Hilltown Community Health Center
Board of Directors
Thursday, February 13, 2020
Cancer Center Conference Room, Cooley Dickinson Hospital
30 Locust Street, Northampton, MA 01060
5:30 p.m. – 7:30 p.m.
AGENDA

Time	Topic	Purpose	Presenter
5:30 PM	**Call to Order and Approval of Minutes**	**Vote Needed**	John Follet
5:35 PM	**Finance Committee Report**	**Vote Needed**	Treasurer Frank Mertes, CFO
5:50 PM	**Committee Reports** • Executive Committee • Fundraising Committee • Personnel • Facilities • Recruitment Orientation and Nomination • Strategic Planning	**Vote Needed**	John Follet Nancy Brenner John Follet Alan Gaitenby Wendy Long Nancy Brenner
6:05 PM	**Senior Management Reports** • Credentialing and Privileging Report • Quality Improvement/Risk Management • CEO Report	**Vote Needed** **Vote Needed** Inform/Discussion	Michael Purdy Michael Purdy Eliza Lake
6:35 PM	**Staff Presentation**	Inform	*TBD for future months, roughly 20 minutes*
6:35 PM	**New Business** • HRSA 330 Grant Non-Compete Application • Changes to QI Program and Bylaws • Board Meeting Structure Changes • FY2020 Budget • 2020 Policy Review Schedule	**Vote Needed** Inform/Discussion Inform/Discussion **Vote Needed** Inform/Discussion	Eliza Lake Eliza Lake Michael Purdy John Follet Eliza Lake Frank Mertes Tabitha Griswold
7:05 PM	**Executive Session** *[normally only 5-10 minutes]* • CEO Evaluation (in normal session)	Discussion **Vote Needed**	John Follet
7:30 PM	**Adjourn**	**Vote Needed**	John Follet

BOARD MEETING MINUTES
Date/Time: 1/9/2020 5:30pm
Worthington Health Center

MEMBERS: John Follet, President; Alan Gaitenby; Seth Gemme; Kathryn Jensen, Clerk; Nancy Brenner, Vice President; Matt Bannister; Wendy Long (via teleconference); Kate Albright-Hanna (vis teleconferencing); Jenicca Gallagher(via teleconferencing); Lee Manchester
STAFF: Eliza Lake, CEO; Frank Mertes, CFO; Michael Purdy, CCCSO; Tabitha Griswold, Executive Assistant
ABSENT: Deb Leonczyk, Treasurer; Sony Bolton

Agenda Item	Summary of Discussion	Decisions/ Next Steps/ Person Responsible Due Date
Review of Minutes 12/12/2019	John Follet called the meeting to order at 5:38 pm. The minutes from the meeting of December 12, 2019 were reviewed. **Nancy Brenner moved to approve the December Board minutes. Alan Gaitenby seconded the motion.**	December 12, 2019 Board minutes were approved by all present
Finance Committee	• John Follet reported that in November there was a Net Operating deficit of $50K however, an overall deficit of $9K. The YTD results are slightly better due to capital grants and donations,including the new dental equipment installed that month. These results show that finances are doing better overall than last year due to operational improvements. Last year there was there was a $388K loss in operational revenue, whereas this year there is only a $210K loss, and the loss is still smaller than budget. Frank is not expecting that during the last month of the year there will be an improvement in the operational loss, and expects that it may grow somewhat. • Frank provided a brief final update from the CRO period of the HRSA OSV. There were slight modifications in wording to the SFDP policy to make it all inclusive for everyone, which was the intent, but it needed changes to clarify HCHC's	The Board voted unanimously to approve the finance committee report.

	language, without changing the intent, so that it would match HRSA's requirements. • Frank will have the budget ready by next month's meeting. The budget has come up a little short and he will be thinking about making it slightly more aspirational. John was happy to report that one of the aspirations that will be remain in the final version is a 2% pay increase for employees, but the exact terms of this will need to be worked out. • Every three years the bid goes out auditor for a new contract for a fiscal auditor. This will be the sixth year with the current auditors. Frank will be looking for feedback on keeping the same auditors versus moving ahead with a new firm, once bids come back. **Matt Bannister moved to approve the Finance report, Nancy Brenner seconded the motion.**	
CEO Report	• Eliza Lake noted that one of the shared services projects of C3 is the pooling of employer-sponsored health insurance, which would provide health center employees with cheaper/better health insurance coverage, greatly helping small health centers like HCHC. Eliza reported that there is involvement on the peripherys on this project but HCHC will be more involved when this and the other shared projects of C3 are better formed. • In the beginning of February, Eliza and Frank will meet with Cooley Dickinson to discuss the possible shared project. Since her CEO report was sent out the Williamsburg pharmacy announced that it is closing this week, which could play a role in the Cooley Dickinson conversation. • Eliza noted that Michael Purdy and team has done great work in developing a relationship with the local Northampton Head Start program, which is interested in accessing dental care for its enrollees. The progress is moving along quickly. • Eliza stated that Gail Mayeaux's initial value of the 340B pharmacy program may have been a little over optimistic, originally thought to bring in in over $100K a year in revenue, may be closer to $60K a year, as the fees are much higher	Tabitha will email nomination forms

	with CVS, the newest pharmacy added to the program with HCHC. • Eliza was happy to report that three of our providers were able to sign up in the Pioneer Valley TransEcho program. This is help to continue our progression of our strategic focus on the LGBTQ population. The DRIVE committee will soon be resurrected, with new interested staff. HCHC will also register for the May 2020 PRIDE parade at the end of March. • The first two telephone interviews for the Chief Operating Officer (COO) position were both very positive, one candidate being more qualified than the other. These initial interviews will continue this month with a few other candidates. Clinical Operations Manager (COM) initial telephone interviews are being scheduled. Michael is getting close to hiring the Clinical Administrator to support him. There is an interview being set up at the end of this month with a physician that is interested in medical director position as well. • The final OSV report contained only two conditions, one of which has already been addressed. Michael is working on the last condition with a corrected policy and training for during hours emergencies. Overall a very positive OSV report.	
Executive Committee	• John Follet reported that this committee has met to do initial work on CEO evaluation and will now meet with Eliza this month to complete the evaluation.	
Recruitment, Orientation & Nominating (RON) Committee	• Wendy reported that although this committee has not met, it will follow up with Sony Bolton to gauge his interest in becoming a member following last month's meeting.	
Credentialing/ Privileging Committee	• There is no longer a credentialing and privileging committee per last month's vote. Michael Purdy did not have any new credentials or privileging to report. This item will be removed from future Board agendas.	
Facilities Committee	• There have been ongoing issues in the past month with clogged septic system in Worthington. Senior Management is working on different messages to ensure proper use of the toilets there.	

Personnel Committee	• This committee has not met.	
Strategic Planning	• This committee will set a date to meet soon to develop the 2020-2023 Strategic Plan.	
Fundraising Committee	• Nancy Brenner reported that the committee will meet in the upcoming weeks with the new Development Director and discuss the Annual Report process.	
Quality Improve-ment/Risk Managemen t Committee	• Kathryn Jensen reported that the November meeting minutes included in this packet were reported on last month. The structure of the QI committee will be changing, as discussed in the last QI meeting that will be reported on next month. The QI policy is going to be revised and discussed at the upcoming QI meeting.	
Committee Reports	**Kathryn Jensen moved that the committee reports be approved. Alan Gaitenby seconded the motion.**	Committee reports presented at this meeting were approved unanimously.
Old Business	• John Follet wanted to update everyone that he has not heard back from previous Board member, Maya Bachmann following the letter sent informing of the Board's decision to remove her from Board.	
New Business	• The proposed 2020 BOD meeting schedule was presented to the Board. Some changes made to the schedule include rotating locations to avoid the majority of the membership traveling during the bad weather, and to ensure Zoom capacity in case of inclement weather months. Revised schedule will be sent out to everyone, and a meeting reminder sent out for the year. Eliza will follow up with Cooley Dickison Hospital and schedule a room for the meeting next month.	Eliza will follow up with the exact room for the next Board meeting at Cooley Dickinson
Executive Session	**Alan Gaitenby moved that the Board move to executive session and Lee Manchester seconded the motion.**	
Next Meeting	The meeting adjourned at 6:55pm. The next scheduled meeting is set for February 13, 2020 at 5:30pm at Cooley Dickinson Hospital, the room to be determined.	

Respectfully submitted,
Tabitha Griswold, Executive Assistant

HILLTOWN COMMUNITY HEALTH CENTERS
FINANCIAL SUMMARY FOR BOARD MEETING February 13, 2020

December 2019 Pre-Audit Results

In December 2019 we had a Net Operating deficit of $55,472 and an overall surplus of $1,180. This brought our YTD results to a Net Operating deficit to $265,840 and our overall Surplus to $81,732.

The December 2019 Net Operating deficit is $8,415 better than budgeted. This is mostly due to the reversal of the Musante rent accrual ($28K). This adjustment is the result of renegotiating the license to rent space in Amherst. We had accrued a total of approx. $81k. of which $53k related to prior years and $28k current year. The $28k reversal is included in the December Net operating results and the remaining prior year reversal of $53k is reflected as a lease forgiveness in net the non-operation activities on our monthly management financial statements.

The YTD Visit and Net Revenue per visit are summarized as follows:

YTD Visits	Act.	Bud.	Over (Under) Budget
Medical	17,397	17,510	(113)
Dental	16,198	18,249	(2,051)
Beh. Health	4,151	4,014	137
Optometry	2.324	2,395	(71)

YTD Net Rev. Per Visits	Act.	Bud.	Over (Under) Budget
Medical	143.44	143.19	.26
Dental	115.31	114.02	1.29
Beh. Health	89.46	85.66	3.80
Optometry	89.42	85.31	4.11

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

Hilltown CHC
Dashboard And Summary Financial Results
December 2019

	Actual FY 2016	Actual FY 2017	Actual FY 2018	Actual FY 2019	Notes on Trend	Cap Link TARGET	COMMENT
Liquidity Measures							
Operating Days Cash	16	7	9	4	Measures the number of days HCHC can cover daily operating cash needs.	> 30-45 Days	Not Meeting Benchmark
Current Ratio	1.96	1.24	0.83	0.99	Measures HCHC's ability to meet current obligations.	>1.25	Not Meeting Benchmark
Patient Services AR Days	33	33	36	28	Measures HCHC's ability to bill and collect patient receivables	< 60-75 Days	Doing Better than Benchmark
Accounts Payable Days	46	56	28	34	Measures HCHC's ability to pay bills	< 45 Days	Doing Better than Benchmark
Profitability Measures							
Net Operational Margin	-1.1%	-3.4%	-5.8%	-3.3%	Measures HCHC's Financial Health	> 1 to 3%	Not Meeting Benchmark
Bottom Line Margin	6.6%	9.6%	0.2%	1.0%	Measures HCHC's Financial Health but includes non-operational activities	> 3%	Not Meeting Benchmark
Leverage							
Total Liabilities to Total Net Assets	32.1%	29.2%	32.6%	25.4%	Measures HCHC's total Liabilities to total Net Assets	< 30%	Doing Better than Benchmark
Operational Measures							
Medical Visits	18,122	18,727	18,166	17,397			
Net Medical Revenue per Visit	$ 142.69	$ 134.56	$ 143.59	$ 143.44			
Dental Visits	14,398	14,880	15,537	16,198			
Net Dental Revenue per Visit	$ 104.66	$ 113.60	$ 112.76	$ 115.31			
Behavioral Health Visits	2,928	3,809	4,306	4,151			
Net BH Revenue per Visit	$ 98.69	$ 95.70	$ 87.74	$ 89.46			
Optometry Visits	2,282	2,329	2,381	2,324			
Net Optometry Revenue per Visit	$ 74.03	$ 79.61	$ 86.40	$ 89.42			
Avg Salary Per Weekday	$ 22,757	$ 24,209	$ 25,226	$ 24,236			

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

	Dec. 2019 Actual		Dec. 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	148,122		224,166		(76,044)		2,495,491		2,507,227		(11,736)		2,608,478		(112,987)
Visits	1,022		1,552		(530)		17,397		17,510		(113)		18,166		(769)
Revenue/Visit	$ 144.93	$	144.44	$	0.50	$	143.44	$	143.19	$	0.26	$	143.59	$	(0.15)
Patient Services - Dental	120,054		162,475		(42,421)		1,867,811		2,080,753		(212,942)		1,751,991		115,820
Visits	1,016		1,419		(403)		16,198		18,249		(2,051)		15,537		661
Revenue/Visit	$ 118.16	$	114.50	$	3.66	$	115.31	$	114.02	$	1.29	$	112.76	$	2.55
Patient Services - Beh. Health	23,961		29,145		(5,184)		371,345		343,843		27,502		377,787		(6,442)
Visits	251		335		(84)		4,151		4,014		137		4,306		(155)
Revenue/Visit	$ 95.46	$	87.00	$	8.46	$	89.46	$	85.66	$	3.80	$	87.74	$	1.72
Patient Services - Optometry	16,006		16,450		(444)		207,816		204,313		3,503		205,723		2,093
Visits	135		193		(58)		2,324		2,395		(71)		2,381		(57)
Revenue/Visit	$ 118.56	$	85.23	$	33.33	$	89.42	$	85.31	$	4.11	$	86.40	$	3.02
Patient Services - Optometry Hardware	3,064		7,000		(3,936)		84,762		86,163		(1,401)		83,791		971
Patient Services - Pharmacy	14,684		16,000		(1,316)		133,891		163,717		(29,826)		163,845		(29,954)
Quality & Other Incentives	24,883		20,276		4,607		70,498		40,396		30,102		49,111		21,387
HRSA 330 Grant	135,637		120,479		15,158		1,757,630		1,797,422		(39,792)		1,719,762		37,868
Other Grants & Contracts	83,581		56,741		26,840		873,200		753,754		119,446		877,929		(4,729)
Int., Dividends Gain /(Loss) Investments	9,637		2,530		7,107		64,937		67,360		(2,423)		(19,454)		84,391
Rental & Misc. Income	10		2,567		(2,557)		31,355		30,514		841		35,878		(4,523)
Total Operating Revenue	579,639		657,829		(78,190)		7,958,736		8,075,462		(116,726)		7,854,841		103,895
Compensation and related expenses																
Salaries and wages	435,329		489,975		(54,646)		5,445,237		5,735,206		(289,969)		5,696,977		(251,740)
Payroll taxes	31,541		37,483		(5,942)		417,140		441,632		(24,492)		426,074		(8,934)
Fringe benefits	39,310		41,579		(2,269)		463,249		497,462		(34,213)		460,938		2,311
Total Compensation & related expenses	506,180		569,037		(62,857)		6,325,626		6,674,300		(348,674)		6,583,989		(258,363)
No . of week days	(760)		(760)		-		261		261		-		261		-
Staff cost per week day	$ (666)	$	(749)	$	83	$	24,236	$	25,572	$	(1,336)	$	25,226	$	(990)

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

	Dec. 2019 Actual	Dec. 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	3,021	350	2,671	11,160	13,103	(1,943)	4,687	6,472
Bad debt	(3,370)	5,075	(8,445)	103,915	75,347	28,568	58,489	45,426
Computer support	4,894	6,537	(1,644)	77,679	78,126	(447)	84,529	(6,850)
Conference and meetings	990	405	585	11,245	4,539	6,706	4,660	6,585
Continuing education	2,993	3,870	(877)	29,349	41,600	(12,251)	24,628	4,721
Contracts and consulting	7,855	3,470	4,385	74,150	39,803	34,346	34,149	40,000
Depreciation and amortization	27,651	27,651	(0)	331,807	331,807	(0)	244,859	86,948
Dues and membership	4,285	3,134	1,151	34,127	36,289	(2,161)	30,754	3,373
Equipment leases	1,812	2,107	(295)	27,328	25,245	2,083	24,892	2,436
Insurance	2,128	2,119	9	25,329	25,417	(88)	23,556	1,773
Interest	1,258	1,320	(62)	15,951	16,369	(418)	17,858	(1,907)
Legal and accounting	4,804	2,888	1,917	34,667	33,250	1,417	31,964	2,702
Licenses and fees	4,610	4,660	(50)	46,734	53,983	(7,249)	55,530	(8,796)
Medical & dental lab and supplies	6,637	12,100	(5,463)	117,569	140,439	(22,870)	134,183	(16,613)
Merchant CC Fees	1,672	1,515	157	19,296	18,148	1,148	17,921	1,375
Office supplies and printing	3,961	3,586	375	40,100	41,023	(923)	43,172	(3,072)
Postage	2,181	1,575	606	17,615	18,846	(1,231)	18,009	(393)
Program supplies and materials	13,405	19,500	(6,095)	221,587	230,726	(9,139)	238,837	(17,250)
Pharmacy & Optometry COGS	6,892	10,340	(3,448)	121,626	120,182	1,444	119,361	2,265
Recruitment	4,514	225	4,289	38,125	1,350	36,775	340	37,785
Rent	(22,177)	5,538	(27,715)	62,143	67,908	(5,765)	102,057	(39,915)
Repairs and maintenance	17,054	14,064	2,989	168,090	163,192	4,898	180,955	(12,865)
Small equipment purchases	5,950	175	5,775	26,760	5,699	21,061	10,080	16,680
Telephone/Internet	13,872	13,696	176	158,465	164,279	(5,814)	141,729	16,735
Travel	5,409	2,280	3,129	31,761	25,294	6,467	24,079	7,681
Utilities	6,632	4,500	2,132	52,373	56,039	(3,666)	54,003	(1,630)
Loss on Disposal of Assets	-	-	-	-	-	-	-	-
Total Other Operating Expenses	128,931	152,679	(23,748)	1,898,950	1,828,004	70,947	1,725,279	173,671
Net Operating Surplus (Deficit)	**(55,472)**	**(63,887)**	**8,415**	**(265,840)**	**(426,842)**	**161,001**	**(454,427)**	**188,587**
NON-OPERATING ACTIVITIES								
Donations, Pledges & Contributions	3,740	-	3,740	170,070	430	169,640	65,594	104,476
Lease Forgiveness	52,912	-	52,912	52,912	-	52,912	-	52,912
Capital Grants	-	-	-	124,590	115,234	9,356	404,993	(280,403)
Net Non-operating Surplus (Deficit)	**56,652**	**-**	**56,652**	**347,572**	**115,664**	**231,908**	**470,587**	**(123,015)**
NET SURPLUS/(DEFICIT)	**1,180**	**(63,887)**	**65,067**	**81,732**	**(311,178)**	**392,909**	**16,160**	**65,572**

Hilltown Community Health Centers
Bad Debt as Percent of Revenue
YTD Ending December 2019

	Medical 1/1/2019 to 12/31/2019	Dental 1/1/2019 to 12/31/2019	BH 1/1/2019 to 12/31/2019	Optometry 1/1/2019 to 12/31/2019	Total 1/1/2019 to 12/31/2019	Total 1/1/2018 to 12/31/2018
Revenue						
Patient Services	$2,495,491.00	$1,867,811.00	$371,345.00	$207,816.00	$4,942,463.00	$4,943,979.00
Patient Services - Optometry Hardware	$0.00	$0.00	$0.00	$84,762.00	$84,762.00	$83,791.00
Total Patient Revenue	$2,495,491.00	$1,867,811.00	$371,345.00	$292,578.00	$5,027,225.00	$5,027,770.00
Bad debt	$43,057.00	$51,526.00	$4,185.00	$5,146.00	$103,914.00	$57,156.00
	1.7%	2.8%	1.1%	1.8%	2.1%	1.1%

Note Bad Debt expense includes current reserves for bad debt allowances and dirrect write off.

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

	Dec.		Dec. Budget		Over (Under) Budget		YTD		YTD Budget		Over (Under) Budget		PY YTD		Cur. v. PY YTD
Operating															
Medical	$	(35,981)	$	(26,629)		(9,352)	$	(318,715)	$	(487,192)		168,477	$	(208,063)	$ (110,652)
Dental		(35,343)		(24,061)		(11,282)		(217,421)		(117,571)		(99,850)		(305,735)	$ 88,314
Behavioral Health		(1,381)		(3,588)		2,207		77,002		13,169		63,833		40,817	$ 36,185
Optometry		298		(2,367)		2,665		(11,138)		(26,592)		15,454		(7,292)	$ (3,846)
Pharmacy		13,190		14,859		(1,669)		126,589		151,662		(25,073)		151,811	$ (25,222)
Community		(6,358)		(4,166)		(2,192)		(6,176)		(31,177)		25,001		(28,681)	$ 22,505
Fundraising		(1,062)		(4,958)		3,896		(34,312)		(59,363)		25,051		(68,879)	$ 34,567
Admin. & OH		11,165		(12,978)		24,143		118,331		130,222		(11,891)		(28,405)	$ 146,736
Net Operating Results	$	**(55,472)**	$	**(63,888)**	$	**8,416**	$	**(265,840)**	$	**(426,842)**	$	**161,002**	$	**(454,427)**	$ **188,587**
Non Operating															
Donations	$	3,740	$	-	$	3,740	$	170,070	$	430	$	169,640	$	65,594	$ 104,476
Lease Forgivness	$	52,912	$	-	$	52,912	$	52,912	$	-	$	52,912	$	-	$ 52,912
Capital Project Revenue		-		-		-		124,590		115,234		9,356		404,993	$ (280,403)
Total	$	**56,652**	$	**-**	$	**56,652**	$	**347,572**	$	**115,664**	$	**231,908**	$	**470,587**	$ **(123,015)**
Net	$	**1,180**	$	**(63,888)**	$	**65,068**	$	**81,732**	$	**(311,178)**	$	**392,910**	$	**16,160**	$ **65,572**

Hilltown Community Health Centers
Balance Sheet - Monthly Trend

	Actual Dec 2018	Actual Mar 2019	Actual Jun 2019	Actual Sep 2019	Actual Dec 2019	$ Change Dec. 2018 v. Dec 2019	% Change Dec. 2019 v. Dec 2020
Assets							
Current Assets							
Cash - Operating Fund	$ 197,997	$ 242,277	$ 127,634	$ 247,021	$ 91,217	$ (106,781)	-53.93%
Cash - Internally Restricted	6,152	12,404	16,974	115,136	106,622	100,470	1633.15%
Patient Receivables	945,217	1,013,085	1,003,848	1,047,726	824,152	(121,065)	-12.81%
Less Allow. for Doubtful Accounts	(109,786)	(133,664)	(182,145)	(187,240)	(152,858)	(43,072)	39.23%
Less Allow. for Contractual Allowances	(317,200)	(351,978)	(322,364)	(341,228)	(280,352)	36,848	-11.62%
A/R 340B-Pharmacist	32,188	11,707	27,251	17,410	24,643	(7,545)	-23.44%
A/R 340B-State	1,827	1,827	1,827	1,827	1,827	-	0.00%
Contracts & Grants Receivable	69,673	63,523	135,003	103,962	136,070	66,398	95.30%
Prepaid Expenses	14,866	20,962	71,882	30,204	22,557	7,691	51.73%
A/R Pledges Receivable	28,828	15,360	15,360	16,360	14,960	(13,868)	-48.11%
Total Current Assets	869,761	895,504	895,270	1,051,178	788,838	(80,923)	-9.30%
Property & Equipment							
Land	204,506	204,506	204,506	204,506	204,506	-	0.00%
Buildings	2,613,913	2,613,913	2,613,913	2,613,913	2,613,913	-	0.00%
Improvements	911,848	929,483	929,483	929,483	929,483	17,635	1.93%
Leasehold Improvements	1,933,674	1,933,674	1,933,674	1,933,674	1,933,674	-	0.00%
Equipment	1,288,156	1,293,868	1,293,868	1,370,069	1,410,385	122,229	9.49%
Construction in Progress	-	-	-	-	-	-	0.00%
Total Property and Equipment	6,952,096	6,975,444	6,975,444	7,051,644	7,091,960	139,864	2.01%
Less Accumulated Depreciation	(2,430,365)	(2,513,317)	(2,596,269)	(2,679,220)	(2,762,172)	(331,807)	13.65%
Net Property & Equipment	4,521,731	4,462,127	4,379,175	4,372,424	4,329,788	(191,943)	-4.24%
Other Assets							
Restricted Cash	53,713	53,721	53,748	53,780	53,713	0	0.00%
Pharmacy 340B and Optometry Inventory	11,811	13,494	13,540	14,723	11,684	(127)	-1.07%
Investments Restricted	6,661	7,446	7,861	8,088	8,729	2,068	31.04%
Investment - Vanguard	227,889	258,439	267,882	268,784	291,960	64,071	28.11%
Total Other Assets	300,074	333,100	343,031	345,374	366,087	66,012	22.00%
Total Assets	**$ 5,691,566**	**$ 5,690,731**	**$ 5,617,476**	**$ 5,768,976**	**$ 5,484,712**	**$ (206,854)**	**-3.63%**
Liabilities & Fund Balance							
Current & Long Term Liabilities							
Current Liabilities							
Accounts Payable	$ 164,918	$ 208,209	$ 299,353	$ 251,991	$ 213,782	$ 48,865	29.63%
Notes Payable	300,000	300,000	237,270	189,963	143,172	(156,828)	-52.28%
Sales Tax Payable	56	44	66	32	39	(17)	-30.13%
Accrued Expenses	60,334	51,693	54,879	84,056	1,409	(58,925)	-97.66%
Accrued Payroll Expenses	386,764	511,383	371,976	436,649	358,091	(28,673)	-7.41%
Payroll Liabilities	20,702	13,947	17,152	19,861	16,814	(3,888)	-18.78%
Unemployment Escrow	826	826	826	826	826	-	0.00%
Line of Credit ($100,000 Limit)	-	-	-	-	-	-	0.00%
Deferred Contract Revenue	120,296	143,579	123,018	112,271	62,223	(58,073)	-48.28%
Total Current Liabilities	1,053,896	1,229,681	1,104,540	1,095,650	796,356	(257,540)	-24.44%
Long Term Liabilities							
Mortgage Payable United Bank	167,900	163,512	159,117	154,684	150,205	(17,695)	-10.54%
Mortgages Payable USDA Huntington	176,837	173,542	170,253	166,912	163,487	(13,350)	-7.55%
Total Long Term Liabilities	344,737	337,054	329,370	321,596	313,692	(31,046)	-9.01%
Total Liabilities	**1,398,633**	**1,566,735**	**1,433,910**	**1,417,246**	**1,110,048**	**(288,586)**	**-20.63%**
Fund Balance / Equity							
Fund Balance Prior Period	4,292,933	4,123,996	4,183,566	4,351,730	4,374,665	81,732	1.90%
Total Fund Balance / Equity	4,292,933	4,123,996	4,183,566	4,351,730	4,374,665	81,732	1.90%
Total Liabilities & Fund Balance	**$ 5,691,566**	**$ 5,690,731**	**$ 5,617,476**	**$ 5,768,976**	**$ 5,484,712**	**$ (206,854)**	**-3.63%**
Current Ratio	**0.83**	**0.73**	**0.81**	**0.96**	**0.99**		

QI-RISK MANAGEMENT COMMITTEE
Location: Huntington Health Center
Date/Time: 12/17/2019 9:15am

TEAM MEMBERS: Jon Liebman, ANP; Franny Huberman, Behavioral Health Representative; Eliza Lake, CEO (via teleconferencing); MaryLou Stuart, Dental Representative; Tabitha Griswold, Executive Assistant (via teleconferencing); Cynthia Magrath, Practice Manager; Michael Purdy, CCCSO

ABSENT: Seth Gemme, Board Representative; Kathryn Jensen (chair), Board Representative; Kim Savery, Community Programs Representative;

Agenda Item	Summary of Discussion	Decision/ Next Steps/ Person Responsible/ Due Date
Review of November 5, 2019 Minutes	The meeting was called to order by Michael Purdy at 9:19 am. The minutes from November 5, 2019 meeting were reviewed. **Jon Liebman motioned to approve the November minutes, Cynthia Magrath seconded the motion**	November 5, 2019 Minutes were approved unanimously.
Old Business	There was no old business to report.	
Risk Management	• Michael Purdy reported on risk management. Michael reported that the biggest areas of concern continues to be in staffing. Currently, the dental department is down 1.5 dentists, and medical providers in the clinical dept. (exact number unknown at time of meeting). Michael reported that there is progress on hiring of new medical providers, but the department is still understaffed. In the community programs dept. there is not an executed contract with a new Children's Victim Advocate. • A discussion ensued regarding operational risks and their relevance to committee reporting. It was discussed that C3 metrics are quality initiatives instead of risk measures. • Michael suggested a quality project in revisiting the no-show rates. He proposed looking particularly at MHC but all sites for high risk patients that schedule an appointment then do not show. This would incorporate developing a tracking form for the initiative and tasking the committee with tracking progress. • Per suggestion of the HRSA Projects Officers, Eliza will work on making necessary changes to the QI Policy/Program and the bylaws that would make the QI Committee a staff Committee, and not a Board Committee. Michael would then report monthly on QI and risk management to the full Board. A discussion ensued on restructuring the committee • The Credentialing and Privileging policy was revised following the HRSA OSV recommendations and corrective action needs. The changes include removing Board membership from the Credentialing and Privileging committee. Michael will now report out at the Board meeting on any credentialing and privileging. Re-credentialing and re-privileging will also be done every three years instead of every two years.	
Dental Department	• Cynthia reported on the Dental Department, with Dr. Gill out on medical leave, the Dept. is now down 1.5 FTE Dentists. Dental Dept. hours in Amherst will be a	

	little less than they have been. In the Dental dashboard, sealant numbers are good, and decay rate for high risk patients is at 50 %. The decay percentage is largely due to time of year when children are leaving and new patients are coming in, who generally have cavities. Cynthia continues to track the correct coding for dashboard purposes. Eliza noted that dental data will be needed at the end of January for the NCC and in February for the UDS.	
Eye Care Department	• Michael reported on eye care, developing dashboard metrics. The dashboard has been difficult to develop as there were not dashboards from other Optometry departments to use as a template. Michael's dashboards will include diabetes measures as a focus. The peer review of charts in the department is behind.	
Behavioral Health Department	• Franny reported for the Behavioral Health Dept. and that continued efforts to fill the BH Care Coordinator position, which is currently in the interviewing stage. This position is needed to help handle the waitlist and insurance authorizations, greatly minimizing the risk in the department. The new full time BH Clinician is working on filling her schedule and hopefully minimizing the current waitlist by doing so. One quality measure that is being closely tracked is same day visits (SDV) which was recently implemented to help prioritize patients, making it a much better approach to managing the waitlist. Franny noted that she has participated in two different telehealth events, and would like to move that conversation forward through discussion at the next Dept. Head meeting next month. Her consensus from the few people she's talked to about it in her Dept. have been received favorably. Eliza noted that telehealth will be on the forefront for implementation starting in January. Jon Liebman had a conversation some time ago with Baystate regarding use of their psychiatrists and Eliza suggested maybe revisiting that conversation with them, instead of only talking with BHN. In the meantime, an internal meeting of everyone involved in setting up telehealth will be scheduled for January.	
Patient Satisfaction Surveys	• Michael presented Medical Patient Satisfaction Surveys, which were generally very positive. This survey is a self-selecting sample that receive an email with the link to the survey and shows a generally older population from the Huntington Health Center participating. A discussion ensued on improving sampling of population and some strategies to do so, such as tablets, kiosks, or paper surveys for patients to fill out while they wait. The survey is currently based on site, but it was suggested pulling based on provider, since providers tend to be a several sites. Eliza also suggested improving the sampling by changing the frequency of the patient satisfaction survey. Overall the responses for provider patient relationship questions were strong.	
Other	• In review of the QI calendar for next year, Eliza added quarterly deadlines for when dashboards are due. Dept. Heads will be responsible for sending out departmental dashboards to entire Committee, so that everyone has them for the discussion during the QI meeting. This will be a more efficient use of time so that the Committee has more time to devote to discussion of the quality initiatives. • Michael reported that the Clinical Admin position is currently in the phone interview process. There are five viable candidates, and Michael will be setting up in-person interviews in conjunction with a number of Dept. Heads, as they will be working with this hire as well.	
Adjourn	Michael Purdy moved that the meeting be adjourned, the meeting was adjourned at 10:01 am. The next meeting is scheduled for **Tuesday, January 21, 2020** at 9:15am at the Huntington Health Center.	

Respectfully submitted,
Tabitha Griswold, Executive Assistant

Goal Areas and Progress Reports

Goal 1: Health Care System Integration and Financing

1) *Accountable Care Organization (ACO) Engagement*:
   a) We continue to engage with C3 around possible shared services, including employer-sponsored health insurance, and the possibility of created a shared pharmacy program. Specifically, we have expressed an interest in the pharmacy program due to our difficulties in getting our contracted 340B pharmacies to accept Health Safety Net patients. We currently have one Walgreens that will do so, but this does not create enough access for our uninsured patients. Being part of a C3 pharmcy solution could address this problem, of which they are aware.
   b) All appearances are that C3 will end up with a shared loss for 2019 as a result of high utilization across all populations of patients. MassHealth has expressed a commitment to protecting Model Bs ACOs like C3, which means that we are paid for the services that our patients use by MassHealth and then things are tallied up at the end of the year. In simple terms, the people who have remained in MassHealth have been more acute than those who appear to have left. MassHealth may therefore adjust the expectations for the year, making our numbers better. The amount of adjustment will not be known until April 2020. As you know, these numbers have been bouncing around for months, and could for most of 2020 before they get settled and we know how much we may owe C3. C3 already recognized that its internal system is flawed if the organization makes money but all of its members lose money, so there are many moving parts, and I will try to keep the Board informed about the risks to the organization inherent in our membership.
2) *Hospital Engagement*:
   a) Senior Management is meeting with Cooley Dickinson on Tuesday the 11th to decide on our actions moving forward relative to a Williamsburg project. We will report on the outcome(s) at the Board meeting.
   b) I hope to be able to report some positive news on our conversations with MGH at the Board meeting, but we have reason to think that the effort will yield some support for our operational transformation efforts. Almost as importantly, our Partners contact has given us some ideas for other possible funding opportunities, which we are now pursuing.
3) *Electronic Health Record (EHR) transitions*: No change at this time.
4) *PCMH/NCQA/PCMH Prime certifications and transformation*:
   a) HCHC's Patient-Centered Medical Home (PCMH) certification from the National Council on Quality Assurance (NCQA) expires in December at the end of this year. This certification is critically important for a number of reasons, besides the obvious improvement in patient care:
      i) Our membership in C3 requires PCMH certification
      ii) HRSA's annual Quality Awards generally give about $30,000 to practices with certification
      iii) The Mass General Hospital's physician hospital organization (PHO), which we are now affiliated with through Cooley Dickinson's PHO, will reward us with about $3500 per MD per quarter if we are certified and are addressing certain quality measures.
      Given this, we are likely going to hire a consultant to help us maintain or improve our certification for the Worthington and Huntington sites, and achieve certification for the Amherst clinic. This will be a

tremendous amount of work, and we want to make sure that we are appropriately supporting the staff who have to pull the applications together.

Goal 2: HCHC Expansion
1) *Expanded Services***:**
   a) Office-Based Opioid Treatment (OBOT): Unable to implement without more providers.
   b) Telehealth: We are continuing to explore the best way to offer tele-psychiatry consults, with the goal of eventually offering virtual patient visits with a psychiatrist.
   c) Specialty Care: This primarily refers to the need for psychiatry.
   d) Portable services: We are continuing discussions with the Northampton Head Start program, with the plan of becoming the dental home to their Northampton and Amherst sites. We are one dentist short at the moment, so we need to ensure that we have the staffing capacity to provide the required services without affecting those we already provide at our own sites.
   e) Pharmacy: See note about pharmacy program development by C3 above. Also, any conversations with Cooley re: a new site will include a conversation about pharmacy access.

2) *Expanded Sites/Service Areas*:
   a) Amherst/John P. Musante Health Center: Attached please find the preliminary 2019 data for the Musante Health Center. As you can see, despite our challenges at the site, we provided 5,282 visits (medical, dental, and behavioral health) to about 1,300 patients. The demographics of the patient population are definitely different than what we see in the Hilltowns, with 32% of medical patients on MassHealth and 11% uninsured, up to 28% of patients Hispanic/Latino, and another 23% not Caucasian. Dental patients came from 79 different ZIP codes. Given that we projected 2,700 patients with 10,000 visits after three years, I think that we are actually doing relatively well. We will not meet those numbers, however, if we cannot find more providers.
   b) Westfield, Northampton, Ware, or other sites: See notes re Portable Services above. Also, have talked with CHC of Franklin County about a site visit to better understand their hospital-based dental program. This would be part of our effort to expand some services to Noble Hospital, where we have been offered possible space.

3) *Patient Populations***:** As can be seen in the Amherst data presented above, we have definitely expanded into a more diverse patient population at that site than the organization has historically served. The Strategic Plan specifically mentions increased outreach to increase overall patient numbers, and while we have had to slow these efforts in recognition of our provider shortages, preliminary UDS data shows that we saw about 9,600 patients in 2019, which is about 900 more than in 2018. Once verified, this number would be largest number of patients see in a year in HCHC history. Another goal was to increase our outreach and ability to serve the LGBTQ+ population. We have submitted our Health Equality Index application, but believe that we did not have sufficient numbers of staff trained through their programs in time to get the same certification this year. In part, this was due to the very slow review process last year, which caused us to lose a lot of momentum, and also due to turnover on our DRIVE Committee, which was pushing the process through. We will maintain focus this year, so that we can become recertified as soon as possible.

4) *Community Collaborations***:** Our efforts with community partners around issues of food security have expanded over the last year, with increased involvement by our Community Programs Director in regional efforts. We are currently collaborating with Cooley Dickinson and the Healthy

Hampshire program to submit an application for state funding to create a Hampshire County Food Policy Council, which would bring together stakeholders at both the county, municipal, and community level to address policy barriers to food access, as well as add to current efforts to increase training and leadership development opportunities for those most impacted by food insecurity. Regardless of the possibility of longer-term funding for these efforts, we will continue to focus on this issues, which is one of importance to our patients across the county.

Goal 3: Improved Organizational Infrastructure

1) *Financial Stability:* As you will have seen in the Financial report, 2019 ended where Frank had predicted – better than budget and much better than last year, but still with a significant loss. The budget for 2020, which we will discuss at the Board meeting, does not show a dramatic turnaround, but is an attainable and realistic prediction of the year. Again, without sufficient providers, it will be hard to improve the outlook dramatically, but we will continue our recruitment efforts and hope that before the end of the year things will have improved, and that we will beat the budget again.

2) *Staff Development and Support:*
   a) It makes me very, very happy to announce that Vickie Wilson, Director of Nursing at the Huntington Health Center, has been chosen as one of two winners statewide for a Massachusetts League of Community Health Centers Employee Award! This award is for health center employees who "exemplify, through his or her work, the professional excellence, the commitment, and the compassion, which are representative of the community health center network and its delivery of health care services." Vickie truly embodies these qualities, and she richly deserves this honor.
   b) We have completed the initial in-person interviews for the COO position and are scheduling second interviews, which will include a meeting with all of the people who will report to the new position. We are very excited about two of the final candidates, and hope that by the next meeting we will be able to announce that the position has been filled.
   c) The Behavioral Health Coordinator and Clinical Administrative Assistant/Eye Business Coordinator positions have both been filled, and we are happy that both were internal promotions from the Front Desk staff. This will, of course, put more pressure on the Front Desk manager to hire replacements, but we are happy to have created a way for our best staff members to progress without leaving the organization.
   d) In January, we held an All Staff meeting and training (which I unfortunately missed due to the flu) at which Michael provided a training on Corporate Compliance, including whistleblower connections, and the State Police trained the staff on active shooter preparedness. We will be holding drills and further training on emergency preparedness throughout the year.

3) *Facilities Improvement and Expansion:* No new reports at this time.

4) *Information Technology (IT) Improvement and Expansion:* No new reports at this time.

Other reports:

1) *HRSA OSV Follow-up:*
   a) The only condition remaining on our grant is the requirement that we develop a procedure and training to respond to emergencies during business hours. While this initially seemed like a

simple task for the Medical Department, Michael has determined that ensuring that all departments have a comprehensive and appropriate procedure is more complicated.

b) We will also begin the process of implementing our Diabetes Action Plan in the next month, and have used the plan as the basis for our quality effort required by the Mass General/Cooley Dickinson PHO – we're always looking for ways to not do redundant efforts.

c) Finally, your Board packets included draft language for the new Quality Program, which was approved by the QI/RM Committee. I have also taken the liberty of making the changes that this new Quality Program would require of the organization's Bylaws. I believe that the Board will need to approve the Bylaws before the QI Program can be approved, as they would otherwise be in conflict. We will discuss this on Thursday.

2) ***330 Non-Compete Continuation Grant Application/Budget Period Report:*** You received a full copy of the application that we submitted in January for the continuation of our federal funding. The Board needs to vote to approve its submission, with the understanding that while this has already occurred, the Board is fully aware of what the application contained.

3) ***Legislative Outreach:*** I met today with State Representative Mindy Domb to discuss the data that I have attached here about the Musante Health Center, and to strategize about this year's budget process and how we could potentially increase the amount of the earmark that we receive. She was extremely helpful, and I will be pursing her suggestions this month, as well as connecting her with other people who can help her better understand the challenges we face (particularly around the issue of loan repayment).

4) ***Board Engagement:*** John Follet and I met last week to talk about how Senior Management and I can best engage with the Board and ensure that you have the tools you need to fulfill your governance obligations. You will have noticed the new format for both the agenda and this report (the structure for which more closely follows our Strategic Plan). We will spend some time on Thursday discussing how to make my written and oral reports most helpful, and the reinstitution of presentations by HCHC staff.

📋 SF-PPR - Review

▼ **NCC Progress Report Tracking # : 00171153**

Grant Number: H80CS00601

Project Officer: Ortiz, Gloria

Last Updated By: Lake, Eliza 1/17/2020 3:38:53 PM

Original Deadline: 01/20/2020

Project Officer Email: gortiz@hrsa.gov

Due Date: 01/20/2020 | Status: Submitted

Created On: 11/18/2019

Project Officer Contact #: (301) 443-1915

▼ **Resources** ⧉

View

NCC Progress Report | Last NoA | Program Instructions | NCC User Guide | Program Specific Information

---

SF-PPR   [Go]

Grantee Organization Information			
Federal Agency and Organization Element to Which Report is Submitted	Health Resources and Services Administration (HRSA)	**Federal Grant or Other Identifying Number Assigned by Federal Agency**	H80CS00601
DUNS Number	079232393	**Employer Identification Number (EIN)**	042161484
Recipient Organization (Name and complete address including zip code)	Hilltown Community Health Centers, Inc., 58 OLD NORTH ROAD, WORTHINGTON Massachusetts 01098 - 9753	**Recipient Identifying Number or Account Number**	171153
Project / Grant Period	Start Date : 06/01/2002 End Date : 05/31/2021	**Reporting Period End Date**	06/01/2021
Report Frequency	[X] annual [ ] semi-annual [ ] quarterly [ ] other		

Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.			
Typed or Printed Name and Title of Authorized Certifying Official	Eliza B Lake , Authorizing Official	**Telephone** (area code, number and extension)	(413) 238-4128
Email Address	elake@hchcweb.org	**Date Report Submitted** (Month, Day, Year)	01/17/2020

[Close Window]

📝 SF-PPR-2 (Cover Page Continuation) - Review

▼ **NCC Progress Report Tracking # : 00171153**

Due Date: 01/20/2020 | Status: Submitted

Grant Number: H80CS00601	**Original Deadline:** 01/20/2020	**Created On:** 11/18/2019
Project Officer: Ortiz, Gloria	**Project Officer Email:** gortiz@hrsa.gov	**Project Officer Contact #:** (301) 443-1915
Last Updated By: Lake, Eliza 1/17/2020 3:38:53 PM		

▼ **Resources** ⬈

View

NCC Progress Report | Last NoA | Program Instructions | NCC User Guide | Program Specific Information

SF-PPR-2 (Cover Page Continuation)   [Go]

Supplemental Continuation of SF-PPR Cover Page

Department Name		**Division Name**	
Name of Federal Agency	Health Resources and Service Administration	**Funding Opportunity Number**	5-H80-20-006
Funding Opportunity Title	Health Center Program		

Lobbying Activities

Have you paid any funds for any lobbying activities related to this grant application (progress report)? Reminder, no Federal appropriated funds may be used for lobbying.

○ Yes
◉ No

▼ **OMB SF-LLL Disclosure of Lobbying Activities Form**

No documents attached

Areas Affected by Project (Cities, County, State, etc.)

Area Type	Affected Area(s)
MA-01	Other
MA-01	Other

Point of Contact (POC) Information

Title of Position	Name	Phone	Email
Point of Contact	Eliza B Lake	(413) 238-4128	elake@hchcweb.org

[Close Window]

Form 1C - Documents On File

00171153: Hilltown Community Health Centers, Inc.

Due Date: 01/20/2020 (Due In: 3 Days)

Announcement Number: 5-H80-20-006	**Announcement Name:** Health Center Program	**Progress Report Type:** Noncompeting Continuation
Grant Number: H80CS00601	**Target Population:** Community Health Centers	**Current Project Period:** 6/1/2018 - 5/31/2021

▼ **Resources** ⬀

Management and Finance	Date of Last Review/Revision (maximum 100 characters)	Not Applicable (N/A)
Personnel policies, including selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices.	07/11/2019	
Procurement procedures.	12/12/2019	
Standards of Conduct/Conflict of Interest policies/procedures.	12/12/19	
Financial Management/Accounting and Internal Control policies and/or procedures to ensure awarded Health Center Program federal funds are not expended for restricted activities.	12/12/2019	
Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds for the purchase of sterile needles or syringes for the hypodermic injection of any illegal drug.[1] (Only applicable if your organization provides syringe exchange services or is otherwise engaged in syringe service programs; otherwise, indicate as N/A).	12/12/19	[_]
Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds to provide abortion services, except in cases of rape or incest or where there is a threat to the life of the mother.[2] (Only applicable if your organization provides abortion services; otherwise, indicate as N/A).	12/12/2019	[_]
Billing and Collections policies/procedures, including those regarding waivers or fee reductions and refusal to pay.	03/07/2019	

Services	Date of Last Review/Revision (maximum 100 characters)	Not Applicable (N/A)
Credentialing/Privileging operating procedures.	12/12/2019	
Coverage for Medical Emergencies During and After Hours operating procedures.	12/12/2019	
Continuity of Care/Hospital Admitting operating procedures.	02/07/2019	
Sliding Fee Discount Program policies, operating procedures, and sliding fee schedule.	12/12/2019	
Quality Improvement/Assurance Program policies and operating procedures that address clinical services and management, patient safety, and confidentiality of patient records.	09/12/2019	

Governance	Date of Last Review/Revision (maximum 100 characters)	Not Applicable (N/A)
Governing Board Bylaws.	08/08/2019	
Co-Applicant Agreement (Only applicable to public entity health centers; otherwise, indicate as N/A.)	N/A	[_]

Form 5A - Required Services Provided

00171153: Hilltown Community Health Centers, Inc.

Due Date: 01/20/2020 (Due In: 3 Days)

Announcement Number: 5-H80-20-006	**Announcement Name:** Health Center Program
Grant Number: H80CS00601	**Target Population:** Community Health Centers

Progress Report Type: Noncompeting Continuation
Current Project Period: 6/1/2018 - 5/31/2021

▼ **Resources** ⤢

Form 5A - Required Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
General Primary Medical Care	[X]	[_]	[_]
Diagnostic Laboratory	[X]	[_]	[X]
Diagnostic Radiology	[_]	[_]	[X]
Screenings	[X]	[_]	[X]
Coverage for Emergencies During and After Hours	[X]	[_]	[_]
Voluntary Family Planning	[X]	[_]	[_]
Immunizations	[X]	[_]	[_]
Well Child Services	[X]	[_]	[_]
Gynecological Care	[X]	[_]	[X]
Obstetrical Care			
Prenatal Care	[_]	[_]	[X]
Intrapartum Care (Labor & Delivery)	[_]	[_]	[X]
Postpartum Care	[_]	[_]	[X]
Preventive Dental	[X]	[_]	[_]
Pharmaceutical Services	[_]	[X]	[X]
HCH Required Substance Use Disorder Services	[_]	[_]	[_]
Case Management	[X]	[_]	[_]
Eligibility Assistance	[X]	[_]	[_]
Health Education	[X]	[_]	[_]
Outreach	[X]	[_]	[_]
Transportation	[X]	[_]	[_]
Translation	[X]	[X]	[_]

Form 5A - Additional Services Provided

00171153: Hilltown Community Health Centers, Inc.

Due Date: 01/20/2020 (Due In: 3 Days)

Announcement Number: 5-H80-20-006
Grant Number: H80CS00601

Announcement Name: Health Center Program
Target Population: Community Health Centers

Progress Report Type: Noncompeting Continuation
Current Project Period: 6/1/2018 - 5/31/2021

▼ **Resources** ⬈

Form 5A - Additional Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Additional Dental Services	[X]	[_]	[_]
Behavioral Health Services			
Mental Health Services	[X]	[_]	[_]
Substance Use Disorder Services	[X]	[_]	[_]
Optometry	[X]	[_]	[_]
Recuperative Care Program Services	[_]	[_]	[_]
Environmental Health Services	[_]	[_]	[_]
Occupational Therapy	[_]	[_]	[_]
Physical Therapy	[_]	[_]	[X]
Speech-Language Pathology/Therapy	[_]	[_]	[_]
Nutrition	[X]	[_]	[_]
Complementary and Alternative Medicine	[X]	[_]	[_]
Additional Enabling/Supportive Services	[X]	[_]	[_]

Form 5A - Specialty Services Provided

00171153: Hilltown Community Health Centers, Inc.

Due Date: 01/20/2020 (Due In: 3 Days)

Announcement Number: 5-H80-20-006

Grant Number: H80CS00601

Announcement Name: Health Center Program

Target Population: Community Health Centers

Progress Report Type: Noncompeting Continuation

Current Project Period: 6/1/2018 - 5/31/2021

▼ **Resources** ⤴

Form 5A - Specialty Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Podiatry	[_]	[_]	[_]
Psychiatry	[_]	[_]	[X]
Endocrinology	[_]	[_]	[_]
Ophthalmology	[_]	[_]	[_]
Cardiology	[_]	[_]	[_]
Pulmonology	[_]	[_]	[_]
Dermatology	[_]	[_]	[_]
Infectious Disease	[_]	[_]	[_]
Gastroenterology	[_]	[_]	[_]
Advanced Diagnostic Radiology	[_]	[_]	[_]

Form 5B - Service Sites

00171153: Hilltown Community Health Centers, Inc.

Announcement Number: 5-H80-20-006	**Announcement Name:** Health Center Program	**Progress Report Type:** Noncompeting Continuation
Grant Number: H80CS00601	**Target Population:** Community Health Centers	**Current Project Period:** 6/1/2018 - 5/31/2021

▼ **Resources** ⬈

As of 01/17/2020 03:39:14 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

John P. Musante Health Center (BPS-H80-017081) Action Status: Picked from Scope

Site Name	John P. Musante Health Center	**Physical Site Address**	70 Boltwood Walk, Amherst, MA 01002-2271
Site Type	Service Delivery Site	**Site Phone Number**	(413) 835-4980
Web URL	www.hchcweb.org		
Location Type	Permanent	**Site Setting**	All Other Clinic Types
Date Site was Added to Scope	9/30/2015	**Site Operational By**	6/11/2018
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	**FQHC Site Medicare Billing Number**	221949
FQHC Site National Provider Identification (NPI) Number		**Total Hours of Operation**	40
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations		**Number of Intermittent Sites**	0
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes	01096, 01008, 01060, 01002, 01062, 01040, 01004, 01330, 01085, 01070, 01375, 01373, 01098, 01027, 01050, 01035, 01075, 01007

WORTHINGTON HEALTH CENTER (BPS-H80-003922) Action Status: Picked from Scope

Site Name	WORTHINGTON HEALTH CENTER	**Physical Site Address**	58 Old North Rd, Worthington, MA 01098-9753
Site Type	Service Delivery Site	**Site Phone Number**	(413) 238-5511
Web URL	www.hchcweb.org		
Location Type	Permanent	**Site Setting**	All Other Clinic Types
Date Site was Added to Scope	1/7/1976	**Site Operational By**	1/7/1976
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	**FQHC Site Medicare Billing Number**	221809
FQHC Site National Provider Identification (NPI) Number	1740268051	**Total Hours of Operation**	50
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations		**Number of Intermittent Sites**	0
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes	01012, 01070, 01085, 01084, 01026, 01050, 01201, 01098, 01270, 01096, 01011, 01235

GATEWAY SCHOOL BASED HLTH CENTER (BPS-H80-002432)   Action Status: Picked from Scope

Site Name	GATEWAY SCHOOL BASED HLTH CENTER	Physical Site Address	12 Littleville Rd, Huntington, MA 01050-9761
Site Type	Service Delivery Site	Site Phone Number	(413) 667-0142
Web URL	www.hchcweb.org		
Location Type	Seasonal	Site Setting	School
Date Site was Added to Scope	1/11/1998	Site Operational By	9/8/1997
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	221938
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	30
Months of Operation	May, June, September, October, January, February, March, April, November, December		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes	01071, 01050, 01008, 01011

HUNTINGTON HEALTH CENTER (BPS-H80-003134)   Action Status: Picked from Scope

Site Name	HUNTINGTON HEALTH CENTER	Physical Site Address	73 Russell Rd, Huntington, MA 01050-9777
Site Type	Service Delivery Site	Site Phone Number	(413) 667-3009
Web URL	www.hchcweb.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/6/1987	Site Operational By	1/6/1987
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	221840
FQHC Site National Provider Identification (NPI) Number	1518946904	Total Hours of Operation	64
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

Organization Information

No Organization Added

Service Area Zip Codes	01098, 01034, 01085, 01008, 01027, 01089, 01077, 01050, 01071, 01223, 01011

Hilltown Community Center (BPS-H80-017990)   Action Status: Picked from Scope

Site Name	Hilltown Community Center	Physical Site Address	9 Russell Rd, Huntington, MA 01050-9774
Site Type	Administrative	Site Phone Number	(413) 667-2203
Web URL	www.hchcweb.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	5/23/2016	Site Operational By	

FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	0
Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		

Organization Information
No Organization Added

Service Area Zip Codes	

Form 5C - Other Activities/Locations

Announcement Number: 5-H80-20-006	**Announcement Name:** Health Center Program	**Progress Report Type:** Noncompeting Continuation
Grant Number: H80CS00601	**Target Population:** Community Health Centers	**Current Project Period:** 6/1/2018 - 5/31/2021

Resources ☒

Activity/Location Information

Type of Activity	Portable Clinical Care
Frequency of Activity	The health center has mobile clinic services that are provided about about once/week during the school year, depending on the service,. Portable clinical services - BP clinics, flu shot clinics, dental clinics, and home visiting - are provided on a monthly, annual, or as needed basis.
Description of Activity	The mobile services include: - a dental clinic that does exams, imaging, hygiene, and restorative care to school-aged children in a room provided by the school; - a behavioral health provider that provides services in community locations such as schools, community center(s), and immigrant education programs. - a medical clinic to provide annual physicals and childhood immunizations on-site- nurses conduct BP clinics and flu clinics for local elders - nurses and PCPs provide occasional home visits for patients who cannot come to the clinic due to transportation or other barriers to accessi
Type of Location(s) where Activity is Conducted	The actual places vary from week to week without any consistency, with the exception of the schools located within the service area. The location depends on the needs.

Activity/Location Information

Type of Activity	Non-Clinical Outreach
Frequency of Activity	Daily
Description of Activity	Outreach and enrollment activities that raise awareness of affordable insurance options and provide eligibility and enrollment assistance to uninsured patients and residents in our service area. Domestic violence victim advocacy to provide access to safety planning, and victim assistance. Family Support services provide education and resources for parents and pre-school-aged children.
Type of Location(s) where Activity is Conducted	Locations that are most convenient and accessible to consumers, which could include the consumers' homes or workplaces, community venues, or one of HCHC's sites.

Scope Certification

00171153: Hilltown Community Health Centers, Inc.

Due Date: 01/20/2020 (Due In: 3 Days)

Announcement Number: 5-H80-20-006   **Announcement Name:** Health Center Program   **Progress Report Type:** Noncompeting Continuation

Grant Number: H80CS00601   **Target Population:** Community Health Centers   **Current Project Period:** 6/1/2018 - 5/31/2021

▼ **Resources** ⤤

As of 01/17/2020 03:39:23 PM

OMB Number: 0915-0285   **OMB Expiration Date:** 9/30/2016

1. Scope of Project Certification - Services – Select only one below

[X] By checking this option, I certify that I have reviewed my Form 5A: Services Provided and it accurately reflects all services and service delivery methods included in my current approved scope of project.

[ ] By checking this option, I certify that I have reviewed my Form 5A: Services Provided and it requires changes that I have submitted through the change in scope process.

2. Scope of Project Certification - Sites – Select only one below

[X] By checking this option, I certify that I have reviewed my Form 5B: Service Sites and it accurately reflects all sites included in my current approved scope of project.

[ ] By checking this option, I certify that I have reviewed my Form 5B: Service Sites and it requires changes that I have submitted through the change in scope process.

▼   **00171153: Hilltown Community Health Centers, Inc.**   **Due Date: 01/20/2020 (Due In: 3 Days)**

Announcement Number: 5-H80-20-006   **Announcement Name:** Health Center Program   **Progress Report Type:** Noncompeting Continuation
Grant Number: H80CS00601   **Target Population:** Community Health Centers   **Current Project Period:** 6/1/2018 - 5/31/2021

▼   **Resources** 🔗

As of 01/17/2020 03:39:26 PM
OMB Number: 0915-0285 **OMB Expiration Date:** 9/30/2016

Program Narrative Update - Environment and Organizational Capacity

▼ Environment

Discuss current major community, state, and/or regional changes, since the last budget period, that have directly impacted and/or have the potential to impact the progress of the funded project, including changes in:

- Service area demographics and shifting patient population needs;
- Major health care providers in the service area;
- Key community partnerships and collaborations; and
- Changes in insurance coverage, including Medicaid, Medicare, and the Children's Health Insurance Program (CHIP).

In 2019, HCHC and two local hospital systems completed their Community Needs Assessments, and all found common themes regarding the healthcare needs of residents of HCHC's service area. Chronic health conditions continue to be diabetes, cardiovascular disease, cancer, obesity, asthma, and mental health issues, including SUD and OUD. In addition, respondents to HCHC's community needs assessment survey ranked lack of insurance (54%) and inability to pay copays as the top barriers to seeking treatment for medical or dental issues. HCHC is seeing more patient delay or refuse care because they cannot afford to pay these non-premium costs. Locally, two large hospital systems have been aggressively recruiting and marketing their services, which has created greater challenges for recruiting and retaining staff at the health center. A maldistribution of primary care providers leaves rural areas like the Hilltowns particularly hard hit. This has a real impact on our ability to implement new initiatives, or even maintain the continuity of patient care that we would like. The target population and service area demographics have continued to shift at the community level to include an increased number of patients from previously underserved, ethnically diverse populations. HCHC continues to address patient needs through the hiring of bilingual staff, and has recently implemented tele-interpretation services to increase access.HCHC is a member of an FQHC-only Medicaid ACO, Community Care Cooperative. Over the last year, numerous financial and operational assumptions of the state's program have been called into question and adjusted, and making it difficult to truly assess the impact of the program. For instance, many more enrollees dropped out of the ACO program than expected, leaving a more acute, and more expensive, population to serve. DSRIP funds are diminishing over the next two years, but C3 is exploring many options for supporting its members through shared services.

▼ Organizational Capacity

Discuss current major changes, since the last budget period, in the organization's capacity that have impacted or may impact the progress of the funded project, including changes in:

- Staffing, including key vacancies;
- Board membership changes;
- Operations, including changes in policies and procedures since the last operational site visit;
- Systems, including financial, clinical, and/or practice management systems; and
- Financial status, including the most current audit findings, as applicable.

With the rollout of expanded behavioral health services for existing and new patients, HCHC's newest site, the John P. Musante Health Center ramping up patient services over the past year, and the integration of nutritional, optometric, dental, and behavioral health services at the Gateway Regional School Based Health Center (SBHC) coming online, the number of providers and support staff needed has increased. After an operational assessment conducted with the support of our PCA, we have developed a new organization structure to respond to our rapid growth, and therefore recently created new positions for a COO, Clinical Operation Manager, and other management support positions; hiring is expected to be complete by March 1st. In recognition of its larger service area, HCHC has added new Board members from communities served by its new site, and continues to look for more members that better reflect the diversity of its patient population. Through the hiring of a

new COO and Clinical Operations Manager, HCHC is committed to improving its clinical workflows and operational efficiency. Recent developments have included new efforts toward middle management training and support, and improved intra-organizational communication. HCHC's financial status is stronger than in 2018 and continued financial stability is anticipated.

Program Narrative Update - Telehealth

▼ **Telehealth**

Describe how you use telehealth[1] to:

- **Communicate with patients at other clinical locations;**
- **Communicate with providers and staff at other clinical locations;**
- **Receive or perform clinical consultations;**
- **Send and receive health care information from mobile devices to remotely monitor patients (i.e., mobile health, mHealth[2]); and**
- **Provide virtual health care services (list all services that are provided via telehealth).**

Note:

[1] **Telehealth is defined as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.**

[2] **For more information, see http://www.telehealthtechnology.org/toolkits/mhealth.**

In the last six months, HCHC has implemented (with the help of its Medicaid Accountable Care Organization) a system of eConsults for its PCPs. Providers can include specific questions in their referrals for specialty care, and within 24-48 hours will receive responses from a specialist contracted by the eConsult service. PCPs have found this to be extremely helpful in managing patient care, and while it has only been a few months, believe that it has reduced the need for specialist visits. This is important for creating access to care for our rural patients, who often do not have the means to travel the distances required to visit a specialist, and who often must wait months for a specialist who will accept their insurance, even in cases of urgent referrals. HCHC has also implemented the use of video interpretation, with a current focus on patients who require American Sign Language interpretation. This has also increased access, as they do not have to wait for an in-person interpretation service to be scheduled, and has decreased cost for the health center.We are developing, with the support of our IBHS funding, a contract with a local behavioral health agency that will ensure access to a psychiatrist for provider consults and patient virtual visits. We are first hiring a coordinator with IBHS funds to coordinate the program.Finally, HCHC installed a new teleconferencing system at its three main sites, which has greatly facilitated intra-organizational communication, including provider consultation and support, board activities, staff training, QI initiatives, and community engagement. We anticipate this becoming a significant mode of communication in the future, given the large geographic distance between sites, increasing efficiency and efficacy of staff time.

Program Narrative Update - Patient Capacity and Supplemental Awards

▼ **Patient Capacity**

Referencing the % Change 2016-2018 Trend, % Change 2017-2018, and % Progress Toward Goal columns:

Discuss trends in unduplicated patients served and report progress in reaching the projected number of patients. In the Patient Capacity Narrative column, explain any negative trends or limited progress toward the projected patient goals.

Notes:

- **2016-2018 Patient Number data are pre-populated from Table 3a in the UDS Report.**
- **The Projected Number of Patients value is pre-populated from the Patient Target noted in the Patient Target Management Module in HRSA EHBs. If you have questions related to your Patient Target, contact the Patient Target Response Team at BPHCPatientTargets@hrsa.gov. To formally request a change in your Patient Target, you must submit a request via the Patient Target Management Module in HRSA EHBs.**

Project Period: 6/1/2002 - 5/31/2021

Unduplicated Patients	2016 Patient Number	2017 Patient Number	2018 Patient Number	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% Progress Toward Goal	Projected Number of Patients	Patient Capacity Narrative
Total Unduplicated Patients	8019	8084	8571	6.88%	6.02%	92.66%	9250	Based on our ongoing analysis of our 2019 UDS report, the continued growth of new patient numbers at our Amherst site, the expansion of behavioral health services to new patients, and the integration of nutritional, optometry, dental, and behavioral health services at the Gateway Regional School Based Health Center, we continue to be on track to meet our goal.

Project Period: 6/1/2002 - 5/31/2021

Unduplicated Patients	2016 Patient Number ⓘ	2017 Patient Number ⓘ	2018 Patient Number ⓘ	% Change 2016-2018 Trend ⓘ	% Change 2017-2018 Trend ⓘ	% Progress Toward Goal ⓘ	Projected Number of Patients	Patient Capacity Narrative

Project Period: 6/1/2002 - 5/31/2021

Special Populations	2016 Patient Number ⓘ	2017 Patient Number ⓘ	2018 Patient Number ⓘ	% Change 2016-2018 Trend ⓘ	% Change 2017-2018 Trend ⓘ	% Progress Toward Goal ⓘ	Projected Number of Patients	Patient Capacity Narrative
Total Migratory and Seasonal Agricultural Worker Patients	0	0	0	Data not available	Data not available	Data not available	0 (This number has been calculated by adding the following patient projections: FY 2018 SAC = 0)	Not applicable.
Total People Experiencing Homelessness Patients	0	0	0	Data not available	Data not available	Data not available	0 (This number has been calculated by adding the following patient projections: FY 2018 SAC = 0)	Not applicable.
Total Public Housing Resident Patients	0	0	0	Data not available	Data not available	Data not available	0 (This number has been calculated by adding the following patient projections: FY 2018 SAC = 0)	Not applicable.

Project Period: 6/1/2002 - 5/31/2021

Patients and Visits by Service Type	2016 Patient Number ⓘ	2017 Patient Number ⓘ	2018 Patient Number ⓘ	% Change 2016-2018 Trend ⓘ	% Change 2017-2018 Trend ⓘ	% Progress Toward Goal ⓘ	Projected Number of Patients	Patient Capacity Narrative
Total Medical Services Patients	5174	5200	5392	4.21%	3.69%	90.62%	5950 (This number has been calculated by adding the following	We remain on track to meet this goal.

Project Period: 6/1/2002 - 5/31/2021

Patients and Visits by Service Type	2016 Patient Number ⓘ	2017 Patient Number ⓘ	2018 Patient Number ⓘ	% Change 2016-2018 Trend ⓘ	% Change 2017-2018 Trend ⓘ	% Progress Toward Goal ⓘ	Projected Number of Patients	Patient Capacity Narrative
							patient projections: FY 2018 SAC = 5950)	
Total Dental Services Patients	4527	4610	5014	10.76%	8.76%	81.13%	6180 (This number has been calculated by adding the following patient projections: FY 2018 SAC = 6180)	We remain on track to meet this goal.
Total Mental Health Services Patients	341	465	472	38.42%	1.51%	83.10%	568 (This number has been calculated by adding the following patient projections: FY 2018 SAC = 568)	We remain on track to meet this goal.
Total Substance Use Disorder Services Patients	0	0	0	Data not available	Data not available	Data not available	0 (This number has been calculated by adding the following patient projections: FY 2018 SAC = 0)	Not applicable.
Total Enabling Services Patients	737	1269	1054	43.01%	-16.94%	140.53%	750 (This number has been calculated by adding the following patient projections: FY 2018 SAC = 750)	We expect to continue exceeding our goal.

▼ **Supplemental Awards**

In the Supplemental Award Narrative column, describe the following:

- **Implementation status and progress toward achieving goals;**
- **Key factors impacting progress toward achieving goals; and**
- **Plans for sustaining progress and/or overcoming barriers to ensure goal achievement.**

Notes:

- **If you did not receive a Supplemental Award, the system will not require narrative in the Supplemental Award Narrative column.**
- **Supplemental awards released late in FY 2019 or early in FY 2020 will be included in the FY 2021 BPR.**
- **SUD-MH recipients should report on the number of patients accessing SUD and/or mental health services, and, if you requested additional MAT funding, the number of patients receiving MAT for opioid use disorder (OUD).**

Type of Supplemental Award	Programmatic Goal	Supplemental Award Narrative
FY 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS)	Increase the number of patients with access to mental health services, and substance use disorder services focusing on the treatment, prevention, and awareness of opioid abuse by December 31, 2018	HCHC used AIMS funding to support the expansion of mental health services to its patient population. Funding covers additional hours for a registered nurse (RN) and to hire a Community Health Worker (CHW). These positions were filled and the programs have been implemented, resulting in an increase of the number of patients with access to behavioral health services.
FY 2017 New Access Points (NAP) Satellite	Achieve operational status and increase the number of patients by December 31, 2018	

Type of Supplemental Award	Programmatic Goal	Supplemental Award Narrative
FY 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH)	Increase patients receiving substance use disorder and/or mental health services by December 31, 2019	HCHC successfully implemented the activities funded by the SUD-MH grant, including the hiring of a full-time, bi-lingual behavioral health provider and the hiring of a bi-lingual health insurance navigator, both of whom work at our new site in Amherst, MA. Their presence has dramatically increased access to mental health services for a population that has not had any other access to MH services - HCHC is the only provider that will serve people who are uninsured, and there is extremely limited access to bi-lingual services. SUD-MH funds have enabled HCHC to ensure both that people have the insurance that they need, and that they receive the services that they require. A sign of the success of the program is that we have expanded the hours of the BH services provided at the site, in recognition of the tremendous need. Overall, we provided 462 patients with behavioral health services in 2019.

Program Narrative Update - One Time Funding

Type of One-Time Funding Award	Allowable Activities	Activities
FY 2017 Access Increases in Mental Health and Substance Abuse Services (AIMS)	Implementing health information technology (health IT) and/or training investments to: - Expand mental health services, and substance use disorder services focusing on the treatment, prevention, and awareness of opioid abuse - Integrate expanded services into primary care Funding must be used for health IT and/or training investments in one or more of the following Activity Categories: - Medication Assisted Treatment - Telehealth - Prescription Drug Monitoring Program - Clinical Decision Support - EHR Interoperability - Quality Improvement - Cybersecurity - Other Training - Other IT Developing and improving health center quality improvement (QI) systems and infrastructure: - Training staff - Purchasing medically accessible clinical equipment - Enhancing health information technology, certified electronic health record, and data systems - Data analysis	HCHC was awarded a total of $175,700 in AIMS funding to support the expansion of mental health services to its patient population, including the on-going support. One time funding requests included the purchase of a population health module for HCHC's EHR, training on the module and the purchase of laptops to assist staff in accessing the EHR. The laptops were purchased. HCHC received approval for a rollover of $65,500 in remaining funds for the purchase of eClinical Works and Azera Drives updated modules and training and support for the same. Due to changes in our contract with the hospital that hosts our EHR, and changing needs of our BH department, these changes were deemed no longer necessary, and therefore these rollover funds have not been spent and will be returned. HCHC used the $23,960 awarded to engage a consultant

In the Activities column, discuss activities for which one-time funds were used and the impact on your organization.

Notes:

- If you did not receive a One-Time Funding Award, the system will not require narrative in the Activities column.
- One-time awards released late in FY 2019 or early in FY 2020 will be included in the FY 2021 BPR.

Type of One-Time Funding Award	Allowable Activities	Activities
FY 2017 Quality Improvement Assistance (August 2017)	- Implementing targeted QI activities (including hiring consultants) Developing and improving care delivery systems: - Purchasing supplies to support care coordination, case management, and medication management - Laboratory reporting and tracking - Training and workflow redesign to support team-based care - Clinical integration of behavioral health, oral health, HIV care, and other services	to assist HCHC in the renewal process for PCMH certification through the NCQA and to support staff time to resubmit our 2017 PCMH application. HCHC received its three year PCMH Level 2 certification in December 2017.
FY 2018 Quality Improvement Assistance (August 2018)	Developing and improving health center quality improvement (QI) systems and infrastructure: - Training staff - Purchasing medically accessible clinical equipment - Enhancing health information technology, certified electronic health record, and data systems - Data analysis - Implementing targeted QI activities (including hiring consultants) Developing and improving care delivery systems: - Purchasing supplies to support care coordination, case management, and medication management - Laboratory reporting and tracking - Training and workflow redesign to support team-based care - Clinical integration of behavioral health, oral health, HIV care, and other services	HCHC received $58,584 and the funds were used to support on-going Quality Improvement activities, and specifically to support the increased staffing focused on HCHC's QI program and its interaction and integration with our Medicaid ACO.
FY 2018 Enhancing Behavioral Health Workforce	Increase access to quality opioid use disorder (OUD) and other substance use disorder (SUD) treatment by increasing the number of professionals and paraprofessionals trained to deliver behavioral health and primary care services as part of integrated, interprofessional team. Funds must be used to fulfill the following requirements throughout the 2 year funding period: - Provide mental health and SUD services either directly or through formal or written agreement for which the health center pays. - Have physicians, certified nurse practitioners, and/or physician assistants, on-site or with whom the health center has contracts, who have obtained a Drug Addiction Treatment Act (DATA) of 2000 waiver to treat OUD with medications specifically approved by the U.S. Food and Drug Administration (FDA) for that indication. - Have patients who receive medication-assisted treatment (MAT) for OUD from a physician, certified nurse practitioner, or physician assistant with a DATA 2000 waiver working on behalf of the health center. - Develop, host in academic years 2018-2019 and 2019-2020, and evaluate at least annually, experiential rotations for individuals preparing to become social workers, psychologists, counselors, addiction counselors, paraprofessionals, community workers, or other approved professionals that will teach integrated behavioral health and	N/A

In the Activities column, discuss activities for which one-time funds were used and the impact on your organization.

Notes:

- If you did not receive a One-Time Funding Award, the system will not require narrative in the Activities column.
- One-time awards released late in FY 2019 or early in FY 2020 will be included in the FY 2021 BPR.

Type of One-Time Funding Award	Allowable Activities	Activities
FY 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH)	primary care services, and OUD and other SUD treatment, including MAT. Implementation of evidence-based SUD-MH integration and expansion strategies to: - Expand access to quality integrated SUD prevention and treatment services, including those addressing OUD and other emerging SUD issues. - Expand access to quality integrated mental health services, with a focus on conditions that increase risk for, or co-occur with SUD, including OUD. Funding may be used for infrastructure enhancements that support the expansion of SUD and/or mental health services, which may include: - equipment, - minor alternation and renovations (A/R), and - other one-time costs.	HCHC utilized funding to hire a behavioral health provider (LICSW) and an eligibility assistance worker to implement its Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) program. The BH position has been hired and is serving clients, including those who require bi-lingual services, at HCHC's health center site in Amherst, MA. The eligibility assistant worker has been hired and is helping patients qualify for and enroll with an appropriate health insurance program. Both hires are bilingual, which is a requirement for the new site given its patient population. Funds were also utilized to fund the purchase of videoconferencing and telehealth equipment to support tele-BH and improve intra-organizational communication that facilitate integration of care.

Program Narrative Update - Clinical/Financial Performance Measures

▼ Clinical/Financial Performance Measures

Referencing the % Change 2016-2018 Trend, % Change 2017-2018 Trend, and % Progress Toward Goal columns, discuss the trends for:

- **HRSA Priority Clinical and Financial Performance Measures:**
  - **Diabetes: Hemoglobin A1c Poor Control**
  - **Health Center Program Grant Cost Per Patient (Grant Costs)**
- **The measures for which you have experienced a negative trend of 5 percent or greater.**

In the Clinical/Financial Performance Measures Narrative column provide an explanation of measures for which you have experienced a negative trend of 5 percent or greater, including:

a. Key contributing and restricting factors affecting progress toward achieving goals; and
b. Plans for improving progress and/or overcoming barriers to ensure goal achievement.

If you have no measures for which you have experienced a negative trend of 5 percent or greater, state this in the Measure Narrative field for the relevant measure(s). Notes:

- 2016 – 2018 Measure fields will prepopulate from UDS, if available.
- Performance measure goals cannot be edited during the BPR submission. If pre-populated performance measure goals are not accurate, provide an adjusted goal and explanation in the appropriate Measure Narrative field (e.g., goal for the low birth weight measure has decreased based on improved patient tracking via a new EHR).
- If you were previously a look-alike, your look-alike UDS data will not pre-populate.
- (*) If there are measures, within this section, that have not experienced a negative trend of 5 percent or greater, state this in the appropriate Measure Narrative field.
- (**) Due to the fact that Cervical Cancer and IVD goals were set and reported in UDS based on different measure definitions, data will not display for some fields.
- (***) If you receive funds to serve special populations (i.e., migratory and seasonal agricultural workers, people experiencing homelessness, and/or residents of public housing), you must ensure that at least one additional clinical performance measure that addresses the health care needs of each funded special population is included, as established in your most recent SAC application.

HRSA Priority Clinical and Financial Performance Measures

Clinical Measures

Performance Measure	2016 Measures	2017 Measures	2018 Measures	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% Progress toward Goal	Measure Goals	Measure Narrative
								HCHC's new Diabetes Action

Performance Measure	2016 Measures	2017 Measures	2018 Measures	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% Progress toward Goal	Measure Goals	Measure Narrative
Diabetes: Hemoglobin A1c Poor Control	Numerator: 122.0000 Denominator: 423.0000 Calculated Value: 28.8400	Numerator: 135.0000 Denominator: 440.0000 Calculated Value: 30.6800	Numerator: 132.0000 Denominator: 464.0000 Calculated Value: 28.4500	-1.35%	-7.27%	123.70%	23.00%	Plan Identifies the following: - Contributing: a string QI program, adherence to ADA guidelines, well-trained staff, adequate facility capacity, a 340B program for pharmaceutical access, strong community partnerships, and a recent needs assessment- Restricting: insufficient capacity in data analysis, a growing population of homeless and immigrant patients, provider shortages (especially physicians), issues with EHR capabilities and ease of use, and the rising expense of pharmaceuticals for patients The Action Plan:- Data Exploration: looking more closely at data to determine patterns within the diabetic patient population, including analysis by site, provider, age, etc. - Diabetes Project: developing a team to develop and implement a registry-based approach focused on targeted outreach.- Case Management: CHWs will work with identified patients to address medication adherence, lifestyle modifications, and recommended health center interactions.

Financial Measures

Performance Measure	2016 Measures	2017 Measures	2018 Measures	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% Progress toward Goal	Measure Goals	Measure Narrative
Health Center Program Grant Cost Per Patient (Grant Costs)	Numerator: 1558673.0000 Denominator: 8019.0000 Calculated Value: 194.3725	Numerator: 1494438.0000 Denominator: 8084.0000 Calculated Value: 184.8637	Numerator: 1719762.0000 Denominator: 8571.0000 Calculated Value: 200.6489	3.23%	8.54%	118.92%	168.72 : 1 Ratio	The Grant cost per patient is expected to drop in 2019 to 2017 levels. Goal is achievable.

Perinatal Health*

Performance Measure	2016 Measures	2017 Measures	2018 Measures	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% Progress toward Goal	Measure Goals	Measure Narrative
Early Entry into Prenatal Care	Numerator: 4.0000 Denominator: 4.0000 Calculated Value: 100.0000	Numerator: 10.0000 Denominator: 10.0000 Calculated Value: 100.0000	Numerator: 16.0000 Denominator: 16.0000 Calculated Value: 100.0000	0.00%	0.00%	Data not available	0.00%	
Low Birth Weight	Data not available	Numerator: 0.0000 Denominator: 0.0000 Calculated Value: 0.0000	Numerator: 1.0000 Denominator: 6.0000 Calculated Value: 16.6700	Data not available	Data not available	Data not available	0.00%	

Preventive Health Screenings and Services*

Performance Measure	2016 Measures	2017 Measures	2018 Measures	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% Progress toward Goal	Measure Goals	Measure Narrative
Dental Sealants for Children between 6 – 9 Years	Numerator: 152.0000 Denominator: 227.0000 Calculated Value: 66.9600	Numerator: 69.0000 Denominator: 126.0000 Calculated Value: 54.7600	Numerator: 32.0000 Denominator: 54.0000 Calculated Value: 59.2600	-11.50%	8.22%	84.66%	70.00%	Positive trend.
Body Mass Index (BMI) Screening and Follow-Up Plan	Numerator: 1283.0000 Denominator: 3939.0000 Calculated Value: 32.5700	Numerator: 1788.0000 Denominator: 4234.0000 Calculated Value: 42.2300	Numerator: 1704.0000 Denominator: 4375.0000 Calculated Value: 38.9500	19.59%	-7.77%	105.27%	37.00%	Providers have high accuracy in capturing BMI, but as less consistent in capturing the follow-up plan in strutted fields in the EHR - many enter the plan as free text. This affects the numerator, and is a training goal for 2020 and the focus of planned improvements to workflows. The challenge of continuity of care in the face of provider and MA shortages in our region contribute to the adherence to workflows that would improve this measure.
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Numerator: 3.0000 Denominator: 453.0000 Calculated Value: 0.6600	Numerator: 120.0000 Denominator: 561.0000 Calculated Value: 21.3900	Numerator: 120.0000 Denominator: 535.0000 Calculated Value: 22.4300	3,298.48%	4.86%	74.77%	30.00%	Positive trend.
Tobacco Use: Screening and Cessation Intervention	Numerator: 1021.0000 Denominator: 3312.0000 Calculated Value: 30.8300	Numerator: 1543.0000 Denominator: 3540.0000 Calculated Value: 43.5900	Numerator: 1714.0000 Denominator: 3857.0000 Calculated Value: 44.4400	44.15%	1.95%	116.95%	38.00%	Positive trend.
Colorectal Cancer Screening	Numerator: 1211.0000 Denominator: 2056.0000 Calculated Value: 58.9000	Numerator: 1324.0000 Denominator: 2172.0000 Calculated Value: 60.9600	Numerator: 1314.0000 Denominator: 2202.0000 Calculated Value: 59.6700	1.31%	-2.12%	99.45%	60.00%	Minor negative trend.
Cervical Cancer Screening**	Data not available	Numerator: 763.0000 Denominator: 1678.0000 Calculated Value: 45.4700	Numerator: 632.0000 Denominator: 1710.0000 Calculated Value: 36.9600	Data not available	-18.72%	61.60%	60.00%	A chart review has shown that many patients are receiving their screening at their GYN office, not from the health center. HCHC providers are asking about recent screenings, and document that the result was negative based on patient report, but the current MA shortage has affected our ability to follow up with specialists to receive the results and document them appropriately. This issue will be referred to the QI Committee to be addressed.
Childhood Immunization Status (CIS)	Numerator: 6.0000 Denominator: 15.0000 Calculated Value: 40.0000	Numerator: 6.0000 Denominator: 17.0000 Calculated Value: 35.2900	Numerator: 8.0000 Denominator: 18.0000 Calculated Value: 44.4400	11.10%	25.93%	98.76%	45.00%	Positive trend.

Chronic Disease Management*

Performance Measure	2016 Measures	2017 Measures	2018 Measures	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% Progress toward Goal	Measure Goals	Measure Narrative
Use of Appropriate Medications for Asthma	Numerator: 68.0000 Denominator: 69.0000 Calculated Value: 98.5500	Numerator: 97.0000 Denominator: 101.0000 Calculated Value: 96.0400	Numerator: 123.0000 Denominator: 137.0000 Calculated Value: 89.7800	-8.90%	-6.52%	91.61%	98.00%	The increase in the numerator over the last two years is the result of a concerted effort to improve documentation of persistent asthma. This resulted in an increase in people who needed to have their medication addressed/documented, but the preliminary 2019 data shows an increase to 92.9%. The expense of asthma inhalers is prohibitive, which also affects the number of patients who do not fill their prescriptions, despite provider and CHW efforts to assist them.
Coronary Artery Disease (CAD): Lipid Therapy	Numerator: 61.0000 Denominator: 68.0000 Calculated Value: 89.7100	Numerator: 74.0000 Denominator: 86.0000 Calculated Value: 86.0500	Numerator: 94.0000 Denominator: 100.0000 Calculated Value: 94.0000	4.78%	9.24%	104.44%	90.00%	Positive trend.
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet**	Data not available	Numerator: 224.0000 Denominator: 252.0000 Calculated Value: 88.8900	Numerator: 206.0000 Denominator: 229.0000 Calculated Value: 89.9600	Data not available	1.20%	99.96%	90.00%	
Controlling High Blood Pressure	Numerator: 955.0000 Denominator: 1378.0000 Calculated Value: 69.3000	Numerator: 1008.0000 Denominator: 1429.0000 Calculated Value: 70.5400	Numerator: 951.0000 Denominator: 1301.0000 Calculated Value: 73.1000	5.48%	3.63%	97.47%	75.00%	Positive trend.
HIV Linkage to Care	Data not available	Numerator: 0.0000 Denominator: 0.0000 Calculated Value: 0.0000	Data not available	Data not available	Data not available	Data not available	0.00%	
Screening for Depression and Follow-Up Plan	Numerator: 940.0000 Denominator: 3253.0000 Calculated Value: 28.9000	Numerator: 994.0000 Denominator: 3380.0000 Calculated Value: 29.4100	Numerator: 1299.0000 Denominator: 3558.0000 Calculated Value: 36.5100	26.33%	24.14%	121.70%	30.00%	Positive trend.

Financial Measures*

Performance Measure	2016 Measures	2017 Measures	2018 Measures	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% Progress toward Goal	Measure Goals	Measure Narrative
Total Cost Per Patient (Costs)	Numerator: 7447114.0000 Denominator: 8019.0000 Calculated Value: 928.6836	Numerator: 7903228.0000 Denominator: 8084.0000 Calculated Value: 977.6383	Numerator: 8223388.0000 Denominator: 8571.0000 Calculated Value: 959.4432	3.31%	-1.86%	97.68%	982.20 : 1 Ratio	Total Cost per patient in 2018 went down mainly due to reduced staff costs. We expect the 2019 cost per patient to be similar to 2018. This is projecting to be lower than measurement goal.
Medical Cost Per Medical Visit (Costs)	Numerator: 3170979.0000 Denominator: 17128.0000 Calculated Value:	Numerator: 3412270.0000 Denominator: 17459.0000 Calculated Value:	Numerator: 3663840.0000 Denominator: 16717.0000 Calculated Value:	18.38%	12.14%	113.29%	193.45 : 1 Ratio	The 2018 cost per medical patient was high due to the opening of our new Amherst site, we expect to be on target in 2019.

Performance Measure	2016 Measures	2017 Measures	2018 Measures	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% Progress toward Goal	Measure Goals	Measure Narrative
	185.1342	195.4448	219.1685					

Additional Measures***

Performance Measure	2016 Measures	2017 Measures	2018 Measures	% Change 2016-2018 Trend	% Change 2017-2018 Trend	% Progress toward Goal	Measure Goals	Is This Performance Measure Applicable?	Measure Narrative
(Oral Health) Children with one or more cavity within the last year or have social factors that place them at risk for caries will be reduced.	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	25.00%	⦿ Yes ◯ No	
(Cancer) Percentage of women 40 and older with no mammogram in the year prior or in the measurement year.	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	30.00%	⦿ Yes ◯ No	
(Child Health) Reduce the percentage of pediatric patients (ages 3-18) during measurement year, whose body mass index (BMI) is greater than or equal to the 85th percentile from 32.12 in 2009 to 32%.	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	32.00%	⦿ Yes ◯ No	

📑 SF-424A Budget Information - Review

▼ **NCC Progress Report Tracking # : 00171153**

Due Date: 01/20/2020 | Status: Submitted

Grant Number: H80CS00601

Original Deadline: 01/20/2020

Created On: 11/18/2019

Project Officer: Ortiz, Gloria

Project Officer Email: gortiz@hrsa.gov

Project Officer Contact #: (301) 443-1915

Last Updated By: Lake, Eliza 1/17/2020 3:38:53 PM

▼ **Resources** ⧉

View

| NCC Progress Report | Last NoA | Program Instructions | NCC User Guide | Program Specific Information |

SF-424A Community Health Centers   [Go]

Section A - Budget Summary

Grant Program Function or Activity	New or Revised Budget		
	Federal	**Non Federal**	**Total**
Community Health Centers	$1,576,699.00	$6,999,546.00	$8,576,245.00
Total :	**$1,576,699.00**	**$6,999,546.00**	**$8,576,245.00**

Program Income

Grant Program Function or Activity	Total
Community Health Centers	$5,493,519.00
Total :	**$5,493,519.00**

Section C - Non Federal Resources

Grant Program Function or Activity	Applicant	State	Local	Other	Total
Community Health Centers	$0.00	$550,121.00	$8,000.00	$6,441,425.00	$6,999,546.00
Total :	**$0.00**	**$550,121.00**	**$8,000.00**	**$6,441,425.00**	**$6,999,546.00**

[Close Window]

Hilltown Community Health Centers, Inc.
Grant Number : H80CS00601

Budget Justification	Budget Period (6/1/2020 - 5/31/2021)		Total
	Federal Grant Request	Non-Federal Resources	
REVENUE: Should be *consistent with information presented in the Budget Information: Budget Details form and Form 3: Income Analysis*			
PROGRAM INCOME (fees, third party reimbursements, and payments generated from the projected delivery of services)	-	$ 5,493,519	$ 5,493,519
STATE FUNDS	-	$ 550,121	550,121
LOCAL FUNDS	-	$ 8,000	8,000
OTHER SUPPORT (Private Grants & Contracts $98,681, Other Federal $300,000, Contributions $200,000, 340B Pharmacy $180,000, Quality Incentives $20,000, Optometry Frames & Lenses $85,000, Rental Income $35,900, Interest & Dividents $28,325 = $947,906.)	-	$ 947,906	947,906
FEDERAL 330 GRANT	1,576,699	-	1,576,699
TOTAL REVENUE	$ 1,576,699	$ 6,999,546	$ 8,576,245
EXPENSES: *Object class totals should be consistent with those presented in the Federal Object Class Categories form.*			
ADMINISTRATION	$ -	$ 1,270,880	$ 1,270,880
MEDICAL STAFF	689,530	$ 1,284,972	1,974,502
VISION STAFF	26,732	$ 204,985	231,717
DENTAL STAFF	666,435	$ 835,152	1,501,587
BEHAVIORAL HEALTH STAFF	69,712	$ 258,060	327,772
ENABLING STAFF	-	$ 441,846	441,846
OTHER STAFF	-	$ 88,264	88,264
TOTAL PERSONNEL	$ 1,452,409	$ 4,384,159	$ 5,836,568
FRINGE BENEFITS			
FICA @ 7.50%	$ -	$ 437,743	$ 437,743
Medical @ 6.45%	-	376,459	376,459
Retirement @ .35%	-	20,428	20,428
Dental @ .65%	-	37,938	37,938
Unemployment & Workers Compensation @ .54%	-	31,517	31,517
Disability @ .51%	-	29,766	29,766
TOTAL FRINGE @ 16.00%	$ -	$ 933,851	$ 933,851
TRAVEL			
Employee Travel reimbursement.	-	$ 29,000	$ 29,000
Conferences for Providers and staff	-	$ 8,275	8,275.0
TOTAL TRAVEL	$ -	$ 37,275.00	$ 37,275.00
EQUIPMENT			
Capital Equipment	$ -	$ -	$ -
TOTAL EQUIPMENT	$ -	$ -	$ -

Hilltown Community Health Centers, Inc.
Grant Number : H80CS00601

SUPPLIES				
Program Supplies (Medical, Dental, Optometry) Medical (18,635 visits x $3.0787 = $57,371) Dental (17,050 visits x $9.0226 = $153,836) Optometry (3,410 visits x $4.7194 = $16,093) Total $227,300	$ 124,290	$ 103,010		$ 227,300
Pharmacy Supplies and Cost of Drugs	-	115,715		115,715
Optometry Cosy of Goods Sold (Frames, etc.)	-	15,286		15,286
Maintenance Supplies		13,877		13,877
Office Supplies	-	47,523		47,523
TOTAL SUPPLIES	$ 124,290	$ 295,411		$ 419,701
CONTRACTUAL – *Include sufficient detail to justify costs.*				
Laboratory Services Dental	$ -	$ 98,674		$ 98,674
Laboratory Services Optometry	-	23,150		23,150
Program Consultants	-	43,590		43,590
Pharmacy Services (pharmacies and dispensing costs)	-	9,854		9,854
Medical Service Contract		6,194		6,194
Billing Service		245		245
Finance Software		13,419		13,419
Equipment Leases	-	27,837		27,837
TOTAL CONTRACTUAL	$ -	$ 222,963		$ 222,963
OTHER – *Include sufficient detail to justify each item.*				
Facility / Building Cost - Depreciation ($331,804); Building repairs & Maintenance ($150,889); Mortgage Interest & Rents ($100,839); Utilities ($52,500); Property Insurance ($25,324) Total $661,356	$ -	$ 661,356		$ 661,356
Computer Hardware & Software Maintenance, Licenses and Fees	-	125,115		125,115
Telepone/Internet/Fiber	-	157,737		157,737
Provider Clinical Support (CME's)	-	28,751		28,751
Recruitment and Advertising	-	29,400		29,400
Postage & Printing	-	16,925		16,925
Professional Services - Audit & Legal	-	31,500		31,500
Small Equipment purchases (Non Capitalized)		22,703		22,703
Subscriptions, Dues & Memberships	-	32,750		32,750
Credit Card Process fees	-	19,350		19,350
Board Meeting Expenses		300		300
TOTAL OTHER	$ -	$ 1,125,887		$ 1,125,887
TOTAL DIRECT CHARES (Sum of all TOTAL Expenses rows above)	$ 1,576,699	$ 6,999,546		$ 8,576,245
INDIRECT CHARGES – *Include approved indirect cost rate.*				
X.XX% indirect rate (includes utilities and accounting services)	$ -	$ -		$ -
TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES above)	$ 1,576,699	$ 6,999,546		$ 8,576,245

Hilltown Community Health Centers, Inc.
Grant Number : H80CS00601

Federally-Supported Personnel Justification Table

Name	Position Title	% of FTE	Base Salary	Adjusted	Federal Amount Requested
Cheung	Physician	75.000%	$ ▬	no adjustment needed	$ ▬
Chmura	Physician	75.000%	$ ▬	no adjustment needed	$ ▬
Allen	Nurse Practitioner	75.000%	$ ▬	no adjustment needed	$ ▬
Fermin-Schon	Nurse Practitioner	75.000%	$ ▬	no adjustment needed	$ ▬
Lecours	Nurse Practitioner	75.000%	$ ▬	no adjustment needed	$ ▬
Liebman	Nurse Practitioner	75.000%	$ ▬	no adjustment needed	$ ▬
Chechile	Nurse	75.000%	$ ▬	no adjustment needed	$ ▬
Markham	Nurse	75.000%	$ ▬	no adjustment needed	$ ▬
Sitler	Nurse	75.000%	$ ▬	no adjustment needed	$ ▬
Taylor	Nurse	75.000%	$ ▬	no adjustment needed	$ ▬
Wilson	Nurse	75.000%	$ ▬	no adjustment needed	$ ▬
Krusell	Optometrist	75.000%	$ ▬	no adjustment needed	$ ▬
Gearin	Dentist	75.000%	$ ▬	no adjustment needed	$ ▬
Gill	Dentist	75.000%	$ ▬	no adjustment needed	$ ▬
Graham	Dentist	75.000%	$ ▬	no adjustment needed	$ ▬
Rudin	Dentist	75.000%	$ ▬	no adjustment needed	$ ▬
Stuart	Dentist	75.000%	$ ▬	no adjustment needed	$ ▬
Walvekar	Dentist	75.000%	$ ▬	no adjustment needed	$ ▬
Circe	Dental Hygienist	75.000%	$ ▬	no adjustment needed	$ ▬
Kulon	Dental Hygienist	75.000%	$ ▬	no adjustment needed	$ ▬
Paquette	Dental Hygienist	75.000%	$ ▬	no adjustment needed	$ ▬
Saldana	Dental Hygienist	75.000%	$ ▬	no adjustment needed	$ ▬
Sheldon	Dental Hygienist	75.000%	$ ▬	no adjustment needed	$ ▬
Spooner	Dental Hygienist	75.000%	$ ▬	no adjustment needed	$ ▬
Wright	Dental Hygienist	75.000%	$ ▬	no adjustment needed	$ ▬
Huberman	BH Clinician	75.000%	$ ▬	no adjustment needed	$ ▬
Riverwood	BH Clinician	75.000%	$ ▬	no adjustment needed	$ ▬
TOTAL					$ 1,452,409

Form 3 - Income Analysis

00171153: Hilltown Community Health Centers, Inc.

Due Date: 01/20/2020 (Due In: 3 Days)

Announcement Number: 5-H80-20-006
Announcement Name: Health Center Program
Progress Report Type: Noncompeting Continuation

Grant Number: H80CS00601
Target Population: Community Health Centers
Current Project Period: 6/1/2018 - 5/31/2021

▼ **Resources** ⬈

Payer Category	Patients By Primary Medical Insurance (a)	Billable Visits (b)	Income Per Visit (c)	Projected Income (d)	Prior FY Income
Part 1: Patient Service Revenue - Program Income					
1. Medicaid	3338.00	17028.00	$127.20	$2,166,090.56	$1,815,955.00
2. Medicare	1330.00	6042.00	$146.74	$886,605.25	$873,013.00
3. Other Public	338.00	2315.00	$121.81	$281,996.00	$200,305.00
4. Private	3450.00	16227.00	$124.43	$2,019,267.15	$1,949,204.00
5. Self Pay	564.00	2383.00	$58.56	$139,560.04	$119,434.00
6. Total (Lines 1 to 5)	9020	43995	N/A	$5,493,519.00	$4,957,911.00
Part 2: Other Income - Other Federal, State, Local and Other Income					
7. Other Federal	N/A	N/A	N/A	$300,000.00	$275,368.00
8. State Government	N/A	N/A	N/A	$550,121.00	$645,392.00
9. Local Government	N/A	N/A	N/A	$8,000.00	$9,159.00
10. Private Grants/Contracts	N/A	N/A	N/A	$98,681.00	$249,521.00
11. Contributions	N/A	N/A	N/A	$200,000.00	$168,330.00
12. Other	N/A	N/A	N/A	$349,225.00	$353,833.00
13. Applicant (Retained Earnings)	N/A	N/A	N/A	$0.00	$0.00
14. Total Other (Lines 7 to 13)	N/A	N/A	N/A	$1,506,027.00	$1,701,603.00
Total Non-Federal (Non-section 330) Income (Program Income Plus Other)					
15. Total Non-Federal Income (Lines 6+14)	N/A	N/A	N/A	$6,999,546.00	$6,659,514.00

Comments/Explanatory Notes (if applicable)

Projected Other: 340B Pharmacy - $180,000, Quality Incentives - $20,000, Optometry Frames & Lenses - $85,000, Rental Income $35,900, Interest & Dividents - $28,325 = $349,225.

Hilltown Community Health Centers

Policy Title:	Policy Number:
Quality Improvement Program	ADM-17
Department:	**Policy status:**
Administrative	Active
Regulatory Reference: None	
Date Published: APR 2010	
Dates Reviewed: SEP 2018	
Dates Revised:	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to follow regarding its organization's strategic objectives through the establishment and continued support of an organized Quality Improvement program.

POLICY:

HCHC will attain its organization's strategic objectives through the establishment and continued support of an organized Quality Improvement program. The health center's quality improvement program requires that every major organizational initiative be measured against two criteria: improvement of clinical care and organizational sustainability.

Questions regarding this policy or any related procedure should be directed to the CCCSO at 413-667-3009, extension 270.

Approved on: _____

Approved by:

_____   _____

Chief Executive Officer, HCHC   HCHC Board of Directors

Procedure:

HCHC is committed to providing safe optimal health care for its patients that is consistent with community standards and accepted standards of practice established by our clinical staff through a process of continuous performance improvement. HCHC is also committed to furthering operational sustainability by focusing on profitable growth and financial stability through a process of continuous performance improvement.

A. SCOPE

   The scope of the quality improvement program is organization-wide and includes activities that monitor and evaluate all phases of the health care delivery system through objective, criteria-based audits, outcome audits, tracking tools, and reporting systems.

B. OBJECTIVES

   1. To ensure the delivery of patient care at the most achievable level of quality in a safe and cost effective manner.

   2. To identify opportunities for improvement and institute continuous improvement strategies as appropriate

   3. To develop a system of accurate, comprehensive data collection methods to track, trend and report quality indicators for the organization and for external reporting compliance.

   4. To utilize information gained in quality assessment and improvement activities to direct staff development and clinical education at HCHC.

   5. To increase knowledge and participation in quality improvement activities at HCHC.

   6. To demonstrate the program's overall impact on improving the quality of care provided to our patients.

   7. Timely resolution of identified problems that have a direct or indirect impact on patient care including documentation of the effectiveness of corrective actions implemented.

C. QUALITY IMPROVEMENT/RISK MANAGEMENT (QI/RM) COMMITTEE

   1. Responsibilities of the Quality Improvement/Risk Management Committee:

      a. To direct HCHC staff to conduct studies and/or reviews as it deems necessary in order to further the strategic goals of the organization as endorsed by the Board of Directors.

      b. To prioritize specific performance improvement activities in each department in order to align these resources with the health center's strategic plan.

      c. To assess the quality improvement strategies, activities, and outcomes as reported by organization staff and, where necessary, make recommendations for change.

      d. To document activities and actions to demonstrate the program's impact on

improving organizational sustainability and clinical quality.

e. The Chief Clinical and Community Services Officer (CCCSO), independently or in conjunction with the QI/RM Committee, will report semi-annually to the Board of Directors: (1) the results of patient satisfaction surveys (2) departmental clinical goals as reported to the Bureau of Primary Health Care and progress made towards these goals and (3) a trend analysis of quality indicators and a plan to improve those indicators.

f. The CCCSO will report to the Board the minutes from any six QI/RM meetings, evidencing oversight of QI/RM activities that took place during the course of the year.

g. To annually evaluate the quality improvement program to determine whether the program has been effective in meeting its goals and objectives and to make revisions to the program as deemed necessary and appropriate to be aligned with the health center's strategic plan.

h. To ensure that quality improvement activities are systematic, comprehensive, and integrated across the organization.

i. To be convened as an Ethics Committee as a committee of the whole to review individual cases where there is uncertainty about how to proceed clinically as sometimes arises, for example, when a patient refuses the professional's treatment plan or when the provider/patient team are in disagreement about a treatment plan.

2. Composition of the QI/RM Committee

The QI Committee is a staff-level committee and will be chaired by the CCCSO. Other permanent members of the Committee are:

a. Chief Executive Officer
b. Chief Operations Officer
c. Medical Director
d. Dental Director
e. Director of Behavioral Health
f. Community Programs Director
g. Eye Care Director
h. Dental Operations Manager
i. Clinical Operations Manager

Other staff members may be asked to attend meetings or assist the team as deemed appropriate. Board members are welcome to attend one meeting each year.

The clinical departments will conduct monthly meetings which include peer review monitoring. Quality dashboards (such as HEDIS, P4P, UDS, and other appropriate quality indicators) required by grants will be reviewed and assessed using process improvement methodology. Reports will be forwarded to the QI/RM Committee for discussion.

The non-clinical departments will regularly report on their departmental dashboards and quality improvement activities.

3

D. MECHANISMS

1. Meeting focus will follow the *QI/RM Reporting Calendar* with additional agenda items as deemed appropriate.

2. HCHC will utilize a tracking registry for maintaining and improving quality of care for common chronic diseases and assuring optimal delivery of preventive services.

3. Data Collection and Information Resources:
   a. Department specific indicators
   b. All clinical and community record reviews
   c. Established quality indicators collected through AZARA and other third party aggregators
   d. National benchmarks and standards, including Health People 2020
   e. Patient satisfaction surveys
   f. Employee satisfaction surveys
   f. Incident reports
   g. Results of trends developed as a result of systematic peer review
   h. Presentations of chart review assessments from departments
   i. Bi-annual presentation by the billing department
   J. Other methods as determined by the needs of a specific quality improvement team

4. Data Interpretation & Improvement plans

   The QI/RM Committee will assess indicators by systematically evaluating HCHC performance against standardized quality measures. As the QI/RM Committee identifies opportunities for improvement they will direct the appropriate department to take action and report back with their action plan for improvement. Efforts will be made in those areas to improve performance through rigorous project selection with measurable results and clear operational accountability. This action plan must be data driven.

5. The Committee will meet no less than six times per year.

6. Minutes shall be maintained by a QI Committee designee, reviewed and voted upon by the Committee, and be signed by the Chair.

E. CONFIDENTIALITY

   a. All documents, reports, minutes, findings, conclusions, recommendations, or other memoranda transmitted to or developed by the QI Committee shall be received and kept in confidence by the Chair and/or designees.

   b. When the QI Committee conducts an audit, a code system will be devised in order to preserve the confidentiality of the audit, as well as to protect the individual(s)

4

involved.

F. THE PROCESS IMPROVEMENT MODEL

    a. HCHC uses a combination of QI processes and relies heavily on the underlying principles of LEAN, the relentless pursuit of the perfect process through waste elimination. Fundamental to the LEAN approach are the standardization of processes, making problems visible to supervisors and management, and identifying root causes.

5

BYLAWS

of

HILLTOWN COMMUNITY HEALTH CENTERS, INC.

As Amended Effective

_____, 2019

TABLE OF CONTENTS

BYLAWS OF

HILLTOWN COMMUNITY HEALTH CENTERS, INC.

As Amended Effective _____, 2019

ARTICLE I
Name and Purposes

Section 1.1 Name and Purposes. The name and purposes of this Corporation, Hilltown Community Health Centers, Inc., shall be as set forth in its articles of organization, as may be amended or restated from time to time. The Corporation is organized exclusively for charitable, educational, and scientific purposes within the meaning of Massachusetts General Laws, Chapter 180 and Section 501(c)(3) of the Internal Revenue Code, as amended, and to carry on activities in furtherance of such purposes.

Section 1.2 Mission Statement. 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."

ARTICLE II
No Members

Section 2.1 No Members. The Corporation shall have no members. Any action or vote required or permitted by Massachusetts General Laws, Chapter 180, as may be amended, to be taken by members shall be taken by action or vote of the same percentage of directors of the Corporation in accordance with Section 3 of said Chapter, as may be amended.

ARTICLE III
Board of Directors

Section 3.1 Number, Term, and Election. The number of directors shall be at least nine and no more than fifteen of which at least 51 percent shall be users of the services of the Corporation. The Directors that are users of the Corporation's services shall reasonably represent the individuals who are served by the health center in terms of race, gender, and ethnicity. Of the non-patient Directors, no more than 50 percent shall be persons who derive ten percent or more of their income from the direct providing of health care, and they shall be members of the communities served by the health center or the health center's service area, and they shall provide relevant expertise and skills. The term of a director shall be three years, and directors are eligible for re-election. The Chief Executive Officer shall also serve ex-officio as a non-voting member of the Board. Health center employees and immediate family members (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage) of employees may not be Directors. The Directors may elect individuals to the Board of Directors at the annual meeting of the directors or at any monthly meeting of the directors. Individuals shall be elected to the Board of Directors so that the terms of approximately one-third (or as close as practicable) of the directors shall expire each year.

Section 3.2 Powers. The Board of Directors shall have and may exercise all the powers of the Corporation, consistent with relevant law and the Articles of Organization, as may be amended from time to time. Unrestricted authorities, functions, and responsibilities of the Board include:

- Approval of the selection and dismissal of the Chief Executive Officer of the health center;
- Performing an annual performance evaluation of the Chief Executive Officer, which shall be conducted by the Executive Committee and reviewed and approved by the full Board;
- Regularly attend meetings and participate at a committee level;
- Approval of the health center's sites, hours of operation, and services to be provided by the center, including decisions to subaward or contract for a substantial portion of the health center's services;
- Approval of all of the center's HRSA grant applications including the section 330 grant application;
- Approval of the center's annual budget, which outlines the proposed uses of both Health Center Program award and non-Federal resources and revenue;
- Review of the results of the annual audit, and ensuring appropriate follow-up actions are taken;
- Approval of the sliding fee scale, nominal fee, and yearly federal poverty guidelines;
- Establishment of general policies for the center (including personnel, health care, fiscal, and quality assurance/improvement policies), including approval of the Quality Improvement Program and Billing and Collections policies;
- Monitoring organizational assets and performance, fiscal and clinical, including evaluating the performance of the health center based on quality assurance/quality improvement assessments and other information received from health center management;
- Conducting long-range/strategic planning at least once every three years, which at a minimum addresses financial management and capital expenditure needs;
- Conduct self-evaluations annually;
- Ensuring that the health center is operating in accordance with applicable federal, state and local laws and regulations, as well as its own established policies and procedures;
- Measurement and evaluation of the organization's progress in meeting its annual and long-term programmatic goals;
- Oversight of the measurement and monitoring of patient satisfaction.

Section 3.3 Chief Executive Officer. The Board of Directors shall select a Chief Executive Officer and shall determine the terms of his or her employment. The duties and powers of the Chief Executive Officer shall be those generally assigned to the chief executive officer or executive director of a non-profit corporation, and shall include the general charge and supervision of the affairs of the Corporation and the power and responsibility to enforce these bylaws and any rules and regulations made by or under the authority of the Board of Directors or the Executive Committee, to see that all requirements of law and appropriate governmental authorities are duly observed in the conduct of the affairs of the Corporation, and to execute in

the name of the Corporation all deeds, leases, contracts, and similar documents. It shall also be the duty of the Chief Executive Officer to plan, organize, maintain and control the operation of the Corporation within the policies established by the Board of Directors. The Chief Executive Officer shall analyze, report, and advise the Board of all material matters on a timely basis, and shall attend and participate in all appropriate committee meetings in order to maintain a high degree of communication and cooperation within the Corporation. The Chief Executive Officer may also be included in executive session meetings, provided the session is not pertaining to the Chief Executive Officer. The Chief Executive Officer shall normally be the official representative and spokesperson for the Corporation.

Section 3.4 Annual and Regular Meetings. The annual meeting and regular meetings of the Board of Directors shall be held at such places, within or without the Commonwealth of Massachusetts, and at such times as the Board of Directors may by vote from time to time determine. Regular meetings shall be held monthly, and must contain a quorum of voting members. No notice shall be required for any annual or regular meeting held at a time and place fixed in advance by vote of the Board of Directors.

Section 3.5 Special Meeting. Special meetings of the Board of Directors may be held at any time and at any place, within or without the Commonwealth of Massachusetts, when called by the Chair or by two or more directors, reasonable notice thereof, stating the purposes of such meeting, being given to each director by the Clerk, or, in case of the death, absence, incapacity or refusal, of the Clerk, by the Chair or by the directors calling the meeting, or at any time without call or formal notice, provided all the directors are present or waive notice thereof by a writing which is filed with the records of the meeting. In any case, it shall be deemed sufficient notice to a director to send notice by mail (paper or electronic) at least three (3) days before the meeting, addressed to the director at his or her usual or last known business or residence address.

Section 3.6 Quorum. At any meeting of the directors, a majority of the directors then in office shall constitute a quorum. When a quorum is present at any meeting, the affirmative vote of a majority of the directors present or represented at such meeting and voting on the matter shall, except where a larger vote is required by law, by the Articles of Organization or by these Bylaws, decide any matter brought before such meeting. If a quorum is not present at any meeting, such a meeting shall only be an informational meeting.

Section 3.7 Consent in Lieu of Meeting. Any action by the directors may be taken without a meeting if a written consent thereto is signed by all the directors and filed with the records of the directors' meetings. Such consent shall be treated as a vote of the directors for all purposes. Board members may not vote by proxy.

Section 3.8 Presence and Voting through Communication Equipment. Unless otherwise prohibited by law or the Articles of Organization, members of the Board of Directors may participate in a meeting of the Board by means of a conference telephone or similar communication equipment by means of which all persons participating in the meeting can hear and speak to each other at the same time, and participation by such means shall constitute presence in person at a meeting. In rare circumstances, Directors may vote via

3

electronic means (eg, email) on an item that follows the same rules of procedure and quorum as during an in-person meeting. Such votes will be then be placed on the agenda for the next full Board meeting to be entered into the minutes.

Section 3.9 Resignations and Removal. Any director or committee member may resign at any time by delivering his or her resignation in writing to the Chair or Clerk or to a meeting of the Board of Directors. The Directors may, by two-thirds vote at any meeting called for that purpose, remove from office any director or committee member, with or without cause.

ARTICLE IV
Committees

Section 4.1 Committees. There shall be an Executive Committee, a Finance Committee, a Corporate Compliance Committee, and such other standing or ad hoc committees of the Board as the Board may determine. Except as otherwise set forth in these Bylaws, the Chair of the Board shall nominate the chair and members of any such committee, who shall be appointed by and shall serve at the pleasure of Board of Directors. Except as otherwise set forth in these Bylaws or as may be determined by the directors, committees shall conduct their affairs in the same manner as is provided in these Bylaws for the directors. Each committee shall keep regular minutes of its meetings and report the same to the Board of Directors.

Section 4.2 Scope of Committees. The Executive Committee shall be chaired by the Chair of the Corporation and shall consist of the Chair, Vice-Chair, Treasurer and Clerk of the Corporation. Unless the directors shall otherwise determine prior to any such action by the Executive Committee, the Executive Committee, between meetings of the Board of Directors, shall be entitled to act all matters as to which the Board of Directors would have been entitled to act and as to which it is permitted under law, these Bylaws, and the Articles of Organization, to delegate to the Executive Committee. The Executive Committee will report its actions back to the full Board at the next Board meeting

The Treasurer shall serve as the chair of the Finance Committee. The Finance Committee shall provide advice and recommendations to the Board in all matters pertaining to the fiscal affairs of the Corporation, including the annual budget. The Corporate Compliance Committee shall consist of the same individuals serving on the Executive Committee, and shall provide advice and recommendations to the Board in all matters pertaining to corporate compliance.

ARTICLE V
Officers

Section 5.1 Election. The officers of the Corporation shall consist of a Chair, Vice-Chair, Treasurer, Clerk and such other officers as the Board of Directors may determine. All officers shall have one year terms and shall be eligible for reelection. All officers shall be elected by the directors at the annual meeting of the directors, or at any meeting of the directors called for that purpose, and shall serve at the pleasure of the directors. Vacancies in

4

any office shall be filled by the directors.

Section 5.2 Qualification and Powers. Officers shall be directors. So far as is permitted by law, any two or more offices may be filled by the same person. Subject to law, to the Articles of Organization, and to these Bylaws, each officer shall hold office until his or her successor is elected, or until such officer sooner dies, resigns, is removed, or becomes disqualified. Each officer shall, subject to these Bylaws, have in addition to the duties and powers herein set forth, such duties and powers as are commonly incident to such office, and such duties and powers as the Board of Directors may from time to time designate.

Section 5.3 Chair. The Chair shall preside at all meetings of the Board of Directors and shall be, ex officio, a member of all committees with the right to vote.

Section 5.4 Vice Chair. The Vice Chair shall have and may exercise all the duties and powers of the Chair during the absence of the Chair or in the event of the Chair's incapacity or other inability to act. The Vice Chair shall have such other duties and powers as the directors may determine.

Section 5.5 Treasurer. The Treasurer shall, subject to the direction and under the supervision of the Board of Directors, have general oversight of the financial concerns of the Corporation.

Section 5.6 Clerk. The Clerk shall be responsible for the keeping of a record of all meetings of the Board of Directors. In the absence of the Clerk from any such meeting, the Assistant Clerk, if any, or a Temporary Clerk designated by the directors, shall perform the duties of the Clerk. The Clerk shall also ensure that all minutes of board and committee meetings are stored with the Board of Directors files, after their approval by the Board.

Section 5.7 Resignation and Removal. Any officer may resign at any time by delivering his or her resignation in writing to the Chair or Clerk or to a meeting of the Board of Directors. The Directors may, by two-thirds vote at any meeting called for that purpose, remove from officer any officer with or without cause.

ARTICLE VI
Distribution Upon Dissolution

Section 6.1 Distribution Upon Dissolution. Upon the liquidation or dissolution of the Corporation, after payment of all liabilities of the Corporation or due provision therefore, all of the assets of the Corporation shall be distributed to one or more organizations exempt from federal income tax under the provisions of Section 501(3)(c) of the Internal Revenue Code (or described in any corresponding provision of any successor statute). Such organizations shall be determined by the directors of the Corporation at or before the time of such liquidation or dissolution, and in accordance with Chapter 180 of the General Laws of the Commonwealth of Massachusetts.

5

ARTICLE VII
Fiscal Year

Section 7.1 Fiscal Year. Except as may be from time to time otherwise determined by the Board of Directors, the fiscal year of the corporation shall end on the last day of December.

ARTICLE VIII
Indemnification

Section 8.1 Officers and Directors. The Corporation shall, to the extent legally permissible, indemnify its officers and directors, and their respective heirs, executors, administrators or other representatives from any costs, expenses, attorneys' fees, amounts reasonably paid in settlement, fines, penalties, liabilities and judgments incurred while in office or thereafter by reason of any such officer or director being or having been an officer or director of the Corporation or by reason of such officer or director's serving or having served at the request of the Corporation as committee member, officer, director, trustee, employee, or other agent of another organization, or in any capacity with respect to any employee benefit plan, unless, with respect to the matter as to which indemnification is sought, the officer or director shall have been or is adjudicated in any proceeding not to have acted in good faith in the reasonable belief that his or her action was in the best interests of the Corporation, or, to the extent that such matter relates to service with respect to an employee benefit plan, in the best interests of the participants or beneficiaries of such employee benefit plan. Such indemnification may include payment by the Corporation of expenses incurred in defending a civil or criminal action or proceeding in advance of the final disposition of such action or proceeding upon receipt of an undertaking by the person to be indemnified to repay such payment if he or she shall be not entitled to indemnification under this paragraph.

Section 8.2 Employees and Agents. The Corporation, to the extent legally permissible, may indemnify its employees and other agents, including but not limited to its volunteers and persons acting as members of committees of the Corporation, from any costs, expenses, attorneys' fees, amounts reasonably paid in settlement, fines, penalties, liabilities and judgments incurred while in office or thereafter by reason of any such person's being or having been an employee or agent of the Corporation or by reason of such person's serving or having served at the request of the Corporation as committee member, officer, director, trustee, employee, or other agent of another organization, or in any capacity with respect to any employee benefit plan, unless, with respect to the matter as to which indemnification is sought, the employee or agent shall have been or is adjudicated in any proceeding not to have acted in good faith in the reasonable belief that his or her action was in the best interests of the Corporation, or, to the extent that such matter relates to service with respect to an employee benefit plan, in the best interests of the participants or beneficiaries of such employee benefit plan. Such indemnification may include a payment by the Corporation of expenses incurred in defending a civil or criminal action or proceeding in advance of the final disposition of such action or proceeding upon receipt of an undertaking by the person to be indemnified to repay such payment if he or she shall be not entitled to indemnification under this section. In determining whether to provide indemnification under this paragraph, the Corporation may consider, among other factors, whether and to what extent insurance is or was available to the

person seeking indemnification and whether and to what extent insurance is available to the Corporation for such indemnification.

ARTICLE IX
Conflicts

Section 9.1 Conflicts. Each director has the responsibility to disclose fully to the Board of Directors, at such time and in such a manner as may be appropriate and consistent with policies of the Corporation, either by voice at the meeting at which the measure concerned is to be considered or in writing to the Clerk prior to such meeting, the existence of any dual interest of such director in transactions or other matters involving the Corporation in which such director may have, directly or indirectly, a separate personal interest of any nature, and such further information as may be materially relevant for consideration by the Board of Directors concerning any such matter or transaction, and to refrain, except for such disclosure and as otherwise may be appropriate, from participating in such consideration and the decision of the Board of Directors with respect to such matter or transaction, in order that the Board of Directors may at all times continue to act in the best interests of the Corporation.

ARTICLE X
Amendments

Section 10.1 Amendments. The directors may, by vote of a majority of such directors then in office, at any duly called regular or special meeting, amend or repeal these Bylaws in whole or in part provided that: (1) the general substance of the proposed amendment to the Bylaws was discussed at the immediately prior duly called regular or special meeting of the Board of Directors, as reflected in the minutes of such meeting approved by the Board, and (2) notice of the proposed amendment to the Bylaws, including a copy of the general substance of such proposed amendment, is included in the notice provided to directors of the meeting at which such amendment vote is to take place.

ARTICLE XI
Anti-Discrimination

Section 11.1 Anti-Discrimination. In all matters of its operation including, without limitation, treatment of patients, selecting and dealing with employees and contractors and selecting members, directors and officers, the Corporation shall not discriminate against any person or the basis of race, religion, gender, sexual orientation, age or national origin. The Corporation shall also, consistent with law, encourage the utilization of minority contractors wherever possible.

I hereby certify that these By-laws of Hilltown Community Health Centers, Inc. are a complete and accurate copy of the original documents as adopted on _____, 2019.

_____   _____
Signature of Clerk   Date

_____
 Printed Name

Hilltown CHC

2020 Budget Assumptions

Assumption	Amount
Added Expenses	
1. Budget is cash flow neutral	N/A
2. Raises of 2% starting Mid Feb. 2020	$110k
3. Contracted NP Worthington (Feb-Jul, 6 mo.'s)	$102.5k

4. Added staff
    a. Dentist HHC & WHC Start 4/1/2020
    b. COO start 3/1/2020
    c. COM start 3/1/2020
    d. Eye-Care Coordinator start 3/1/2020
    e. BH Coordinator start 3/1/2020
    f. NP Amherst start 7/1/2020
    g. NP Worthington start 7/1/2020
    h. Medical Director 15 hrs. wk., start 7/1/2020
    i. Dental Asst. HHC & WHC Start 4/1/2020
    j. MA – MHC- MHC start 3/1/2020
    k. RN HHC Hired 1/1/2020
    l. MA HHC Hired 1/1/2020
	$586.9k

Revenue Adjustments	
5. DSRIP	$57.5k
6. Investments grow at 10% (PY was 20% or $55k)	$28.3k
7. Pharmacy net increase	$99k
8. Fundraising donations	$200k
9. No Meaningful use revenue	$0k

Hilltown Community Health Centers
Statement of Activates

OPERATING ACTIVITIES	FY 2016 Actual	FY 2017 Actual	FY 2018 Actual	FY 2019 Actual	FY 2020 Budget	FY 19 v FY 20 Act v Bud Dif	Notes
Revenue							
Patient Services - Medical	$ 2,442,238	$ 2,519,957	$ 2,608,478	$ 2,495,491	$ 2,749,725	$ 254,234	Aggressive, but plausible visit totals due to added support staff and replacement staff.
Patient Services - Dental	1,661,283	1,690,338	1,751,991	1,867,811	1,938,750	70,939	Aggressive, but plausible visit totals.
Patient Services - Beh. Health	305,436	364,524	377,787	371,345	389,278	17,933	Comparable to PY
Patient Services - Optometry	168,926	185,403	205,723	207,816	240,217	32,401	Aggressive, but plausible visit totals due to added support staff and replacement staff.
Patient Services - Optometry Hardware	80,800	78,083	83,791	84,762	90,000	5,238	
Patient Services - Pharmacy	157,244	157,525	163,845	133,891	250,000	116,109	Added CVS Contract
Quality & Other Incentives	56,311	118,962	49,111	70,498	20,000	(50,498)	
HRSA 330 & Other Grant	1,558,673	1,495,440	1,719,762	1,757,630	1,656,699	(100,931)	AIMS grant and SUD grant timing differences
Other Grants & Contracts	898,731	904,409	877,929	873,200	938,068	64,868	
Int., Dividends Gain /Loss Investments	41,974	96,788	(19,454)	64,937	42,475	(22,462)	FY 19 had extraordinary capital gains on investments
Rental & Misc. Income	42,804	31,878	35,876	31,355	35,900	4,545	
Total Operating Revenue	7,414,419	7,643,306	7,854,841	7,958,736	8,351,112	392,375	
Compensation and related expenses							
Salaries and wages	5,115,271	5,418,103	5,696,977	5,445,237	5,725,732	280,496	Added staff and 2% increase
Payroll taxes	391,500	402,020	426,074	417,140	429,430	12,290	Due to added Gross Pay
Fringe benefits	432,836	474,256	460,939	463,249	486,687	23,438	Due to added Gross Pay
Total Compensation & related expenses	5,939,607	6,294,380	6,583,989	6,325,626	6,641,849	316,223	
Other Operating Expenses							
Advertising and marketing	11,177	4,145	4,687	11,160	9,000	(2,160)	
Bad debt	41,080	78,253	58,489	103,915	100,000	(3,915)	
Computer support	116,031	108,575	84,529	77,679	79,402	1,723	
Conference and meetings	19,669	15,368	4,660	11,245	8,575	(2,670)	
Continuing education	18,724	28,972	24,628	29,349	28,751	(598)	
Contracts and consulting	78,952	58,983	34,149	74,150	154,555	80,405	Net added Locum Tenens Contract less Community Cotracted
Depreciation and amortization	171,829	164,337	244,859	331,807	331,804	(3)	
Dues and membership	29,377	83,754	30,754	34,127	32,750	(1,377)	
Equipment leases	21,812	24,178	24,892	27,328	27,837	509	
Insurance	12,280	14,472	23,556	25,329	25,324	(5)	
Interest	22,397	18,611	17,858	15,951	16,029	78	
Legal and accounting	38,834	34,044	31,964	34,667	31,500	(3,167)	
Licenses and fees	49,765	49,637	55,530	46,734	45,975	(759)	
Medical & dental lab and supplies	122,810	127,574	134,183	117,569	121,068	3,499	
Merchant CC Fees	10,090	13,861	17,921	19,296	19,350	54	
Office supplies and printing	48,776	32,700	43,172	40,100	39,523	(577)	
Postage	16,971	16,819	18,009	17,615	16,925	(690)	
Program supplies and materials	194,239	198,373	238,837	221,587	227,109	5,522	
Pharmacy & Optometry COGS	107,991	116,892	119,361	121,626	144,700	23,074	
Recruitment	2,891	4,119	340	38,125	20,400	(17,725)	
Rent	38,850	37,192	102,057	62,143	84,810	22,667	Although Musante lease is overall less this is the scheduled increase.
Repairs and maintenance	175,905	156,024	180,955	168,090	164,766	(3,324)	
Small equipment purchases	25,329	13,557	10,080	26,760	22,703	(4,057)	
Telephone	92,844	114,555	141,729	158,465	157,737	(728)	
Travel	45,153	46,901	24,079	31,761	29,000	(2,761)	
Utilities	40,628	46,955	54,003	52,373	51,150	(1,223)	
Loss on Disposal of Assets	52	-	-	-	-	-	
Total Other Operating Expenses	1,554,455	1,608,848	1,725,279	1,898,950	1,990,743	91,793	
NET OPERATING SURPLUS (DEFICIT)	(79,643)	(259,922)	(454,427)	(265,840)	(281,481)	(15,641)	
NON-OPERATING ACTIVITIES							
Donations, Pledges & Contributions	510,091	402,687	65,594	170,070	200,000	29,930	Hired new fundraiser, however this is a lofty goal.
Loan Forgiveness	39,000	-	-	52,912	-	(52,912)	FY 2019 had Musante lease adjustment for prior years accrual
Capital Grants	16,382	671,526	404,993	124,590	-	(124,590)	No known capital grants known for FY 2020
NET NON-OPERATING SURPLUS (DEFICIT)	565,472	1,074,213	470,587	347,572	200,000	(147,572)	
NET SURPLUS/(DEFICIT)	$ 485,830	$ 814,290	$ 16,160	$ 81,732	$ (81,481)	$ (163,212)	

Hilltown Community Health Centers
FY 2020 Budget - Statement of Activities

	Budget Medical	Budget Dental	Budget BH	Budget Optometry	Budget Pharmacy	Budget Community	Budget Fundraising	Budget Admin/OH	Budget Total	Forecast 2019	Actual 2018	Actual 2017
OPERATING ACTIVITIES												
Revenue												
Patient Services - Medical	2,749,725	-	-	-	-	-	-	-	2,749,725	2,495,491	2,608,478	2,519,957
Patient Services - Dental	-	1,938,750	-	-	-	-	-	-	1,938,750	1,867,811	1,751,991	1,690,338
Patient Services - Beh. Health	-	-	389,278	-	-	-	-	-	389,278	371,345	377,787	364,524
Patient Services - Optometry	-	-	-	240,217	-	-	-	-	240,217	207,816	205,723	185,403
Patient Services - Optometry Hardware	-	-	-	90,000	-	-	-	-	90,000	84,762	83,791	78,083
Patient Services - Pharmacy	-	-	-	-	250,000	-	-	-	250,000	133,891	163,845	157,525
Quality & Other Incentives	19,000	-	-	1,000	-	-	-	-	20,000	70,498	49,111	118,962
HRSA 330 & Other Grant	40,000	-	220,000	-	-	40,000	-	1,576,699	1,876,699	1,757,630	1,719,762	1,495,440
Other Grants & Contracts	129,252	13,300	25,562	-	23,016	526,938	-	-	718,068	873,200	877,929	904,409
Int., Dividends Gain /Loss Investmenst	-	-	-	-	-	-	-	42,475	42,475	64,937	(19,454)	96,788
Rental & Misc. Income	-	-	-	-	-	-	-	35,900	35,900	31,355	35,876	31,878
Total Operating Revenue	2,937,977	1,952,050	634,840	331,217	273,016	566,938	-	1,655,074	8,351,112	7,958,736	7,854,841	7,643,306
Forecasted FY 2019	2,752,091	1,888,632	478,661	293,209	156,916	613,978	(1,661)	1,776,910		7,958,736		
Compensation and related expenses												
Salaries and wages	2,558,053	1,453,452	328,332	208,355	-	441,846	45,500	690,194	5,725,732	5,445,237	5,696,977	5,418,103
Payroll taxes	191,854	109,009	24,625	15,627	-	33,138	3,413	51,765	429,430	417,140	426,074	402,020
Fringe benefits	217,435	123,543	27,908	17,710	-	37,557	3,868	58,666	486,687	463,249	460,939	474,256
Total Compensation & related expenses	2,967,341	1,686,004	380,865	241,692	-	512,541	52,780	800,625	6,641,849	6,325,626	6,583,989	6,294,380
Forecasted FY 2019	2,718,580	1,714,090	361,865	218,776	-	468,156	21,201	822,958		6,325,626		
Other Operating Expenses												
Advertising and marketing	2,000	2,500	1,000	-	-	1,750	-	1,750	9,000	11,160	4,687	4,145
Bad debt	42,600	43,000	7,800	6,600	-	-	-	-	100,000	103,915	58,489	78,253
Computer support	31,342	6,720	11,007	3,248	-	2,291	-	24,794	79,402	77,679	84,529	108,575
Conference and meetings	475	1,700	750	-	-	1,000	-	4,650	8,575	11,245	4,660	15,368
Continuing education	18,433	6,829	3,079	-	-	-	-	410	28,751	29,349	24,628	28,972
Contracts and consulting	108,519	756	-	-	-	23,500	8,116	13,664	154,555	74,150	34,149	58,983
Depreciation and amortization	6,206	52,970	-	16,894	-	-	-	255,734	331,804	331,807	244,859	164,337
Dues and membership	10,850	1,700	-	-	-	-	3,000	17,200	32,750	34,127	30,754	83,754
Equipment leases	9,669	3,253	2,555	1,514	-	-	-	10,846	27,837	27,328	24,892	24,178
Insurance	375	-	-	-	-	534	-	24,415	25,324	25,329	23,556	14,472
Interest	-	-	-	-	-	-	-	16,029	16,029	15,951	17,858	18,611
Legal and accounting	-	-	-	-	-	-	-	31,500	31,500	34,667	31,964	34,044
Licenses and fees	28,250	3,301	220	390	-	734	148	12,932	45,975	46,734	55,530	49,637
Medical & dental lab and supplies	-	97,918	-	23,150	-	-	-	-	121,068	117,569	134,183	127,574
Merchant CC Fees	400	1,800	-	50	-	-	-	17,100	19,350	19,296	17,921	13,861
Office supplies and printing	4,756	2,617	1,008	125	-	14,093	-	16,924	39,523	40,100	43,172	32,700
Pharmacy & Optometry COGS	81,208	190	-	15,286	48,016	-	-	-	144,700	17,615	119,361	116,892
Postage	300	400	-	600	-	100	-	15,525	16,925	221,587	18,009	16,819
Program supplies and materials	55,847	137,763	3,393	16,190	-	13,916	-	-	227,109	121,626	238,837	198,373
Recruitment	15,000	5,200	-	-	-	200	-	-	20,400	38,125	340	4,119
Rent	-	-	-	-	-	41,292	-	43,518	84,810	62,143	102,057	37,192
Repairs and maintenance	4,040	14,805	217	4,639	-	2,784	-	138,281	164,766	168,090	180,955	156,024
Small equipment purchases	6,856	704	6,491	-	-	2,247	-	6,405	22,703	26,760	10,080	13,557
Telephone/Internet	5,613	5,574	5,613	-	-	19,721	-	121,216	157,737	158,465	141,729	114,555
Travel	2,750	650	500	50	-	14,450	-	10,600	29,000	31,761	24,079	46,901
Utilities	-	-	-	-	-	-	-	51,150	51,150	52,372	54,003	46,955
Total Other Operating Expenses	435,489	390,350	43,633	88,736	48,016	138,612	11,264	834,643	1,990,743	1,898,950	1,725,279	1,608,848
Forecasted FY 2019	352,226	391,963	39,795	85,571	30,327	151,998	11,450	835,620		1,898,950		
NET OPERATING SURPLUS (DEFICIT)	(464,853)	(124,304)	210,342	789	225,000	(84,215)	(64,044)	19,806	(281,481)	(265,840)	(454,427)	(259,922)
Forecasted FY 2019	(318,715)	(217,421)	77,001	(11,138)	126,589	(6,176)	(34,312)	118,332		(265,840)		
NON_OPERATING ACTIVITIES												
Donations, Pledges & Contributions	-	-	-	-	-	-	200,000	-	200,000	170,070	65,594	402,687
Debt Forgivness									-	52,912	-	-
Capital Grants										124,590	404,993	671,526
NET NON-OPERATING SURPLUS (DEFICIT)	-	-	-	-	-	-	200,000	-	200,000	347,572	470,587	1,074,213
Forecasted FY 2019	-	46,029	2,360	36,432	-	-	149,893	112,858		347,572		
NET SURPLUS/(DEFICIT)	(464,853)	(124,304)	210,342	789	225,000	(84,215)	135,956	19,806	(81,481)	81,732	16,160	814,290
Forecasted FY 2019	(318,715)	(171,392)	79,361	25,294	126,589	(6,176)	115,581	231,190		81,732		

2020 Policy Review/Report Schedule for HCHC Board of Directors

Month	Item
January	
February	CEO Evaluation
March	HIPPA Policies
April	Financial Policies
May	Annual Auditing Firm Report QI-Risk Mgt Board Report Jul-Dec
June	Annual Meeting Clinical Policies
July	HR Policies (Employee Handbook)
August	QI-Risk Mgt Board Report Jan-Jul
September	Administrative Policies
October	Corporate Compliance Policies
November	Board Policies
December	Annual Auditing Firm Vote

John P. Musante Health Center
Preliminary 2019 Patient Data

Measure	Dental Department	Medical/BH Department	Total
Number of Patients	905	820	~1300[1]
Number of Visits	3,154	2,082	5,236
Visits per Patient	3.49	2.54	
% < 18 years of age	14%	10%	
% > 64 years of age	14%	13%	
Medical Insurance Status: Medicaid Medicare Uninsured Commercial[2]		32% 13% 11% 42%	
Race/Ethnicity[3] % Hispanic/Latino Patients % Asian Patients % African American/Black % Other, Not Caucasian	28% 10% 10% 3%	22% 10% 8% 2%	
Number of Zip Codes Amherst/Pelham as % of total	79 50%	14[4] 37%	
# of Veterans		30	

[1] Given data collection methods, an unduplicated number has not been calculated as of 2/10/20 – historically, about 25-30% of patients are seen by both departments, so this number is an estimate

[2] Includes all Health Connector plans: the premiums, deductibles, or co-pays could be decreased from market rates based on income or decreased through tax credits

[3] Percentage of those patients who chose to provide the information

[4] 70% of Medical patients came from 14 ZIP codes – further analysis is being done