Hilltown Community Health Center
**Board of Directors Meeting**
**July 9, 2020**
https://hchcweb-org.zoom.us/j/590224751 -- ID: 590 224 751
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** | Lee Manchester |
| **5:35 PM** | **Finance Committee Report** | **Vote Needed** | Treasurer<br>John Melehov |
| **5:50 PM** | **Staff Presentation**<br>• Racial Equity at HCHC | Inform/Discussion | Jon Liebman, Medical Director; Franny Huberman, BH Director |
| **6:20 PM** | **Committee Reports**<br>• Executive Committee<br>• Fundraising Committee<br>• Personnel<br>• Facilities<br>• Recruitment Orientation and Nomination<br>• Strategic Planning | **Vote Needed** | <br>Lee Manchester<br>Nancy Brenner<br>John Follet<br>Alan Gaitenby<br>Wendy Long<br><br>Nancy Brenner |
| **6:30 PM** | **Senior Management Reports**<br>• Credentialing and Privileging Report<br>• Quality Improvement/Risk Management<br>• CEO Report | <br>**Vote Needed**<br>**Vote Needed**<br>Inform/Discussion | <br>Michael Purdy<br>Michael Purdy<br>Eliza Lake |
| **6:50 PM** | **New Business**<br>• Conflict of Interest<br>• FTCA Application | <br>Inform/Discussion<br>**Vote Needed** | <br>Eliza Lake |
| **7:05 PM** | **Old Business**<br>• Reopening: Phase 2 Attestation and Procedure | <br>**Vote Needed** | Eliza Lake |
| **7:20 PM** | **Executive Session** (if needed) | Discussion | Lee Manchester |
| **7:30 PM** | **Adjourn** | **Vote Needed** | Lee Manchester |

***Upcoming Meetings – all by Zoom, for the moment***

- August 13, 2020
- September 10, 2020
- October 8, 2020

**HCHC BOARD OF DIRECTORS MEETING**
**Date/Time: 06/04/2020 5:30pm**
**Zoom Meeting**

**MEMBERS:** John Follet, President; Kathryn Jensen, Clerk, Lee Manchester, Interim Treasurer; Nancy Brenner, Vice President; Jennica Gallagher; Alan Gaitenby
**STAFF:** Eliza Lake, CEO; Michael Purdy, CCCSO; Jennifer Coscia, Interim CFO; Tabitha Griswold, Executive Assistant
**ABSENT:** Seth Gemme; Wendy Long; Kate Albright-Hanna; Matt Bannister
**GUEST:** Adelson & Company Representatives- Allison L. Bedard, CPA and Carol J. Leibinger-Healey, CPA

| Agenda Item | Summary of Discussion | Decisions/ Next Steps/ Person Responsible Due Date |
|---|---|---|
| Review of Minutes 05/14/2020 | John Follet called the meeting to order at 5:43 pm.<br><br>Lee Manchester noted a minor grammatical correction in the language for the vote to approve the Sliding Fee Discount Program on page 6 of the May Board minutes. Also noted, an amendment to be made to the RON Committee report that John Follet volunteered to be interim treasurer.<br>**Nancy Brenner moved to approve the May Board minutes as amended. Lee Manchester seconded the motion, which was approved by those present.** | The Board voted unanimously to approve the May 14, 2020 Board minutes as amended |
| Finance Committee | • Lee Manchester reported there were no April financials due to timing of this month's meeting. Those financials will be reported in next month's meeting. A liquidity work sheet was created as an analysis of cash on hand with best, moderate and worse case scenario forecasts. Every month this tool can be updated with the current cash balance and percentage of patient revenue by department. This tool will allow HCHC to track its cash and identify potential problems quickly.<br>• The analysis on revenue impacts of COVID-19 were presented by Jennifer Coscia. This analysis compared patient revenue for April 2019 and April 2020 for the Medical and Dental departments. The loss was analyzed | The Board voted unanimously to approve the Finance Committee report |

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| | by percentage in each department. This demonstrated the huge impact that COVID-19 had on patient revenue for HCHC. A secondary analysis of the "pre-COVID-19" time of January and February 2020 versus the "during COVID-19" time of March and April 2020 analyzed the loss or revenue in the Behavioral, Optometry and Medical departments.<br><br>**Nancy Brenner moved to approve the Finance Committee report. Jenicca Gallagher seconded the motion.**<br><br>Adelson & Company, PC, HCHC's auditing firm, presented their independent audit report to the full board. The report explained both management's and the auditors' responsibilities regarding the audit. Carol Liebinger, the Audit Partner on this engagement, stated that in their opinion the financial statements present fairly, in all material respects, the financial position of HCHC.<br><br>Allison Bedard, the manager on the engagement reviewed the financial statements and notes with the Board. Carol then reviewed the management letter and noted that there were no minor management points, some recommended improvements or protections.<br><br>It was asked if there were any questions or comments regarding this report. None were noted.<br><br>**Lee Manchester moved to accept the draft finance statements as presented. Alan Gaitenby seconded the motion.** | The Board voted unanimously to approve the draft audited financial statements |
| CEO Report | Eliza provided a verbal CEO report this month:<br>• Eliza Lake reported on three HRSA grants related to the COVID-19 crisis: CARES Act grant, a COVID Supplement Funding grant, and an Enhanced Capacity for Testing (ECT) grant. Budgets for the COVID Supplemental Funding and the CARES Act grants have been submitted to HRSA and approved, and the ECT budget will be submitted upon approval by the Board. The Board reviewed the requirements for spending for each of those grants, and how HCHC is planning to expend the funds. | The Board voted unanimously to approve the HRSA COVID-19 grant budget submissions. |

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| | **Jenicca Gallagher moved to approve the submission of the grants, as stated above. Nancy Brenner seconded the motion.**<br><br>• Eliza reported that hazard pay went out to staff based on a tiered system created by Senior Management. These tiers were tied to timing and location of work for individual employees, and whether they experienced regular patient contact.<br>• The new CFO will be starting June 16th. He will be on site for the first few months and keeping the previous CFO's work schedule of being in office Tuesday through Friday.<br>• There has been progress in moving ahead with the recruitment of a Clinical Operations Manager candidate. This renewed effort comes after the previous candidate for COO backed out due to personal reasons. Having more support for clinical operations during this difficult time is the driving force behind moving forward with this hire.<br>• A statement was drafted by managers, as requested by staff, regarding the recent events of racial injustice. The Board agreed that there will be a statement directly from the Board and that statement will be distributed via HCHC's website. Kathryn Jensen will develop that letter and will forward to the full Board upon completion of the draft for feedback. | |
| Executive Committee | • John Follet reported that there was no meeting to report. | |
| Recruitment, Orientation & Nominating (RON) Committee | • Alan Gaitenby reported that there were some communications but no new meetings. | |
| Facilities Committee | • Eliza Lake reported that there is a contract with an Industrial Hygienist to look at air exchange rates in clinical procedure rooms in each department, in order to ensure that infection control standards are being met. | |
| Personnel Committee | • John Follet reported that this committee has not met. Eliza Lake noted as follow up from last month's meeting that a Telecommuting Agreement form has been finalized and distributed to managers for implementation. | |

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| Strategic Planning | • This committee has not met. | |
| Fundraising Committee | • This committee has not met. | |
| Committee Reports | • **Jenicca Gallagher moved that the committee reports be approved. Kathryn Jensen seconded the motion. The committee reports were approved by those present.** | The Board voted unanimously to approve the Committee Reports |
| Quality Improvement/ Risk Management | • Michael Purdy reported that the risk management and infectious control group are working on the attestation process to move into Phase One, including on the development of procedures for PPE usage, worker and patient safety, and infection control. He will be meeting with managers make sure implementation is in place to safely do procedures as services start to resume.<br>• Staff are working on QI measures for C3 and on the Diabetes Action Plan that both HRSA and Cooley Dickinson's Physician/Hospital Organization are requiring. This meshes well with the need to prioritize services to high risk individuals.<br>**Kathryn Jensen moved to accept the QI/RM report, Lee Manchester seconded.**<br><br>• Michael reported on the QI/RM six-month report for July-December 2019. Some highlights that were discussed in that report include the eCW server corruption in June, and the fact that it resulted in no adverse effects, the HMA Consultant's work, the ongoing medical provider and support staff shortage, and follow-up on recruitment efforts.<br>**Lee Manchester moved to accept the QI/RM 6-month Summary Report for July-December 2019 and Alan Gaitenby seconded the motion.** | The Board voted unanimously to approve the QI/ Risk Management Report.<br><br>The Board voted unanimously to approve the QI/RM 6-month report for July-December 2019. |
| Credentialing/ Privileging Report | • Michael Purdy informed the Board that the following individual was approved for initial credentialing and privileging<br>▪ Jonathan Mills, LCSW | The Board voted unanimously to approve the |

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| | • Michael Purdy informed the Board that the following individual was approved for re-credentialing:<br>▪ Ambarish Walvekar, Limited License Dentist<br>**Lee Manchester moved to approve the slate of employees as presented, Jenicca Gallagher seconded the motion.** | initial credentialing and privileging of Jonathan Mills, LCSW<br><br>The Board voted unanimously to approve the re-credentialing of Ambarish Walvekar, Limited License Dentist.<br><br>Bridget Rida to notify employees of the granted credentials/privileges. |
| New Business | • No new business was discussed. | |
| Old Business | • No old business was discussed | |
| Next Meeting | **Kathryn Jensen moved the meeting be adjourned. Nancy Brenner seconded the motion, which was approved by those present.**<br><br>The meeting was adjourned at 6:51 pm. The next scheduled meeting, which will be July 9, 2020 via Zoom. | The Board voted unanimously to approve adjourn. |

Respectfully submitted,
Tabitha Griswold, Executive Assistant

Approved by Board of Directors:

_____ _____

Chair, HCHC Board of Directors Date

Hilltown Community Health Center

# Interim Financial Statement Presentation

April 2020 – Presented 7/9/2020

# Highlights

- Presentation of May, June, & July financial results should occur at August meeting.
- Despite low patient volume, cash increased during period.
- Salaries Expense down significantly YTD.
- Budgets for 2020 have become mostly irrelevant due to Covid-19. These and other statistics will be worked into future presentations as I become more familiar with the organization.

# Income Statement

| | Apr Actual | YTD Total Actual | PY YTD Actual | $ Change | % Change |
|---|---|---|---|---|---|
| **OPERATING ACTIVITIES** | | | | | |
| **Revenue** | | | | | |
| Patient Services - Medical | $127,027.43 | $641,680.43 | $882,540.07 | ($240,859.64) | (27.29%) |
| Patient Services - Dental | $17,187.08 | $356,700.95 | $664,553.20 | ($307,852.25) | (46.32%) |
| Patient Services - Beh. Health | $29,864.18 | $137,090.53 | $116,805.81 | $20,284.72 | 17.37% |
| Patient Services - Optometry | $4,184.24 | $48,745.62 | $68,420.28 | ($19,674.66) | (28.76%) |
| Patient Services - Optometry Hardware | $998.26 | $18,832.44 | $33,751.19 | ($14,918.75) | (44.20%) |
| Patient Services - Pharmacy | $18,350.29 | $43,271.81 | $28,118.23 | $15,153.58 | 53.89% |
| Quality & Other Incentives | $276.61 | $25,225.31 | $17,990.51 | $7,234.80 | 40.21% |
| HRSA 330 & Other Grant | $225,857.42 | $640,674.67 | $509,090.92 | $131,583.75 | 25.85% |
| Other Grants & Contracts | $289,624.34 | $473,688.61 | $281,044.08 | $192,644.53 | 68.55% |
| Int., Dividends Gain /Loss Investmenst | $27,765.03 | ($37,695.61) | $40,639.37 | ($78,334.98) | (192.76%) |
| Rental & Misc. Income | $2,332.57 | $11,166.56 | $9,996.31 | $1,170.25 | 11.71% |
| Total Operating Revenue | $743,467.45 | $2,359,381.32 | $2,652,949.97 | ($293,568.65) | (11.07%) |

- Grants are making us whole where patient revenue has faltered
- PPP Loan and additional grant funding will be shown in the following months

- Salary Expense YTD down 5.5%
- Expense related to patient volume is down
- Consulting & Computer Expense increased

| | | Apr Actual | YTD Total Actual | PY YTD Actual | $ Change | % Change |
|---|---|---|---|---|---|---|
| **Compensation and related expenses** | | | | | | |
| | Salaries and wages | ($489,205.62) | ($1,805,160.65) | ($1,888,714.32) | $83,553.67 | 4.4% |
| | Payroll taxes | ($35,864.02) | ($135,035.72) | ($152,871.84) | $17,836.12 | 11.7% |
| | Fringe benefits | ($37,383.75) | ($134,879.50) | ($155,397.11) | $20,517.61 | 13.2% |
| | Total Compensation & related expenses | ($562,453.39) | ($2,075,075.87) | ($2,196,983.27) | $121,907.40 | 5.5% |
| | | | | | | |
| **Other Operating Expenses** | | | | | | |
| | Advertising and marketing | $0.00 | ($99.00) | ($4,330.28) | $4,231.28 | 97.7% |
| | Bad debt | ($8,830.75) | ($13,133.55) | ($43,196.51) | $30,062.96 | 69.6% |
| | Computer support | ($9,589.38) | ($44,303.64) | ($30,888.79) | ($13,414.85) | (43.4%) |
| | Conference and meetings | $1,475.00 | ($123.26) | ($5,032.42) | $4,909.16 | 97.6% |
| | Continuing education | $0.00 | ($3,460.36) | ($14,266.76) | $10,806.40 | 75.7% |
| | Contracts and consulting | ($20,701.16) | ($69,480.72) | ($15,473.72) | ($54,007.00) | (349.0%) |
| | Depreciation and amortization | ($28,544.34) | ($114,177.35) | ($110,602.32) | ($3,575.03) | (3.2%) |
| | Dues and membership | ($2,529.58) | ($10,481.32) | ($8,439.24) | ($2,042.08) | (24.2%) |
| | Equipment leases | ($1,734.95) | ($8,465.00) | ($8,636.79) | $171.79 | 2.0% |
| | Insurance | ($2,191.76) | ($8,723.89) | ($8,455.53) | ($268.36) | (3.2%) |
| | Interest | ($1,258.13) | ($5,012.95) | ($5,444.12) | $431.17 | 7.9% |
| | Legal and accounting | ($2,500.00) | ($10,126.00) | ($9,451.00) | ($675.00) | (7.1%) |
| | Licenses and fees | ($2,897.77) | ($17,970.05) | ($16,266.32) | ($1,703.73) | (10.5%) |
| | Medical & dental lab and supplies | ($896.91) | ($26,980.82) | ($43,355.39) | $16,374.57 | 37.8% |
| | Merchant CC Fees | ($1,491.67) | ($6,794.02) | ($6,344.41) | ($449.61) | (7.1%) |
| | Office supplies and printing | ($7,187.78) | ($14,443.19) | ($10,892.66) | ($3,550.53) | (32.6%) |
| | Postage | ($151.30) | ($4,558.84) | ($4,390.44) | ($168.40) | (3.8%) |
| | Program supplies and materials | ($2,688.14) | ($53,234.94) | ($77,727.98) | $24,493.04 | 31.5% |
| | Pharmacy & Optometry COGS | ($3,784.54) | ($27,426.92) | ($32,012.52) | $4,585.60 | 14.3% |
| | Recruitment | $0.00 | ($4,666.10) | ($2,455.03) | ($2,211.07) | (90.1%) |
| | Rent | ($6,964.43) | ($32,577.72) | ($22,154.07) | ($10,423.65) | (47.1%) |
| | Repairs and maintenance | ($11,565.42) | ($59,324.24) | ($55,696.91) | ($3,627.33) | (6.5%) |
| | Small equipment purchases | ($1,299.00) | ($2,967.87) | ($2,728.75) | ($239.12) | (8.8%) |
| | Telephone | ($15,335.76) | ($54,421.87) | ($53,209.38) | ($1,212.49) | (2.3%) |
| | Travel | ($639.41) | ($4,874.21) | ($7,388.22) | $2,514.01 | 34.0% |
| | Utilities | ($4,480.56) | ($16,524.64) | ($20,314.59) | $3,789.95 | 18.7% |
| | Total Other Operating Expenses | ($135,787.74) | ($614,352.47) | ($619,154.15) | $4,801.68 | 0.8% |
| | **NET OPERATING SURPLUS (DEFICIT)** | **$45,226.32** | **($330,047.02)** | **($163,187.45)** | **($166,859.57)** | **(102.3%)** |

# Net Surplus (Income)

| | | Apr Actual | YTD Total Actual | PY YTD Actual | $ Change | % Change |
|---|---|---|---|---|---|---|
| | **NET OPERATING SURPLUS (DEFICIT)** | **$45,226.32** | **($330,047.02)** | **($163,187.45)** | **($166,859.57)** | **(102.3%)** |
| **NON_OPERATING ACTIVITIES** | | | | | | |
| | Donations, Pledges & Contributions | $40,211.00 | $70,856.00 | $629.57 | $70,226.43 | 11154.7% |
| | Loan Forgiveness | $0.00 | $0.00 | $0.00 | $0.00 | 0.0% |
| | Capital Grants | $0.00 | $0.00 | $5,712.73 | ($5,712.73) | (100.0%) |
| | **NET NON-OPERATING SURPLUS (DEFICIT)** | **$40,211.00** | **$70,856.00** | **$6,342.30** | **$64,513.70** | **1017.2%** |
| | | | | | | |
| | **NET SURPLUS/(DEFICIT)** | **$85,437.32** | **($259,191.02)** | **($156,845.15)** | **($102,345.87)** | **(65.3%)** |

- Grants and public generosity have been rescuing what could have been a disastrous year
- Only $102K behind our deficit YTD 2019

# Cash Flow

| | | |
|---|---|---|
| **CASH FLOWS FROM OPERATING ACTIVITIES** | | |
| NET SURPLUS/(DEFICIT) FOR PERIOD | $85,437.32 | (Reported on Income Statement) |
| NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES | $45,271.13 | (Positive figure means more cash generated than spent) |
| **CASH FLOWS FROM INVESTING ACTIVITIES** | | |
| NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES | $797.99 | (Investment interest) |
| **NET INCREASE/(DECREASE) IN CASH** | **$46,069.12** | |
| **CASH AND CASH EQUIVALENTS AS OF 4/1/2020** | **$947,288.75** | |
| **CASH AND CASH EQUIVALENTS AS OF 4/30/2020** | **$993,357.87** | |

- Cash on hand increased by $46K

# Balance Sheet

- Patient AR of $642K is 50% over 120 days old
  - Collectability on the aged portion is suspect
  - Billing is working on cleaning this up and writing off uncollectable accounts

| | | |
|---|---|---|
| ASSETS | | |
| Current Assets | | |
| | Cash - Operating Fund | $393,603.80 |
| | Cash - Restricted | $217,335.13 |
| | Patient Receivables | $641,914.85 |
| | Less Allow. for Doubtful Accounts | ($152,617.00) |
| | Less Allow. for Contractual Allowances | ($244,457.00) |
| | A/R 340B-Pharmacist | $3,787.16 |
| | A/R 340B-State | $1,994.77 |
| | Contracts & Grants Receivable | $142,407.43 |
| | Prepaid Expenses | $20,809.37 |
| | A/R Pledges Receivable | $3,210.00 |
| | Total Current Assets | $1,027,988.51 |
| | | |
| Property & Equipment | | |
| | Land | $204,505.53 |
| | Buildings | $2,613,913.09 |
| | Improvements | $929,482.93 |
| | Leasehold Improvements | $1,933,674.03 |
| | Equipment | $1,391,939.02 |
| | Total Property and Equipment | $7,073,514.60 |
| | Less Accumulated Depreciation | ($2,868,160.40) |
| | Net Property & Equipment | $4,205,354.20 |
| | | |
| Other Assets | | |
| | Restricted Cash | $53,720.57 |
| | Pharmacy 340B and Optometry Inventory | $9,863.20 |
| | Investments Restricted | $7,180.44 |
| | Investment - Vanguard | $255,727.06 |
| | Total Other Assets | $326,491.27 |
| | | |
| | **TOTAL ASSETS** | **$5,559,833.98** |

- Current Assets = $1.028 M
- Current Liabilities = $1.147 M

- Current Ratio = 0.89
  - Ideally this ratio is above 1
  - Look to see this improve for May, June, & July

| | |
|---|---|
| **Liabilities & Fund Balance** | |
| Current & Long Term Liabilites | |
| Current Liabilities | |
| Accounts Payable | $98,854.04 |
| Notes Payable | $429,528.86 |
| Sales Tax Payable | $1.72 |
| Accrued Expenses | ($252.63) |
| Accrued Payroll Expenses | $464,423.51 |
| Payroll Liabilities | $11,293.14 |
| Unemployment Escrow | $180.85 |
| Defered Contract Revenue | $143,013.25 |
| Total Current Liabilities | $1,147,042.74 |
| Long Term Liabilities | |
| Mortgage Payable United Bank | $144,184.05 |
| Mortgages Payable USDA Huntington | $158,852.26 |
| Total Long Term Liabilities | $303,036.31 |
| **Total Liabilities** | **$1,450,079.05** |

| | |
|---|---|
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| **TOTAL ASSETS** | **$5,559,833.98** |
| | |
| **Liabilities & Fund Balance** | |
| Current & Long Term Liabilites | |
| Current Liabilities | |
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| Notes Payable | $429,528.86 |
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| Long Term Liabilities | |
| Mortgage Payable United Bank | $144,184.05 |
| Mortgages Payable USDA Huntington | $158,852.26 |
| Total Long Term Liabilities | $303,036.31 |
| **Total Liabilities** | **$1,450,079.05** |
| Fund Balance / Equity | |
| Fund Balance Prior Years | $4,109,754.93 |
| Total Fund Balance / Equity | $4,109,754.93 |
| **Total Liabilities & Fund Balance** | **$5,559,833.98** |

**CASH FLOWS FROM OPERATING ACTIVITIES**

| | | |
|---|---|---|
| | NET SURPLUS/(DEFICIT) FOR PERIOD | $85,437.32 |
| ADJUSTMENTS TO RECONCILE NET INCOME TO NET CASH | | |
| PROVIDED (USED) BY OPERATING ACTIVITIES | | |
| 01-10355-00 | Increase in CAPITAL RESERVE MONEY MARKET | ($0.04) |
| 01-11102-00 | Decrease in ECW/AR PAYMENT | $5,307.89 |
| 01-11103-00 | Decrease in DENTRIX/AR PAYMENT | $14,401.37 |
| 01-11130-00 | Decrease in A/R - PLEDGES RECEIVABLE | $100.00 |
| 01-13200-00 | Decrease in PREPAID EXPENSES | $1,772.84 |
| 01-13210-00 | Increase in PREPAID INSURANCE | ($81.41) |
| 01-13410-00 | Increase in PREPAID VISION INSURANCE | ($18.73) |
| 01-13700-00 | Increase in PREPAID WORKMANS' COMP | ($2,626.47) |
| 01-22100-00 | Decrease in ACCOUNTS PAYABLE | ($107,488.92) |
| 01-24450-00 | Increase in 403B EMPLOYEE LOAN | $346.51 |
| 01-24500-00 | Decrease in FLEXIBLE SPENDING BENEFIT | ($2,517.57) |
| 01-25600-00 | Increase in UNITED WAY PAYROLL DEDUCTION | $36.00 |
| 01-25900-01 | Decrease in SALES TAX PAYABLE | ($11.26) |
| 01-25900-02 | Decrease in SALES TAX PAYABLE | ($106.47) |
| 01-26000-00 | Increase in ACCRUED EXPENSES | $5,487.08 |
| 01-26010-00 | Increase in ACCRUED SALARIES/PAYROLL | $200,125.00 |
| 01-26020-00 | Increase in ACCRUED FICA PAYABLE | $14,697.00 |
| 01-26030-00 | Decrease in ACCRUED VACATION | ($211,229.00) |
| 01-26040-00 | Decrease in ACCRUED VACATION FICA | ($16,159.00) |
| 01-28100-00 | Decrease in MORTGAGE-HUNTINGTON | ($1,153.42) |
| 01-28110-00 | Decrease in UNITED BANK MORTGAGE HUNTG | ($1,504.84) |
| 01-29400-00 | Increase in DEFERRED REVENUE | $62,530.57 |
| 01-29405-00 | Decrease in DENTRIX SUSPENDED CREDITS | ($2,073.32) |
| | NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES | $45,271.13 |

**CASH FLOWS FROM INVESTING ACTIVITIES**

| | | |
|---|---|---|
| 01-16250-01 | LESS ACCUM DEPR | $1,817.04 |
| 01-16250-02 | LESS ACCUM DEPR | $2,483.69 |
| 01-16252-02 | ACCUM. AMORTIZATION | $26.78 |
| 01-16350-01 | LESS ACCUM DEPR | $877.36 |
| 01-16350-02 | LESS ACCUM DEPR | $1,978.69 |
| 01-16450-04 | LESS ACCUM DEPR LEASEHLD IMP | $10,742.63 |
| 01-16550-00 | LESS ACCUM DEPR FURN & EQUIP | $671.04 |
| 01-16550-01 | LESS ACCUM DEPR FURN & EQUIP | $1,421.66 |
| 01-16550-02 | LESS ACCUM DEPR FURN & EQUIP | $1,100.79 |
| 01-16550-03 | LESS ACCUM DEPR FURN & EQUIP | $937.58 |
| 01-16550-04 | LESS ACCUM DEPR FURN & EQUIP | $6,360.76 |
| 01-16560-01 | LESS ACCUM DEPR STATE | $126.32 |
| 01-18220-00 | INVESTMENT VANGUARD | ($27,743.05) |
| 01-18440-00 | FLORENCE SAVINGS RESTRICTED | ($3.30) |
| | NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES | $797.99 |
| | **NET INCREASE/(DECREASE) IN CASH** | **$46,069.12** |
| | **CASH AND CASH EQUIVALENTS AS OF 4/1/2020** | **$947,288.75** |
| | **CASH AND CASH EQUIVALENTS AS OF 4/30/2020** | **$993,357.87** |

| | Apr Actual | YTD Total Actual | PY YTD Actual | $ Change | % Change |
|---|---|---|---|---|---|
| **OPERATING ACTIVITIES** | | | | | |
| **Revenue** | | | | | |
| Patient Services - Medical | $127,027.43 | $641,680.43 | $882,540.07 | ($240,859.64) | (27.29%) |
| Patient Services - Dental | $17,187.08 | $356,700.95 | $664,553.20 | ($307,852.25) | (46.32%) |
| Patient Services - Beh. Health | $29,864.18 | $137,090.53 | $116,805.81 | $20,284.72 | 17.37% |
| Patient Services - Optometry | $4,184.24 | $48,745.62 | $68,420.28 | ($19,674.66) | (28.76%) |
| Patient Services - Optometry Hardware | $998.26 | $18,832.44 | $33,751.19 | ($14,918.75) | (44.20%) |
| Patient Services - Pharmacy | $18,350.29 | $43,271.81 | $28,118.23 | $15,153.58 | 53.89% |
| Quality & Other Incentives | $276.61 | $25,225.31 | $17,990.51 | $7,234.80 | 40.21% |
| HRSA 330 & Other Grant | $225,857.42 | $640,674.67 | $509,090.92 | $131,583.75 | 25.85% |
| Other Grants & Contracts | $289,624.34 | $473,688.61 | $281,044.08 | $192,644.53 | 68.55% |
| Int., Dividends Gain /Loss Investmenst | $27,765.03 | ($37,695.61) | $40,639.37 | ($78,334.98) | (192.76%) |
| Rental & Misc. Income | $2,332.57 | $11,166.56 | $9,996.31 | $1,170.25 | 11.71% |
| Total Operating Revenue | $743,467.45 | $2,359,381.32 | $2,652,949.97 | ($293,568.65) | (11.07%) |
| **Compensation and related expenses** | | | | | |
| Salaries and wages | ($489,205.62) | ($1,805,160.65) | ($1,888,714.32) | $83,553.67 | 4.4% |
| Payroll taxes | ($35,864.02) | ($135,035.72) | ($152,871.84) | $17,836.12 | 11.7% |
| Fringe benefits | ($37,383.75) | ($134,879.50) | ($155,397.11) | $20,517.61 | 13.2% |
| Total Compensation & related expenses | ($562,453.39) | ($2,075,075.87) | ($2,196,983.27) | $121,907.40 | 5.5% |
| **Other Operating Expenses** | | | | | |
| Advertising and marketing | $0.00 | ($99.00) | ($4,330.28) | $4,231.28 | 97.7% |
| Bad debt | ($8,830.75) | ($13,133.55) | ($43,196.51) | $30,062.96 | 69.6% |
| Computer support | ($9,589.38) | ($44,303.64) | ($30,888.79) | ($13,414.85) | (43.4%) |
| Conference and meetings | $1,475.00 | ($123.26) | ($5,032.42) | $4,909.16 | 97.6% |
| Continuing education | $0.00 | ($3,460.36) | ($14,266.76) | $10,806.40 | 75.7% |
| Contracts and consulting | ($20,701.16) | ($69,480.72) | ($15,473.72) | ($54,007.00) | (349.0%) |
| Depreciation and amortization | ($28,544.34) | ($114,177.35) | ($110,602.32) | ($3,575.03) | (3.2%) |
| Dues and membership | ($2,529.58) | ($10,481.32) | ($8,439.24) | ($2,042.08) | (24.2%) |
| Equipment leases | ($1,734.95) | ($8,465.00) | ($8,636.79) | $171.79 | 2.0% |
| Insurance | ($2,191.76) | ($8,723.89) | ($8,455.53) | ($268.36) | (3.2%) |
| Interest | ($1,258.13) | ($5,012.95) | ($5,444.12) | $431.17 | 7.9% |
| Legal and accounting | ($2,500.00) | ($10,126.00) | ($9,451.00) | ($675.00) | (7.1%) |
| Licenses and fees | ($2,897.77) | ($17,970.05) | ($16,266.32) | ($1,703.73) | (10.5%) |
| Medical & dental lab and supplies | ($896.91) | ($26,980.82) | ($43,355.39) | $16,374.57 | 37.8% |
| Merchant CC Fees | ($1,491.67) | ($6,794.02) | ($6,344.41) | ($449.61) | (7.1%) |
| Office supplies and printing | ($7,187.78) | ($14,443.19) | ($10,892.66) | ($3,550.53) | (32.6%) |
| Postage | ($151.30) | ($4,558.84) | ($4,390.44) | ($168.40) | (3.8%) |
| Program supplies and materials | ($2,688.14) | ($53,234.94) | ($77,727.98) | $24,493.04 | 31.5% |
| Pharmacy & Optometry COGS | ($3,784.54) | ($27,426.92) | ($32,012.52) | $4,585.60 | 14.3% |
| Recruitment | $0.00 | ($4,666.10) | ($2,455.03) | ($2,211.07) | (90.1%) |
| Rent | ($6,964.43) | ($32,577.72) | ($22,154.07) | ($10,423.65) | (47.1%) |
| Repairs and maintenance | ($11,565.42) | ($59,324.24) | ($55,696.91) | ($3,627.33) | (6.5%) |
| Small equipment purchases | ($1,299.00) | ($2,967.87) | ($2,728.75) | ($239.12) | (8.8%) |
| Telephone | ($15,335.76) | ($54,421.87) | ($53,209.38) | ($1,212.49) | (2.3%) |
| Travel | ($639.41) | ($4,874.21) | ($7,388.22) | $2,514.01 | 34.0% |
| Utilities | ($4,480.56) | ($16,524.64) | ($20,314.59) | $3,789.95 | 18.7% |
| Total Other Operating Expenses | ($135,787.74) | ($614,352.47) | ($619,154.15) | $4,801.68 | 0.8% |
| **NET OPERATING SURPLUS (DEFICIT)** | **$45,226.32** | **($330,047.02)** | **($163,187.45)** | **($166,859.57)** | **(102.3%)** |
| **NON_OPERATING ACTIVITIES** | | | | | |
| Donations, Pledges & Contributions | $40,211.00 | $70,856.00 | $629.57 | $70,226.43 | 11154.7% |
| Loan Forgiveness | $0.00 | $0.00 | $0.00 | $0.00 | 0.0% |
| Capital Grants | $0.00 | $0.00 | $5,712.73 | ($5,712.73) | (100.0%) |
| **NET NON-OPERATING SURPLUS (DEFICIT)** | **$40,211.00** | **$70,856.00** | **$6,342.30** | **$64,513.70** | **1017.2%** |
| **NET SURPLUS/(DEFICIT)** | **$85,437.32** | **($259,191.02)** | **($156,845.15)** | **($102,345.87)** | **(65.3%)** |

# FTCA Application

## FTCA00022738/Original: HILLTOWN COMMUNITY HEALTH CENTER, INC., Worthington, MA

**Grant Number:** H80CS00601 **BHCMIS ID:** 010330 **Application Type:** Redeeming
**Calendar Year:** 2021 **Application Last Submitted by:** **Due Date:** 7/13/2020 11:59:59 PM

**OMB Number:** 0906-0035 **OMB Expiration Date:** 04/30/2021
**OMB Number:** 0906-0032 **OMB Expiration Date:** 10/31/2020

### Contact Details

#### Executive Director/Chief Executive Officer (Must electronically sign and certify the FTCA application)

| | | | |
|---|---|---|---|
| **Salutation** | | **Email Address** | elake@hchcweb.org |
| **First Name** | Eliza | **Phone Number** | 4132384128 Ext |
| **Middle Name** | B. | **Fax Number** | |
| **Last Name** | Lake | | |

#### Governing Board Chairperson

| | | | |
|---|---|---|---|
| **Salutation** | | **Email Address** | martinm@umass.edu |
| **First Name** | Martin | **Phone Number** | 4132964323 Ext |
| **Middle Name** | Lee | **Fax Number** | |
| **Last Name** | Manchester | | |

#### Medical Director

| | | | |
|---|---|---|---|
| **Salutation** | N/A | **Email Address** | jliebman@hchcweb.org |
| **First Name** | Jon | **Phone Number** | 4136673009 Ext |
| **Middle Name** | | **Fax Number** | |
| **Last Name** | Liebman | | |

#### Risk Manager

| | | | |
|---|---|---|---|
| **Salutation** | | **Email Address** | mpurdy@hchcweb.org |
| **First Name** | Michael | **Phone Number** | 4136673009 Ext |
| **Middle Name** | | **Fax Number** | |
| **Last Name** | Purdy | | |

#### Primary Deeming Contact (Individual responsible for completing the deeming application)

| | | | |
|---|---|---|---|
| **Salutation** | N/A | **Email Address** | elake@hchcweb.org |
| **First Name** | Eliza | **Phone Number** | 4132384128 Ext |
| **Middle Name** | | **Fax Number** | |
| **Last Name** | Lake | | |

#### Alternate Deeming Contact (Individual responsible for assisting with the deeming application)

| | | | |
|---|---|---|---|
| **Salutation** | | **Email Address** | tgriswold@hchcweb.org |
| **First Name** | Tabitha | **Phone Number** | 4132384118 Ext |
| **Middle Name** | | **Fax Number** | |
| **Last Name** | Griswold | | |

#### Credentialing/Privileging Contact (Individual responsible for managing the credentialing and privileging process)

| | | | |
|---|---|---|---|
| **Salutation** | | **Email Address** | |

| | | | |
|---|---|---|---|
| | N/A | | brida@hchcweb.org |
| **First Name** | Bridget | **Phone Number** | 4132384133 Ext |
| **Middle Name** | | **Fax Number** | |
| **Last Name** | Rida | | |

**Claims Management Contact (Individual responsible for the health center's administrative support to HHS/DOJ, as appropriate, for FTCA claims)**

| | | | |
|---|---|---|---|
| **Salutation** | N/A | **Email Address** | elake@hchcweb.org |
| **First Name** | Eliza | **Phone Number** | 4132384128 Ext |
| **Middle Name** | | **Fax Number** | |
| **Last Name** | Lake | | |

**Quality Improvement/Quality Assurance (QI/QA) Contact (Individual responsible for overseeing the QI/QA program)**

| | | | |
|---|---|---|---|
| **Salutation** | Dr | **Email Address** | scheung@hchcweb.org |
| **First Name** | Sheri | **Phone Number** | 4136673009 Ext 270 |
| **Middle Name** | | **Fax Number** | |
| **Last Name** | Cheung | | |

**Review of Risk Management Systems**

**1(A). I attest that my health center has implemented an ongoing risk management program to reduce the risk of adverse outcomes that could result in medical malpractice or other health or health-related litigation and that this program requires the following:**

**i. Risk management across the full range of health center activities (for example, patient management including scheduling, triage, intake, tracking, and follow-up);**
**ii. Health care risk management training for health center staff;**
**iii. Completion of quarterly risk management assessments by the health center; and**
**iv. Annual reporting to the governing board of: completed risk management activities; status of the health center's performance relative to established risk management goals; and proposed risk management activities that relate and/or respond to identified areas of high organizational risk.**

**[ X ] Yes [ _ ] No**

If "No", provide an explanation as to any discrepancies from the information identified above.

**1(B). By checking "Yes," below, I also acknowledge that failure to implement an ongoing risk management program and provide documentation of such implementation upon request may result in administrative remedies.**

**[ X ] Yes**

**2(A). I attest that my health center has implemented risk management procedures to reduce the risk of adverse outcomes that could result in medical malpractice or other health or health-related litigation. At a minimum, these procedures specifically address the following:**

**i. Identifying and mitigating (for example, through clinical protocols, medical staff supervision) the health care areas/activities of highest risk within the health center's HRSA-approved scope of project, including but not limited to tracking referrals, diagnostics, and hospital admissions ordered by health center providers;**
**ii. Documenting, analyzing, and addressing clinically-related complaints, "near misses", and sentinel events reported by health center employees, patients, and other individuals;**
**iii. Setting annual risk management goals and tracking progress towards those goals;**
**iv. Developing and implementing an annual health care risk management training plan for all staff members that addresses the following identified areas/activities of clinical risk: medical record documentation, follow-up on adverse test results, obstetrical procedures, and infection control, as well as training in Health Insurance Portability and Accountability Act (HIPAA) and other applicable medical record confidentiality requirements; and**
**v. Completing an annual risk management report for the governing board and key management staff that addresses the risk management program activities, goals, assessments, trainings, incidents and procedures.**

**[ X ] Yes [ _ ] No**

If "No", provide an explanation as to any discrepancies from the information identified above.

**2(B). I also acknowledge that failure to implement and maintain risk management procedures to reduce the risk of adverse outcomes that could result in medical malpractice or other health or health-related litigation, as further described above, may result in disapproval of this deeming application.**

**[ X ] Yes**

**2(C). Upload the risk management procedures that address mitigating risk in tracking of referrals, diagnostics, and hospital admissions ordered by health center providers or initiated by the patient.**

**Referral Tracking (Minimum 1) (Maximum 4)**

| Document Name | Size | Date Attached | Description |
|---|---|---|---|
| MED-28 Tracking Patient Referrals.pdf | 154 kB | 06/22/2020 | HCHC Referrals Tracking Policy Aug 2019 |

**Hospitalization Tracking (Minimum 1) (Maximum 4)**

| Document Name | Size | Date Attached | Description |
|---|---|---|---|
| MED-14 Hospital ER Follow Up.pdf | 87 kB | 06/22/2020 | HCHC Hospitalization Tracking Policy Aug 2019 |

**Diagnostic Tracking (must include labs and x-rays) (Minimum 1) (Maximum 4)**

| Document Name | Size | Date Attached | Description |
|---|---|---|---|
| MED-06 Diagnostic Imaging Tracking.pdf | 161 kB | 06/22/2020 | HCHC Diagnostic Tracking Policy Aug 2019 |

**3(A). I attest that my health center has developed and implemented an annual health care risk management training plan for staff members based on identified areas/activities of highest clinical risk for the health center. These training plans include detailed information related to the health center's tracking/documentation methods to ensure that trainings have been completed by the appropriate staff, including all clinical staff, at least annually. I attest that the training plans at a minimum also incorporate the following:**

**i. Obstetrical procedures (for example, continuing education for electronic fetal monitoring (such as the online course available through ECRI Institute), dystocia drills). Please note: Health centers that provide obstetrical services through health center providers need to include obstetrical training as part of their risk management training plans to demonstrate compliance. This includes health centers that provide prenatal and postpartum care through health center providers, even if they do not provide labor and delivery services;**

**ii. Infection control and sterilization (for example, Blood Borne Pathogen Exposure protocol, Infection Prevention and Control policies, Hand Hygiene training and monitoring program, dental equipment sterilization);**

**iii. HIPAA medical record confidentiality requirements; and**

**iv. Specific trainings for groups of providers that perform various services which may lead to potential risk (for example, dental, pharmacy, family practice).**

**[ X ] Yes [ _ ] No**

If "No", provide an explanation as to any discrepancies from the information identified above.

**3(B). Upload the health center's current annual risk management training plans for all staff, including all clinical and non-clinical staff, based on identified areas/activities of highest clinical risk for the health center and that include the items outlined in risk management question 3(A).i-iv of this application. The risk management training plans should also document completion of all required training.**

**All documents must be from the current or previous calendar year. Any documents dated outside of this period will not be accepted.**

**Risk Management Training Plan (Minimum 1) (Maximum 4)**

| Document Name | Size | Date Attached | Description |
|---|---|---|---|
| HCHC Training Plan 2020-21.pdf | 65 kB | 06/29/2020 | HCHC's Training Plan for 2020 |

**3(C). Upload all tracking/documentation tools used to ensure trainings have been completed by all staff, at least annually (for example, excel sheets, training reports).**

**All documents must be from the last 12 months. Any documents dated outside of this period will not be accepted. The documentation tools provided must be completed and demonstrate that health center staff have completed all required trainings. Blank tools and documentation are not sufficient.**

**Risk Management Training Plan Tracking and Documentation Tool (Minimum 1) (Maximum 4)**

| Document Name | Size | Date Attached | Description |
|---|---|---|---|
| HCHC Training Log - 2019-2020 - HIPAA.pdf | 94 kB | 06/29/2020 | HCHC HIPAA Training Log 2019-2020 |

**4. Upload documentation (for example, data/trends, reports, risk management committee minutes) that demonstrates that the health center has completed quarterly risk management assessments reflective of the last 12 months.**

**Risk Management Quarterly Assessments Documentation (Minimum 1) (Maximum 4)**

| Document Name | Size | Date Attached | Description |
|---|---|---|---|
| HCHC Training Log - Various - 2019-2020.pdf | 1 MB | 06/29/2020 | HCHC Training Logs for 2019-2020: - Fire Safety - Customer Service - Diversity and Cultural... (+ View More) |
| HCHC Training Log - March 2020 - Hand Hygiene.pdf | 93 kB | 06/29/2020 | HCHC Hand Hygiene Training Log - March 2020 |
| HCHC Training Log - March 2020 - PPE and Infection Control.pdf | 1 MB | 06/29/2020 | HCHC PPE and Infection Control Training Log - March 2020 |
| HCHC Training Log - 2019-2020 - HIPAA.pdf | 94 kB | 06/29/2020 | HCHC HIPAA Training Log - 2019-2020 |

**5(A). Upload the most recent report provided to the board and key management staff on health care risk management activities and progress in meeting goals at least annually, and documentation provided to the board and key management staff showing that any related follow-up actions have been implemented. The report must be from the current or previous calendar year and must be reflective of the activities related to risk over a 12-month period. Any documents dated outside of this period will not be accepted. The report must include:**

**i. Completed risk management activities (for example, risk management projects, assessments),**

**ii. Status of the health center's performance relative to established risk management goals (for example, data and trends analyses, including, but not limited to, sentinel events, adverse events, near misses, falls, wait times, patient satisfaction information, other risk management data points selected by the health center), and**

**iii. Proposed risk management activities for the next 12-month period that relate and/or respond to identified areas of high organizational risk.**

**Annual Risk Management Report to Board and Key Management Staff (Minimum 1) (Maximum 4)**

| Document Name | Size | Date Attached | Description |
|---|---|---|---|
| QI-Risk Mgmt Board Report Jul-Dec 2019 Final.pdf | 145 kB | 06/29/2020 | HCHC QI/RM Board Report re QI/RM Activities July-December 2019 Report not approved until June 2020... (+ View More) |

**5(B). Upload proof that the health center board has received and reviewed the report uploaded for risk management question 5(A) of this application (for example, minutes signed by the board chair/board secretary, minutes and signed letter from board chair/board secretary).**

**All documents must be from the current or previous calendar year. Any documents dated outside of this period will not be accepted.**

**Proof of Board Review of Annual Risk Management Report (Minimum 1) (Maximum 4)**

| Document Name | Size | Date Attached | Description |
|---|---|---|---|
| HCHC Board Minutes 06-04-2020.pdf | 2 MB | 07/01/2020 | HCHC Board Minutes 06-04-2020 |

**6. Upload the relevant Position Description of the risk manager who is responsible for the coordination of health center risk management activities and any other associated risk management activities. Please note: The job description must clearly detail that the risk management activities are a part of the risk manager's daily responsibilities.**

**Risk Management Position Description (Minimum 1) (Maximum 4)**

| Document Name | Size | Date Attached | Description |
|---|---|---|---|
| Risk Manager - Job Description CCCSO.pdf | 108 kB | 06/29/2020 | HCHC Job description for Risk Manager - relevant portion highlighted |

**7(A). Has the health center risk manager completed health care risk management training in the last 12 months?**

**[ X ] Yes [ _ ] No**

If "No", provide an explanation.

**7(B). Upload evidence that the risk manager has completed health care risk management training in the last 12 months.**

**Annual Risk Manager Training (Minimum 1) (Maximum 4)**

| Document Name | Size | Date Attached | Description |
|---|---|---|---|

| Document Name | Size | Date Attached | Description |
|---|---|---|---|
| Risk Management Training Certificate MPurdy 6-25-20.pdf | 377 kB | 06/29/2020 | HCHC Risk Manager Training Certificate - Level IV - ECRI |

**Quality Improvement/Quality Assurance Plan (QI/QA)**

**1(A). I attest that my health center has board-approved policies (for example, a QI/QA plan) that demonstrate that the health center has an established QI/QA program that, at a minimum, demonstrates that the QI/QA program addresses the following:**

- **i. The quality and utilization of health center services;**
- **ii. Patient satisfaction and patient grievance processes; and**
- **iii. Patient safety, including adverse events.**

**[ X ] Yes [ _ ] No**

If "No", provide an explanation as to any discrepancies from the information identified above.

**1(B). I attest that my health center has QI/QA program operating procedures or processes that, at a minimum, address the following:**

- **i. Adhering to current evidence-based clinical guidelines, standards of care, and standards of practice in the provision of health center services, as applicable;**
- **ii. Identifying, analyzing, and addressing patient safety and adverse events and implementing follow-up actions, as necessary;**
- **iii. Assessing patient satisfaction;**
- **iv. Hearing and resolving patient grievances;**
- **v. Completing periodic QI/QA assessments on at least a quarterly basis to inform the modification of the provision of health center services, as appropriate; and**
- **vi. Producing and sharing reports on QI/QA to support decision-making and oversight by key management staff and by the governing board regarding the provision of health center services.**

**[ X ] Yes [ _ ] No**

If "No", provide an explanation as to any discrepancies from the information identified above.

**2. Upload documentation that the health center has performed QI/QA assessments on a quarterly basis (for example, through QI/QA report(s), QI/QA committee minutes, or QI/QA assessments) reflective of the last 12 months.**

**All documents must be from the current or previous calendar year. Any documents dated outside of this period will not be accepted. Such documentation must, at a minimum, demonstrate the following:**

- **i. QI/QA assessments have been completed on at least a quarterly basis over the past calendar year by the health center's physicians or other licensed health care professionals; and**
- **ii. QI/QA assessments over the past calendar year that include assessing the following:**
  - **a. Provider adherence to current evidence-based clinical guidance, standards of care, and standards of practice in the provision of health center services, as applicable; and**
  - **b. The identification of any patient safety and adverse events and the implementation of related follow-up actions, as necessary.**

**QI/QA Assessments (Maximum 4)**

| Document Name | Size | Date Attached | Description |
|---|---|---|---|
| QI-RM notes - COVID Management Meetings - Board minutes excerpt March-April 2020.pdf | 150 kB | 06/29/2020 | During the March of 2020, HCHC designated its daily Management meetings as its QI/RM Committee... (+ View More) |
| QI Minutes 1.21.2020.pdf | 99 kB | 06/29/2020 | HCHC QI/RM Committee meeting minutes 01/21/2020 |
| QI Minutes 10 15 19.pdf | 81 kB | 06/29/2020 | HCHC QI/RM Committee meeting minutes 10/15/2019 |
| QI Minutes 7.16.19.pdf | 83 kB | 06/29/2020 | HCHC QI/RM Committee meeting minutes - 07/16/2019 |

If you are unable to upload documentation that demonstrates the above, provide an explanation:

**3(A). Upload the most recent QI/QA report that has been provided to key management staff and to the governing board. The report must be from the current calendar year or the previous calendar year.**

**QI/QA Report (Minimum 1) (Maximum 4)**

| Document Name | Size | Date Attached | Description |
|---|---|---|---|

| Document Name | Size | Date Attached | Description |
|---|---|---|---|
| HCHC Board Meeting Packet - QI Reports - June 2020.pdf | 609 kB | 06/29/2020 | HCHC Reports to Board on QI/RM activities - June 2020 |

**3(B). Upload governing board minutes or other documentation to demonstrate that the QI/QA report uploaded for question 3(A) was shared with and discussed by key management staff and by the governing board to support decision-making and oversight regarding the provision of health center services. The minutes should include reference to the report uploaded for QI/QA question 3(A) in this application. The minutes must be from the current calendar year or the previous calendar year.**

**Governing Board Minutes (Minimum 1) (Maximum 4)**

| Document Name | Size | Date Attached | Description |
|---|---|---|---|
| HCHC Board Minutes 06-04-2020.pdf | 2 MB | 07/01/2020 | HCHC Board Minutes 06-04-2020 |

**4. Upload the relevant Position Description(s) that describe the responsibilities of the individual(s) who oversee the QI/QA program, including ensuring the implementation of QI/QA operating procedures and completion of QI/QA assessments, monitoring QI/QA outcomes, and updating QI/QA operating procedures. Please note: The job description must clearly detail that the QI/QA activities are a part of the individual's daily responsibilities.**

**QI/QA Position Descriptions (Maximum 4)**

| Document Name | Size | Date Attached | Description |
|---|---|---|---|
| QI Lead Job Description 2020.pdf | 578 kB | 06/29/2020 | QI Lead job description |

**5. Has the health center implemented a certified Electronic Health Record for all health center patients?**

**[ X ] Yes [ _ ] No**

If No, describe the health center's systems and procedures for maintaining a retrievable health record for each patient, the format and content of which is consistent with both federal and state law requirements.

**6(A). I attest that my health center has implemented systems and procedures for protecting the confidentiality of patient information and safeguarding this information against loss, destruction, or unauthorized use, consistent with federal and state requirements.**

**[ X ] Yes [ _ ] No**

If "No", provide an explanation as to any discrepancies from the information identified above.

**6(B). I also acknowledge and agree that failure to implement and maintain systems and procedures for protecting the confidentiality of patient information and safeguarding this information against loss, destruction, or unauthorized use, consistent with federal and state requirements, may result in disapproval of this deeming application.**

**[ X ] Yes**

**7. Indicate whether you currently have an active condition or any other enforcement action on your Health Center Program award related to QI/QA.**

**[ _ ] Yes [ X ] No**

If Yes, indicate the date that the condition was imposed and its source (for example, Operational Site Visit, Service Area Competition application) through which your entity received this condition. Also indicate the specific nature of the condition, including the finding and reason why the condition was imposed. Describe your entity's plan to remedy the deficiency that led to imposition of the condition and the anticipated timeline by which the plan is expected to be fully implemented.

**Please note**: The presence of certain award conditions and/or enforcement actions related to quality improvement/quality assurance may demonstrate noncompliance with FTCA Program requirements and may result in disapproval of deemed status.

**Credentialing and Privileging**

**1(A). I attest that my health center has implemented a credentialing process for all clinical staff members (including for licensed independent practitioners and other licensed or certified health care practitioners, and other clinical staff providing services on behalf of the health center who are health center employees, individual contractors, or volunteers). I also attest that my health center has operating procedures for the initial and recurring review of credentials, and responsibility for ensuring verification of all of the following:**

- **i. Current licensure, registration, or certification using a primary source;**
- **ii. Education and training for initial credentialing, using:**
  - **a. Primary sources for licensed independent practitioners;**
  - **b. Primary or other sources for other licensed or certified practitioners and any other clinical staff;**

**iii. Completion of a query through the National Practitioner Databank (NPDB);**
**iv. Clinical staff member's identity for initial credentialing using a government issued picture identification;**
**v. Drug Enforcement Administration registration (if applicable); and**
**vi. Current documentation of Basic Life Support training.**

**[ X ] Yes [ _ ] No**

If "No", provide an explanation.

**1(B). I also acknowledge and agree that failure to implement and maintain a credentialing process as further described above may result in disapproval of this deeming application.**

**[ X ] Yes**

**2(A). I attest that my health center has implemented privileging procedures for the initial granting and renewal of privileges for clinical staff members (including for licensed independent practitioners and other licensed or certified health care practitioners who are health center employees, individual contractors, and volunteers). I also attest that my health center has privileging procedures that address all of the following:**
**i. Verification of fitness for duty, immunization, and communicable disease status;**
**ii. For initial privileging, verification of current clinical competence via training, education, and, as available, reference reviews;**
**iii. For renewal of privileges, verification of current clinical competence via peer review or other comparable methods (for example, supervisory performance reviews); and**
**iv. Process for denying, modifying or removing privileges based on assessments of clinical competence and/or fitness for duty.**

**[ X ] Yes [ _ ] No**

If "No", provide an explanation as to any discrepancies from the information identified above.

**2(B). I also acknowledge and agree that failure to implement and maintain a privileging process for the initial granting and renewal of privileges for clinical staff members, including operating procedures as further described above, may result in disapproval of this deeming application.**

**[ X ] Yes**

**3. Upload the health center's credentialing and privileging operating procedures that address all credentialing and privileging components listed in questions 1(A) & 2(A) above. Please note: Procedures that are missing any of the components referenced in the credentialing and privileging section questions 1(A) & 2(A) of this application will be interpreted as the health center not implementing those missing components.**

**Credentialing and Privileging Operating Procedures (Minimum 1) (Maximum 4)**

| Document Name | Size | Date Attached | Description |
|---|---|---|---|
| Credentialing and Privileging Policy.pdf | 1 MB | 06/22/2020 | HCHC Credentialing and Privileging Policy Dec 2019 |

**4. I attest that my health center maintains files and records for all clinical staff (for example, employees, individual contractors, and volunteers) that contain documentation of licensure, credentialing verification, and applicable privileges, consistent with the health center's operating procedures.**

**[ X ] Yes [ _ ] No**

If "No", provide an explanation as to any discrepancies from the information identified above.

**5. I attest that if my health center has contracts with provider organizations (for example, group practices, staffing agencies) or formal, written referral agreements with other provider organizations that provide services within its scope of project, the health center ensures (for example, through provisions in formal, written referral agreements, contracts, other documentation) that such providers are:**

**i. Licensed, certified, or registered as verified through a credentialing process, in accordance with applicable federal, state, and local laws; and**
**ii. Competent and fit to perform the contracted or referred services, as assessed through a privileging process.**

**Select N/A if the health center does not contract with provider organizations or have any formal, written referral agreements with other provider organizations.**

**[ X ] Yes [ _ ] No [ _ ] N/A**

If "No", provide an explanation as to any discrepancies from the information identified above.

**Please note**: "A contract between a covered entity and a provider's corporation does not confer FTCA coverage on the provider. Services provided strictly pursuant to a contract between a covered entity and any corporation, including eponymous professional corporations (defined as a professional corporation to which one has given one's name, for example, John Doe, LLC, and consisting of only one health care provider), are not covered under FSHCAA and the FTCA." This is further described in the FTCA Health Center Policy Manual.

**6. Indicate whether you currently have an active condition or any other enforcement action on your Health Center Program award related to credentialing or privileging.**

**[ _ ] Yes [ X ] No**

If Yes, indicate the date and source (for example, Operational Site Visit, Service Area Competition application) through which you received this condition or other enforcement action. Also indicate the specific nature of the condition or other enforcement action, including the finding and reason why it was imposed, such as failure to verify licensure, etc. Describe your entity's plan to remedy the deficiency that led to imposition of the condition or enforcement action and the anticipated timeline by which the plan is expected to be fully implemented.

**Please note**: The presence of certain award conditions and/or enforcement actions related to credentialing and privileging may demonstrate noncompliance with FTCA Program requirements and may result in disapproval of deemed status.

**Claims Management**

**1(A). I attest that my health center has a claims management process for addressing any potential or actual health or health-related claims, including medical malpractice claims, which may be eligible for FTCA coverage. My health center's claims management process includes information related to how my health center ensures the following:**

**i. The preservation of all health center documentation related to any actual or potential claim or complaint (for example, medical records and associated laboratory and x-ray results, billing records, employment records of all involved clinical providers, clinic operating procedures); and**

**ii. That any service of process/summons that the health center or its provider(s) receives relating to any alleged claim or complaint is promptly sent to the HHS, Office of the General Counsel, General Law Division, per the process prescribed by HHS and as further described in the FTCA Health Center Policy Manual.**

**[ X ] Yes [ _ ] No**

If "No", provide an explanation as to any discrepancies from the information identified above.

**1(B). I also acknowledge and agree that failure to implement and maintain a claims management process as described above may result in disapproval of this deeming application.**

**[ X ] Yes**

**1(C). Upload documentation of the health center's claims management process (for example, claims management procedures) for addressing any potential or actual health or health-related claims, including medical malpractice claims, that may be eligible for FTCA coverage. Please note: This process must include the items outlined in Claims Management question 1(A) of this application.**

If answer to 1(A) is Yes, attachment required; if answer to 1(A) is No, no attachment is required.

**Claims Management Procedures (Maximum 4)**

| Document Name | Size | Date Attached | Description |
|---|---|---|---|
| HCHC Claims Management Procedure June 2020.pdf | 402 kB | 06/29/2020 | HCHC Claims Management Procedure June 2020 |

**2(A). Has the health center had any history of claims under the FTCA? (Health centers should provide any medical malpractice claims or allegations that have been presented during the past 5 years.)**

**[ _ ] Yes [ X ] No**

If Yes, list each claim below

**2(B). I agree that the health center will cooperate with all applicable Federal government representatives in the defense of any FTCA claims.**

**[ X ] Yes [ _ ] No**

If "No", provide an explanation.

**3(A). I attest that my health center informs patients using plain language that it is a deemed Federal PHS employee via its website, promotional materials, and/or within an area(s) of the health center that is visible to patients. For example: "This health center receives HHS funding and has Federal PHS deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals."**

**[ X ] Yes [ _ ] No**

If "No", provide an explanation as to any discrepancies from the information identified above.

**3(B). Include a screenshot to the exact location where this information is posted on your health center website, or attach the relevant promotional material or pictures.**

If answer to 3(A) is Yes, either Screenshot control or FTCA Promotional Materials required; if answer to 3(A) is No, no screenshot or FTCA Promotional Materials is required.

**Screenshot (Maximum 4)**

| Document Name | Size | Date Attached | Description |
|---|---|---|---|

| Document Name | Size | Date Attached | Description |
|---|---|---|---|
| HCHC Website Home Page Screenshot - FTCA language.pdf | 70 kB | 06/29/2020 | Screenshot of HCHC Home Page, with FTCA information - www.hchcweb.org |

**FTCA Promotional Materials (Maximum 4)**

No documents attached

**3(C). Upload the relevant Position Description(s) that describe the health center's designated individual(s) who is responsible for the management and processing of claims-related activities and serves as the claims point of contact. The job description must clearly detail that the claims management activities are a part of the individual's daily responsibilities.**

**Claims Management Position Descriptions (Minimum 1) (Maximum 6)**

| Document Name | Size | Date Attached | Description |
|---|---|---|---|
| E. Lake job descr. CEO.pdf | 237 kB | 06/29/2020 | CEO Job Description with language re Claims Management |

**Supporting Documentation**

**Other Supporting Documentation (Maximum 20)**

No documents attached

**Certification and Signatures**

I, Eliza LakeB., declare under the penalty of perjury that all statements contained in this application and any accompanying documents are true and correct, with full knowledge that all statements made in this application are subject to investigation and that any material false statement or omission in response to any question may result in denial or subsequent revocation of coverage.

I understand that by printing my name I am signing this application.

Please note – this must be signed by the Executive Director, as indicated in the Contact Information Section of the FTCA application. If not signed by the Executive Director, the application will be returned to the health center.

**Volunteers Questions**

**Is the health center sponsoring any volunteer health professionals (VHP) [ This includes Redeeming eligible Volunteer Health Professionals or Initial deeming Volunteer Health Professionals]?**

**[ _ ] Yes [ X ] No**

Please note, if you select "No", your health center must still **complete** and **submit** the required application for health center deeming for calendar year (CY) 2021 in order to receive consideration by HRSA for FTCA medical malpractice liability coverage. Health centers are responsible for ensuring that their deeming application(s) have been successfully submitted to HRSA through the EHB.

***Public Burden Statement:*** *An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0035, 0906-0032. Public reporting burden for this collection of information is estimated to average 2.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857.*

# Massachusetts Department of Public Health
## Health Care Provider Reopen Attestation
## Phase 2: Cautious

**NOTE: This updated attestation form incorporates the capacity criteria and public health and safety standards required for Phase 1: Start and outlines additional requirements for health care providers that are not acute care hospitals in Phase 2: Cautious, effective June 8, 2020.**

This self-attestation form is applicable to all health care providers other than acute care hospitals and **must be completed prior to performing Phase 2 services and procedures as defined in Massachusetts Department of Public Health (DPH) Reopen Approach for Health Care Providers (Providers that are Not Acute Care Hospitals) guidance for Phase 2 ("**DPH Provider Reopening Guidance Phase 2**").**

The form must be signed by the provider's designated compliance leader or, in the case of a community health center (CHC) as defined in DPH Provider Reopening Guidance Phase 1, the CHC's chief executive officer. Health care providers with multiple locations may sign and maintain one attestation on behalf of providers at all locations, as long as the designated compliance leader has clinical and operational control over the other locations. Health care providers shall prominently post a copy of the signed attestation form at each of its facilities, clinics and office locations.

A health care provider that meets the criteria below and intends to perform Phase 2 services and procedures must retain this attestation for inspection upon request by DPH.

| **Provider Information** |
|---|
| **Provider Name:** Hilltown Community Health Centers, Inc. |
| **Date of Self Attestation:** 06/23/2020 |
| **Date to Begin Phase 2 Services:** 06/24/2020 |
| **Individual Responsible for Compliance**<br>*Authorized compliance leader for the provider or Chief Executive Officer* |
| **Name:** Eliza B. Lake |
| **Title:** Chief Executive Officer |
| **Phone Number:** 413-238-5511 |
| **E-mail Address:** elake@hchcweb.org |

| Attestation of Compliance<br>*Mark each criteria with an "X"* | |
|---|---|
| In accordance with DPH Provider Reopening Guidance Phase 2, the undersigned certifies that: | |
| **Phase 1: Start Reopen Attestation Completed (please check one box):** | |
| X | The health care provider has previously completed a Phase 1: Start Reopen Attestation in accordance with the DPH Provider Reopening Guidance Phase 1 and is available upon request of DPH at any time. *If the health care provider checks this box, complete the Phase 2 attestation below.* |
| X | The health care provider has not previously completed a Phase 1: Start Reopen Attestation in accordance with the DPH Provider Reopening Guidance Phase 1. *If the health care provider checks this box, complete both the Phase 1 and Phase 2 attestations below.* |
| **Phase 1 Attestation for Health Care Providers who have not yet completed the Phase 1 attestation:** | |
| **Public Health and Safety Standards** | |
| X | The health care provider is in compliance with all Personal Protective Equipment and Other Essential Supplies standards outlined in DPH Provider Reopening Guidance Phase 1. |
| X | The health care provider is in compliance with all Workforce Safety standards outlined in DPH Provider Reopening Guidance Phase 1. |
| X | The health care provider is in compliance with all Patient Safety standards outlined in DPH Provider Reopening Guidance Phase 1. |
| X | The health care provider is in compliance with all Infection Control standards outlined in DPH Provider Reopening Guidance Phase 1. |
| X | The health care provider maintains and regularly updates written policies or procedures that meet or exceed all of the public health/safety standards outlined in DPH Provider Reopening Guidance Phase 1. |
| **Services and Procedures Provided** | |
| X | The health care provider will provide only those in-person procedures and services consistent with the DPH Provider Reopening Guidance Phase 1 that based on the provider's clinical judgment, constitute: (1) high-priority preventative care, such as pediatric care and chronic disease care for high-risk patients, (2) urgent procedures or services that cannot be delivered remotely and would lead to high risk or significant worsening of the patient's condition if deferred, and (3) emergency procedures or services. |
| X | The health care provider is making clinical determinations about service provision in a manner consistent with the DPH Provider Reopening Guidance Phase 1. |
| **Compliance and Reporting** | |
| X | The health care provider has designated a compliance leader at the highest level of the organization who is responsible for overseeing ongoing compliance with the standards and criteria outlined in DPH Provider Reopening Guidance Phase 1. |
| X | The health care provider will maintain this attestation and documentation of compliance, including all written policies and protocols that incorporate or exceed the standards outlined in DPH Provider Reopening Guidance Phase 1 for PPE and supplies, workforce safety, patient safety, and infection control, and will make such documents available to DPH upon request at any time. |
| X | The health care provider is making reasonable efforts to recall furloughed direct care workers to the extent possible. |

| | |
|---|---|
| **Phase 2: Cautious Attestations** | |
| X | The health care provider has established a prioritization policy for scheduling and delivery of Phase 2 non-urgent care in accordance with this guidance and is making clinical determinations about service provision in a manner consistent with health equity principles in such policy and the DPH Provider Reopening Guidance Phase 2. |
| X | The health care provider is monitoring patient volume for non-essential, elective invasive procedures and services, in each facility, clinic, or office setting where such procedures and services are performed and is scheduling patient visits in a manner consistent with the DPH Provider Reopening Guidance Phase 2. |
| X | The health care provider is in compliance with CDC requirements and other public health guidance regarding environmental infection controls, which include specific requirements to suspend the use of all examination, procedural, and surgical areas in-between procedures for a mandated timeframe necessary for sufficient air changes to remove air-borne contaminants, prior to the thorough cleaning and disinfection of the room and equipment, as required in the DPH Provider Reopening Guidance for Phase 1 and DPH Provider Reopening Guidance Phase 2. |
| **Certification and Attestation of Provider Readiness** | |
| X | On behalf of the health care provider indicated above, I certify under the pains and penalties of perjury that the above certifications are true and accurate and the provider will continue to meet the criteria and standards in DPH Provider Reopening Guidance for Phase 1 and DPH Provider Reopening Guidance for Phase 2. I understand that should the health care provider become unable to meet any of the criteria or standards in DPH Provider Reopening Guidance for Phase 2 and contained within this form the provider must immediately notify DPH and cease performing Phase 2 until full compliance is obtained. I understand that if Phase 1 criteria are no longer met the health care provider must immediately notify DPH and cease performing Phase 1 and Phase 2 services until full compliance is obtained. |
| **Signature:** | Eliza B. Lake |
| **Date:** | 10/23/2020 |
| **Name:** | Eliza B. Lake, CEO |

| | |
|---|---|
| **From:** | Eliza Lake |
| **To:** | Lee Manchester; Bannister, Matthew |
| **Cc:** | Seth Gemme; Wendy Long; JOHN FOLLET; Alan Gaitenby; Jenicca Gallagher; Kathryn Jensen; Nancy Brenner; Kate Albright-Hannah; Tabitha Griswold |
| **Subject:** | Re: New Policy approval |
| **Date:** | Wednesday, June 10, 2020 9:17:38 PM |

Thank you all! I think you just broke the record for e-voting and reaching a quorum. I really appreciate how responsive you are.

I hope you all have a nice evening!
Eliza

Get Outlook for iOS

---

**From:** Lee Manchester <martinm@umass.edu>
**Sent:** Wednesday, June 10, 2020 8:57:44 PM
**To:** Bannister, Matthew <MBannister@bankatpeoples.com>
**Cc:** Seth Gemme <sgemme@gmail.com>; Wendy Long <wvlong@comcast.net>; JOHN FOLLET <jfolletmd@verizon.net>; Alan Gaitenby <gaitenby@legal.umass.edu>; Jenicca Gallagher <jenmainville@yahoo.com>; Kathryn Jensen <kjens3@icloud.com>; Nancy Brenner <nbrenner5311@gmail.com>; Kate Albright-Hannah <albrighthanna@gmail.com>; Eliza Lake <elake@hchcweb.org>; Tabitha Griswold <tgriswold@hchcweb.org>
**Subject:** Re: New Policy approval

I vote aye on the reopening policy.
Lee

On Wed, Jun 10, 2020 at 7:39 PM Bannister, Matthew <MBannister@bankatpeoples.com> wrote:

> Aye.
>
> Matthew Bannister | First Vice President | Marketing and Corporate Responsibility
> **PeoplesBank** | 413.493.8704 | bankatpeoples.com
>
> 
>
> ---
>
> **From:** Seth Gemme <sgemme@gmail.com>
> **Date:** Wednesday, Jun 10, 2020, 6:54 PM
> **To:** Wendy Long <wvlong@comcast.net>
> **Cc:** JOHN FOLLET <jfolletmd@verizon.net>, Bannister, Matthew <MBannister@bankatpeoples.com>, Lee Manchester <martinm@umass.edu>, Alan Gaitenby <gaitenby@legal.umass.edu>, Jenicca Gallagher <jenmainville@yahoo.com>, Kathryn Jensen <kjens3@icloud.com>, Nancy Brenner <nbrenner5311@gmail.com>, Kate Albright-Hannah <albrighthanna@gmail.com>, eliza lake

<Elake@hchcweb.org>, Tabitha Griswold <tgriswold@hchcweb.org>
**Subject:** Re: New Policy approval

**[EXTERNAL] THIS MESSAGE ORIGINATED FROM OUTSIDE OF PEOPLESBANK AND MAY BE A PHISHING ATTEMPT**

---

aye

seth

On Wed, Jun 10, 2020 at 5:28 PM Wendy Long <wvlong@comcast.net> wrote:

> Aye.
>
> Wendy
>
> Sent from my iPhone
>
> > On Jun 10, 2020, at 5:26 PM, JOHN FOLLET <jfolletmd@verizon.net> wrote:
> >
> > Aye
> > John
> >
> > > On Jun 10, 2020, at 4:13 PM, Bannister, Matthew <MBannister@bankatpeoples.com> wrote:
> > >
> > > I move that we approve the policy, as drafted.
> > >
> > > Thanks.
> > >
> > > Matt
> > >
> > > Matthew Bannister | First Vice President | Marketing and Corporate Responsibility
> > > **PeoplesBank** | 413.493.8704 | bankatpeoples.com
> > >
> > > **From:** Lee Manchester <martinm@umass.edu>
> > > **Sent:** Wednesday, June 10, 2020 3:37 PM
> > > **To:** Alan Gaitenby <gaitenby@legal.umass.edu>; John Follet

<jfolletmd@verizon.net>; Wendy Long <wvlong@comcast.net>; Jenicca Gallagher <jenmainville@yahoo.com>; Kathryn Jensen <kjens3@icloud.com>; Bannister, Matthew <MBannister@bankatpeoples.com>; Nancy Brenner <nbrenner5311@gmail.com>; Seth Gemme <sgemme@gmail.com>; Kate Albright-Hanna <albrighthanna@gmail.com>; Eliza Lake <Elake@hchcweb.org>; Tabitha Griswold <tgriswold@hchcweb.org>
**Subject:** New Policy approval

**[EXTERNAL] THIS MESSAGE ORIGINATED FROM OUTSIDE OF PEOPLESBANK AND MAY BE A PHISHING ATTEMPT**

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Hi all; Eliza has created a new policy to guide the HC reopening, which I have attached. It will cover a set of procedures that will be revised as state directives and circumstances develop. It would be helpful to have a vote on this policy before our next Board meeting, so I'm asking for a motion to approve, a second, and then votes on the policy or any discussion that you might want to have on it.
Thanks, Lee



This email and information transmitted within it are confidential and intended solely for the use of the individual or entity to which they are addressed. If you have received this email in error please notify the sender immediately and destroy all copies of the message. This message contains confidential information and is intended only for the individual(s) named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail. If you are not the intended recipient you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.

**CEO Progress Report to the Board of Directors**
**Strategic and Programmatic Goals**
July 2020

## Goal Areas and Progress Reports

**Goal 1: Health Care System Integration and Financing**

1) ***Accountable Care Organization (ACO) Engagement***:
   - C3 continues to support us as we transition into providing **telehealth** services, and has raised $3.8 million so far to support health centers' efforts. A couple of weeks ago I participated in a meeting with some colleagues and Senator Jo Comerford to ask for support from the state, and haven't heard if any funding was included in the IT Infrastructure bill that was working its way through the legislature.
   - C3 is helping us identify the best way to provide **telepsychiatry**, and has connected us with a health center in Eastern Mass that has a psychiatrist looking for additional hours of work. We are meeting internally tomorrow to determine exactly what we need (given our new context), and C3 will help us broker this new relationship, which could include both provider consultations and/or patient telepsychiatry visits. If we are successful, we will need the Board to approve a Change in Scope request.
   - We are waiting to hear soon about C3's efforts to develop an **employee health insurance** option. John Melehov, our new CFO, will work with our HR department and C3 to determine the best course of action, both in terms of cost and coverage for our employees.
2) ***Hospital Engagement***: As the Chair of the Noble Hospital Community Benefits Advisory Council, I helped shape a grants program that will distribute more than $60,000 of funding to five community organizations. These grants, which come from a $100,000 earmark secured by then Representative, now Senator Velis, are dedicated to addressing the **Noble Hospital service area's substance use disorder epidemic**. I was happy that my input resulted in grantees' agreement to focus on more than Westfield city residents, and that they are developing a stronger relationship between Tapestry and Noble. I was included in the press release, but am not sure if it has run in local papers yet.
3) ***Electronic Health Record (EHR)***: We are expanding our use of our EHR to allow our patients to use the **patient portal and on-site kiosks** to answer questions about the social determinants of health. This is the start of a larger effort to allow patients to do all check-in paperwork electronically, which will help tremendously with our telehealth processes. We are also implementing the use of texting for appointment scheduling and reminders, which will allow us to more easily connect patients with their Zoom telehealth appointments. All of this is being rolled out over the next month or so.
4) ***PCMH/NCQA/PCMH Prime certifications and transformation***: Now that we have a little more capacity, we are focusing again on our need to quickly ramp up our **recertification** efforts, as our certification expires in December 2020.

**Goal 2: HCHC Expansion**

1) ***Expanded Services:***
   a) Office-Based Opioid Treatment (OBOT): No change at this time.
   b) Telehealth:
      i) This is still our primary means of serving our medical patients, and the only way we will serve behavioral health patients, for the foreseeable future. State reopening guidance is clear that

any visit that can be provided via telehealth must not be done in person, so our clinical staff are constantly creating and refining prioritization lists. A team, led by Michael Purdy, is meeting regularly to implement the video visits, and there are more being offered each week.

ii) We are looking at purchasing, if we can (given current demand), peripherals that will allow providers at one site to hear and see through devices operated by a nurse or MA at another site. This is common practice in other rural parts of the country, and we want to implement it as soon as we can, so that we can see patients at sites where we are understaffed with providers.

c) Specialty Care: See conversation about telepsychiatry, above.

d) Portable services: No changes at this time.

e) Pharmacy: No changes at this time.

2) ***Expanded Sites/Service Areas:***

a) Amherst/John P. Musante Health Center:

i) We continue to struggle with having enough providers to offer more than a couple of days of services a week. See discussion below about recruitment – we hope that this will get better in the fall, for the medical department.

ii) We have kept in close contact with our most vulnerable patients and have submitted another application to the Community Foundation (at their urging) that would enable us to continue to support people with their housing costs through direct payments to their landlords. We were able to distribute $10,000 in June for this purpose, and to support other expenses, and have applied for another $10,000.

b) Westfield, Northampton, Ware, or other sites: No changes at this time.

3) ***Patient Populations*****:** As the Board will be discussing during the staff presentation at tomorrow's meeting, we have made a commitment to focusing anew and afresh on how welcoming HCHC is to our patients who are Black, Indigenous, and People of Color (BIPOC). This will be a long and potentially difficult process, but I am heartened by the focus of society around us on this issue, and there are new sources of support for our efforts: the state Office of Rural Health is developing training and resources for organizations that serve primarily White populations to support **racial equity** efforts. We need to have a many pronged approach on this issue, and while patients are a large focus, so are our staff members (and Board).

4) ***Community Collaborations*****:** Our application to the BC/BS Foundation for funding to help support the **mobile farmers market** in the Hilltowns was successful, and we therefore are working with Healthy Hampshire and the Hilltown CDC to support more subsidized farm shares for local families.

**Goal 3: Improved Organizational Infrastructure**

1) ***Financial Stability:*** As you will hear from the Finance Committee, we are currently in a strong cash position, despite our extremely reduced revenue. There are several ways in which we are working to stabilize our finances:

a) We anticipate that this **decreased operational revenue** situation will not change dramatically over the course of the year, as we do not think that we will be able to return to the volume of visits until we can either test every patient that comes through the door (which recent reporting suggests is not an impossibility), or there is a vaccine and this threat is past. We are increasing dental and eye care visits weekly. All clinical visits are constrained by how quickly we can turn the room over – the CDC and state DPH require that we assess the number of air changes per hour (ACH) and determine how many minutes are needed to clean the air sufficiently for the safety of staff and patients. We are installing air purification systems, one for dental and one for all other areas of the health centers, that will allow us to decrease the time between patients dramatically. These

systems, which will cost us around $30,000 – which is completely covered by grants – will allow us to increase our productivity and therefore increase our patient revenue.

b) John Melehov has spent his first three weeks analyzing many of our practices and processes, and has numerous suggestions for **tightening up our operations**.

c) We continue to receive **federal and state support**, including new federal funding as part of the Provider Relief program (another $58,000) and eventually the HRSA Enhanced Capacity for Testing grant, the budget for which will hopefully be approved soon. These sources will be used to replace lost revenue, with the former, and pay for another locum tenens provider (unless we can hire someone soon) and help cover the cost of the new COO.

d) The new COO will be in place in August (see below), and we anticipate that her efforts to **improve workflows** will result in increased productivity as well.

2) ***Staff Development and Support:***

a) I am happy to announce that we have successfully extended an offer to Vickie Dempesy for the position of **COO**. Vickie has extensive experience with managing operations, including at her current position with Shriner's Hospital, and her previous job with Cooley Dickinson. She has also worked for an insurance company representing providers (and therefore patients, to some extent). Her references were among the most glowing I've ever heard, and she impressed the staff that she will supervise in her interview with them. She will be managing the nursing and reception staff, as well as the Practice Manager and EHR supervisor. We anticipate she will take a number of initiatives off of Michael's plate, including telehealth implementation and improvement of clinical workflows. We will let her determine the best timing and way to complete the implementation of our new org chart, which also indicates that she would manage the Clinical Operations Manager.

b) We have a new **Behavioral Health provider** starting soon, and his schedule is already filling with some of the people on the waitlist. This is very exciting, and particularly impressive given that we have not seen any patients in person since March, and will not start doing so in the near future.

c) The Medical Department is currently interviewing a number of possible providers, including an NP, a PA, and an MD (who was identified by our recruiting firm). We have also hired an NP that will start at the end of August. The challenge, which is we face with all new hires but is particularly challenging for providers, is how we will appropriately on-board and train them appropriately.

d) We still have some staff that have not returned to work yet, either because they are still furloughed or because they cannot leave their homes due to childcare constraints.

e) I have been trying to send an email to staff weekly noting important moments related to equity, including one about Juneteeth and another about the Stonewall uprising. We will be developing a survey for all staff to solicit their experiences, both personal and professional, with **inequity in health care**, and asking for people to indicate their interest in helping the organization engage in this conversation.

3) ***Facilities Improvement and Expansion:*** We have made many changes at all sites in order to enforce **social distancing and support infection control**. These include: changes to the waiting rooms to create space between patients (although the state is discouraging the use of waiting rooms); signage about social distancing and mask wearing; intercom systems that enable patients who do not have cell phones to communicate that they have arrived and are waiting in their cars; installation of plexiglass to protect receptionists from patients and each other; reorganization of office and changes to staff schedules to minimize sharing of office spaces and, if necessary, to ensure that adequate distance is maintained; purchase of air purification systems for all sites; purchase of motion sensitive dispensers for soap, hand sanitizer, and paper towels; and investing in new equipment to enable us to do our own deep cleaning/disinfection on the weekends. We are continuously looking for ways to reduce transmission, and to create as safe and reassuring an environment as possible.

4) ***Information Technology (IT) Improvement and Expansion:*** We continue to assess staff **needs for IT hardware and software** to ensure that they are able to work at home if necessary. We just made another large purchase of computers, some of which are to update existing equipment, and are asking managers to continue to identify needs.