

Hilltown Community Health Center
Board of Directors
 Thursday, June 4, 2020
 Zoom link: <https://us02web.zoom.us/j/590224751>
 Meeting ID: 590 224 751 Phone: 1 312 626 6799
 5:30 p.m. – 7:30 p.m.

AGENDA

<u>Time</u>	<u>Topic</u>	<u>Purpose</u>	<u>Presenter</u>
5:30 PM	Call to Order and Approval of Minutes	Vote Needed	John Follet
5:35 PM	Finance Committee Report Auditor's Report	Vote Needed	Treasurer Jennifer Coscia, Interim CFO
6:05 PM	Committee Reports <ul style="list-style-type: none"> • 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
6:15 PM	Senior Management Reports <ul style="list-style-type: none"> • Credentialing and Privileging Report <ul style="list-style-type: none"> ○ Jonathan Mills, LCSW • Quality Improvement/Risk Management <ul style="list-style-type: none"> ○ January 2020 QI Minutes ○ 6-Month QI Report July-December 2019 • CEO Report 	Vote Needed Vote Needed Vote Needed	Michael Purdy Michael Purdy Eliza Lake
6:25 PM	Staff Presentation – Phase I Reopening Response	Inform	Michael Purdy
6:50 PM	Annual Meeting		John Follet
7:20 PM	Executive Session		John Follet
7:30 PM	Adjourn	Vote Needed	John Follet

BOARD MEETING MINUTES

Date/Time: 5/14/2020 5:30pm

Zoom Meeting

MEMBERS: John Follet, President; Alan Gaitenby; Seth Gemme; Kathryn Jensen, Clerk; Nancy Brenner, Vice President; Matt Bannister; Wendy Long; Lee Manchester; Jenicca Gallagher

STAFF: Eliza Lake, CEO; Jennifer Coscia, Interim CFO; Michael Purdy, CCCSO; Tabitha Griswold, Executive Assistant

ABSENT: Kate Albright-Hanna

Agenda Item	Summary of Discussion	Decisions/ Next Steps/ Person Responsible Due Date
Review of Minutes 4/9/2020	John Follet called the meeting to order at 5:36 pm. The minutes from the meeting April 9, 2020 were reviewed. Kathryn Jensen moved to approve the April Board minutes. Nancy Brenner seconded the motion.	April 9, 2020 Board minutes were approved by all present
Finance Committee	<ul style="list-style-type: none">Lee Manchester reported that in the month of March the operating cash was up but primarily from relief funds received and not from patient revenue. Some of the relief money received has to be repaid, which is still a concern on long term finances. The current ratio is doing better with more cash flow. However, revenue is down as is expenses with less patients coming through the door and the unexpected loss of a provider that was budgeted for earlier in the year. Tele visits have helped maintain some patient revenue.The Auditors request a motion to authorize the Board to allow the finance committee to approve the audit. Auditors will come to in June to present audit to the full Board. Lee Manchester moved to approve the audit, UFR, and 990 tax return. Jenicca Gallagher seconded the motion.	The Board voted unanimously to approve the Finance Committee report.

	Nancy Brenner moved to approve the Finance report, Wendy Long seconded the motion.	
COVID-19 Presentation	<ul style="list-style-type: none"> • Michael Purdy provided a presentation on the impacts of COVID-19 on HCHC. Discussing preparation for making the facility safe for re-opening. This is being done by having a managers meeting to communicate needs, discuss plans by department, and those challenges in overlapping work flows. A small team is going to be taking the plans that each department created, then connect work flows. • An IT team has worked together to determine a tele-health platform through Zoom and will be rolling that out soon, as well as looking at plug ins. This group is also asking managers what their staff need to reopen or work from home on a longer term basis. • There is still no testing done in house at HCHC, as there are plenty of places around the area that are doing testing in a much larger capacity. The Respiratory Triage Team and COVID clinical teams are still in place. • HCHC chose not to participate in the contact tracing efforts as the local Boards of Health are working on this and are better equipped to handle. Patients identified with COVID that need a PCP will be referred to HCHC and brought on thru the contact tracing efforts. • In thinking about HCHC's re-opening plans, State and State Association guidelines will be followed, such as guidance sent from Mass Dental Society on dental visits. • Telehealth is going to become more robust in the longer term. It will be a big tool, but will still be amongst other tools for providers across the organization to continue providing quality care. 	
Executive Committee	<ul style="list-style-type: none"> • John Follet reported that this committee has not met. 	

Recruitment, Orientation & Nominating (RON) Committee	<ul style="list-style-type: none"> Wendy Long reported that there is still a need for treasurer. John Follet volunteered to be interim treasurer following next month's officer elections. 	
Facilities Committee	<ul style="list-style-type: none"> Alan Gaitenby reported that this committee has not met. 	
Personnel Committee	<ul style="list-style-type: none"> Eliza presented the Telecommuting Policy, as a policy and procedure to help managers with this new normal. Eliza explained that telecommuting is not a temporary situation, and management is looking to make this work well. Wendy Long had one small suggestion, that language be added that includes indicating that this policy is also for patient wellbeing as well as the staff. The policy was amended to include that language. <p>Lee Manchester moved the Telecommuting Policy be approved as amended, Matt Bannister seconded.</p>	The Telecommuting Policy was approved unanimously.
Strategic Planning	<ul style="list-style-type: none"> This committee has not met; the strategic plan is tabled until a later date. 	
Fundraising Committee	<ul style="list-style-type: none"> This committee has not met since an email went out for COVID-19 relief appeal. Took that appeal and made into a Facebook ad to supplement that effort. 	
Committee Reports	Lee Manchester moved that the committee reports be approved. Nancy Brenner seconded the motion.	Committee reports presented at this meeting were approved unanimously.
Credentialing and Privileging	<ul style="list-style-type: none"> Michael Purdy reported that a list of the credentialed and privileged employees from March and February was emailed out to the full Board for review. In April, the only employee re-privileged was the following: <ul style="list-style-type: none"> Ambarish Walvekar, limited license Dentist <p>Lee Manchester motioned to accept the credentialing and privileging report and Nancy Brenner seconded.</p>	The report of the credentialed and privileged employee was approved unanimously.

Quality Improvement / Risk Management	<ul style="list-style-type: none"> Michael Purdy will report on quality in the COVID update presentation. <p>Nancy Brenner moved to approve the Quality Improvement/ Risk Management report as a presentation and Jennica Gallagher seconded.</p>	The QI/Risk Management report was approved unanimously.
CEO Report	<ul style="list-style-type: none"> Eliza provided a verbal CEO report this month: <ul style="list-style-type: none"> Hospital engagement- CDH has been very helpful through the COVID crisis. Update on hiring- Eliza made an offer on the COO position, but it has been delayed due to details, and will know more next month if that candidate accepts the offer. First and second interviews with prospective CFO's have been completed with three candidates. Two NP's in contract negotiations, both hesitant to change jobs during this time. Behavioral Health has a provider ready to come on, just waiting until we have resources to training someone remotely. Need to talk to recruiter as well to follow up on the loss of the last provider from the recruiter. Jennifer Coscia and Eliza Lake will be working on developing a forecast with all the funds received but patient revenue is very influx, which will make forecasting difficult. Looking at filling in gaps from funds received than trying to predict patient revenue. Here are the following funds being reviewed: <ul style="list-style-type: none"> Community Foundation money for immigrant/refugee population with the ability to write checks to utilities, and landlords to help pay bills for those that qualify, \$10K to spend by the 28th. HRSA has sent \$242K to support testing, which HCHC does not do but here is a list 15 activates that can qualify to use this money. A year to spend the money, which means we will use it to help fund the salary of COVID related staff. 	

	<ul style="list-style-type: none"> ○ PPP money received, and working on trying to determine how to spend that money. Likely to bring back furloughed staff. Considering giving hazard pay to staff not furloughed, and dividing those staff into four classes of employees and creating tier system for that hazard pay. Management is meeting again Monday to work out the final plans on that. ○ \$65K came in from Cares Act to support staff after use of the PPP. Using Federal money to pay for the locum and the rental car for that locum. ○ Money from governor is going to come in four installments over four months to get a total of about \$101K. ○ \$100K from CMS has been received. ○ \$330K from Masshealth needs to be paid back in January 2021 in three months, which still needs to be worked out as it is very undoable. ● Eliza shared slides from C3 regarding telehealth on supplier, vendors and how to get paid for it and different ways of thinking about where to go from here with telehealth. C3 is working hard to negotiate insurance to get employer sponsored health insurance as a group, which is moving forward and will be a huge saving for the organization and staff. 	
New Business	<ul style="list-style-type: none"> ● Eliza presented the 2020 Service area analysis for review. No comments made. <p>Lee Manchester moved to approve the 2020 service area analysis, and Seth Gemme seconded.</p> <ul style="list-style-type: none"> ● Sliding Fee Discount Program was updated with the FY2020 Sliding Fee Scale. <p>Lee Manchester moved to approve the Sliding Fee Discount Program and Matt Bannister seconded.</p> <ul style="list-style-type: none"> ● Eliza presented the Payroll Protection Program Loan for a vote acknowledgement. The Board unanimously 	<p>The Board voted unanimously to approve the FY2020 Service Area Analysis.</p> <p>The Board voted unanimously to approve the Sliding Fee</p>

	<p>approved the acceptance of loan from Peoples Bank for \$1.1MIL via email, earlier this month.</p> <ul style="list-style-type: none"> The Annual meeting required under bylaw to be the first week of June, Auditors will be presenting in June. Next month's meeting has been changes to Thursday, June 4th at 5:30 via Zoom. 	Discount Program
Old Business	<ul style="list-style-type: none"> There was no old business to report. 	
Executive Session	No executive session this meeting.	
Next Meeting	<p>With no further business to discuss, Nancy Brenner made a motion to adjourn the meeting, Matt Bannister seconded the motion. The motion was approved.</p> <p>The meeting adjourned at 7:10pm. The next scheduled meeting is set for June 4th, 2020 at 5:30pm via Zoom meeting.</p>	The Board voted unanimously to adjourn the meeting.

Respectfully submitted,
Tabitha Griswold, Executive Assistant

QI-RISK MANAGEMENT COMMITTEE

Location: Huntington Health Center

Date/Time: 1/21/2020 9:15am

TEAM MEMBERS: Jon Liebman, ANP; Franny Huberman, Behavioral Health Representative; Eliza Lake, CEO; Tabitha Griswold, Executive Assistant; Kathryn Jensen (chair), Board Representative; Kim Savery, Community Programs Representative; Michael Purdy, CCCSO

ABSENT: Seth Gemme, Board Representative; MaryLou Stuart, Dental Representative; Cynthia Magrath, Practice Manager

Agenda Item	Summary of Discussion	Decision/ Next Steps/ Person Responsible/ Due Date
Review of December 17, 2019 Minutes	The meeting was called to order by Kathryn Jensen at 9:24 am. The minutes from December 17, 2019 meeting were reviewed. Michael Purdy motioned to approve the December minutes, Eliza Lake seconded the motion	December 17, 2019 Minutes were approved unanimously.
Old Business	There was no old business to report.	
Risk Management	<ul style="list-style-type: none">Michael Purdy reported on risk management with continued staffing shortages, which includes providers and front desk that trickles to each of those respectable departments. The eye care, and community programs departments are fully staffed. There is an interview with a potential new MD next week. Continuity of care in Amherst continues to be a focus.Immunization incident with new hire staff occurred. The incident has been resolved and the immunization policy and procedure is being looked at to avoid potentially harmful live vaccines being given without proper protocol followed.Michael provided a corporate compliance training at the all staff training on January 16th, along with an active shooter training by the state police. Management will work on follow up drills for that training. The Dept. head meeting discussed de-escalation training that would also be a helpful follow up to the active shooter training, prioritizing front line staff.Jon also reported that looking for chart review for FTCA through external staff. Jon continues to look for someone through C3 and other health centers.	
Medical Department	<ul style="list-style-type: none">Jon Liebman reported for the Medical Department, which echoed Michaels risk management report on staffing shortage with a focus on assigning a PCP for all patients.Jon is continuing to finalize his dashboard for the previous quarter.Eliza reported that the NCC was submitted, and in this NCC there were measures that were reported on where the measure decreased more than 5%, along with diabetes measures. The diabetes measures were easy to report on as the action plan was received plan last Friday. There were three measures (not including diabetes) reported on that include cervical cancer, weight assessment, and asthma. Briana Blanchard, EHR Specialist conducted a chart review for the cervical cancer measure and found that patients report that have they had a negative pap but there is no follow up for credit. The asthma measure is largely due to the numerator increasing quickly from improved	

	reporting of asthma in patients, and the denominator will increase as well with time. When the UDS is submitted, then Jon will work with Briana and take a deeper look into each measure to develop a quality project.	
Other	<ul style="list-style-type: none"> Eliza Lake presented the proposed edits to the QI policy. Some of the changes include Michael being the contact on the actual policy. Michael will report to the BOD as the QI committee will be a staff level committee, and the permanent members have been edited to include CEO and available nursing representation. Eliza presented the question to the committee as to if to make it so Board members are able to attend a meeting. The committee agreed that would be a good linkage to make it welcoming to any Board member to be able to attend. The committee also suggested having the COO position be the chair of the committee. The By Laws will be updated to reflect the changes made in the QI policy and the Bylaws will be presented to the BOD. <p>The Committee recommended the updated QI Policy be presented for Board approval.</p>	
Adjourn	Kathryn Jensen moved that the meeting be adjourned, the meeting was adjourned at 10:03 am. The next meeting is scheduled for Tuesday, February 18, 2020 at 9:15am at the Huntington Health Center.	

Respectfully submitted,
Tabitha Griswold, Executive Assistant



QI-Risk Management Report, July- December 2019

As part of HCHC's Risk Management Plan, we are reporting to the Board on a semi-annual basis a summary of our risk management activities and follow-up. Risk Management is a broad area that encompasses many myriad activities that reduce the risk of adverse outcomes that could result in medical malpractice or other health or health-related litigation. This includes assessment and continuous improvement and/or maintenance of effort in the areas of commercial insurance, training, infection control, scope analysis, HIPAA, employee safety, and emergency planning and response. The Risk Management Annex of our Corporate Compliance Program lists the following as elements of our Plan:

1. Commercial Insurance analysis to determine coverage requirements and make adjustments as necessary;
2. Training programs include but are not limited to:
 - Safety Training (fire drills, disaster drills, workplace safety, workplace violence);
 - OSHA Training Compliance (infection control, needle stick protocols, hazardous waste disposal, employee injuries and ergonomics);
 - Security Programs (electronic door operation, IT security and enhancements);
 - Confidentiality Programs (Corporate Compliance, HIPAA Privacy rules); and
 - Patient Care Programs (Patient complaint process, dealing with difficult patients, aggressive patients);
3. Infection control, including the maintenance of an exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to blood borne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Blood borne Pathogens.";
4. HIPAA Privacy and Security, including risk analysis and training;
5. FTCA and scope analysis to ensure that all services offered are accurately represented in HCHC's Form 5A;
6. Risk management strategies, including the identification, analysis, and treatment of risks, and an evaluation of the strategies themselves.

HCHC has a Quality Improvement (QI) Plan that includes quarterly risk assessments by the Medical Director that are presented to the QI/Risk Management Committee, and then to the full Board of Directors. This risk assessment can include peer review of patient records, incident reports, quality measures tracking, patient satisfaction data, employee satisfaction data, etc. In addition, the QI/Risk Management Committee conducts a quarterly assessment of other potential risk areas, including identification of training needs, results of culture of safety surveys, any claims activity, etc. The QI/Risk Management Committee reports to the full Board of Directors a minimum of four times per year on 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.

Below are the activities that HCHC undertook in the second half of 2019 to address these issues:

Quality Improvement Activities

- Department heads each report quarterly on their department dashboards to the committee.
- QI calendar of meetings and reports approved by the QI Committee
- ***Clinical Operations:***
 - The Massachusetts League of Community Health Centers (our PCA) provided us with a technical assistance grant to have HMA consultant to come in and provide an operational assessment and work plan. The work plan includes a revised organization chart focused on workflow improvements that will improve patient flow, customer service, provider efficiency, data collection, and quality care provision.
 - Developed and implemented first Diabetes Action Plan, developed with the assistance of TA funded by HRSA
 - Successfully prepared for and participated in HRSA Operational Site Visit, which included numerous recommendations for changes to clinical operations, including reorganization of the QI/RM and its relationship with the Board of Directors. One clinical condition was placed related to response to emergencies during hours of operations.
 - Clinical and community program department heads continue to meet monthly with Clinical Operations Manager to develop improved integration and collaboration.
 - Continued efforts to improve quality of data collection from third party aggregator so that it accurately reflects the quality of the care.
 - Continue to develop care model adjustments as medical provider shortage remains
 - Brought on recruitment assistance through a recruitment firm. Ramped up recruitment tracking through the work plan with Health Management Associates (HMA) consultant. Improved applicant tracking and communication between HR and Managers for a more efficient process to bring new staff through the door as soon as possible.
 - Reviewed and updated all clinical policies and procedures, including those related to infection control.
- ***Patient Satisfaction:***
 - In July, the Eye Care, Dental, Behavioral Health and Community Programs patient satisfaction survey was completed and the results were generally very positive. Demographic questions were included as a review for populations needs being met.
 - We continue sending any patient with an email identified in eCW an electronic survey to complete. We have expanded that to Behavioral and Optometry patients as well. We continue to distribute paper copies to patients in the waiting room and have a link on the website with posters reminding patients of this option throughout the sites. These results are reported bi-annually to the Committee.
- ***Utilization:***
 - Completed analysis and updated Forms 5A, 5B, and 5C, including filing appropriate Board-approved Changes in Scope.
 - Completed Board-approved ZIP Code analysis to determine service area.
 -
- ***Safety/Adverse Events:***
 - Behavioral Health:
 - No patient complaints or legal matters
 - The waitlist is being managed to ensure prioritization of patient needs.
 - Eye Care:
 - No patient complaints or legal matters

- Dental:
 - One dental complaint from a patient that received a full mouth series and the patient's insurance did not cover it. Practice Manager spoke to patient and marked the patient's chart to give prior notice to the patient when the series is due every three years.
- Medical:
 - No patient complaints that required significant follow up.
 - Continued efforts to improve communication with specialists and hospitals for imagery, lab results, etc.
- **Follow-up Actions:**
 - Address recommendations of the OSV Clinical reviewer, as well as address condition related to response to emergency events during hours of operation
 - Implement new Diabetes Action Plan
 - Implement recommendations of HMA consultant, including hiring of new staff members

Clinical Risk Management Activities

- Risk management continues to be a standing item on QI meeting agendas
- An eCW server upgrade at the end of June failed and corrupted HCHC's record, and the vendor did not inform HCHC until six days after the event. Staff worked diligently to recover all lost material and rebuild an accurate database as patients continued to be seen safely. All departments except Dental were impacted by this failure. ***There were no adverse incidents of any kind as a result of this incident,*** which was a testament to the hard work and development of alternate systems by IT and clinical staff.
- In order to address low staffing numbers, provider recruitment efforts continued through a contract with a national recruitment firm. Reconfigure existing staffing schedules to keep Amherst open, with temporarily reduced hours, through the transition of the two providers' exit. Entered into a contract with a locum tenens recruiter to identify temporary provider staffing to start in February.
- Efforts commenced to recruit a BH Coordinator and Admin Assistant to the CCCSO, who would also serve as business manager for the Eye Care department. New positions would focus on improved patient scheduling, outreach, and management of the waitlist in BH.
- There was a monthly discussion of the staffing shortage, which included a focus on operational efficiency and patient safety including management of imaging and diagnostic testing results.
- **Patient Incident(s):**
 - Patient sent home by receptionist due to insurance status and was unable to be seen. Training was provided to all front desk personnel on proper protocol.
- **Employee Incident(s):**
 - Patient to staff verbal aggression incident was reported. In response management followed up with patient to discuss situation, following protocol for disruptive patients.
 - Staff bumped head on scale, scale was relocated to prevent any future incidents.
- **Insurance Review:**
 - 2020 FTCA application was approved by the Committee in July 2019. Health was deemed for 2020.
- **Follow-up actions:**
 - Medical Department implemented a plan for Medical Assistants to assist with outstanding lab and DI tracking.

Non-Clinical Risk Management Activities

- **Training:**
 - All staff completed sexual harassment and HIPPA training through online training software, HealthStream by 7/31/2019, and cultural sensitivity training by 12/31/19.
- **Risk Assessments:**
 - HR went through employee files to review each file for appropriate measles vaccinations. This measure was to ensure accurate records and that no additional vaccinations were needed. Any employees needing titers or vaccinations have been notified.
 - The DRIVE Committee (Diversity, Inclusion, Value and Equality Committee) received results from the Health Equity Index test and are working to improve the score through efforts of staff and community engagement. The committee has worked on developing a cultural humility training for all staff and engaging community and staff in events such as a photo contest.
 - Additional infrastructure improvements at both main facilities completed. ADA improvements to be completed in third quarter of 2019.
- **Follow-up actions:**
 - Gail Mayeaux, HMA Consultant helped management develop communication plans, recruitment tracking, management teams, and organization changes to be implemented in 2020.
 - Funding received for continued ADA infrastructure improvements at both main facilities.
 - Continued efforts to address the staffing shortage with an emphasis on patient safety and efficient operational practices.



Hilltown Community Health Center

Administrative Offices
58 Old North Road
Worthington, MA 01098
413-238-5511
www.hchcweb.org

May 5, 2020

Health Center Coronavirus Aid Relief and Economic Security (CARES) Act Funding
Narrative Overview
Grant No 1 H8DCS35470

The primary this funding is to: **maintain and increase capacity in providing primary health care** including medical, behavioral health and optometry.

- The funding will;
 - Ensure the availability of comprehensive primary care to meet the ongoing needs of the patient population by supporting salaries and benefits for health center personnel providing in-scope services that are typically paid through non-grant funds during this emergency.
 - Support transitions as necessary to increase access to care through telehealth.
 - Support the relocation of services from temporarily closed sites, such as school-based health centers, including transfer of moveable equipment and supplies essential to operations, updating marketing materials and websites, and direct communication to patients and community partners.
 - Develop new and/or update existing patient registries to inform workflows that will support continuity of services to patients whose access has been limited by COVID-19 response.
 - Allow the ability to provide paid leave to exposed or vulnerable health center staff, including those unable to work due to the public health emergency.
 - Maintain electronic health record that is certified by the Office of the National Coordinator for Health Information Technology.

These funds will allow HCHC to remain open and supporting our patient population during the COVID-19 crisis.

Hilltown Community Health Centers, Inc.**Budget Narrative - CARES Funding****Grant Number : 1 H8 DCS35470-01-00****Award Amount \$655,055**

Object Class Category	Federal Requested CARES funding to support line item
PERSONNEL	
ADMINISTRATION STAFF	\$ ██████████
MEDICAL STAFF	██████████
VISION STAFF	██████████
BEHAVIORAL HEALTH STAFF	██████████
OTHER STAFF	██████████
TOTAL PERSONNEL	\$ 450,895
FRINGE BENEFITS	
FICA @ 7.50%	\$ 33,817
TOTAL FRINGE @ 7.50%	\$ 33,817
CONTRACTUAL – Include sufficient detail to justify costs.	
Financial Consultant (Interim CFO) (4 wks. at \$2,000 / wk.)	8,000
EHR Software (\$3,000 per month x 10 Months)	30,000
Equipment Leases (Temporary Ramp for new COVID entrance)	6,215
TOTAL CONTRACTUAL	\$ 44,215
OTHER – Include sufficient detail to justify each item.	
Utilities (Electric and Gas 6 months at avg. \$4,437 per month)	\$ 26,621
Telephone/Internet/Fiber (6 months at \$13,470 / month)	80,820
Recruitment and Advertising (Hiring / maintaining staff)	18,687
TOTAL OTHER	\$ 126,128
TOTAL DIRECT CHARGES (Sum of all TOTAL Expenses rows above)	\$ 655,055
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)	\$ 655,055

Additional Budget Narrative:

Personnel Object Class Category Justification

Federally-Supported Personnel Justification Table

Name	Position Title	Base Salary	Adjusted Annual Salary*	FTE to Support CARES Activities	Federal Amount Requested
Administrative Staff					
Lake	CEO	████████	\$ -	0.25	\$ ██████████
CFO - TBD	CFO	████████	\$ -	0.25	\$ ██████████
Total Administrative Staff					\$ ██████████
Medical Staff					
Canfora	LPN	████████	\$ -	0.50	\$ ██████████
Reed	LPN	\$ ██████████	\$ -	0.50	\$ ██████████
Williams	LPN	\$ ██████████	\$ -	0.50	\$ ██████████
Morrier	Medical Assistant	\$ ██████████	\$ -	0.50	\$ ██████████
Waite	Medical Assistant	\$ ██████████	\$ -	0.50	\$ ██████████
Santiago	Medical Assistant	\$ ██████████	\$ -	0.50	\$ ██████████
Kiernan	Medical Assistant	\$ ██████████	\$ -	0.50	\$ ██████████
Total Medical Staff					\$ ██████████
Vision Staff					
Purdy	Optometrist	\$ ██████████	\$ -	0.50	\$ ██████████
Hanlon	Ophthalmic Assistant	\$ ██████████	\$ -	0.50	\$ ██████████
Total Vision Staff					\$ ██████████

Behavioral Health Staff					
Feldman	LICSW	\$ [REDACTED]	\$ -	0.25	\$ [REDACTED]
Total Behavioral Health Staff					\$ [REDACTED]
Other Staff					
Blanchard	EHR Specialist	\$ [REDACTED]	\$ -	0.50	\$ [REDACTED]
Worpek	IT Manager	\$ [REDACTED]	\$ -	0.50	\$ [REDACTED]
Kirouac	Accounting Manager	\$ [REDACTED]	\$ -	0.50	\$ [REDACTED]
Rida, B	Personnel Coordinator	\$ [REDACTED]	\$ -	0.50	\$ [REDACTED]
Rida, K	Billing Manager	\$ [REDACTED]	\$ -	0.50	\$ [REDACTED]
Total Other Staff			\$ -		\$ [REDACTED]
TOTAL					\$ 450,895.00

*Used to adjust salary if over the limitation of \$192,300.

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM SF-424A: BUDGET INFORMATION Hilltown Community Health Centers, Inc				FOR HRSA USE ONLY		
				Grant Number	Application Tracking Number	
				H8CCS34349		
Budget Information – FY 2020 Coronavirus Supplemental Funding for Health Centers						
Section A – Budget Summary						
Grant Program Function or Activity	CFDA Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total <i>will auto-calculate in EHB</i>
Community Health Centers	93.224	N/A	N/A	56,708.00	14,570.00	71,278.00
Health Care for the Homeless	93.224	N/A	N/A			
Migrant Health Centers	93.224	N/A	N/A			
Public Housing	93.224	N/A	N/A			
Total <i>will auto-calculate in EHB</i>				56,708.00	14,570.00	71,278.00
Section B – Budget Categories						
Object Class Categories	Federal		Non-Federal		Total <i>will auto-calculate in EHB</i>	
Personnel			0.00			
Fringe Benefits			0.00			
Travel	6,638.00		0.00		6,638.00	
Equipment			0.00			
Supplies			0.00			
Contractual	50,070.00		14,570.00		64,640.00	
Construction			0.00			
Other			0.00			
Total Direct Charges <i>will auto-calculate in EHB</i>	56,708.00		14,570.00		71,278.00	
Indirect Charges			0.00			
Total <i>will auto-calculate in EHB</i>	56,708.00		14,570.00		71,278.00	
Section C – Non-Federal Resources						
Grant Program Function or Activity	Applicant	State	Local	Other	Program Income	Total <i>will auto-calculate in EHB</i>
Community Health Centers						
Health Care for the Homeless						
Migrant Health Centers						
Public Housing						
Total <i>will auto-calculate in EHB</i>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM SF-424A: BUDGET INFORMATION Hilltown Community Health Centers, Inc			FOR HRSA USE ONLY		
			Grant Number	Application Tracking Number	
			H8CCS34349		
Section D – Forecasted Cash Needs (optional)					
	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	Total 1 st Year <i>will auto-calculate in EHB</i>
Federal		56,708.00			56,708.00
Non-Federal					
Total <i>will auto-calculate in EHB</i>		56,708.00			56,708.00
Section E – Budget Estimates of Federal Funds Needed for Balance of Project					
Grant Program	Future Funding Periods (Years)				
	First	Second	Third	Fourth	
Community Health Centers		N/A	N/A	N/A	
Health Care for the Homeless		N/A	N/A	N/A	
Migrant Health Centers		N/A	N/A	N/A	
Public Housing		N/A	N/A	N/A	
Total <i>will auto-calculate in EHB</i>		N/A	N/A	N/A	
Section F – Other Budget Information					
Direct Charges			56,708.00 Federal		
Indirect Charges			0.00		
Remarks			Use of federal funds for the contracted provider is under the \$192,300 limitation.		