Hilltown Community Health Center
Board of Directors Meeting
September 10, 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 John Melehov
5:50 PM	**Committee Reports**	**Vote Needed**	
	• Executive Committee		Lee Manchester
	• Fundraising Committee		Nancy Brenner
	• Personnel		John Follet Alan Gaitenby
	• Facilities		Wendy Long
	• Recruitment Orientation and Nomination		Alan Gaitenby
	• Strategic Planning		
6:15 PM	**Senior Management Reports**		
	• Credentialing and Privileging Report	**Vote Needed**	Michael Purdy
	• Quality Improvement/Risk Management	**Vote Needed**	Michael Purdy
	• CEO Report	Inform/ Discussion	Eliza Lake
6:40 PM	**New Business**		
	• Policies		Eliza Lake
	o Administrative	**Vote**	
	o Board		
	• Vote to retain audit company		
	• Vote on Corporate Resolution	**Vote**	
		Vote	Lee Manchester
7:20 PM	**Executive Session** (if needed)	Discussion	
7:30 PM	**Adjourn**	**Vote Needed**	Lee Manchester

Upcoming Meetings

- October 8th, 5:30 PM by Zoom
- November 12th, 5:30 PM by Zoom
- December 10th, 5:30 PM by Zoom

HCHC BOARD OF DIRECTORS MEETING
Date/Time: 8/13/2020 5:30pm
Zoom Meeting

MEMBERS: Lee Manchester, President; John Follet, Vice President and Treasurer; Kathryn Jensen, Clerk; Nancy Brenner; Alan Gaitenby; Jennica Gallagher; Seth Gemme; Kate Albright-Hanna
STAFF: Michael Purdy, CCCSO; John Melehov, CFO; Vickie Dempsey, COO; Tabitha Griswold, Executive Assistant
ABSENT: Eliza Lake, CEO; Wendy Long; Matt Bannister

Agenda Item	Summary of Discussion	Decisions/ Next Steps/ Person Responsible Due Date
Review of Minutes 7/9/2020	Lee Manchester called the meeting to order at 5:34 pm. **Kathryn Jensen moved to approve the July Board minutes. Nancy Brenner seconded the motion, which was approved by those present.**	The Board voted unanimously to approve the July 9, 2020 Board minutes.
Finance Committee	• John Follet reported on the May and June financials. The highlights were discussed as presented in the Interim Financial Statement Presentation by John Melehov, CFO. As presented, the $1.1 MIL PPP loan is still being utilized, and will likely be forgiven and moved into revenue. John expressed concern that if revenue continues to be low and causing an operating loss, there will be a negative financial impact once the relief funds from the beginning of the pandemic are used. The revenues did increase slightly for May that resulted in a net gain of $54K for the month of June. However, patient revenues are still at a considerable deficit compared to last year. The results being that the patient revenue is at a deficit $1MIL but is offset to $500K due to the grants received and 14% lower salary expenses. Cashflow is healthy at this time with $1.3 million in cash on hand through June. The balance sheet shows a healthy current ratio of 1.01, which has been improving since April.	The Board voted unanimously to approve the Finance Committee report

	• In other finance committee items, it was discussed paying off the $156K USDA mortgage on Worthington and saving on the $1200 a month in interest over the next 5-6 years. Concern was voiced over the depletion of the cash on hand to pay this mortgage off; the expanded credit line is available if cash is needed in the future. • Procedures for patient accounts receivable (AR) is still being updated to hopefully decrease the outstanding balances. There will be a change to the Collections policy, which will come to the Board for approval when revised. • The change of banks is looking probable, with PeoplesBank being the likely candidate. They offer enhanced security features, lock box services and an increased line of credit to $500k, all at little to no cost. **Jenicca Gallagher moved to approve the Finance Committee report. Seth Gemme seconded the motion.**	
Staff Presentation- Vickie Dempsey, COO	• Vickie Dempsey, COO has recently been hired to complete the Senior Management team. She has been on board for a week and a half. Introductions to the Board were made. She has been visiting all the sites, staff and shadowing. She has jumped into looking at the screening process in regard to COVID-19 so that staff and patients feel safe, and will be working on operational improvements across the organization.	

CEO Report	• Lee Manchester opened the conversation for questions to be directed to those Senior Management members present, in Eliza Lake's absence.
	  ○ Discussed status of operations in Amherst regarding hours and services. Michael Purdy reported that Amherst is open two days a week for in-person visits with one provider, and two providers doing televisits the other days. With the onboarding of a new provider, and Jon Liebman returning in office, Amherst will start to see patients in-person 5 days a week soon. Dental is up and running but waiting on a high speed suction machine, which is back ordered.
	  ○ Michael Purdy also provided an update on recruitment. Medical providers will be fully staffed	

	with the three new providers starting this fall. They all live locally. All locations will be fully staffed once those providers are trained. Clinical and operational staff are all back from furlough, some staff have a hybrid model of working remotely and in the clinic. o Implemented eye protection full time and no more masks with release valves to stay ahead of the CDC guidelines. o Michael reported that there has been discussion on restarting the DRIVE committee. Michael reported that with staff vacations, this has been put on the back burner for the time being. However, employees are very committed to this cause and will be working on reinitiating that committee soon.	
Executive Committee	• Lee Manchester reported that the committee met on July 28th. Broad ranging discussion was had by the committee including the distance felt by the board membership from the staff and how this was felt even before the pandemic. Some ideas were discussed to better connect with staff such as drafting a letter from the board acknowledging and thanking staff for their work and sacrifice during these challenging times. Also discussed when the board could do a small event for the staff to show appreciation. • The committee also discussed the status of current committees. They looked at the activity and involvement of board members of those committees, especially the DRIVE committee as echoed in Eliza's CEO report.	
Recruitment, Orientation & Nominating (RON) Committee	• Alan Gaitenby reported that there has not been a meeting in Wendy Long's absence.	
Facilities Committee	• Alan Gaitenby reported that the committee has not met, but a meeting will be scheduled soon. • Michael Purdy reported that air filtration devices and plexi-glass have been installed. Dental exam rooms received the PCO equipment that is being installed this	

	week, which will decrease the turnover time in those rooms.	
Personnel Committee	• John Follet reported that this committee has not met.	
Strategic Planning	• Nancy Brenner reported that this committee met on July 30th. The committee reviewed previous assessments made this year and mapped out how to proceed. Nancy reported that the committee is looking at completing the strategic plan likely in early 2021. Nancy reported that Eliza made mention in the meeting that for planning purposes financials have been greatly affected by COVID-19, but operationally, in regard to the strategic plan, things have not changed drastically. The committee will meet again in a couple of weeks.	
Fundraising Committee	• This committee has not met.	
Committee Reports	• **Seth Gemme moved that the committee reports be approved. Jenicca Gallagher 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 weekly COVID Team meeting continues to happen. • Three new providers will be starting, two on the beginning of September and the third on October 5th. One new LCSW has started and is being trained remotely. Michael reported that with the addition of Vickie Dempesy, the new COO, there is increased capacity to focus on C3 quality measures. Michael also reported that Vickie Dempesy and Alex Niefer have started on the NCQA process. • A dental hygiene representative has been included in infectious control group, as they were not before. Also, Dental received the PCO units and all clinical and dental staff are no longer using masks with release valves. • A new travel policy is in place with a mandatory form to be filled out if any staff choose to travel to a state that is not deemed lower risk by the state, in accordance with state requirements.	The Board voted unanimously to approve the QI/ Risk Management Report.

	Kathryn Jensen moved to accept the QI/RM report, Nancy Brenner seconded.	
Credentialing/ Privileging Report	• Michael Purdy informed the Board that the following newly hired APRN was approved for initial credentialing and privileging pending DEA and mass drug control license. ○ Beth Peloquin, APRN **Nancy Brenner moved to approve the initial credentialing and privileging of the employee as presented, Alan Gaitenby seconded the motion.**	The Board voted unanimously to approve the initial credentialing and privileging of Beth Peloquin, APRN. Bridget Rida to notify employees of the granted credentials/privileges.
New Business	• Lee Manchester discussed recognizing staff through potentially a letter or a small event, especially during these difficult times. Nancy Brenner added that regular staff acknowledgement is important too. Discussed having the funding to be able to do some sort of larger appreciation event, such as a lunch or ice cream social. There are concerns now with COVID-19 guidelines to consider, making the letter a more viable option at this time. Lee will work on drafting a letter to be sent out to all staff. • Lee reminded the board that committee meetings can be done through Zoom and Tabitha can set those up on HCHC's Zoom licenses. This will hopefully increase participation and frequency of those meetings. • Lee discussed diversity issues in several aspects such as board recruitment, staffing and patients. This conversation was a continuation of last month's agenda item. The emphasis of the conversation on changes to make HCHC as welcoming as possible and treating everyone equitably. Advocacy at a higher level is something the board felt was an appropriate duty. Discussed potential smaller changes to increase diversity	The Board voted unanimously to approve the submission of the FTCA Application

	by making the board more welcoming to patients that want to be members.	
Old Business	• No old business was discussed	
Next Meeting	**Nancy Brenner moved the meeting be adjourned. Jenicca Gallagher seconded the motion, which was approved by those present.** The meeting was adjourned at 7:06 pm. The next scheduled meeting, which will be September 10, 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

July 2020 – Presented 9/10/2020

Highlights

- $128K Operating Loss in July.
- YTD Net $277K loss
- $161K negative cash flow

Income Statement

		Mar	Apr	May	June	Jul	YTD Total	PY YTD		
OPERATING ACTIVITIES		**Actual**	**Actual**	**Actual**	**July**	**Actual**	**Actual**	**Actual**	**$ Change**	**% Change**
Revenue										
	Patient Services - Medical	$162,144	$127,027	$132,581	$147,308	$105,190	$1,026,760	$1,530,155	($503,396)	-32.9%
	Patient Services - Dental	$70,156	$17,187	$11,337	$26,937	$32,119	$427,093	$1,142,594	($715,501)	-62.6%
	Patient Services - Beh. Health	$29,811	$29,864	$25,700	$30,858	$46,280	$239,928	$218,385	$21,543	9.9%
	Patient Services - Optometry	$12,268	$4,184	$3,632	$3,162	$9,814	$65,353	$114,922	($49,569)	-43.1%
	Patient Services - Optometry Hardware	$2,446	$998	$996	$3,574	$3,894	$27,296	$53,988	($26,693)	-49.4%
	Patient Services - Pharmacy	$11,596	$18,350	$24,126	$27,724	$13,829	$108,950	$64,013	$44,938	70.2%
	Quality & Other Incentives	$24,149	$277	$25	$7,684	$279	$33,214	$35,532	($2,319)	-6.5%
	HRSA 330 & Other Grant	$139,990	$225,857	$131,598	$155,075	$24,098	$951,447	$959,780	($8,333)	-0.9%
	Other Grants & Contracts	$64,025	$289,624	$187,345	$245,236	$200,559	$1,106,829	$521,663	$585,166	112.2%
	Int., Dividends Gain /Loss Investmenst	($40,933)	$27,765	$13,531	$7,243	$15,548	($1,375)	$41,769	($43,144)	-103.3%
	Rental & Misc. Income	$1,132	$2,333	$2,567	$2,567	$4,002	$20,303	$18,425	$1,878	10.2%
	Total Operating Revenue	$476,784	$743,467	$533,437	$657,368	$455,612	$4,005,798	$4,701,228	($695,431)	-14.8%

- Patient Revenue down $1.23M from the same time last year

		Mar	Apr	May	June	Jul	YTD Total	PY YTD		
OPERATING ACTIVITIES		**Actual**	**Actual**	**Actual**	**July**	**Actual**	**Actual**	**Actual**	**$ Change**	**% Change**
Compensation and related expenses										
	Salaries and wages	($386,453)	($256,747)	($481,227)	($349,402)	($380,723)	($2,784,054)	($3,242,119)	$458,065	14.1%
	Payroll taxes	($29,040)	($19,068)	($35,581)	($24,476)	($24,710)	($203,007)	($256,413)	$53,406	20.8%
	Fringe benefits	($25,023)	($37,384)	($35,876)	($36,396)	($35,287)	($242,438)	($273,698)	$31,260	11.4%
	Total Compensation & related expenses	($440,516)	($313,198)	($552,684)	($410,274)	($440,720)	($3,229,499)	($3,772,230)	$542,731	14.4%

- Salary Expense YTD down 14% = $543K

		Mar	Apr	May	June	Jul	YTD Total	PY YTD		
OPERATING ACTIVITIES		**Actual**	**Actual**	**Actual**	**July**	**Actual**	**Actual**	**Actual**	**$ Change**	**% Change**
Other Operating Expenses										
	Advertising and marketing	($99)	$0	$0	($240)	($341)	($680)	($6,937)	$6,256	90.2%
	Bad debt	($9,288)	($8,831)	($4,411)	($8,382)	$8,168	($17,758)	($98,272)	$80,514	81.9%
	Computer support	($21,428)	($9,589)	($12,655)	($8,388)	($8,388)	($73,736)	($49,734)	($24,002)	-48.3%
	Conference and meetings	$0	$1,475	($1,882)	($480)	($30)	($2,516)	($5,695)	$3,180	55.8%
	Continuing education	$0	$0	($308)	($1,733)	($275)	($5,777)	($20,287)	$14,511	71.5%
	Contracts and consulting	($28,137)	($20,701)	($38,786)	($22,638)	($19,439)	($150,344)	($54,910)	($95,433)	-173.8%
	Depreciation and amortization	($28,544)	($28,544)	($28,544)	($28,544)	($28,544)	($199,810)	($193,554)	($6,256)	-3.2%
	Dues and membership	($2,355)	($2,530)	($2,405)	($7,955)	($3,247)	($24,088)	($20,696)	($3,392)	-16.4%
	Equipment leases	($2,273)	($1,735)	($2,911)	($2,487)	($945)	($14,809)	($16,904)	$2,095	12.4%
	Insurance	($2,202)	($2,192)	($2,192)	($2,192)	($2,192)	($15,299)	($14,775)	($524)	-3.5%
	Interest	($1,187)	($1,258)	($1,209)	($1,238)	($1,187)	($8,647)	($9,438)	$791	8.4%
	Legal and accounting	($2,626)	($2,500)	($2,895)	($2,668)	($2,500)	($18,189)	($16,329)	($1,860)	-11.4%
	Licenses and fees	($4,006)	($2,898)	($2,959)	($3,504)	($3,794)	($28,227)	($28,297)	$70	0.2%
	Medical & dental lab and supplies	($6,226)	($897)	($283)	($1,630)	($3,256)	($32,150)	($76,797)	$44,647	58.1%
	Merchant CC Fees	($2,037)	($1,492)	($633)	($564)	($571)	($8,562)	($10,908)	$2,347	21.5%
	Office supplies and printing	($1,899)	($7,188)	($1,530)	($7,637)	($7,234)	($30,844)	($20,441)	($10,402)	-50.9%
	Postage	($2,240)	($151)	($2,233)	($2,040)	($511)	($9,343)	($8,800)	($543)	-6.2%
	Program supplies and materials	($14,163)	($2,688)	($15,733)	($17,073)	($13,480)	($99,521)	($135,814)	$36,293	26.7%
	Pharmacy & Optometry COGS	($4,699)	($3,785)	($3,420)	($9,287)	($6,308)	($46,442)	($58,030)	$11,588	20.0%
	Recruitment	($90)	$0	$0	$0	$0	($4,666)	($4,024)	($642)	-15.9%
	Rent	($10,064)	($6,964)	($15,758)	($13,843)	($16,052)	($78,231)	($43,306)	($34,926)	-80.6%
	Repairs and maintenance	($15,221)	($11,565)	($12,108)	($21,849)	($15,799)	($109,081)	($92,655)	($16,426)	-17.7%
	Small equipment purchases	$0	($1,299)	($4,240)	($12,046)	($7,050)	($26,304)	($6,396)	($19,908)	-311.2%
	Telephone	($14,263)	($15,336)	($14,707)	($14,343)	($13,859)	($97,331)	($89,652)	($7,680)	-8.6%
	Travel	($940)	($639)	($327)	($1,076)	($1,171)	($7,449)	($14,603)	$7,154	49.0%
	Utilities	($3,312)	($4,481)	($4,838)	($2,955)	($3,467)	($27,785)	($31,173)	$3,388	10.9%
	Total Other Operating Expenses	($177,298)	($135,788)	($176,969)	($194,792)	($151,474)	($1,137,587)	($1,128,427)	($9,161)	-0.8%
	NET OPERATING SURPLUS (DEFICIT)	**($141,031)**	**$294,481**	**($196,216)**	**$52,302**	**($136,583)**	**($361,289)**	**($199,428)**	**($161,861)**	**-81.2%**

Net Deficit (Income)

		Mar	Apr	May	June	Jul	YTD Total	PY YTD		
		Actual	Actual	Actual	July	Actual	Actual	Actual	$ Change	% Change
NON_OPERATING ACTIVITIES										
	Donations, Pledges & Contributions	$20,725	$40,211	$4,657	$1,476	$7,740	$84,730	$128,919	($44,190)	-34.3%
	Loan Forgiveness	$0	$0	$0	$0	$0	$0	$0	$0	0.0%
	Capital Grants	$0	$0	$0	$0	$0	$0	$8,073	($8,073)	-100.0%
	NET NON-OPERATING SURPLUS (DEFICIT)	**$20,725**	**$40,211**	**$4,657**	**$1,476**	**$7,740**	**$84,730**	**$136,992**	**($52,263)**	**-38.2%**
	NET SURPLUS/(DEFICIT)	**($120,306)**	**$334,692**	**($191,559)**	**$53,778**	**($128,843)**	**($276,559)**	**($62,436)**	**($214,123)**	**-342.9%**

- YTD Deficit is growing
- PPP cash should hold out for a year at current levels
- 68 days cash on hand (how long the cash will last if income dried up)

Cash Flow

CASH FLOWS FROM OPERATING ACTIVITIES		
	NET SURPLUS/(DEFICIT) FOR PERIOD	($128,842.72)
	NET CASH USED BY OPERATING ACTIVITIES	**($148,118.45)**
CASH FLOWS FROM INVESTING ACTIVITIES		
	NET CASH USED BY INVESTING ACTIVITIES	**($12,612.59)**
	NET DECREASE IN CASH	**($160,731.04)**
	CASH AND CASH EQUIVALENTS AS OF 7/1/2020	**$2,321,421.45**
	CASH AND CASH EQUIVALENTS AS OF 7/31/2020	**$2,160,690.41**

- Cash on hand decreased $161K

Balance Sheet (as of 7/31)

ASSETS		
	Total Current Assets	$2,168,808
	Total Property and Equipment	$7,099,143
	Less Accumulated Depreciation	($2,953,793)
	Net Property & Equipment	$4,145,350
	Total Other Assets	$362,755
	TOTAL ASSETS	**$6,676,913**
Liabilities & Fund Balance		
	Total Current Liabilities	($2,284,161)
	Total Long Term Liabilities	($294,921)
	Total Liabilities	**($2,579,082)**
Fund Balance / Equity		
	Fund Balance Prior Years	$4,097,830
	Total Fund Balance / Equity	$4,097,830
	Total Liabilities & Fund Balance	**$6,676,913**

- Current Assets = $2.17 M
- Current Liabilities = $2.28 M
- Current Ratio = **0.95** down from **1.01** in June

Policy Title: Board Member Recruitment, Retention, and Development Plan	**Policy Number:** BOD-1
Department: Administrative	**Policy status:** Active
Resources:	
Date Published: MAY 2016	
Dates Reviewed: JUL 2018	
Dates Revised: JUL 2018	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for the recruitment, retention and development of Board members.

POLICY:

New Board members are recruited in a variety of ways. The process begins with understanding the current Board profile of members which identifies the skills, background, consumer/non-consumer status and demographics currently represented on the Board and what is needed. The Recruitment, Orientation and Nominating (RON) Committee members identify the people and organizations to contact as part of the recruiting process. This includes:

- Working with health center staff to identify patients who may be interested in serving as consumer members.
- Identifying the strongest candidates and prioritizing the applicants based on the skills, geographic representation and diversity needs of the Board.
- Members of the RON Committee are assigned one or more individuals to contact and disseminate recruiting materials.
- Board member candidates are subsequently interviewed by one or more Board members, preferably including the President and the CEO and, if the candidates are interested in membership, may be invited to a Board meeting to get an idea of how the organization makes decisions and shares responsibilities. This is also an opportunity for the Board to assess the skills and fit of the candidate with the organization and its leadership. .
- Based on these meetings, the RON Committee may nominate the candidate to the

Board. The Board votes to accept or decline the nomination of the candidate.

- Once an individual commits to serving on the Board, she or he is given a Board Member Manual along with password information to the Board's secure web page, which includes additional resources.

- The term of a member shall be three years, and members are eligible for re-election.

- The Board will retain its members and develop their governance competency through continuing education and support, including:
    - Opportunities for training at various conferences and seminars run by the State of Massachusetts, the Massachusetts League of Community Health Centers, the National Association of Community Health Centers and other organizations.
    - Presentations by HCHC staff or partners on issues of importance to the governance, strategic planning, and on-going operational support of the health center.
    - Monthly reports from the CEO and Senior Management on HCHC and its activities, with opportunities for discussion and questions at every Board meeting.

Questions regarding this plan should be directed to Chief Executive Officer at 413-238-4128.

Approved by Board of Directors on: _____

Approved by:

_____ _____

Chief Executive Officer, HCHC HCHC Board of Directors

Policy Title: Board Orientation Policy	**Policy Number:** BOD-2
Department: Administrative	**Policy status:** Active
Resources:	
Date Published: OCT 1998	
Dates Reviewed: JUL 2018	
Dates Revised: JUL 2018	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to orient every new Board member of Hilltown Community Health Center with materials to review in order gain a complete understanding of Hilltown Community Health Center and his/her role as a member of the Board of Directors.

POLICY:

The CEO or Board President or designee shall meet with the new Board member to provide:

HARD COPY or EMAIL:

1. Welcome letter from Board President and CEO, including link to Board member web page with log-in instructions
2. Acronym List
3. Annual Disclosure Statement
4. Attorney General's Guide to Board Members of Charitable Organizations
5. Confidentiality Agreement
6. Health Center Services Sheet
7. Member Listing
8. Mission Statement
9. Monthly Meeting Schedule
10. New Member Required Information Form
11. Organizational Chart
12. Committee Descriptions
13. Ten Responsibilities of Non-Profit Boards

BOARD OF DIRECTORS SECURE WEB PAGE:
https://www.hchcweb.org/board-of-directors/

1. #'s 2-13 (above) plus:
2. Articles of Incorporation
3. Board Governance Guidelines (from National Association of Community Health Centers)
4. Bureau of Primary Health Program Requirements
5. By-Laws
6. Corporate Compliance Documents
7. Directors & Officers Insurance Policy (current and past)
8. Finance Committee Minutes (current and past)
9. Governance Requirements List
10. History of HCHC
11. HRSA Program Requirements
12. Meeting Minutes (current and past)
13. Policies
    a. Conflict of Interest
    b. Confidentiality
    c. Grant and Contract Approval
    d. New Member Orientation

OTHER ORIENTATION ACTIVITIES:

1. Tour of the Huntington Health Center, Worthington Health Center and John P. Musante Health Center preceding first two meetings
2. Schedule tours of School-Based Programs and Hilltown Community Center

Questions regarding this policy or any related procedure should be directed to the Chief Executive Officer at 413-238-4128.

Approved by Board of Directors on: _____
Approved by:

_____ _____

Chief Executive Officer, HCHC HCHC Board of Directors

Policy Title: Grant and Contract Approval Policy	**Policy Number:** BOD-3
Department: Administrative	**Policy status:** Active
Resources:	
Date Published: OCT 1998	
Dates Reviewed: JUL 2018	
Dates Revised: JUL 2018	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) Board of Directors has adopted this policy to have a formal documented process for the Board of Directors to review/approve any grants or contracts that may be applied for which meet the criteria set forth by the Board of Directors.

POLICY:

The CEO or his/her designee may apply for grants or contracts which meet the following criteria:

1. Appropriate grants/contracts must be related to the organization's mission.

2. The grant/contract must have funds which are sufficient to cover the costs of the grant/contract operations.

3. The authority and duties of the CEO must not be dissipated by the addition of the grant/contract.

It is expected that the CEO will inform the Board of Directors and provide detailed information regarding all grants/contracts for which (s) he or the designee applies.

Questions regarding this policy or any related procedure should be directed to the Chief Executive Officer at 413-238-4128.

Approved by Board of Directors on: _____
Approved by:

_____ _____

Chief Executive Officer, HCHC HCHC Board of Directors

Policy Title: Adverse- Event and Near- Miss Incident Reporting	**Policy Number:** ADM-01
Department: Administrative	**Policy status:** Active
Regulatory Reference: 105 CMR 130.332(c) & 105 CMR 140.308(c)	
Date Published: OCT 2015	
Dates Reviewed: SEP 2018, AUG 2019, AUG 2020	
Dates Revised: AUG 2020	

PURPOSE:

To develop a culture of safety for patients, staff, and visitors at HCHC, and to ensure the appropriate documentation, response, and reporting of adverse events and near-misses. HCHC will use the information gathered through the reporting of adverse events and near misses to improve its Quality Improvement and Risk Management programs through the use of tracking, response, and root-cause analyses.

POLICY:

- HCHC endorses and supports a culture of safety and views adverse-event reporting as a means of improving systems and processes in providing healthcare services to all patients. In a continuing effort to promote a safe environment for patients, HCHC will conduct a systematic program of adverse-event reporting. Reporting is non-punitive, and all providers, employees, and volunteers are encouraged to report all patient and visitor events.

- HCHC encourages open and honest reporting of actual or potential injuries or hazards to patients, visitors, and employees at all sites and services and at all levels of care throughout the organization.

- HCHC aims to limit disciplinary action to only those individuals that engage in willful or malicious misconduct or exhibit continued noncompliance in following established policies and procedures relating to patient care and/or safety or continued failure to follow recommendations to improve skills.

- HCHC strives to facilitate education and problem resolution through forthright disclosure of process failure and/or human error.

Providers, employees, and volunteers are not subject to disciplinary action EXCEPT as follows:

a. The event is not reported as soon as possible after discovering that the event has occurred and in accordance with event-reporting procedures.
b. Providers, employees, or volunteers are directly involved in sabotage; malicious behavior; patient mistreatment, abuse, or neglect; chemical impairment; or criminal activity.
c. False information is provided on the event report or in the follow-up investigation.
d. A provider, employee, or volunteer fails to respond to educational efforts and/or to participate in the education process or other preventive plan.

Providers, employees, or volunteers who meet any of the exceptions listed above will be subject to disciplinary action in accordance with HCHC's pPersonnel pPolicies ~~Handbook~~.

Event reporting is an essential component of the risk management program and is considered part of the performance and quality improvement process. Event reports may not be copied or otherwise disseminated. While the circumstances surrounding an event, all information contained in the event report, and any follow-up reports are confidential, HCHC fully supports that patients and family members or designated representatives be fully informed of errors that reach patients under one or both of the following circumstances:

a. When some unintended act or substance reaches the patient and results in harm
b. When there is potential clinical significance of the event to the patient

In addition, consideration should be given to disclosing errors that reach patients and do not result in harm. The decision to disclose these errors will depend on the circumstances of the event and the patient. Responsibility for disclosing the error usually rests with the provider who has overall responsibility for the patient's care; however, the risk manager should be consulted regarding approaches for appropriate communication of the occurrence of adverse events or errors to patients.

DEFINITIONS:

An **adverse event** or **incident** is defined as "an undesired outcome or occurrence, not expected within the normal course of care or treatment, disease process, condition of the patient, or delivery of services."
A **near miss** is defined as "an event or situation that could have resulted in an accident, injury, or illness but did not, either by chance or through timely intervention (e.g., a procedure almost performed on the wrong patient due to lapse in verification of patient identification but caught at the last minute by chance)." Near misses are viewed by HCHC as opportunities for learning and for developing preventive strategies and actions.

Examples of situations to be reported include, but are not limited to, the following:

1. Any happening that could have caused or did cause injury to a patient (e.g., a medication error or adverse reaction, fall, delay in delivery of needed care, unexpected death)
2. Any condition or situation that could or did result in an injury to a patient (e.g., misfiling diagnostic test results, failure to follow up on abnormal test results, scheduling problem, equipment malfunction)
3. Failure to comply with established policy or protocol, with or without patient, provider, employee, or visitor injury
4. Any injury, potential injury, or unusual occurrence involving a patient, visitor, or employee on the facility grounds (e.g., due to a fall, falling object)

5. Any suggestion or threat of lawsuits, contacting legal counsel, or claims for restitution
6. Anything unusual or not in compliance with everyday activities

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

Approved by Board of Directors on: _____
Approved by:

_____ _____

Chief Executive Officer, HCHC HCHC Board of Directors

PROCEDURE:

Each provider, employee, or volunteer shall be responsible to report all adverse events, incidents, and near misses at the time they are discovered to his or her immediate supervisor and/or the risk manager. Immediate evaluation and stabilization of the patient or other individual involved in the event should be carried out. After any needed intervention has been provided to the patient or other involved individual, the HCHC Incident Report should be completed. Persons knowledgeable about the event should complete the Incident Report objectively, accurately, and without conclusions, criticisms, or placement of blame. All Incident Reports will be forwarded as soon as possible, but at most within 24 hours, to the Risk Manager, currently the CCCSO, for review.

Serious injuries and deaths resulting from an adverse event should also be reported immediately by telephone to the risk manager. Per HCHC policy, the CEO and Medical Director should be notified of any events in Category F (i.e., requiring hospitalization) or higher within 24 hours.

Serious reportable events (SRE's) must be reported, by the Department Head or Risk Manager, to the patient/family, third party payer, and DPH's Bureau of Health Care Safety and Quality (BHCSQ) within seven days of the incident. An SRE is an event that results in a serious adverse patient outcome that is clearly identifiable and measurable, reasonably preventable, and that meets any other criteria established by the department in regulations (M.G.L. c. 111, §51H). The Risk Manager will also conduct a follow-up report within 30 days of the initial report and distribute to all 3 parties. This report will include documentation of the root cause analysis findings and determination of preventability as required by 105 CMR 130.332(c) & 105 CMR 140.308(c).

The Incident Report contains or collects the following information:

- Statement that the event report should not be filed in the patient's medical record

- Date and time of the report
- Date and time of the event
- Location of the event
- Identification of people affected (e.g., patient, visitor, employee)
- Names of people witnessing the event
- Name of the provider to whom the event was reported (if applicable) and the provider's response (e.g., orders given)
- Brief, factual description of the event
- Key observations of the event scene (e.g., if event was a fall, was there water on the floor or ice on the sidewalk)
- Manufacturer, model, and lot (or batch) number of any medical device involved
- Condition of the people affected (including any complaints of injury, observed injuries, and a brief comment on any follow-up care)

The Risk Manager will determine the severity category of the event~~,~~ and record it on the Incident Reporting Form.

The CEO or Risk Manager will notify external regulatory or accrediting agencies of the event as required in accordance with state and federal statutes and regulations or accreditation standards (e.g., 105 CMR 130.332(c) & 105 CMR 140.308(c)). Examples of external reporting requirements may include reporting to the U.S. Food and Drug Administration under the Safe Medical Devices Act or to state agencies.

The HR Coordinator will complete the Employee Injury portion of Incident Reporting Form, and will notify insurers (e.g., liability, property, Workers' Compensation) in accordance with established notification procedures.

See Incident Reporting Flow Chart for the full reporting process and responsibilities of designated staff members.

Supervisors will preserve, secure, and inspect before putting back into service all equipment (e.g., blood glucose monitors, steam sterilizers), assistive or transport devices (e.g., wheelchairs), accessories (e.g., electrocardiography electrodes), packaging, or any other items that may have been involved in the event.

SEVERITY CATEGORY:

The Department Manager or HCHC Risk Management designee will assign a severity category (A-I or U) to all adverse events, including near-miss and no-harm events. All events will be entered into a risk management spreadsheet by the Executive Assistant once the incident has been reported to the Quality Improvement/Risk Management (QI/RM) Committee. The purpose of this spreadsheet is for the QI/RM Committee ~~Quality Improvement/Risk Management Committee~~ and Senior Management to track events and to trend and analyze patterns of events for a proactive approach to quality improvement and identifying opportunities for organization wide improvements in processes or systems.

One of the following severity categories will be assigned.[1] Examples are for illustrative purposes only

[1] Adapted from the National Coordinating Council for Medication Error Reporting Programs (NCCMERP) and Pennsylvania Association for Healthcare Risk Management.

and are not all-inclusive:

- ***Unsafe Conditions:***
  - ***Category A:*** Potentially hazardous conditions, circumstances, or events that have the capacity to cause injury, accident, or healthcare error. **Examples:** Inconsistent protocol or policy for recording pediatric immunizations contributes to the potential for missed or duplicate immuizations being given. Prenatal patient's glucose level is not checked when indicated.
- ***Events, No Harm:***
  - ***Category B:*** Near-miss event or error occurred but did not reach the patient (e.g., caught at the last minute or because of active recovery efforts by caregivers). **Examples:** Specimens are mislabled but recognized and corrected before leaving the health center or before reports are completed. Penicillin is prescribed for a patient with penicillin allergy, but the error is noticed by a pharmacist before medication is dispensed.
  - ***Category C:*** An event occurred and reached the patient or visitor, but there is no evidence of injury or harm. **Examples:** An adult patient has been missing medication doses due to lack of understanding about how to take the drug, but his or her condition or outcome is unaffected. A pediatric patient is observed falling in the waiting area, but no injury is found upon examination.
  - ***Category D:*** An event occurred that required monitoring to confirm that it resulted in no harm and/or required intervention to prevent harm to the patient or visitor. There were no changes in vital signs or laboratory values (if applicable). Patient's or visitor's physical and/or mental functioning is unchanged. Event does not result in any hospitalization or change in level of care. **Example:** A patient sustains a hematoma in his antecubital fosa during a phlebotomy procedure to draw blood for outpatient laboratory testing. The patient returns to the clinic provider to have his arm checked. No treatment is needed.
- ***Events, Harm:***
  - ***Category E:*** An event occurred that may have contributed to or resulted in temporary harm, required treatment and/or intervention, or required increased observation or monitoring with changes in vital signs, mental status, or laboratory values. **Examples:** A patient fall results in a scalp laceration that requires suturing; the patient is also sent for a CT of the head to rule out further injury. An incorrect dose of a medication causes ototoxicity or nephrotoxicity.
  - ***Category F:*** An event occurred that may have contributed to or resulted in temporary harm to a patient or visitor and required initial or prolonged hospitalization. **Examples:** During the flushing of a patient's ear canal, the tympanic membrane is damaged, requiring a visit to the emergency departement and subsequent treatment. Group B streptococcus status of mother is not documented, and infant does not receive appropriate treatment.
  - ***Category G:*** An event occurred that may have contributed to or resulted in permanent injury or harm to a patient or visitor. **Examples:** Patient is given an injection with a contaminated needle and acquires hepatitis C. Falls or other events result in bone fractures (e.g., broken hip, jaw, arm
  - ***Category H:*** An event occurred that resulted in near-death circumstances or required intervention necessary to sustain life. **Examples:** Patient has an anaphylactic reaction to medication requiring treatment and transfer to a hospital.
- ***Event, Death:***

- ***Category I:*** An event occurred that contributed to or resulted in patient or visitor death. **Examples:** Patient's prescribed medication dose results in an overdose and the patient's death. Patient sustains a hip fracture or closed head injury as a result of a fall and later dies in surgery.

- ***Undetermined:***
  - ***Category U:*** Cannot assess harm at this time.

ROOT-CAUSE ANALYSIS:

Root-cause analysis is a process for identifying the basic or causal factor(s) that underlie the occurrence or possible occurrence of an adverse event or error. A root-cause analysis should be conducted for all events or errors with a severity category of "E" or above, or near misses with the potential for an event or error with a severity category of "E" or above. The information and learning from the root-cause analysis should be used to facilitate systems improvements to reduce the probability of occurrence of future related events.

INVESTIGATIONS:

The Risk Manager, in conjunction with the Department Head (as applicable), is responsible for conducting follow-up investigations. The Manager's investigation is a form of self-critical analysis to determine the cause of the incident, analyze the process, and make improvements. The individual conducting the investigation will complete an event follow-up investigation form (see attached). All event follow-up reports will be completed within seven working days from the date of the initial event report. Depending upon the type of event, the investigation and report addresses patient- or visitor-specific factors (e.g., physical harm, immediate and ongoing treatment required), external factors (e.g., lighting, flooring, clutter, distractions), witnesses' statements, staffing, communication flow, construction or design factors, human or ergonomic factors, signage, equipment factors, and any other factors or conditions believed to be relevant to the cause of the event.

An investigation will be conducted, at minimum, for any of the following:

1. Any incident or adverse event with a severity category of "E" or above (i.e., any event that may have contributed to or caused temporary or permanent patient or visitor harm, initial or prolonged hospitalization, or death).

2. Any serious patient or family written or verbal complaint or verbalization that a lawsuit will be brought against the provider or the facility.

3. Any significant adverse drug reaction or significant medication error. A significant medication error is defined as unintended, undesirable, and unexpected effects of a prescribed medication or medication error that requires discontinuing a medication or modifying the dose, initial or prolonged hospitalization, or treatment with a prescription medication; results in disability, cognitive deterioration or impairment, congenital anomalies, or death; or is life-threatening.

4. Any incident involving police contact or reporting to external agencies or accreditors.

5. Any near miss with the potential for a high-severity level (e.g., potential to have been an event with harm [category E] and above).

DOCUMENTATION:

Documentation in the patient's chart or medical record, if necessary, shall include:

- Date and time of the event
- A factual account of what happened
- Name of provider notified and time of notification (if applicable)
- Patient's condition after the event
- Any treatment or diagnostic tests rendered to the patient

Documentation **should not** reflect that an event report was completed.

RETENTION OF EVENT REPORTS:

Event reports shall be retained for a minimum of two years. All reports of events involving minors shall be maintained until one year past the age of majority.

Policy Title: Conflict of Interest Policy	**Policy Number:** ADM-023
Department: Administrative	**Policy status:** Active
Regulatory Reference: 45 CFR 75.327 and 42 CFR Pt 51c.304(b)	
Date Published: JULY 2007	
Dates Reviewed: SEP 2018, JUL 2019, AUG 2020	
Dates Revised: SEP 2018, AUG 2020	

PURPOSE:

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

POLICY:

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

Questions regarding this policy or any related procedure should be directed to the Chief Executive Officer at 413-238-4128.

Approved by Board of Directors on: _____
Approved by:

_____ _____

Chief Executive Officer, HCHC HCHC Board of Directors

PROCEDURE:

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

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

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

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

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

3. **No** member of the Board of Directors ~~**board of director member**~~ **or an immediate family member shall be an employee of the health center.**

   a) Except under extenuating circumstances, as determined by the Chief Executive Officer, HCHC will not hire any individual (or assign, transfer or promote a current employee) who is related to one of its employees or contractors, if in the position being applied for (or assigned, transferred or promoted to), the applicant will supervise, be supervised by, or have a direct reporting relationship with the related employee or contractor.

   b) Every applicant for employment or consultancy with HCHC must disclose any and all family, business and personal relationships with any Individual Affiliated with HCHC.

   c) Members of the HCHC Board of Directors and their immediate family members are not eligible for employment at HCHC.

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

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

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

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

Commented [EL1]: Do they fill out the form currently? It seems like they don't have to (per the next paragraph), but we need to make sure that they know that they have to disclose the conflicts if they arise.

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

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

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

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

Policy Title: Electronic Information For Collection and Use Policy	**Policy Number:** ADM-045
Department: Administrative	**Policy status:** Active- Replaces Information for Collection and Use Policy
Regulatory Reference: None	
Date Published: SEP 2015	
Dates Reviewed: SEP 2018, AUG 2020	
Dates Revised: AUG 2020	

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PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for web log file data, subscription to our electronic mailing list and announcements, and email communications.

POLICY:

1. Web log file data:

~~We~~ HCHC collects some basic web log file data about web site visitors. This information includes domain names, website traffic patterns, and server usage statistics. This information is used for site management and administration and to improve the content and overall performance of ~~our~~ the HCHC website.

2. Subscription to our Electronic Mailing List and Announcements:

Online subscribers to ~~our~~ HCHC electronic announcements are providing ~~Hilltown Community Health Centers, Inc.~~the organization with an email address, which is kept in a private email list. The email list is only used for the purposes of sending electronic announcements. HCHC may send an email communication related to any changes in ~~our~~ services, hours of operation, organizational updates, ~~our~~ an electronic newsletter and other general health topics that may be of interest to the subscribers. ~~We~~ HCHC will not share or sell information or email addresses to any third party. Individuals may request ~~T~~to remove a name and personal information from ~~our~~ the mailing list at any time~~,~~ by emailing info@hchcweb.org or by calling 413-238-5511 ext. 118.

3. Email Communications:

~~Our~~ The HCHC web site offers a contact form to contact ~~us~~the organization and some members of staff or the Board. Email messages~~, like most internet email messaging services,~~ do~~es~~ not provide a secured method of delivery to communicate with ~~us~~ HCHC and other third parties. It is possible that ~~your~~ email communication, if not encrypted, may be accessed or viewed inappropriately by another internet user while in transit to ~~us~~HCHC. If ~~you~~ a correspondent wish~~es~~ to keep ~~your~~ their communication

completely private, ~~you~~ they should not use email to contact ~~us~~HCHC.

Hilltown Community Health Centers, Inc. does not collect an email address unless it is voluntarily submitted ~~it to us~~ or a person chooses to communicate ~~with us~~ via email. ~~We~~ HCHC does not sell or rent any email addresses or personal information. ~~We~~ HCHC will do ~~our~~ its best to respond to email messages requiring a response within a reasonable time frame during business hours. If someone ~~decides to~~ uses the 'Email HCHC' page to communicate ~~with us~~, the message and email address will be forwarded to the appropriate department within the organization for follow~~-~~up.

3. Donor Communications:

The email address of any individual who voluntarily provides an email address as part of the process of donating to HCHC through its website or through any other means may, at times, receive emails related to the health center, its activities, and further opportunities to donate. ~~We~~ HCHC does not sell or rent any email addresses or personal information to other organizations for the purposes of solicitation of donations, or for any other reason. Individuals may request to remove an email from the donor email distribution list at any time by emailing info@hchcweb.org or by calling 413-238-5511 ext. 111.

Questions regarding this policy or any related procedure should be directed to the Chief Executive Officer at 413-238-4128.

Approved by Board of Directors on: _____
Approved by:

_____ _____

Chief Executive Officer, HCHC HCHC Board of Directors

Policy Title: Establishment of Business Associate Agreements	**Policy Number:** ADM-056
Department: Administrative	**Policy status:** Active
Regulatory Reference: 45 CFR 164.504	
Date Published: APR 2003	
Dates Reviewed: SEP 2018, JUL 2019, AUG 2020	
Dates Revised: AUG 2020	

PURPOSE:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process establishing agreements with vendors and business associates.

POLICY:

1. A Business Associate is any person or entity who acts in a capacity other than a member of ~~our~~ the HCHC workforce to perform or assist in the performance of a function involving the use and disclosure of patient protected health information.
2. A Business Associate Agreement (BAA) must bind the ~~associate~~ Associate to the following:
    a. Not use or further disclose the information other than as permitted under the contract or as required by law.
    b. Use appropriate safeguards to prevent use or disclosure of the information other than as provided by its contract.
    c. Report to the provider or appropriate HCHC contact any use or disclosure not provided for by its contract of which it becomes aware.
    d. Ensure that any agents or subcontractors it provides protected health information agree to the same restrictions and conditions that apply to the business associate.
    e. Afford individuals to access their protected health information as required by the Privacy Rule.
    f. Make information available to provide an accounting of disclosures in accordance with the Privacy Rule.
    g. Make its internal practices, books and records relating to the use and disclosure of protected health information received from, or created or received by the business associate, available to the Sec. of HHS for the purpose of assessing ~~our~~ HCHC's compliance with the Privacy Rule.
    h. At the termination of the contract/agreement, if feasible, return or destroy all protected health information received from or created or received by the business associate in ~~our~~ HCHC's behalf.

Questions regarding this policy or any related procedure should be directed to the HIPAA Privacy Officer at 413-238-4128.

Approved by Board of Directors on: _____
Approved by:

_____ _____

Chief Executive Officer, HCHC HCHC Board of Directors

Policy Title: Firearms in the Workplace	**Policy Number:** ADM-067
Department: Administrative	**Policy status:** Active
Regulatory Reference: None	
Date Published: DEC 2015	
Dates Reviewed: SEP 2018, AUG 2020	
Dates Revised: AUG 2020	

PURPOSE:

Hilltown Community Health Center, Inc. (HCHC) management has adopted this policy to have a formal documented process to ensure that Hilltown Community Health Center maintains a workplace safe and free of violence for all employees and patients., ~~t~~The company therefore prohibits the possession or use of firearms on company property.

POLICY:

1. The possession of firearms on corporate property is prohibited regardless of any license authorizing the individual to carry a firearm.
2. The only exception to this policy will be on-duty law enforcement officers.

Questions regarding this policy or any related procedure should be directed to the Chief Executive Officer at 413-238-4128.

Approved by Board of Directors on: _____

Approved by:

_____ _____

Chief Executive Officer, HCHC HCHC Board of Directors

PROCEDURE:

1. Signage, stating that firearms are not permitted on the premises, will be posted at all entrances in a location that is conspicuous to all
2. Failure on the part of an employee to comply with the policy may result in termination of employment
3. Failure on the part of a patient to comply with the policy will result in termination of appointment and personnel ~~should~~ will follow the Disruptive Patient policy.

Policy Title: Fire Safety and Evacuation	**Policy Number:** ADM-07
Department: Administrative	**Policy status:** Active
Regulatory Reference: 42 CFR Parts 403, 416, 418, 441, and 494 and CMS Final Rule re: Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers; HRSA PIN 2007-15.	
Date Published: FEB 2016	
Dates Reviewed: SEP 2018, JUL 2019, AUG 2020	
Dates Revised: JUL 2019	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for ensuring staff are aware of fire safety and appropriate evacuation plans.

POLICY:

1. All HCHC facilities will have a fire inspection completed by the local official(s) on an annual basis.
2. Facilities will be equipped with fire extinguishers which are conspicuously marked and inspected annually.
3. All HCHC facilities will conduct fire drills at least two times per year.
4. All HCHC personnel will be familiar with the evacuation routes of their assigned facility. Those employees working in multiple facilities will be familiar with the evacuation plans particular to those facilities.

Questions regarding this policy or any related procedure should be directed to the Facilities Manager at 413-238-4163.

Approved by Board of Directors on: _____

Approved by:

_____ _____

Chief Executive Officer, HCHC HCHC Board of Directors

PROCEDURE:

All HCHC facilities will have a fire inspection completed by the local official(s) on an annual basis.

1. The annual inspection will be scheduled by the Facilities Manager with the appropriate local agency.
2. The inspection will be conducted in accordance with local requirements.
3. The inspection report will be filed as follows:
    a. A copy to the Department of Health (DPH)
    b. A copy retained by the Facilities Manager
    c. A copy posted conspicuously in the lobby area of the facility

Facilities will be equipped with fire extinguishers which are conspicuously marked and inspected annually.

1. The Huntington Facility has fire extinguishers located:
    a. **Basement** (3) – Optometry exit door, outside the furnace room, inside the IT room
    b. **1st floor** (5) – Exit door, Knightville Wing, outside the stairwell door, inside reception door, exit door, Littleville Wing, in dental by the Pano
    c. **2nd floor** – staff lunch room, hallway by stairs, exit door from dietary office
2. The Worthington facility has fire extinguishers located:
    a. **Basement** (2) – By the entry door in both basements
    b. **1st floor** (8) – Dental by the Pano, Physical Therapy office, exit door in the Admin wing, on the wall by the entrance to medical reception, Medical wing between exam rooms 7& 8, lunchroom, by the exit near the provider office, in the server room
    c. **2nd floor** (2) – On the wall to the right of the Finance office, on the wall in the copy machine room
3. The John P. Musante Health Center has fire extinguishers located:
    a. **Main Hall** (2) – On the wall to the right of the Emergency Exit next to the Dental Operatories and on the wall to the left of the Community Health and Outreach Office.
4. The Community Center has fire extinguishers located:
    a. **Main Hall**: on the wall to the right of the Main Entrance
    b. **Family Center**: on the wall to the left of the exit to the outside play area.

All HCHC facilities will conduct fire drills at least two times per year.

1. All fire drills will be coordinated through the facilities manager
2. Drills will be pre-announced to staff to ensure they know a drill is taking place
3. Hallway doors should be closed prior to exit when possible
4. Staff will follow the evacuation plan listed below

All HCHC personnel will be familiar with the evacuation routes of their assigned facility. Those employees working in multiple facilities will be familiar with the evacuation plans peculiar to those facilities.

1. Staff will exit the building using the closest exit and rendezvous at a designated location
    a. HHC – the west end of the parking lot near the dumpster
    b. WHC – the north end of the front (patient) parking lot
    c. JPMHC – in front of the Clark House Main Entrance across the lawn from the Center
    d. Community Center – across the street in front of the Fire House

In the event of a fire, the fire alarm system should be activated, alerting all individuals in the building to the hazard.

1. The Staff members and Administrators on site will be guided by the following steps:
    a. **R**escue - Remove all patients and visitors in immediate danger.
    b. **A**larm - Activate the nearest fire alarm pull box.
    c. **C**ontain - Isolate the fire, close door, windows, fire doors beginning with those nearest the fire areas.
    d. **E**xtinguish/Evacuate - Extinguish fire with the appropriate fire extinguisher, as safe and appropriate.
2. Staff will also be instructed not to use elevators, as fire involving the control panel of the elevator or the electrical system of the building can cut power in the building and cause individuals to be between floors.
3. Reception staff will notify and assist patients in the waiting rooms or public restrooms. Reception staff will also take the RED evacuation clipboard containing a staff list, a patient list and the evacuation plan and proceed to the designated rendezvous location.
4. Clinical staff will ensure they assist any patients in the exam rooms, both ambulatory and non-ambulatory, with leaving the clinical area and will be responsible for ensuring that they evacuate the building.
5. Reception will ensure that all staff sign in upon arriving at the rendezvous location. Patients should be checked against the patient list.
6. Staff will remain in the rendezvous area until given the All Clear by the On Scene commander of the responding agencies.
7. The staff will fight the fire ONLY if:
    a. The fire department has been notified of the fire, AND
    b. There is a way out and staff can fight the fire with their back to the exit, AND
    c. There is a proper extinguisher, in good working order, AND
    d. Staff have been trained to do so.
8. If staff utilize the fire extinguisher, the designated individual will choose appropriate fire extinguisher as per classification of fire as follows:
    a. ORDINARY COMBUSTIBLES (e.g., paper, grease, paint)
    b. FLAMMABLE LIQUIDS (e.g., gasoline, grease paint)
    c. ELECTRICAL EQUIPMENT (e.g., wiring, overheated fuse boxes) Note: C extinguisher (dry chemical) is an all-purpose extinguisher and can be used on Class A, B, C fires.
    d. Once proper extinguisher has been chosen, extinguish as follows:
        1) Remove the extinguisher from the wall unit.
        2) **P** - Pull the pin.
        3) **A** - Aim the nozzle at the base of the fire.
        4) **S** - Squeeze or press the handle.
        5) **S** - Sweep side to side at the base of the fire until the fire is extinguished.
9. Upon deactivation of the emergency, the ~~Senior Administrator~~Facilities Manager will ensure the replacement of the fire extinguisher.

10. The Behavioral Health providers or Employee Assistance Program will be made available to provide support to the affected family members and staff.

Policy Title: Gift Acceptance	**Policy Number:** ADM-~~10~~08
Department: Administrative	**Policy status:** Active
Regulatory Reference: None	
Date Published: OCT 2015	
Dates Reviewed: SEP 2018, AUG 2020	
Dates Revised: AUG 2020	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for the solicitation and acceptance of gifts to or for the benefit of HCHC for purposes that will help HCHC to further and fulfill its mission.

The mission of HCHC is ~~to provide high quality, accessible medical, dental, behavioral health, eye care, and community services to people in the Western Massachusetts Hilltowns and surrounding areas.~~"creating access to high quality integrated health care and promoting well-being for individuals, families, and our communities."

HCHC's Board of Directors has a fiduciary duty to assure that HCHC's assets are used efficiently and protected from potential liabilities and diversion to purposes other than those that further HCHC's goals. The following policies and guidelines govern acceptance of gifts made to HCHC or for the benefit of any of its programs.

POLICY:

1. The Board of Directors of HCHC and its staff solicit current and deferred gifts from individuals, corporations, and foundations to secure the future growth and mission of HCHC. We appreciate donors' consideration of any gift to HCHC. In all matters involving current and prospective donors, the interest of the donor is important to HCHC.

2. The following gifts are acceptable, but not intended to represent an exclusive list of appropriate gifts:

    a. Cash
    b. Securities
    c. Retirement Plan Beneficiary Designations
    d. Bequests
    e. Life Insurance Beneficiary Designations

Gifts of tangible property, art, land, cars/vehicles, and in-kind will not be accepted. The Board, upon recommendation, of the Finance Committee, may make exceptions.

3. These policies and guidelines govern the acceptance of gifts by HCHC and provide guidance to prospective donors and their advisors when making gifts to HCHC. The provisions of these policies apply to all gifts to HCHC for any of its programs. Gifts will be accepted only if they do not interfere with HCHC's mission, purpose and procedures.

4. HCHC shall accept only such gifts as are legal and consistent with organizational policy. While HCHC does not provide tax advice, every effort will be made to assist donors in complying with the intents and purposes of the Internal Revenue Service in allowing charitable tax benefits. Key principles include safeguarding the confidentiality of the donor relationship, providing full disclosure to the donor, and ensuring that gifts are recorded, allocated, and used according to the donor intent and designation.

Questions regarding this policy or any related procedure should be directed to the Development Director at 413-238-4111.

Approved by Board of Directors on: _____

Approved by:

_____ _____

Chief Executive Officer, HCHC HCHC Board of Directors

PROCEDURE:

The following criteria govern the acceptance of each gift form:

1) **Cash**. Cash refers to cash equivalents, including checks, money orders, currency/coin, and credit card payments. Checks or money orders shall be made payable to "Hilltown Community Health Centers, Inc.", shall appropriately identify the donor or donors and be delivered to HCHC's administrative offices. Wire and Electronic Funds Transfer (EFT) can usually be arranged with the HCHC staff. If a donor or a company workplace matching gift program wants to send and ACH/EFT every week instead of a check, these must be authorized by the Finance Department's cash receipting manager at HCHC before the enrollment form is sent back to the constituent.

2) **Securities**. HCHC can accept both publicly traded securities and closely held securities.

Publicly Traded Securities: Marketable securities may be transferred to an account maintained at one or more brokerage firms or delivered physically with the transferor's signature or stock power attached. As a general rule, all marketable securities shall be sold upon receipt unless otherwise directed by the Finance Committee. In some cases, marketable securities may be restricted by applicable securities laws; in such instance the final determination on the acceptance of the restricted securities shall be made by the Finance Committee of HCHC.

Potential donors should note that a security must be owned by a donor for at least 12 months before it is gifted in order for the donor to maximize tax benefits. It is suggested that potential donors discuss any tax questions with a tax and/or financial advisor.

Closely Held Securities: Closely held securities, which include not only debt and equity positions in non-publicly traded companies but also interests in limited partnerships and limited liability companies, or other ownership forms, can be accepted. Such gifts, however, must be reviewed prior to acceptance to determine that:

a) there are no restrictions on the security that would prevent HCHC from ultimately converting it to cash;

b) the security is marketable; and

c) the security will not generate any undesirable tax consequences for HCHC.

If potential problems arise on initial review of the security, further review and recommendation by an outside professional may be sought before making a final decision on acceptance of the gift. The Board of HCHC with the advice of legal counsel shall make the final determination on the acceptance of closely held securities when necessary. Every effort will be made to sell non-marketable securities as quickly as possible.

3) **Deferred Compensation/Retirement Plan Beneficiary Designations**. HCHC generally will accept gifts designating HCHC as a beneficiary of the donor's retirement plans including, but not limited to, IRA's, 401(k)'s 403(b)'s and other plans. Such designation will not be recorded as a gift to HCHC until such time as the gift is irrevocable.

4) **Bequests**. Donors and supporters of HCHC will be encouraged to make bequests to HCHC under their wills and trusts. Such bequests will not be recorded as gifts to HCHC until such time as the gift is irrevocable. The criteria for the acceptance of the gift or bequest will be the same as otherwise provided herein.

5) **Life Insurance Beneficiary Designations.** Donors and supporters of HCHC will be encouraged to name HCHC as beneficiary or contingent beneficiary of their life insurance policies. Such designations shall not be recorded as gifts to HCHC until such time as the gift is irrevocable.

III. ***General Policies Relevant to All Gifts***

A. The Finance Committee

The Finance Committee is charged with the responsibility of reviewing all non-cash gifts proposed to be made to HCHC, properly screening, accepting or rejecting those gifts, and making recommendations to the Board on gift acceptance issues when appropriate.

B. Use of Legal Counsel

HCHC shall seek the advice of legal counsel in matters relating to acceptance of gifts when appropriate. Review by counsel is recommended for:

1) Closely held stock transfers subject to restrictions or buy-sell agreements.

2) Documents naming HCHC as Trustee.

3) Gifts involving contracts, such as bargain sales or other documents requiring HCHC to assume an obligation.

4) Transactions with potential conflict of interest that may involve IRS sanctions.

5) Other instances in which use of counsel is deemed appropriate by the Finance Committee.

C. Conflict of Interest

HCHC will urge all prospective donors to seek the assistance of independent personal legal and financial advisors in matters relating to their gifts and the resulting tax and estate planning consequences. HCHC and its employees and agents are prohibited from advising donors about the tax consequences of their donations. Gifts are also subject to the provisions of other HCHC policies, including adopted Conflict of Interest policies.

HCHC makes every effort to ensure accepted gifts are in the best interests of the organization and the donor. HCHC works to follow The Donor Bill of Rights adopted by the AAFRC Trust for Philanthropy, the Association of Fundraising Professionals and other professional organizations.

HCHC will comply with the Model Standards of Practice for the Charitable Gift Planner, promulgated by the National Committee on Planned Giving.

D. Restrictions on Gifts

HCHC will accept unrestricted gifts, and gifts for specified programs and purposes, provided that such gifts are consistent with its stated mission, purposes, and priorities. HCHC will not accept gifts that are too restrictive in purpose. Gifts for purposes that are not consistent with HCHC's mission or consonant with its current or anticipated future programs cannot be accepted. Examples of gifts that are too restrictive are those that violate the terms of the corporate charter, gifts that are too difficult to administer, or gifts that are for purposes outside the mission of HCHC. All final decisions on the restrictive nature of a gift, and its acceptance or refusal, shall be made by the Finance Committee of HCHC.

E. Tax Compliance

HCHC's policy is to comply with Internal Revenue Service reporting requirement and all other aspects of state and federal tax law.

F. Naming of Buildings and Physical Spaces

a. New or significantly renovated buildings, rooms, floors, wings, entry areas or other significant areas of space can be named to recognize the generosity of donors who demonstrate their interest in and commitment to HCHC through the contribution of a significant donation. Donors whose capital gifts are designated for unrestricted use, or for unrestricted or restricted endowment for which no other naming opportunity has been given, may also be offered a naming opportunity in a building or area, the size of which is commensurate with the level of commitment made to a particular campaign.

b. The Board will determine what level of commitment is to be recognized through a naming opportunity on a case by case basis. These determinations will ideally be consistent with past named spaces.

c. Buildings and spaces may be named by the donor in the name of the donor(s), family members, or another individual of the donor's choosing, upon approval of the Board.

d. The Board may choose to name a space in recognition of influence and impact on the organization, irrespective of philanthropic commitment.

e. Signage used to recognize named spaces will be complementary to the facilities and will present a uniform and tasteful look in accordance with the interior décor of the facility.

f. Naming of a physical space is generally done upon completion of the building or renovation project and receipt of signed documentation of the donor's intent to fulfill his or her capital commitment as well as receipt of at least the initial payment on the pledge. Should the donor fail to complete payment on a pledge for which a naming opportunity has been granted, HCHC reserves the right to remove or adjust the recognition to a space commensurate with the amount paid.

g. In the case of significant renovation, alternation, or replacement of existing named spaces or buildings, every effort will be made to contact and inform the original donor and/or family members, and to provide recognition and acknowledgement of the original gift and legacy in an appropriate location within the new facility.

Policy Title: Health Center Closure Policy	**Policy Number:** ADM-0910
Department: Administrative	**Policy status:** Active
Regulatory Reference: None	
Date Published: DEC 2015	
Dates Reviewed: SEP 2018, JUL 2019, AUG 2020	
Dates Revised: AUG 2020	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for actions required when the health center closes for weather or other reason.

POLICY:

1. Unscheduled closures and/or delayed openings will be disseminated to employees using the Snow Line, ~~and~~ All Staff email, and other means of communication as is available (eg, texts and/or robocalls)~~.~~
2. Early closures for inclement weather will be disseminated to employees by All Staff email, ~~and~~ telephone, and other means of communication as is available (eg, texts and/or robocalls).
3. The answering services will be notified immediately of delays and ~~C~~closures. ~~will be passed along to the answering service.~~
4. Closures will be ~~noted~~ announced on ~~both~~ the HCHC website, ~~and Facebook pages~~social media, and on a local television station's closure list.

Questions regarding this policy or any related procedure should be directed to the Chief Executive Officer at 413-238-4128.

Approved on:_____

Approved by:

_____ _____

Chief Executive Officer, HCHC HCHC Board of Directors

PROCEDURE:

- If inclement weather is forecasted, the front desk will call all scheduled patients the prior day to inform them that any closure or delay will be announced on the Snow Line, the HCHC webpage, and on social media, and request that patients call or check those sources prior to leaving for their appointment. If the patient requests, the front desk will reschedule the visit to another day, as appropriate and feasible.

- The CEO or their designee makes the determination when to close HCHC sites in extreme weather or other emergency circumstances; this will be as rare an occasion as possible.

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

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

    - If their services are not needed at another site, they will be paid for the hours they were scheduled to work during the closure, and will use the Facility Closed code for the hours that are not worked.

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

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

- In some situations, employees may be asked by their supervisor to work from home, including through the provision of telehealth services.
    - If the employee agrees to work from home, they~~; in this case, the employee~~ will bill the hours worked as Regular time. ~~Supervisors may approve or request that employees reschedule hours affected by a closure.~~
    - If an employee chooses not to work from home, they must use accrued time for the hours scheduled for that day. Unused Holiday time must be used first, and then employees may

elect to use Vacation, Personal, or Sick time. Should an employee not have any unused Holiday and accrued time available, they may choose to create a negative balance in Vacation or Sick time. Hourly employees may also choose to be unpaid for their scheduled time.

- Supervisors may or may not approve or request that employees reschedule hours affected by a closure.

- If an employee is not scheduled to work on a day during which a closure or delay occurs, they may not use the Facilities Closed code on their timesheets.

- The School-Based policy will remain unchanged, but will be superseded by the policy above only in cases where both the SBHC and HHC sites are closed.

- Whenever possible and appropriate, patient visits that are scheduled to be in-person for a time when the facility is closed will be maintained in the schedule as a telehealth visit. This will be determined by the provider, and communicated to the front desk. If not possible, the visit will be rescheduled immediately.

Policy Title: Hours of Operation and After Hours Coverage-Establishment and Patient Notification	**Policy Number:** ADM-101~~1~~
Department: Administrative	**Policy status:** Active
Regulatory Reference: Sections 330(k)(3)(A) and 330(k)(3)(H) of the PHS Act and 42 CFR Parts 5lc.102(h)(4) and Slc.304	
Date Published: JAN 2016	
Dates Reviewed: FEB 2018, JUL 2019, AUG 2020	
Dates Revised: AUG 2020	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for assessing, approving, and notifying patients of each health center's hours of operation and coverage for after hours.

POLICY:

1. As needed, HCHC will review the Hours of Operation to ensure that they meet the needs of the target population and community and revise them ~~as needed~~appropriately.

2. The Board of Directors of the HCHC must reviews and approves the hours of operation and after hours' coverage.

3. HCHC will notify patients on each health center sites' hours of operation and after hours' coverage through its website, on-site postings, etc.

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

Approved on: _____

Approved by:

_____ _____

Chief Executive Officer, HCHC HCHC Board of Directors

PROCEDURE:

1. Every year, or as often as deemed necessary, HCHC Senior Management, with the support of the Practice Manager, will determine if:
    a. the hours of operation assure accessibility and meet the needs of the population to be served~~,~~ and are appropriate and responsive to the community's needs.
    b. the after hours coverage provides professional coverage for medical and dental emergencies during hours when the center is closed.

    They will take into consideration demand for services, accessibility, and organizational capacity. In order to do so, HCHC will look at a variety of factors, including but not limited to needs assessments, patient input, EHR data, etc., while ensuring that the proposal meets all federal requirements.

2. Senior Management will make a recommendation to the Board of Directors for any changes in the hours of operation and/or after hours' coverage, and the Board will vote whether to approve the proposed changes.

~~2.~~3. Any change to hours of operation that are not deemed temporary will be reported to HRSA through the Electronic Handbooks module, including through the Form 5B of HCHC's scope.

~~3.~~4. Patients will be notified of HCHC's hours of operation and after hours' coverage in the following manner:

- A flyer in the New Patient Welcome Packet
- Postings in all waiting rooms and bulletin boards
- HCHC web site
- HCHC main phone number recording

~~4.~~5. For after-hours issues or emergencies in any department, patients will be instructed to call the health center and the answering service will assist all patients with contacting the provider on-call.

~~5.~~6. If a patient faces life~~-~~-threatening emergency, ~~patients~~ they will be~~are~~ instructed to call 9-1-1.

Policy Title: Legislative Mandates	**Policy Number:** ADM-11
Department: Administrative	**Policy status:** Active
Regulatory Reference: Consolidated Appropriations Act, 2020 (Public Law 116-94) includes provisions that restrict grantees from using their federal grant funds to support certain defined activities. These limitations are commonly referred to as the "Legislative Mandates."	
Date Published: AUG 2018	
Dates Reviewed: JUL 2019, AUG 2020	
Dates Revised: AUG 2020	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy and the associated procedures (P&P) to have a formal documented process to provide safeguards to ensure HCHC compliance with the Legislative Mandates. HCHC is committed to high standards and compliance with all applicable laws and regulations.

The current Legislative Mandates, which remain in effect until a new Appropriations Act is passed, include the following:

FY 2020 Legislative Mandates are as follows:

Division A, Title II

(1) Salary Limitation (Section 202)
(2) Gun Control (Section 210)

Division A, Title V

(3) Anti-Lobbying (Section 503)
(4) Acknowledgment of Federal Funding (Section 505)
(5) Restriction on Abortions (Section 506)
(6) Exceptions to Restriction on Abortions (Section 507)
(7) Ban on Funding Human Embryo Research (Section 508)
(8) Limitation on Use of Funds for Promotion of Legalization of Controlled Substances (Section 509)
(9) Restriction of Pornography on Computer Networks (Section 521)
(10) Restriction on Funding ACORN (Section 522)
(11) Restriction on Distribution of Sterile Needles (Section 527)

Division C, Title VII

(12) Confidentiality Agreements (Section 742)

A complete description of the Legislative Mandates for fiscal year 2020 is included in HRSA Bulletin 2020-04E (February 7, 2020), which is attached to this P&P as Exhibit A and can be found at https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/grants-policy-bulletin-2020-04E.pdf

POLICY:

(1) Salary Limitation

HCHC shall not use federal grant funds to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II Salary is currently set at $197,300.00, as of January 1, 2020.

(2) Gun Control

HCHC shall not use federal grant funds, in whole or in part, to advocate or promote gun control.

(3) Anti-Lobbying

A. HCHC shall not use federal grant funds, other than for normal and recognized executive legislative relationships, for the following:

- For publicity or propaganda purposes;
- For the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself;

B. HCHC shall not use federal grant funds to pay the salary or expenses of any employee or agent of HCHC for activities designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

C. The prohibitions in subsections A and B include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

(4) Acknowledgment of Federal Funding

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with federal money, HCHC shall clearly state:

A. the percentage of the total costs of the program or project which will be financed with Federal money;
B. the dollar amount of Federal funds for the project or program; and
C. percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

(5) Restrictions on Abortions

HCHC and its employees shall not use federal grant funds for any abortion or for health benefits coverage for employees that includes coverage of abortion. HCHC also maintains a Women's Reproductive Health policy relevant to this restriction.

(6) Exceptions to these Restrictions

The limitations established in the preceding section (5) shall not apply to an abortion:

A. if the pregnancy is the result of an act of rape or incest; or
B. in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

Nothing in the preceding section (5) shall be construed as prohibiting the expenditure by HCHC of state, local, or private funds (other than a State's or locality's contribution of Medicaid matching funds).

(7) Ban on Funding of Human Embryo Research

HCHC shall not use federal grant funds for

A. the creation of human embryos for research purposes; or
B. research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).

(8) Limitations on Use of Grant Funds for Promotion of Legalization of Controlled Substances

HCHC shall not use federal grant funds to promote the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications

This limitation shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

(9) Restriction of Pornography on Computer Networks

HCHC shall not use federal grant funds to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.

(10) Restriction on Funding ACORN

HCHC shall not provide any federal grant funds to the Association of Community Organizations for Reform Now ("ACORN"), or any of its affiliates, subsidiaries, allied organizations, or successors.

(11) Restriction on Distribution of Sterile Needles

HCHC shall not use federal grant funds to distribute sterile needles or syringes for the hypodermic injection of any illegal drug.

(12) Confidentiality Agreements

HCHC shall not require its employees or contractors seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

This limitation in subsection (12) shall not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

Questions regarding this policy or any related procedure should be directed to Chief Executive Officer at 413-238-4128.

Approved on: _____

Approved by:

_____ _____

Chief Executive Officer, HCHC HCHC Board of Directors

PROCEDURE:

1. **Review and Updates of this Policy and Procedure**

The Chief Executive Officer shall review this policy upon the passage of a new HHS Appropriations Act or issuance of HRSA guidance regarding the Legislative Mandates, and shall ensure this policy is updated as necessary. As appropriations acts are generally enacted annually, this policy will generally require annual review. Any modifications to this policy will require review and approval by HCHC's Board of Directors.

2. **Legislative Mandates Training**

The Chief Executive Officer shall ensure that the key management team and finance department staff receive training regarding the Legislative Mandates and the procedures set forth in this policy.

3. **Compliance Manual**

This Legislative Mandates Policy will be incorporated into HCHC's Compliance Program.

4. **Financial Management**

The Chief Financial Officer ("CFO") shall ensure that HCHC's financial management systems and procedures are structured to ensure that no federal grant funds are used for purposes that are impermissible under this Policy. As necessary, the CFO may establish cost centers/accounts for the accumulation and segregation of such costs.

Exhibit A

HRSA
Health Resources &
Services Administration

Grants Policy Bulletin

Legislative Mandates in Grants Management for FY

Bulletin Number: 2018 - 04
Release Date: April 4, 2018
Related Bulletins: Replaces 2017 - 07
Issued by: Office of Federal Assistance Management (OFAM), Division of Grants Policy (DGP)

Purpose

The purpose of this Policy Bulletin is to clarify the requirements mandated by the FY 2018 Consolidated Appropriations Act 2018 (Public Law 115-141), signed into law on March 23, 2018, which provides funding to HRSA for the fiscal year ending September 30, 2018. The intent of this Policy Bulletin is to provide information on the following statutory provisions that limit the use of funds on HRSA grants and cooperative agreements for FY 2018. Legislative mandates remain in effect until a new appropriation bill is passed setting a new list of requirements.

Implementation

FY 2018 Legislative Mandates are as follows:

Division H, Title II
(1) Salary Limitation (Section 202)
(2) Gun Control (Section 210)

Division H, Title V
(3) Anti-Lobbying (Section 503)
(4) Acknowledgment of Federal Funding (Section 505)
(5) Restriction on Abortions (Section 506)
(6) Exceptions to Restriction on Abortions (Section 507)
(7) Ban on Funding Human Embryo Research (Section 508)
(8) Limitation on Use of Funds for Promotion of Legalization of Controlled Substances (Section **509)**
(9) Restriction on Distribution of Sterile Needles (Section 520)
(10) Restriction of Pornography on Computer Networks (Section 521)
(11) Restriction on Funding ACORN (Section 522)

Division E. Title VII

(12) Confidentiality Agreements (Section 743)

Details:

Division H, Title II:

(1) Salary Limitation (Section 202)

"None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II."

The Executive Level II salary is currently set at $189,600.

(2) Gun Control (Section 210)

"None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control."

Division H, Title V

(3) Anti-Lobbying (Section 503)

"(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product,
including its sale or marketing, including but not limited to the advocacy or promotion of gun control."

(4) Acknowledgment of Federal Funding (Section 505)

"When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds included in this Act, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state -(1) the

percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non- governmental sources."

(5) Restriction on Abortions (Section 506)

"(a) None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for any abortion.

(b) None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for health benefits coverage that includes coverage of abortion.

(c) The term "health benefits coverage" means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement."

(6) Exceptions to Restriction on Abortions (Section 507)

"(a) The limitations established in the preceding section shall not apply to an abortion -(1) if the pregnancy is the result of an act of rape or incest; or (2) in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life- endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

(b) Nothing in the preceding section shall be construed as prohibiting the expenditure by a State, locality, entity, or private person of State, local, or private funds (other than a State's or locality's contribution of Medicaid matching funds).

(c) Nothing in the preceding section shall be construed as restricting the ability of any managed care provider from offering abortion coverage or the ability of a State or locality to contract separately with such a provider for such coverage with State funds (other than a State's or locality's contribution of Medicaid matching funds).

(d)(l) None of the funds made available in this Act may be made available to a Federal agency or program, or to a State or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions.

(d)(2) Inthis subsection, the term "health care entity" includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan."

(7) Ban on Funding of Human Embryo Research (Section 508)

"(a) None of the funds made available in this Act may be used for -(1) the creation of a

human embryo or embryos for research purposes; or (2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).

(b) For purposes of this section, the term "human embryo or embryos" includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act, that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.

(8) Limitation on Use of Funds for Promotion of Legalization of Controlled Substances (Section 509)

"(a) None of the funds made available in this Act may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications.

(b)The limitation in subsection (a) shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage."

(9) Restriction on Distribution of Sterile Needles (Section 520)

"Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law."

(10) Restriction of Pornography on Computer Networks (Section 521)

"(a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.

(b) Nothing in subsection (a) shall limit the use of funds necessary for any federal, state, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities."

(11) Restrictions on Funding ACORN

"None of the funds made available under this or any other Act, or any prior Appropriations Act, may be provided to the Association of Community Organizations for Reform Now (ACORN), or any of its affiliates, subsidiaries, allied organizations, or successors."

Division E Title VII

(12) Confidentiality Agreements (Section 743)

(a) None of the funds appropriated or otherwise made available by this or any other Act may be available for a contract, grant, or cooperative agreement with an entity that requires employees or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.

(b) The limitation in subsection (a) shall not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

Resources

- Consolidated Appropriations Act, 2018 https://www.congress.gov/bill/ l l 5th- congress/house-bill/1 625

Inquiries

Inquiries regarding this notice can be directed to: Office of Federal Assistance Management Division of Grants Policy
Policy & Special Initiatives
Branch Email:
DGP@!HRSA.gov Telephone:
301-443-2837

Policy Title: Patient Complaint and Grievance Policy	**Policy Number:** ADM-123
Department: Administrative	**Policy status:** Active
Regulatory Reference: Department of Public Health	
Date Published: DEC 2004	
Dates Reviewed: SEP 2018, JUL 2019, AUG 2020	
Dates Revised: AUG 2020	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for managing patient complaints and grievances.

POLICY:

1. Patient complaints can be taken by any employee and will be directed to the Practice Manager.
2. In cases where a provider is the subject of a complaint, the complaint will be forwarded to the Medical Director or to the department's clinical director for investigation.
3. The ~~manager~~ Manager or ~~director~~ Director receiving the complaint will make telephonic contact with the complainant within four hours of receiving the complaint.

~~3.1. In cases where a provider is the subject of a complaint, the complaint will be forwarded to the Medical Director or to the department's clinical director for investigation.~~

4. The ~~manager~~ Manager or ~~director~~ Director will have no more than 10 days to document the complaint, conduct an investigation, respond to the patient and file the investigation.

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

Approved on:_____

Approved by:

_____ _____

Chief Executive Officer, HCHC HCHC Board of Directors

PROCEDURE:

1. The employee initially receiving the complaint will attempt to contact the Practice Manager.
   a. If available, the Practice Manager will contact the complainant and document the complaint on the HCHC Patient Complaint form.
   b. If unavailable, the employee will document the complaint on the HCHC Patient Complaint form, ensuring that the complainant's contact information is documented.
   c. If the complainant is unwilling to have the employee document the complaint and insists on speaking with a manager, the employee will take the complainant's contact information and relay it to the Practice Manager.
   d. If the complainant is unwilling to have the employee document the complaint or speak to a Manager, the employee will take the complainant's contact information, if possible, and relay it to the Practice Manager and will also send the patient a copy of the HCHC Patient Complaint form with a request that they fill it out themselves.
2. Once a complaint is received, the Practice Manager will make contact with the complainant, either in person or via telephone.
3. If the complaint has not been documented, the Practice Manager will document the complaint and inform the complainant that an investigation will be conducted.
4. The Practice Manager has ten business days to investigate the complaint and respond in writing to the patient with a copy of the response sent to the Executive Assistant for filing.
5. If a patient remains unsatisfied with the proposed resolution, the complaint will be forwarded to the appropriate executive officer for resolution.
   a. Billing related complaints to the Chief Financial Officer
   b. Operations & staff related complaints to the Chief Operations Officer
   c. Provider related complaints to the Chief Clinical & Community Services Officer
6. Complaints not resolved at the executive officer level will be forwarded to the Chief Executive Officer
7. All complaints will be tracked on an annual basis for trend analysis by the Quality Improvement/Risk Management Committee.
8. A record of all complaints will be maintained on file by Executive Assistant and will be reported to Quality Improvement/Risk Management Committee and the Board of Directors at least ~~quarterly~~bi-annually.

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Policy Title: Policies	**Policy Number:** ADM-135
Department: Administrative	**Policy status:** Active
Regulatory Reference: None	
Date Published: SEP 2007	
Dates Reviewed: JAN 2018, JUL 2019, AUG 2020	
Dates Revised: AUG 2020	

PURPOSE:

Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process for writing, categorizing, reviewing, approving, implementing and filing/storing policies.

POLICY:

1. All policies of HCHC will be written using a standardized template.
2. All policies will be categorized and numbered by the relevant department of subunit. They will also note the department, site, or subunit for which the policy is relevant, as appropriate and/or needed.
3. All policies and procedures will be reviewed by the appropriate Department Head on an annual basis.
4. All policies will be reviewed and voted upon by the Board of Directors annually.
5. All Department Heads will be responsible for implementing approved policies for his/her department, including training staff, monitoring and enforcing compliance, and proposing changes/additions/ deletions of policies to Senior Management.
6. All approved policies will be filed electronically, as well as the signed hard copies, by the Executive Assistant.
7. Upon approval by the Board, all policies will be distributed to staff and made available on the all staff drive.

Questions regarding this policy or any related procedure should be directed to the Chief Executive Officer at 413-238-4128.

Approved on: _____

Approved by:

_____ _____

Chief Executive Officer, HCHC HCHC Board of Directors