budget Jun 2019
Assets								
Current Assets								
Cash - Operating Fund	\$ 197,997	\$ 233,851	\$ 252,962	\$ 242,277	\$ 304,099	\$ 121,029	\$ 127,634	\$ 114,913
Cash - Restricted (Amherst Donations)	6,152	1,051	12,402	12,404	12,407	16,966	16,974	5,902
Patient Receivables	945,217	1,032,027	970,729	1,013,085	1,022,798	1,030,805	1,003,848	950,000
Less Allow. for Doubtful Accounts	(109,786)	(118,366)	(128,973)	(133,664)	(138,929)	(147,664)	(182,145)	(120,000)
Less Allow. for Contractual Allowances	(317,200)	(374,895)	(344,593)	(351,978)	(362,443)	(364,592)	(322,364)	(325,000)
A/R 340B-Pharmacist	32,188	7,390	(1,455)	11,707	19,273	22,642	27,251	5,000
A/R 340B-State	1,827	1,827	1,827	1,827	1,827	1,827	1,827	1,827
Contracts & Grants Receivable	69,673	62,015	65,280	63,523	97,647	111,839	135,003	65,000
Prepaid Expenses	14,866	16,298	20,021	20,962	21,364	23,646	71,882	14,021
A/R Pledges Receivable	28,828	26,328	15,360	15,360	15,360	15,360	15,360	15,360
Total Current Assets	869,761	887,526	863,561	895,504	993,403	831,858	895,270	727,024
Property & Equipment								
Land	204,506	204,506	204,506	204,506	204,506	204,506	204,506	204,506
Buildings	2,613,913	2,613,913	2,613,913	2,613,913	2,613,913	2,613,913	2,613,913	2,613,913
Improvements	911,848	911,848	911,848	929,483	929,483	929,483	929,483	911,848
Leasehold Improvements	1,933,674	1,933,674	1,933,674	1,933,674	1,933,674	1,933,674	1,933,674	1,933,674
Equipment	1,288,156	1,288,156	1,288,156	1,293,868	1,293,868	1,293,868	1,293,868	1,288,156
Construction in Progress (Amherst)	-	-	12,348	-	-	-	-	115,234
Total Property and Equipment	6,952,096	6,952,096	6,964,444	6,975,444	6,975,444	6,975,444	6,975,444	7,067,330
Less Accumulated Depreciation	(2,430,365)	(2,458,016)	(2,485,666)	(2,513,317)	(2,540,968)	(2,568,618)	(2,596,269)	(2,596,269)
Net Property & Equipment	4,521,731	4,494,080	4,478,778	4,462,127	4,434,476	4,406,826	4,379,175	4,471,062
Other Assets								
Restricted Cash	53,713	53,713	53,712	53,721	53,730	53,739	53,748	53,712
Pharmacy 340B and Optometry Inventory	11,811	12,249	11,909	13,494	13,081	13,505	13,540	11,909
Investments Restricted	6,661	6,661	6,661	7,446	7,446	7,446	7,861	6,661
Investment - Vanguard	227,889	247,383	255,060	258,439	267,662	251,319	267,882	263,030
Total Other Assets	300,074	320,006	327,342	333,100	341,919	326,009	343,031	335,312
Total Assets	\$ 5,691,566	\$ 5,701,613	\$ 5,669,681	\$ 5,690,731	\$ 5,769,798	\$ 5,564,693	\$ 5,617,476	\$ 5,533,398
Liabilities & Fund Balance								
Current & Long Term Liabilities								
Current Liabilities								
Accounts Payable	\$ 164,918	\$ 180,932	\$ 225,470	\$ 208,209	\$ 242,280	\$ 213,946	\$ 299,353	\$ 225,000
Notes Payable	300,000	300,000	300,000	300,000	276,920	253,840	237,270	235,000
Sales Tax Payable	56	23	39	44	30	47	66	-
Accrued Expenses	60,334	61,951	46,717	51,693	56,753	55,562	54,879	50,000
Accrued Payroll Expenses	386,764	481,414	480,774	511,383	547,820	388,378	371,976	309,700
Payroll Liabilities	20,702	17,285	15,242	13,947	15,394	16,563	17,152	16,000
Unemployment Escrow	826	826	826	826	826	826	826	826
Line of Credit	-	-	-	-	-	-	-	-
Deferred Contract Revenue	120,296	124,247	136,693	143,579	159,171	111,322	123,018	128,693
Total Current Liabilities	1,053,896	1,166,677	1,205,760	1,229,681	1,299,194	1,040,484	1,104,540	965,219
Long Term Liabilities								
Mortgage Payable United Bank	167,900	166,455	165,007	163,512	162,054	159,117	159,117	159,407
Mortgages Payable USDA Huntington	176,837	175,775	174,707	173,542	172,462	171,346	170,253	170,707
Total Long Term Liabilities	344,737	342,230	339,714	337,054	334,516	330,463	329,370	330,114
Total Liabilities	1,398,633	1,508,907	1,545,474	1,566,735	1,633,710	1,370,947	1,433,910	1,295,332
Fund Balance / Equity								
Fund Balance Prior Period	4,292,933	4,192,706	4,124,206	4,123,996	4,136,088	4,193,746	4,183,566	4,238,066
Total Fund Balance / Equity	4,292,933	4,192,706	4,124,206	4,123,996	4,136,088	4,193,746	4,183,566	4,238,066
Total Liabilities & Fund Balance	\$ 5,691,566	\$ 5,701,613	\$ 5,669,681	\$ 5,690,731	\$ 5,769,798	\$ 5,564,693	\$ 5,617,476	\$ 5,533,398
Current Ratio	0.83	0.76	0.72	0.73	0.76	0.80	0.81	0.75