

Hilltown Community Health Center
Board of Directors Meeting
January 14, 2021

<https://hchcweb-org.zoom.us/j/97600369054?pwd=b2cyeUtmdHNlcGN1R2h1NEpWUUm90QT09>

Meeting ID: 976 0036 9054 Passcode: 627611

5:30 p.m. – 7:30 p.m.

AGENDA

| <u>Time</u> | <u>Topic</u> | <u>Purpose</u> | <u>Presenter</u> |
|--------------------|--|--|--|
| 5:30 PM | Call to Order and Approval of Minutes | Vote Needed | Lee Manchester |
| 5:35 PM | Finance Committee Report | Vote Needed | Treasurer John Melehov |
| 5:55 PM | Staff Presentation <ul style="list-style-type: none"> HCHC Vaccination Program, Q&A | Inform/Discussion | Jon Liebman, Medical Director |
| 6:25 PM | Committee Reports <ul style="list-style-type: none"> Executive Committee Fundraising Committee Personnel Facilities Recruitment Orientation and Nomination Strategic Planning | Vote Needed | Lee Manchester Nancy Brenner John Follet Alan Gaitenby Wendy Long Alan Gaitenby |
| 6:40 PM | Senior Management Reports <ul style="list-style-type: none"> Credentialing and Privileging Report Quality Improvement Report Risk Management CEO Report | No Report Vote Needed Vote Needed Inform/Discussion | Michael Purdy Vickie Dempsey Michael Purdy Eliza Lake |
| 7:00 PM | New Business <ul style="list-style-type: none"> Non-Compete Continuation/Budget Period Report CARES and Expanded Capacity for Testing Grants – quarterly reports QI Report for January-June 2020 Policy Review Schedule 2021 | Vote Needed Vote Needed Vote Needed Vote Needed | Eliza Lake Eliza Lake Vickie Dempsey Eliza Lake |
| 7:15 PM | Old Business <ul style="list-style-type: none"> Financial Policy | Vote Needed | John Melehov, CFO |
| 7:20 PM | Executive Session (if needed) | Vote Needed | Lee Manchester |
| 7:30 PM | Adjourn | Vote Needed | Lee Manchester |

Upcoming Meetings

- Thursday, February 11, 2021 at 5:30 PM via Zoom
- Thursday, March 11, 2021 at 5:30 PM via Zoom

HCHC BOARD OF DIRECTORS MEETING

Date/Time: 12/10/2020 5:30pm

Zoom Meeting

MEMBERS: Lee Manchester, President; John Follet, Vice President and Treasurer; Kathryn Jensen, Clerk; Alan Gaitenby; Nancy Brenner; Seth Gemme; Matt Bannister

STAFF: Eliza Lake, CEO; Michael Purdy, CCCSO; John Melehov, CFO; Vickie Dempsey, COO; Tabitha Griswold, Executive Assistant

ABSENT: Jennica Gallagher; Wendy Long; Kate Albright-Hanna

| Agenda Item | Summary of Discussion | Decisions/ Next Steps/ Person Responsible Due Date |
|---------------------------------|---|--|
| Review of Minutes 11/12/2020 | <p>Lee Manchester called the meeting to order at 5:32 pm.</p> <p>No corrections reported for the November minutes.</p> <p>Nancy Brenner moved to approve the November minutes as amended. Kathryn Jensen seconded the motion.</p> | <p>The Board voted unanimously to approve the November 12, 2020 Board minutes.</p> |
| Finance Committee | <ul style="list-style-type: none">• John Follet reported on the Interim Financial Statement for October. Positive net income for the month looks good but is deceiving, as the PPP loan was applied to some salaries instead of the 330 grants in earlier months, but now the 330 grant is being applied. This affects our revenue by \$330K, which is the large piece of the revenue seen this month. Negative cash flow continues even with increased operational revenue in some departments. The end of the year is still going to be positive due to grant money, not operational revenue. John provided a brief discussion on interim accrual accounting reporting, which is subject to change. Overall, revenues are increasing in all clinical departments, a slow but positive trend. Salaries increased this month with new staff coming on board, including three new medical providers. The expenses increased with grants being spent out, and the bad debt numbers are due to lack of billing. The YTD deficit is currently \$491K, but this will change with the inclusion | |

| | | |
|---------------------|---|---|
| | <p>of the PPP funds. We still have significant cash on hand, which is currently projected to mitigate the negative cash flow (\$58k this month) until May 2022. The “leakage” is slowing, which is good news. Current ratio is up from last month to 1.68.</p> <ul style="list-style-type: none"> • The mail order pharmacy is on hold for the time being until some other low-hanging fruit projects can be explored. • The 2021 budget is still in development, but is still likely to show a deficit. • John Follet reported that One America bill has been paid in full and settled. The Bank of America account and credit cards are being cancelled due to a new credit card vendor. <p>John Follet moved to close the Bank of America account and associated credit cards. Kathryn Jensen seconded the motion.</p> <p>Kathryn Jensen moved to approve the Finance Committee report. Matt Bannister seconded the motion.</p> | <p>The Board voted unanimously to approve the cancellation of the Bank of America account.</p> <p>The Board voted unanimously to approve the Finance Committee report</p> |
| Staff Presentation | <ul style="list-style-type: none"> • Kim Savery, Director of Community Programs, joined to discuss how the pandemic has affected the community and people the department serve. In her department are the community health workers, Family Center, Domestic Violence Victim Advocates, and Health Access Teams, and Community Programs are closely integrated with the HOPE program. Kim provided a presentation of the community programs update during the pandemic. | |
| Executive Committee | <ul style="list-style-type: none"> • Lee Manchester reported that the committee met. The committee discussed Eliza’s performance review due in January. They will follow the same process as last year starting in January 2021. Also discussed recognizing staff through individual holiday cards to all staff, since large events can not be done this year. The cost of this mailing would be about \$160, including postage. With no objection from members present, the committee will | |

| | | |
|---|---|--|
| | <p>proceed and work with HR to get these letters out to staff.</p> | |
| Recruitment, Orientation & Nominating (RON) Committee | <ul style="list-style-type: none"> Alan Gaitenby has reported that this committee has not met. Eliza noted that the DEI committee is very committed to helping identify new board members. | |
| Facilities Committee | <ul style="list-style-type: none"> Alan Gaitenby reported that this committee has not met. Eliza stated that snow plowing has been a facility issue as the insurance requirements have changed and increased the pricing. Russ Jordan is working on finding other cheaper options at this time. | |
| Personnel Committee | <ul style="list-style-type: none"> John Follet reported that this committee has not met. | |
| Strategic Planning | <ul style="list-style-type: none"> Nancy Brenner reported that the committee has not met but the timeline is an ongoing conversation. This committee will meet at the beginning of the new year. | |
| Fundraising Committee | <ul style="list-style-type: none"> Nancy Brenner reported that this committee has not met. Eliza reported that a Facebook post was scheduled for Giving Tuesday. A post for the 70th anniversary went up today (12/10/2020) and some historical facts will be posted periodically until Dec. 29th and then an “ask” will be posted for the end of the year. This committee will meet at the beginning of the new year. | |
| Committee Reports | <ul style="list-style-type: none"> Alan Gaitenby moved that the committee reports be approved. John Follet seconded the motion. | The Board voted unanimously to approve the Committee Reports |
| Credentialing/Privileging Report | <ul style="list-style-type: none"> Michael Purdy reported that there were no employees credentialed or privileged. Nancy Brenner moved to approve the credentialing and privileging report, Alan Gaitenby seconded the motion. | The Board voted unanimously to approve the credentialing and privileging report. |
| Quality Improvement/ | <ul style="list-style-type: none"> Vickie reported that she has reviewed the last 12 months of incident reports with the committee. Opportunities to | |

| | | |
|------------------------|--|---|
| <p>Risk Management</p> | <p>improve practice were discussed from these incidents and they were all closed out.</p> <ul style="list-style-type: none"> • The QI Committee discussed the October medical quality dashboard submitted by Jon Liebman. • The HCHC Telehealth initiative was discussed, especially the standards to determine which patients to have in-person versus tele-visit. Currently this is being done on a case-by-case basis. • Monthly reception meetings reinstated to go over updates, ensure consistency and retooling for efficiencies. • Discussed the retraining of a Medical Assistant on pre-visit planning for telehealth. This new effort is moving forward and will be a pilot for having other staff do so in the future. • Vickie discussed a new initiative in Community Programs working with Amherst homeless shelter to assist participant in enrolling in insurance. iPads are being used to collect SDOH and other demographic info then merging that into electronic medical records. The integration piece is still being worked on. <p>John Follet moved to accept the Quality Improvement report, Kathryn Jensen seconded that motion.</p> <ul style="list-style-type: none"> • Michael Purdy reported on Risk Management. Michael echoed some of the risk management efforts from the incident reports as stated above. He reported that there are two prominent areas of risk at this time. The first being COVID-19, and the efforts to ensure employees' and patients' safety. The second is the continuing staffing shortage. The Infection Control (IC) Team participates in bi-weekly DPH calls to stay up to date on any state or federal COVID-19 guidelines. The IC Team has become more robust with the inclusion of dental representation. There has been an increase of respiratory triage calls, which has underscored the need to reconfigure the management of those calls. The process for clearing staff to return to work after illness or exposure remains stringent, even after the loosening of | <p>The Board voted unanimously to approve the Quality Improvement Report.</p> |
|------------------------|--|---|

| | | |
|--------------|---|---|
| | <p>CDC guidelines. There is still a shortage of referrals staffing in several departments.</p> <p>Nancy Brenner moved to accept the Risk Management report, Matt Bannister seconded that motion.</p> | <p>The Board voted unanimously to approve the Risk Management Report.</p> |
| CEO Report | <ul style="list-style-type: none"> • Eliza Lake made some additional reports to with her written report, included in the Board packet. She reported that there was an open forum with the IC team for staff during lunch hour for staff to ask any COVID-19 related questions. The group generally spoke about the vaccine. Eliza elaborated on where HCHC stands on the vaccine distribution timeline. First wave of vaccines will go to hospital staff in COVID-facing positions and nursing homes first. HCHC will be in the second wave, primarily frontline staff. Discussed some vaccine skepticism that will need to addressed. Senior management is not mandating the vaccine for staff at this time. The MassLeague is developing a campaign on vaccine importance. • UMASS will be a Stop the Spread testing site and there may be issues in getting patient information back from them, more to come when things get up and running. • Requested rapid tests from the State, for no fee. These rapid tests will only be available until January 10th. This initiative was developed to address the assumed increase in holiday travel. • Started the process of discussing scaling back services as COVID-19 infection rates surge. Working with department heads on creating metrics to determine services offered for patient and staff safety. | |
| New Business | <ul style="list-style-type: none"> • Lee Manchester presented the Credit and Collections Policy for approval. The FY 2020 sliding fee scale was updated, no other changes noted. <p>Matt Bannister motioned to approve the Credit and Collection Policy and Alan Gaitenby seconded the motion.</p> | <p>The Board voted unanimously to approve the Credit and</p> |

| | | |
|-------------------|---|---|
| | <ul style="list-style-type: none"> • The Financial Policy was included in the Board packet, but will be taken up at next month’s meeting, with some amendments. • Lee Manchester discussed some upcoming staff recognition initiatives. Starting this meeting, every month nominated staff will be acknowledged for their good work with a presentation to the board. A following letter will go out to that staff addressed from the Board, acknowledging this work. Eliza reported that this year HCHC will be thanking staff and the board by purchasing everyone a fleece jacket or vest with the HCHC logo. <ul style="list-style-type: none"> ○ Vickie Dempsey highlighted the RN Supervisor in Huntington, Vickie Wilson, who has been with HCHC for 30+ years. Her colleagues said she was the backbone to the department, with a calm, caring nature and ingenious problem-solving skills. Vickie also noted that she was an extremely devoted employee. She retired last week, and she will stay on as a per diem staff member. ○ Michael Purdy highlighted Ellen Chechile, RN Supervisor in Amherst. Ellen has navigated the difficulty with short staffing in Amherst and has jumped in as an integral part of the IC team. Ellen has functioned as a triage nurse, receptionist, and medical assistant as needed. | Collections Policy. |
| Old Business | <ul style="list-style-type: none"> • No old business | |
| Executive Session | <ul style="list-style-type: none"> • No executive session called for by those present. | |
| Alan Gaitenby | <p>Nancy Brenner moved the meeting be adjourned. Kathryn Jensen seconded the motion.</p> <p>The meeting was adjourned at 7:25 pm. The next scheduled meeting will be January 14, 2021 via Zoom.</p> | The Board voted unanimously to approve adjournment. |

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

November 2020 - Presented 1/13/2021

Highlights

- ▶ **\$1.2M** Net Income
 - ▶ PPP loan forgiven, counted as grant revenue
 - ▶ Month would have been slightly positive without \$1,171,200 PPP
- ▶ YTD Net **\$731K**
- ▶ **\$196K** positive cash flow

Income Statement

| | Jan Actual | Feb Actual | Mar Actual | Apr Actual | May Actual | June Actual | Jul Actual | Aug Actual | Sept Actual | Oct Actual | Nov Actual | YTD Total Actual | PY YTD Actual | \$ Change | % Change |
|-------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------------------|--------------------|--------------------|------------------|-----------|
| OPERATING ACTIVITIES | | | | | | | | | | | | | | | |
| Revenue | | | | | | | | | | | | | | | |
| Patient Services - Medical | \$194,733 | \$157,776 | \$162,144 | \$127,027 | \$132,581 | \$147,308 | \$105,190 | \$147,451 | \$147,640 | \$160,430 | \$173,038 | \$1,655,319 | \$2,347,368 | (\$692,049) | -29% |
| Patient Services - Dental | \$145,933 | \$123,425 | \$70,156 | \$17,187 | \$11,337 | \$26,937 | \$32,119 | \$57,754 | \$87,135 | \$111,254 | \$106,657 | \$789,893 | \$1,747,757 | (\$957,864) | -55% |
| Patient Services - Beh. Health | \$39,953 | \$37,463 | \$29,811 | \$29,864 | \$25,700 | \$30,858 | \$46,280 | \$22,958 | \$31,480 | \$36,598 | \$36,260 | \$367,224 | \$347,384 | \$19,840 | 6% |
| Patient Services - Optometry | \$19,191 | \$13,103 | \$12,268 | \$4,184 | \$3,632 | \$3,162 | \$9,814 | \$16,594 | \$15,561 | \$19,168 | \$13,072 | \$129,748 | \$191,810 | (\$62,061) | -32% |
| Patient Services - Optometry Hard | \$10,443 | \$4,945 | \$2,446 | \$998 | \$996 | \$3,574 | \$3,894 | \$5,390 | \$6,201 | \$5,579 | \$9,081 | \$53,547 | \$81,698 | (\$28,151) | -34% |
| Patient Services - Pharmacy | \$7,260 | \$6,065 | \$11,596 | \$18,350 | \$24,126 | \$27,724 | \$13,829 | \$79,287 | \$41,854 | \$34,076 | \$49,395 | \$313,561 | \$119,206 | \$194,355 | 163% |
| Quality & Other Incentives | \$475 | \$324 | \$24,149 | \$277 | \$25 | \$7,684 | \$279 | \$238 | \$337 | \$20,137 | \$22,769 | \$76,694 | \$45,615 | \$31,079 | 68% |
| HRSA 330 & Other Grant | \$136,455 | \$138,372 | \$139,990 | \$225,857 | \$131,598 | \$155,075 | \$24,098 | \$88,619 | \$33,534 | \$348,885 | \$315,664 | \$1,738,148 | \$1,621,993 | \$116,155 | 7% |
| Other Grants & Contracts | \$59,052 | \$60,987 | \$64,025 | \$289,624 | \$187,345 | \$245,236 | \$200,559 | \$66,665 | \$102,503 | \$176,324 | \$1,227,374 | \$2,679,696 | \$789,619 | \$1,890,077 | 239% |
| Int., Dividends Gain /Loss Investme | (\$2,424) | (\$22,104) | (\$40,933) | \$27,765 | \$13,531 | \$7,243 | \$15,548 | \$16,824 | (\$6,562) | (\$4,693) | \$35,483 | \$39,677 | \$55,302 | (\$15,625) | -28% |
| Rental & Misc. Income | \$4,002 | \$3,700 | \$1,132 | \$2,333 | \$2,567 | \$2,567 | \$4,002 | \$2,159 | \$2,567 | \$4,387 | \$1,132 | \$30,548 | \$31,345 | (\$797) | -3% |
| Total Operating Revenue | \$615,073 | \$524,057 | \$476,784 | \$743,467 | \$533,437 | \$657,368 | \$455,612 | \$503,939 | \$462,251 | \$912,143 | \$1,989,925 | \$7,874,055 | \$7,379,097 | \$494,958 | 7% |

- ▶ Patient revenue consistent with October
- ▶ 330 Grant payments playing catch-up - **\$316K**
- ▶ **\$35K** in unrealized investment gain
- ▶ **\$1,171,200** PPP recorded as revenue

| | Jan Actual | Feb Actual | Mar Actual | Apr Actual | May Actual | June Actual | Jul Actual | Aug Actual | Sept Actual | Oct Actual | Nov Actual | YTD Total Actual | PY YTD Actual | \$ Change | % Change |
|---|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|----------------------|----------------------|------------------|-----------|
| Compensation and related expenses | | | | | | | | | | | | | | | |
| Salaries and wages | (\$481,077) | (\$448,425) | (\$386,453) | (\$256,747) | (\$481,227) | (\$349,402) | (\$380,723) | (\$343,543) | (\$432,333) | (\$453,285) | (\$423,347) | (\$4,436,562) | (\$5,009,908) | \$573,346 | 11% |
| Payroll taxes | (\$36,589) | (\$33,543) | (\$29,040) | (\$19,068) | (\$35,581) | (\$24,476) | (\$24,710) | (\$21,815) | (\$29,232) | (\$118,688) | (\$26,629) | (\$399,370) | (\$385,599) | (\$13,771) | -4% |
| Fringe benefits | (\$43,725) | (\$28,748) | (\$25,023) | (\$37,384) | (\$35,876) | (\$36,396) | (\$35,287) | (\$33,702) | (\$30,528) | (\$34,591) | (\$127,302) | (\$468,561) | (\$423,939) | (\$44,622) | -11% |
| Total Compensation & related exp | (\$561,390) | (\$510,716) | (\$440,516) | (\$313,198) | (\$552,684) | (\$410,274) | (\$440,720) | (\$399,060) | (\$492,093) | (\$606,563) | (\$577,278) | (\$5,304,493) | (\$5,819,446) | \$514,952 | 9% |

► 9% or \$515K favorable to last year

| | Jan Actual | Feb Actual | Mar Actual | Apr Actual | May Actual | June Actual | Jul Actual | Aug Actual | Sept Actual | Oct Actual | Nov Actual | YTD Total Actual | PY YTD Actual | \$ Change | % Change |
|-----------------------------------|-------------------|--------------------|--------------------|------------------|--------------------|-----------------|--------------------|-------------------|--------------------|-----------------|--------------------|------------------|--------------------|------------------|-------------|
| Other Operating Expenses | | | | | | | | | | | | | | | |
| Advertising and marketing | \$0 | \$0 | (\$99) | \$0 | \$0 | (\$240) | (\$341) | (\$255) | (\$561) | \$0 | \$0 | (\$1,496) | (\$8,139) | \$6,642 | 82% |
| Bad debt | (\$1,307) | \$6,292 | (\$9,288) | (\$8,831) | (\$4,411) | (\$8,382) | \$8,168 | \$988 | \$5,524 | \$4,486 | (\$2,360) | (\$9,121) | (\$107,284) | \$98,163 | 91% |
| Computer support | (\$7,088) | (\$6,199) | (\$21,428) | (\$9,589) | (\$12,655) | (\$8,388) | (\$8,388) | (\$1,948) | (\$8,027) | (\$14,818) | (\$10,107) | (\$108,635) | (\$72,785) | (\$35,850) | -49% |
| Conference and meetings | (\$248) | (\$1,350) | \$0 | \$1,475 | (\$1,882) | (\$480) | (\$30) | (\$2,636) | (\$358) | (\$85) | (\$200) | (\$5,795) | (\$10,255) | \$4,460 | 43% |
| Continuing education | (\$2,368) | (\$1,092) | \$0 | \$0 | (\$308) | (\$1,733) | (\$275) | (\$496) | (\$218) | (\$530) | (\$900) | (\$7,921) | (\$26,356) | \$18,436 | 70% |
| Contracts and consulting | (\$2,713) | (\$17,931) | (\$28,137) | (\$20,701) | (\$38,786) | (\$22,638) | (\$19,439) | (\$18,699) | (\$36,352) | (\$39,509) | (\$18,922) | (\$263,825) | (\$66,295) | (\$197,530) | -298% |
| Depreciation and amortization | (\$27,651) | (\$29,438) | (\$28,544) | (\$28,544) | (\$28,544) | (\$28,544) | (\$28,544) | (\$28,544) | (\$28,544) | (\$28,544) | (\$28,544) | (\$313,988) | (\$304,156) | (\$9,831) | -3% |
| Dues and membership | (\$2,355) | (\$3,243) | (\$2,355) | (\$2,530) | (\$2,405) | (\$7,955) | (\$3,247) | (\$6,692) | (\$1,850) | (\$5,894) | (\$3,865) | (\$42,389) | (\$29,843) | (\$12,546) | -42% |
| Equipment leases | (\$2,580) | (\$1,877) | (\$2,273) | (\$1,735) | (\$2,911) | (\$2,487) | (\$945) | (\$1,413) | (\$2,529) | (\$3,018) | (\$1,120) | (\$22,888) | (\$25,516) | \$2,629 | 10% |
| Insurance | (\$2,128) | (\$2,202) | (\$2,202) | (\$2,192) | (\$2,192) | (\$2,192) | (\$2,192) | (\$2,192) | (\$2,192) | (\$2,192) | (\$2,206) | (\$24,080) | (\$23,202) | (\$878) | -4% |
| Interest | (\$1,289) | (\$1,279) | (\$1,187) | (\$1,258) | (\$1,209) | (\$1,238) | (\$1,187) | (\$1,723) | (\$156) | (\$355) | (\$363) | (\$11,244) | (\$14,693) | \$3,449 | 23% |
| Legal and accounting | (\$2,500) | (\$2,500) | (\$2,626) | (\$2,500) | (\$2,895) | (\$2,668) | (\$2,500) | (\$2,500) | (\$2,500) | (\$2,584) | (\$12,440) | (\$38,213) | (\$29,862) | (\$8,351) | -28% |
| Licenses and fees | (\$4,115) | (\$6,952) | (\$4,006) | (\$2,898) | (\$2,959) | (\$3,504) | (\$3,794) | (\$3,775) | (\$4,525) | (\$5,418) | (\$4,262) | (\$46,206) | (\$42,124) | (\$4,082) | -10% |
| Medical & dental lab and supplies | (\$10,442) | (\$9,416) | (\$6,226) | (\$897) | (\$283) | (\$1,630) | (\$3,256) | (\$8,571) | (\$7,997) | (\$7,624) | (\$7,444) | (\$63,787) | (\$110,932) | \$47,145 | 42% |
| Merchant CC Fees | (\$1,576) | (\$1,690) | (\$2,037) | (\$1,492) | (\$633) | (\$564) | (\$571) | (\$1,067) | (\$1,368) | (\$1,185) | (\$1,052) | (\$13,233) | (\$17,624) | \$4,391 | 25% |
| Office supplies and printing | (\$2,304) | (\$3,052) | (\$1,899) | (\$7,188) | (\$1,530) | (\$7,637) | (\$7,234) | (\$13,799) | (\$7,334) | (\$7,595) | \$271 | (\$59,300) | (\$36,140) | (\$23,160) | -64% |
| Postage | (\$117) | (\$2,051) | (\$2,240) | (\$151) | (\$2,233) | (\$2,040) | (\$511) | (\$28) | (\$2,066) | (\$650) | (\$2,358) | (\$14,445) | (\$15,435) | \$990 | 6% |
| Program supplies and materials | (\$19,372) | (\$17,012) | (\$14,163) | (\$2,688) | (\$15,733) | (\$17,073) | (\$13,480) | (\$18,625) | (\$30,784) | (\$37,531) | (\$28,274) | (\$214,736) | (\$208,182) | (\$6,554) | -3% |
| Pharmacy & Optometry COGS | (\$7,980) | (\$10,963) | (\$4,699) | (\$3,785) | (\$3,420) | (\$9,287) | (\$6,308) | (\$19,791) | (\$30,040) | (\$26,752) | (\$15,389) | (\$138,414) | (\$114,734) | (\$23,679) | -21% |
| Recruitment | (\$4,049) | (\$527) | (\$90) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | (\$75) | (\$25) | (\$4,766) | (\$33,610) | \$28,844 | 86% |
| Rent | (\$6,964) | (\$8,584) | (\$10,064) | (\$6,964) | (\$15,758) | (\$13,843) | (\$16,052) | (\$11,738) | (\$20,683) | (\$7,741) | (\$9,603) | (\$127,996) | (\$84,319) | (\$43,677) | -52% |
| Repairs and maintenance | (\$13,597) | (\$18,942) | (\$15,221) | (\$11,565) | (\$12,108) | (\$21,849) | (\$15,799) | (\$10,838) | (\$15,690) | (\$16,930) | (\$11,308) | (\$163,846) | (\$151,036) | (\$12,810) | -8% |
| Small equipment purchases | \$0 | (\$1,669) | \$0 | (\$1,299) | (\$4,240) | (\$12,046) | (\$7,050) | \$0 | (\$1,704) | (\$3,213) | (\$8,053) | (\$39,274) | (\$20,810) | (\$18,464) | -89% |
| Telephone | (\$10,928) | (\$13,895) | (\$14,263) | (\$15,336) | (\$14,707) | (\$14,343) | (\$13,859) | (\$14,701) | (\$14,258) | (\$14,503) | (\$14,441) | (\$155,235) | (\$144,593) | (\$10,642) | -7% |
| Travel | (\$1,947) | (\$1,348) | (\$940) | (\$639) | (\$327) | (\$1,076) | (\$1,171) | (\$1,050) | (\$1,184) | (\$935) | (\$536) | (\$11,153) | (\$26,351) | \$15,199 | 58% |
| Utilities | (\$3,234) | (\$5,499) | (\$3,312) | (\$4,481) | (\$4,838) | (\$2,955) | (\$3,467) | (\$3,102) | (\$3,643) | (\$2,757) | (\$7,116) | (\$44,404) | (\$45,742) | \$1,338 | 3% |
| Total Other Operating Expenses | (\$138,848) | (\$162,418) | (\$177,298) | (\$135,788) | (\$176,969) | (\$194,792) | (\$151,474) | (\$173,195) | (\$219,038) | (\$225,951) | (\$190,617) | (\$1,946,389) | (\$1,770,019) | (\$176,370) | -10% |
| NET OPERATING SURPLUS | (\$85,166) | (\$149,077) | (\$141,031) | \$294,481 | (\$196,216) | \$52,302 | (\$136,583) | (\$68,317) | (\$248,881) | \$79,629 | \$1,222,030 | \$623,173 | (\$210,368) | \$833,541 | 396% |

- Year over Year increases (\$176K)
- Spending consistent with previous months

Net Deficit (Income)

| | Jan Actual | Feb Actual | Mar Actual | Apr Actual | May Actual | June Actual | Jul Actual | Aug Actual | Sept Actual | Oct Actual | Nov Actual | YTD Total Actual | PY YTD Actual | \$ Change | % Change |
|-----------------------------------|-------------------|--------------------|--------------------|------------------|--------------------|-----------------|--------------------|-------------------|--------------------|-----------------|--------------------|------------------|------------------|--------------------|-------------|
| NON-OPERATING ACTIVITIES | | | | | | | | | | | | | | | |
| Donations, Pledges & Contribution | \$120 | \$9,800 | \$20,725 | \$40,211 | \$4,657 | \$1,476 | \$7,740 | \$2,000 | \$20,432 | \$400 | \$700 | \$108,262 | \$166,330 | (\$58,069) | -35% |
| Capital Grants | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$124,590 | (\$124,590) | -100% |
| NET NON-OPERATING SURPLU | \$120 | \$9,800 | \$20,725 | \$40,211 | \$4,657 | \$1,476 | \$7,740 | \$2,000 | \$20,432 | \$400 | \$700 | \$108,262 | \$290,920 | (\$182,658) | -63% |
| NET SURPLUS/(DEFICIT) | (\$85,046) | (\$139,277) | (\$120,306) | \$334,692 | (\$191,559) | \$53,778 | (\$128,843) | (\$66,317) | (\$228,449) | \$80,029 | \$1,222,730 | \$731,434 | \$80,552 | \$650,882 | 808% |

- ▶ **\$731K** YTD Surplus
- ▶ Cash should hold out for around 14 months at current levels
 - ▶ Current cash forecast has funds lasting until March 2022
- ▶ 65 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 | \$1,222,730 |
| ADJUSTMENTS TO RECONCILE NET INCOME TO NET CASH | | |
| | NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES | \$203,250 |
| CASH FLOWS FROM INVESTING ACTIVITIES | | |
| | NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES | (\$6,938) |
| | NET INCREASE/(DECREASE) IN CASH | \$196,312 |
| | CASH AND CASH EQUIVALENTS AS OF 11/1/2020 | \$1,932,305 |
| | CASH AND CASH EQUIVALENTS AS OF 11/30/2020 | \$2,128,617 |

- ▶ Cash on hand increased **\$196K**
- ▶ PPP Loan was in hand in a previous month. This is due mostly to catching up on 330 draws

Balance Sheet (as of 11/30/20)

| | | |
|---------------------------------------|---|--------------------|
| ASSETS | | |
| | Total Current Assets | \$2,110,619 |
| | Net Property & Equipment | \$4,036,453 |
| | Total Other Assets | \$379,527 |
| | TOTAL ASSETS | \$6,526,599 |
| Liabilities & Fund Balance | | |
| | Total Current Liabilities | \$1,290,821 |
| | Mortgage Payable United Bank | \$133,501 |
| | Total Long Term Liabilities | \$133,501 |
| | Total Liabilities | \$1,424,322 |
| | Fund Balance Prior Years | 5,102,277 |
| | Total Liabilities & Fund Balance | 6,526,599 |

▶ Current Assets = \$2.1 M

▶ Current Liabilities = \$1.3 M

▶ Current Ratio = 1.62

Other Items

- ▶ PPP round 2 application should be filed next week
 - ▶ Waiting for Peoples Bank portal to open
- ▶ Budget process slowed by late close of November
 - ▶ Expect draft budget soon
 - ▶ Still expecting very negative cash flows for all 2021
 - ▶ PPP is the only unknown that could change forecast
- ▶ Contract Pharmacy/340B progress being made
 - ▶ As new contracts go into effect results should be noticeable
 - ▶ By the end of Q1 2021 we should have program mostly maximized

Hilltown Community Health Center QI Meeting

Members:

Date: Tuesday 11/17/2020

Members Excused: Eliza Lake, CEO; Jon Liebman

Guests: Franny Huberman, Behavioral Health Representative; Tabitha Griswold, Executive Assistant; Kim Savery, Community Programs Representative; Michael Purdy, CCCSO; Cynthia Magrath, Practice Manager; MaryLou Stuart, Dental Representative; Vickie Dempsey, COO; Jon Liebman, Medical Director

Facilitator: Vickie Dempsey

Recorder: Tabitha Griswold

Timekeeper: Jon Liebman

| Time | Topic | Notes/Actions | Next Steps | Responsible Party |
|--------------|--------------------------------------|---|--|--|
| 9AM | Review of minutes Oct meeting | These were not distributed and will be voted on next month, along with the 6 month summary of Jan- June of 2019 | | |
| 9:05-9:20 AM | Peer Review Protocol all departments | <p>Discussion of peer review protocol. Discussed potential need to implement more formal protocols per department:</p> <ul style="list-style-type: none"> • BH-Currently using clinical case review meetings that are documented, discussing at least twelve cases a month. This needs to be ramped up and changed per recommendation of HRSA. HRSA wanted to see review of the electronic medical records. Discussed creating a task force to create some structure on what is needed to bolster this peer review. • Dental-The current protocols meet HRSA criteria with rotating providers reviewing each others charts, then being finalized by MaryLou. Staff meeting follow ups to share flagged issues. • Optometry-Discussed looking at external peer review, as the current protocols do meet HRSA criteria now, but could be improved. • Medical - currently, the medical department performs a quarterly review of medical providers' charts as part of our work on the QI Committee (this is required for our FTCA insurance coverage). The work is contracted out to Liz O'Dair, a family practice physician in Holyoke. | Meeting will be set up to discuss Peer Review updating for BH. | Vickie to set yp meeting with Franny, Michael and Cynthia. |

| | | | | |
|---------------|---------------------|--|--|--|
| 9:20 – 9:30AM | PPE update | <p>Update: <u>N95 fit testing – all HCHC departments – ALL staff who may come into face to face contact with patients:</u></p> <ul style="list-style-type: none"> Dental: as of Monday, 11/16 – Cynthia confirms all have appropriately fitted masks and a 5 week supply: Cheryl Circe, Karen Rowe, Liza Lynch, Lori Paquette. Dr. Gill, Dr. Alice, Jackson Goodfield, Dr Stuart, Emily Bowden, Ambarish Walvkar, Dr Graham, Dr Gearin, Tammy S, Liz Spooner, Rosa Saldana, Julie Cowles, Sue Hedges, Helen O’Melia, Sarah Pais, Julia Baranyak Medial/Optomety/SBHC – per Dave M: Amherst staff – inquiry out, assigned to Cynthia HHC – 2 clinicians – inquiry out directly to these staff BH/CHW/Billing/reception – pass for now, no direct face to face with patients | No further action needed. | |
| 9:30 – 9:40AM | Risk Management | <ul style="list-style-type: none"> Discussed the increasing number of employees reporting COVID exposure or symptoms, with an already lean support staff. Review of COOP plan to help support operations. Ellen and Michael maintain a shared drive with a spread sheet of employees that are out to track this as this issue increases. Concerns expressed with new email feedback loop timing with staff calling out. The turnaround time is still being determined Incident reporting: Not discussed but is ongoing. | Update Action Plan in managers meeting, as well as list of all staff and where they work for remote opportunities. | Vickie and Michael during managers meeting |
| 9:40 – 9:45AM | Dashboards | Review and discussion – continue as part of this meeting? Need to as they are a HRSA requirement. UDS and PCMH coming up for reporting as well. | | |
| | Next Steps/ Summary | <p>Next steps for agenda items above? What do we want on our next monthly meeting agenda?</p> <ul style="list-style-type: none"> Discussed potential risk management issue with paper PHI security in the remote setting. | Tabitha to look for potential policy with protocols for PHI security off site and forward to Michael and Kim for further discussion. | Tabitha, Michael, and Kim |
| | Next meeting | <p>Tuesday: 12/15/2020 from 9A – 10A Zoom meeting link: https://hchcweb-org.zoom.us/j/95229768798 Meeting ID: 952 2976 8798</p> | | |

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|



QI-Risk Management Report, January-June 2020

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

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

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

completed risk management activities; status of the health center's performance relative to established risk management goals; and proposed risk management activities that relate and/or respond to identified areas of high organizational risk.

Below are the activities that HCHC undertook in the first half of 2020 to address these issues:

Quality Improvement Activities

- Department heads each reported quarterly on their department to the committee.
- QI calendar of meetings and reports approved by the QI Committee
- ***Clinical Operations:***
 - The Quality Improvement Program was amended such that it is only composed of staff, as suggested by the HRSA clinical consultant during the OSV. The By-Laws were edited to reflect this change. The newly hired COO will take over as chair of the QI committee following their orientation and onboarding.
 - Hired an external doctor for medical peer chart review.
 - Submission of the HRSA 330 Non-Compete Continuation grant.
 - Diabetes Action plan was developed in consultation with HRSA clinical consultant. Start implementation of plan in Q1 of 2020.
 - Successfully hired a new CFO in mid-June.
 - In response to COVID-19 convened new COVID-19 Management Team, Infection Control Group, and Telehealth Workgroup. Including the implementation of a Respiratory Triage Team and a respiratory infection clinic. Processes were developed for referring patients for testing and managing positive testing. Also, developed local referrals for contact tracing.
- ***Patient Satisfaction:***
 - Patient satisfaction surveys were not sent out in the Spring of 2020 due to the COVID-19 pandemic. Patients have the ability to access the patient satisfaction survey for specific sites and departments at any time via the HCHC web site. These unsolicited results will be incorporated into the Fall 2020 patient satisfaction results.
 - Goal of transitioning all collection of the patient satisfaction surveys by means of electronic collection by Spring of 2021.
- ***Utilization:***
 - Addressed HRSA OSV condition, through development of best practice processes for patient emergencies during hours.
 - 2019 UDS submitted and approved. Number of patients increased from the from 8400 to 9600, our largest one-year increase. For the previous years the number had been going down, this increase is largely assumed to be due to the opening of Amherst. The HRSA goal for three-year period was achieved according to these numbers.
 - Due to the pandemic, organization transitioned largely to telehealth in a short period of time and will continue to research and improve telehealth capabilities for HCHC patient needs.
- ***Safety/Adverse Events:***

- Behavioral Health:
 - No patient complaints or legal matters
 - All behavioral health staff working remotely due to COVID-19 pandemic. Behavioral Health patients moved to all telehealth visits in March 2020, as required by the State Department of Public Health.
 - Developing and collaborating with other CHCs on appropriate consent form methods of return.
- Eye Care:
 - No patient complaints or legal matters
 - Eye Care services suspended routine services in March of 2020 except for emergency cases, as required by the State Department of Public Health.
 - Telehealth services used as appropriate during this time.
 - Infection control measures addressed with new PPE protocols and equipment purchases.
- Dental:
 - No patient complaints or legal matters.
 - Dental services suspended routine services in March 2020, except for emergency service as required by the State Department of Public Health.
 - Staff were furloughed as appropriate during this time.
 - Resumed services as approved by the State Department of Public Health by the end of June 2020.
 - Telehealth services used as appropriate during this time.
 - Infection control measures addressed with new PPE protocols and equipment purchases.
- Medical:
 - No patient complaints that required significant follow up.
 - Focus on provider shortage with accelerated recruitment efforts in January and February. All efforts focused on COVID-19 pandemic during the second half of the year, with a focus on staff and patient safety.
 - Routine medical services suspended in March of 2020 except for emergency cases, as required by the State Department of Public Health.
 - Telehealth services developed and used as appropriate during this time.
 - Infection control measures addressed with new PPE protocols and equipment purchases.
- ***Follow-up Actions:***
 - Continued efforts to increase access for patients for both urgent and routine care with a focus on those with chronic disease as well as the vulnerable population.
 - Ongoing management, refinement and adaptation of the COVID-19 response.
 - Resumption and implementation of the Diabetes Action Plan.
 - Continued improvement of the telehealth program.
 - Resumption of recruitment efforts.

Clinical Risk Management Activities

- Risk management is a standing item on QI/RM meeting agendas.
- **Recruitment Efforts:**
 - In the first two months of the year, in order to address low staffing numbers, provider recruitment efforts continued through a contract with a national recruitment firm. Reconfigure existing staffing schedules to keep Amherst open, with temporarily reduced hours. Continued work with a contracted locum tenens recruiter to identify temporary provider staffing.
 - A BH Coordinator and Admin Assistant to the CCCSO were successfully recruited with internal staff. New positions were quickly deployed into support tasks due to the COVID-19 pandemic and will resume new duties when appropriate and staffing levels support that transition.
- **COVID-19 Response:**
 - The Governor issued a State of Emergency in March 2020 for the COVID-19 epidemic. HCHC implemented its COOP plan on March 15, 2020 which resulted in reduction of hours and service except for emergency services on March 17th. Implementation of the COOP triggered furloughs and site closures (SBHC closed as required by the State) and daily management meetings.
 - Created new workflows and patient management systems including development of new clinic for respiratory illness with separate entrance and dedicated staff.
 - Monitoring issue of accessibility due to slower air exchange rates and staffing shortages during the pandemic in Medical and Dental exam rooms, as well as accessibility for patients to be seen, due to back log in visits.
 - Regular discussion of management of the need for routine and preventive care to prevent emergent issues in back log of patients.
 - Develop system to prioritize video visits for patients that required renewed opioid prescriptions.
 - Despised the quick response **there were no adverse incidents of any kind as a result of this event**, which was a testament to the hard work and development of alternate systems by all staff.
 - Contracted with Industrial Hygienist to address infection control efforts at all sites.
- **Patient Incident(s):**
 - Patient sent home by receptionist due to insurance status and was unable to be seen. Training was provided to all front desk personnel on proper protocol.
- **Employee Incident(s):**
 - No employee incidents at this time.
- **Insurance Review:**
 - 2021 FTCA application is in the process of being completed for submission for July 2020.
- **Follow-up actions:**
 - Ongoing monitoring of State Department of Public Health and CDC requirements for

- infection control, patient and staff safety.
- Focus on hiring COO to management new workflow and operations to most efficiently create access for patients.

Non-Clinical Risk Management Activities

- **Training:**

- Conducted a corporate compliance training, along with an active shooter training at an all staff meeting on January 16th.

- **Risk Assessments:**

- The COOP was activated in March of 2020 in response to the Governors State of Emergency Order in response to the COVID-19 pandemic. This measure provided HCHC the flexibility to support patients and staff's safety.
- Rapid personnel changes made to ensure social distancing for staff in office by relocating offices (both on site and moving staff remotely) as well as plexi-glass partitions installed. Tremendous technology support and funding to ensure remote capabilities for staff that could work at home.
- PPE purchased and tracked per site. Amid PPE shortages nationwide, HCHC received generous donations such as direct shipment of PPE from Direct Relief.
- Infectious control measures taken at each site with an Industrial Hygienist assessment for air exchange rates. With the report from the assessment, air filtration systems were purchased and installed appropriately to meet or exceed guidelines. High speed suction also ordered and installed for dental operatories as per guideline requirements. Touchless equipment purchased for infectious control infrastructure improvements for all sites where needed.
- ADA improvements continue to be installed amidst other projects.

- **Follow-up actions:**

- Ongoing monitoring of State Department of Public Health and CDC requirements for infection control, patient and staff safety.
- The DRIVE Committee (Diversity, Inclusion, Value and Equality Committee) is being looked at re-developing especially with the health disparities seen from the COVID-19 pandemic.



Hilltown Community Health Centers, Inc.

Finance Department

SUBJECT: NAME OF POLICY – FINANCIAL POLICY

REGULATORY REFERENCE: Code of Federal Regulations 45 (CFR) Part 75 and PIN 2013-01

Purpose:

The Hilltown Community Health Centers, Inc. (HCHC) is a Health Center Program authorized under section 330 of the Public Health Service (PHS) Act 42 U.S.C. 254b (“section 330”) and is required to maintain accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) and separate functions appropriate to organizational size to safeguard assets and maintain financial stability. As such the Hilltown Community Health Centers, Inc. (HCHC) management has adopted this policy to have a formal documented process to meet these requirements and establish guidelines for developing financial and accounting procedures necessary to safeguard the financial resources of HCHC.

Policy:

HCHC will maintain and update as necessary a Financial Procedure Manual that contains procedures for the following topics:

- Maintenance of Account Records and Record Retention
- Cash Disbursements and Receipts
- Cost Allocation
- Purchasing and Reimbursement Procedures
- Reporting
- Payroll
- Fixed Asset Accounting
- Patient Revenue and Receivables

Questions should be directed to the Executive Director or the Chief Financial Officer at 413-238-5511.

Originally Drafted: MARCH 2004

Reviewed or Revised: January 2021

Approved by Board of Directors,

Date:

Approved by:

Eliza Lake

Eliza B. Lake

Chief Executive Officer, HCHC

Date:

Martin L Manchester

Martin L Manchester

President, HCHC Board of Directors

Date:

**Hilltown Community Health Centers, Inc.
(HCHC)**

**FINANCIAL
PROCEDURES
MANUAL**

TABLE OF CONTENTS

| | |
|---|---------|
| Mission Statement | Page 5 |
| Purposes of Corporation | Page 6 |
| Financial Management | Page 6 |
| Chart of Accounts | Page 7 |
| Description of Accounts | Page 8 |
| Maintenance of Accounting Records | Page 13 |
| Record Retention | Page 14 |
| Cash Disbursements | Page 15 |
| Cash Receipts and Drawdowns | Page 16 |
| Grants & Contracts Revenue and Receivables | Page 19 |
| Standard Journal Entries | Page 19 |
| Cost Principles | Page 20 |
| Cost Allocation Plan | Page 20 |
| Procurement | Page 21 |
| Travel Reimbursement Procedures | Page 29 |
| Continuing Education Reimbursement Procedures | Page 29 |
| Accounts Payable Procedures | Page 30 |
| Monthly Management Reports | Page 31 |
| Payroll Procedures | Page 31 |
| Accounting for Fixed Assets | Page 33 |
| Patient Revenue and Receivables | Page 34 |
| Liquidity Management | Page 34 |
| Regulatory Reporting | Page 36 |
| Annual Fiscal Audit | Page 37 |

APPENDICIES:

| | |
|---|------------|
| Organizational Chart | Appendix A |
| Standard Account String (Chart of Accounts) | Appendix B |
| Purchase Requisition Form | Appendix C |
| Check Request Form | Appendix D |
| Mileage Reimbursement Form | Appendix E |
| Copy of Conflict of Interest Policy | Appendix F |

HILLTOWN COMMUNITY HEALTH CENTERS, INC.

is a not-for-profit healthcare facility providing medical, dental, behavioral health and related services at Worthington Health Center, Worthington, MA; Huntington Health Center, Huntington, MA; J.P. Musante Health Center, Amherst, MA and a School-Based Health Center located within Gateway Regional High School, Huntington, MA.

Mission

Creating access to high quality integrated health care and promoting well-being for individuals, families and our communities.

Vision

Communities Engaged for Health

Values

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

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

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

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

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

Purpose of the Corporation

To provide, encourage and administer facilities for health care access for all the inhabitants of the surrounding communities as are deemed necessary, feasible and affordable.

To participate in the coordination of community and area health projects and activities including cooperation with, and the providing of appropriate space for, healthcare services.

To be ready, and to act, at all times to conserve and promote the health of the population in the communities, regardless of ability to pay.

To sponsor charitable, scientific, and educational endeavors directed toward the promotion of any project designed to improve the health of the community.

To engage in any other activity, endeavor, or course of action not inconsistent with the above.

Financial Management

HCHC's financial management systems, including records documenting compliance with Federal and state statutes, regulations, and the terms and conditions of the Federal and state awards, must be sufficient to permit the preparation of reports required by general and program-specific terms and conditions; and the tracing of funds to a level of expenditures adequate to establish that such funds have been used according to the Federal and state statutes, regulations, and the terms and conditions of the Federal award. *(See Appendix A Organizational Chart)*

HCHC must;

- a) Establish and maintain effective internal control over the Federal and state award that provides reasonable assurance that HCHC is managing the Federal and state award in compliance with Federal and state statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in "Standards for Internal Control in the Federal Government," issued by the Comptroller General of the United States or the "Internal Control Integrated Framework," issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).
- b) Comply with Federal and State statutes, regulations, and the terms and conditions of the awards.
- c) Evaluate and monitor the compliance with statutes, regulations and the terms and conditions of awards.
- d) Take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings.

- e) Take reasonable measures to safeguard protected personally identifiable information and other information the awarding agency or pass-through entity designates as sensitive or what HCHC considers sensitive consistent with applicable Federal and state laws regarding privacy and obligations of confidentiality.

Chart of Accounts

The chart of accounts is designed to provide management with an analysis of financial position and a statement of operating revenues and expenses on a time accrual basis. The chart of accounts is established using the total grant concept. As such, each individual funding source is segregated in the general ledger to allow management to easily distinguish revenues and expenses by funding source. This allows for easier preparation of monthly reimbursement vouchers for contracts as well as regulatory reporting (FSR, UFR, UDS, etc.)

All financial transactions are designated by an account code. The digits employed are selected from the chart of accounts.

Definition of Coding Structure (Refer to Appendix B)

Each account code is subdivided into four separate segments.

Consisting of:

- | | |
|---------------|-------|
| 1. Fund | XX |
| 2. Account | XXXXX |
| 3. Location | XX |
| 4. Department | XX |

- 1. Fund - 01 Used for all transactions

- 2. Account - The digits represent the major account classifications for balance sheet, revenue, and expense items. For example: XXXX

- | | | |
|--------------------------|---|-------|
| a. Assets | = | 1XXXX |
| b. Liabilities | = | 2 |
| c. Net Assets | = | 3 |
| d. Revenue / Income | = | 3 |
| e. Salaries and Benefits | = | 5 |
| f. Expenses | = | 6 |

3. Location – XX Used to identify location.
4. Department – XX Used to identify each department.

Subaccount Segment

1. Alphanumeric codes that identify grants
2. UFR codes that correspond with UFR coding – if required
3. Raiser’s Edge code – if required

Description of Accounts

Assets

All asset accounts are designated within the chart of accounts by the appropriate digit of the account-numbering scheme.

Cash Accounts are debited for bank deposits and when stop payments are placed on previously issued checks. These accounts are credited for funds withdrawn and any miscellaneous bank charges. Cash receipts are deposited into the operating account on a regular basis in accordance with the cash receipts policies. Insurance & patient payments are debited to cash on hand when received and then recorded to the General Operating Account when deposited in the bank.

A petty cash fund is established at each site. Reimbursements for expenses paid from petty cash are made from the operating account. Expenses are charged to the appropriate account at the time of reimbursement. Change Funds are set up for making change for patient cash payments, amounts are set and adjusted as needed.

Accounts Receivable accounts are debited for grant funds due, revenue billed, and any other amounts owed to the health center. Accounts receivable are credited for cash collected and any un-collectible amounts. A debit balance represents the balance owed to the health center.

Allowance for doubtful accounts is a reserve for estimated un-collectible patient receivables contained in the accounts receivable balance. The purpose of the allowance is to provide the estimated un-collectible amount of recorded receivables. The reserve is established based on the historical bad debt experience, current economic conditions, estimates and presumptions. The allowance is reviewed for revision periodically.

Prepaid expenses are debited for significant current cash outlays that are related to future periods.

Fixed Assets - The health center has established a capitalization amount for fixed assets of \$5,000 or more.

Accumulated depreciation accounts are credited monthly for estimated depreciation on assets and debited to operating expenses. Accounts are reconciled at yearend to actual amounts, per the annual audit

Other assets include accounts designated for investments or cash set aside for stability or future capital projects.

Liabilities

Accounts Payable

Accounts payable are credited for the amounts owed vendors for receipt of goods and services. An entry is made to an accounts payable register for vendors' invoices received and approved for payment regardless of which program incurred the expense. Accounts payable are debited for cash disbursements against established payables. The balance (credit) reflects outstanding vendor liabilities.

Accrued liabilities are established for payroll costs, amounts withheld from employees, and other accrued liabilities. These accounts are credited for amounts due and debited upon payment or settlement. The balance (credit) represents the amount owed. At the close of each month, the estimated accrued payroll expenses incurred in the current month are booked in the general ledger as an accrued expense. All expenses are accrued at yearend.

Loans/Mortgages payable

Amounts borrowed for operating or capital purchases or improvements. These accounts are credited monthly as balances are paid or debited when new funds are borrowed.

Capital Leases

Amounts are credited to these accounts if major leases are entered into that require financing. The accounts are debited monthly as principal payments are made on these leases to reduce the amount owed.

Deferred Revenue Accounts

These accounts are credited when grants and other forms of payment are received by the health center for future services, equipment purchases, or capital projects. These amounts are debited as the services are provided or per current accounting regulations during the annual audit.

Net Assets

YTD Net Income

These accounts accumulate the estimated net profit of each cost center on a monthly basis. After final adjustment at the completion of the annual audit, each balance is closed to the appropriate Fund Balance account. These accounts are zeroed out at the end of each fiscal year.

Net Assets

These are accounts that designate the net worth of the health center. Fund balance accounts are adjusted annually at the conclusion of the annual audit. Any net profit or loss is recorded to the appropriate fund balance at the conclusion of the annual audit.

Net Assets without and with Donor Restrictions

Beginning in 2018, *net assets without donor restrictions* is one of two classifications of net assets reported on the financial statements of a not-for-profit organization's financial statements. This classification replaces the previous classification unrestricted net assets.

Beginning in 2018, *net assets with donor restrictions* is second of two classifications of net assets reported on the financial statements of a not-for-profit organization's financial statements. This classification is to be used instead of the following two classifications: *temporarily restricted net assets* and *permanently restricted net assets*.

Revenues

Revenues are credited to revenue accounts as they are considered earned and receivable. These can be revenues for services provided to patients or related to grant conditions.

Contra-Revenues

These are accounts which are credited to adjust for patient amounts billed, but not considered collectible. These include, but are not limited to insurance allowances, free care, bad debt and billing errors.

Expenses

Expense accounts are debited for paid or accrued expenditures. Types of expenses include but are not limited to:

Salaries/Wages – These costs are recorded to accrued liabilities and distributed to individual departments based on the gross salaries/wages recorded on the payroll allocation worksheet. The payroll timesheet has been established to account for the time and effort of each individual employee. Thus, the general ledger accounts properly reflect the amount paid to employees based on departmental and funding source time and effort recorded on timesheets.

Payroll Taxes – These are mandatory payments related to payroll which normally include FICA, Medicare, Workman’s Compensation Insurance and State Unemployment Insurance. Applicable costs are distributed to programs and departments in proportion to monthly salary distributions.

Fringe Benefits – Included in this account are medical, dental, disability and group life insurance; and any other employee benefits which may be offered by the health center. A description of current benefits may be found in the employee handbook. Applicable costs are distributed to programs and departments in proportion to monthly salary distributions.

Consultants and Contractual – These costs include dental labs & those individuals to whom the health center issues 1099 statements at year-end. Examples include auditing firms, legal firms, payroll service, computer consultants, skilled labor, and independent health-care providers.

Facilities Costs – Costs associated with the occupancy of the health center's buildings are included in these line items.

Utilities – These expenses include electricity, heating and cooling fuel, water supply and related expenses.

Repairs and Maintenance – Costs associated with the upkeep of the property and equipment are recorded in these accounts.

Mortgage Interest – Interest costs associated with mortgage loans related to health center buildings and improvements.

Depreciation – The estimated depreciation related to the health center's fixed assets are recorded monthly in these accounts that are broken out by type of asset (buildings, building improvements, furniture and equipment, etc).

Building & General Liability – These accounts include any type of insurance related to the buildings, their contents and general liability related to agency facilities or use.

Program Supplies – Program supplies are supplies needed for providing medical, dental or other program services and are recorded separately from general office supplies or facility supplies.

Telephone – Includes regular monthly telephone costs, beepers, answering service, internet costs and other related communication expenses.

Dues and Memberships – These se expenses include all membership dues paid to organizations for the health center or any employee of the health center.

Subscriptions & Journals – All subscriptions to magazines and professional journals.

Licenses and Fees – These expenses include all individual provider and agency licenses required by state and federal agencies for which the health center pays.

Travel – These costs include all expenses related to employee travel for health center business or necessary to the functioning of the health center operations. They include staff mileage at current approved rate, parking, tolls, motels, some meals and other related travel expenses.

Printing – Costs associated with production of letterhead, newsletters, invoices, patient receivable statements, forms, business cards and envelopes are recorded to these accounts.

Postage & Shipping – Amounts incurred to mail business correspondence or to ship items as required for operation of the health center.

Staff Recruitment/Training - All costs associated with the recruitment and/or training of staff are recorded to these accounts. This may include workshops, skill trainings and other mandatory trainings required for licensure or other purposes.

Interest - Interest costs for general operating use, such as for a line of credit are charged to this line item. It does not include any interest for building purchases or improvements.

Professional Insurance – This account includes professional liability insurance related to services provided by the health center and its employees as well as Director's & Officer's insurance.

Bad Debt - All costs associated with the write off of those patient receivable accounts deemed not collectible are included in this account. Bad Debt is recorded as a Contra-Revenue Account on the general ledger and then adjusted to an expense account on the annual audit.

Expenses are charged to the program and funding source benefiting from the goods or services. If a specific department cannot be identified, the expense is charged to the Administration, Billing, Facility or other appropriate allocation pool. If all programs and funding sources are likely to derive benefit from the goods or services, the expense is charged to the appropriate overhead department. See cost principles as outlined in 45 CFR 75 subpart E for further cost definitions and information on allowable and unallowable costs associated with Federal awards.

Maintenance of Accounting Records

The health center maintains the following accounting records:

- a) Accounts Payable Register
- b) Cash Receipts Journal
- c) Payroll Register
- d) General Ledger and General Journal Entries

Below is a description of each of these records and a brief summary explaining the procedures for how the entries are recorded.

Accounts Payable Register

All cash disbursements are initially entered in the accounts payable system upon receipt of the vendor invoice. The expenditures are charged to the appropriate expense or asset accounts. Invoices are batched for data entry. A batch report is generated for each group of invoices entered. The individual batch reports are retained until a summary batch report is generated at month's end.

Cash Receipts Journal

Front desk patient receipts (co-pays, deductibles and self-pays) are batched and posted to the cash receipts data entry journal from daily summaries prepared by front desk personnel at the end of each business day. The medical and dental departments submit separate summaries.

Third-party payments received in the mail are batched and posted to a cash receipts data entry journal from summaries prepared by the Billing Department.

Other receivables (grant funds, enhanced revenue payments, cobra payments, etc) are batched and posted to a cash receipts data entry journal from summaries prepared by the Accounting Department. *(See Cash Receipts section for description of procedures.)*

By the end of each month all entries are posted to the general ledger. The cash account is debited for the total of the monthly receipts.

Payroll Register

The payroll register is obtained from the payroll processing company, currently Checkwriters. The monthly payroll entries are obtained from the data in the payroll register. A spreadsheet is prepared monthly using the payroll register and the allocations recorded on time sheets by each employee. This spread sheet allocates amounts paid to employees to the program and site in which they worked. The summarized totals for each program and site are recorded to the general ledger from these reports.

General Ledger and General Journal Entries

Entries to the general ledger are posted monthly. The general ledger is printed monthly and filed for future reference.

Some journal entries consist of those that are recurring in nature. Entries are recorded first in a data entry file. Entries are batched according to type. Each data entry batch is automatically assigned a unique number by the computerized accounting system.

Correcting and/or adjusting entries are also posted monthly. Entries are recorded first on a data entry file. Entries are batched according to type. Each data entry batch is automatically assigned a unique number by the computerized accounting system.

Record Retention

Computerized/Electronic Records:

General Ledger / Financial records are maintained on Financial Edge which is a cloud-based software under a subscription service that also provides sophisticated security protocols, disaster recovery procedures and 24 hour system availability.

Non-computerized Records:

Accounting Records

- Bank statements and deposit slips = 7
- Expense reports = 7
- Subsidiary ledger (A/P & A/R) = 7
- Checks (payroll and general) = 7
- Payroll - reports, earnings records = 8
- Vouchers (vendors) = 7
- Mortgages, notes, leases (expired) = 8
- Tax returns and working papers = Permanent

- External Audit reports = Permanent

Corporate Records:

- Bylaws, charters, operating certificates, minutes, stock & bond records, checks (for taxes, property, important contracts, agreements, copyright & trademark registrations, deeds, labor agreements, patents, proxies, pension records = As laws require.
- Correspondence
 - General = 2
 - Legal & tax = Permanent or as required.
- Insurance
 - Expired policies = 3
 - Accident and fire inspection reports = 6
 - Group disability records, safety reports = 8
 - Claims (after settlement) = 10
- Personnel:
 - Expired contracts = 7
 - Timesheets = 7
 - Disability & sick benefits records, terminated personnel files = 7
 - Withholding tax statements = 7

Further, the Office of Management and Budget Circular A-133 requires all entities that receive federal funds to retain all documents associated with the funds for a minimum of three years. Similarly, because the health center receives funding from Medicare and Medicaid, these documents must be retained for a minimum of three years after the date of final settlement on that year's cost report. As a rule, the documents associated with Medicare and Medicaid should be retained for at least 5 years. This allows for the time lag between the submission of the cost reports and the settlements from the intermediaries.

Cash Disbursements

All disbursements are made out of one general operating account. Petty cash expended is reimbursed from the account monthly or upon request of the custodian of the petty cash fund. Petty cash expenses are recorded to the general ledger at the time of reimbursement.

Disbursement Procedures

All checks drawn by the health center must be reviewed and signed by the Chief Financial Officer or the Executive Director. In his/her absence, a signature stamp may

be used for essential disbursements provided a list of the checks so stamped is submitted for review. The signature stamp is kept in a locked cabinet at all times. Checks in the amount of \$10,000 or more require two signatures.

Pre-approval limits and requirements are detailed on page 28 under Purchasing Procedures.

A multipart check is prepared for disbursements paid from the general operating account. The bottom two-thirds of the check is sent as payment to vendors. The top portion of the check is stapled to the invoice to provide the health center with adequate documentation for payment of the expenditure. The detailed procedures related to the preparation, distribution, and retention of the disbursement vouchers are prescribed in the accounts payable section.

Bank account reconciliation is completed each month to ensure that all cash transactions are properly recorded, and that there are no unusual endorsements. The bank statement is downloaded electronically and is reconciled to the appropriate cash balance in the general ledger.

Petty Cash

The finance department maintains one petty cash fund. The fund is used for individual purchases. Receipts must be submitted to substantiate disbursements and attached to a completed petty cash reimbursement request. Transactions are recorded on the petty cash expenditures log.

The petty cash fund's balance is set so that it will normally be sufficient for a full month before it requires reimbursement. The fund is reimbursed either at the end of the month or whenever the fund's balance falls to a certain amount determined by the custodian of the account. Reimbursement is made from the general operating account upon submission of a requisition prepared by the custodian of the account. The requisition must include receipts or proper documentation for expenditures from the account.

The reimbursement check is drawn to the order of Petty Cash.

Cash Receipts

The health center receives various types of cash receipts on a daily basis. These include payments received via mail or electronic transfer such as contract revenue reimbursement, contributions, payment on patient accounts, electronic wire transfers such as Medicaid receipts and grant draw downs, as well as cash from patients and other miscellaneous items.

Drawdowns on Federal awards must;

1. Be done in manner that minimizes the time elapsing between the transfer of the Federal award funds from HRSA and the disbursement of these funds by the HCHC.
2. Be used for expenditures that are allowable in accordance with the terms and conditions of the Federal award and with the Federal Cost Principles in 45 CFR Part 75 Subpart E.
3. Be limited to minimum amounts needed to cover allowable project costs.

All advance payments on Federal awards must be deposited and maintained in insured accounts whenever possible and in interest-bearing accounts unless the following applies;

- a) HCHC receives less than \$120,000 in Federal awards per year.
- b) The best reasonably available interest-bearing account would not be expected to earn interest in excess of \$500 per year on Federal cash balances.
- c) The depository would require an average or minimum balance so high that it would not be feasible within the expected Federal and non-Federal cash resources.
- d) A foreign government or banking system prohibits or precludes interest bearing accounts.

Cash receipts procedures are established to insure that receipts are adequately safeguarded and properly deposited, that all receipts are properly recorded in the patient accounting records, and that receipts are identified in sufficient detail to facilitate preparation of the monthly financial reports.

Amounts received and prepared deposits are held in a locked cabinet at all times and deposits are made at least once weekly and more often when practical.

Cash Receipts – Mail or Billing

As the mail is sorted, checks are segregated and distributed to the appropriate departments. Third-party payments and patient payments received via mail are forwarded directly to the Billing Department, together with the Explanation of Benefits (EOB), for posting to patient accounts. All other checks are forwarded directly to the Finance Department.

Upon completion of each patient receipt posting batch, the designated person in the Billing Department forwards the checks in that batch to the Finance Department. Deposit slips are prepared in duplicate and are retained in the Finance Department. A check summary voucher, a copy of the register tape listing all checks in the batch, and a cover sheet showing the total of the batch and general ledger account is included.

The amount and account code indicated on the cover sheet is used to prepare the monthly billing cash receipts journal entry to the General Ledger.

Cash Receipts – Front Desk

Self-pay receipts (co-payments, deductibles, uninsured services) are received by the medical and dental front desks daily. Payments may be made using cash, check or a credit card.

The amount to be collected appears on the patient's electronic record. Front desk staff may enter the amount collected and the form of payment on their electronic patient record or manually record the amount collected.

At the end of each day, the staff member responsible for closing each front desk reconciles the cash receipts. A transmittal receipt is prepared in triplicate showing a breakdown of cash, check and credit card payments for that day. One copy is forwarded to the Finance Department with the payments, one copy is forwarded electronically to the Billing Department, and one copy is retained at the front desk.

A log is kept in the Finance Department to ensure that each day's cash receipts are received from the designated departments at all sites.

A person preparing the bank deposit may combine several days' front-desk cash receipts into a single deposit. Deposit slips are prepared in duplicate. One copy is included in the deposit to the bank and the other copy is retained in the Finance Department. The transmittal receipts, a copy of the register tape listing all checks, and a cover sheet showing the total of the batch and the general ledger account is retained in the Finance Department.

The amounts and account numbers indicated on the cover sheet are used to prepare the monthly front desk cash receipts journal entry to the General Ledger.

Cash Receipts – Miscellaneous

Other miscellaneous cash receipts include, but are not limited to, contract revenue reimbursements, contributions, COBRA payments, and enhanced fee payments. These checks are forwarded directly to the Finance Department for processing.

Checks are batched and prepared for deposit. Deposit slips are prepared in duplicate. One copy is included in the deposit to the bank and the other copy is retained in the Finance Department. A copy of the register tape listing all checks, and a cover sheet showing the total of the batch and the general ledger account is retained in the Finance Department.

The amounts and account numbers indicated on the cover sheet are used to prepare the monthly miscellaneous cash receipt journal entry for the General Ledger.

General Operating Account

This account is currently held by Florence Savings Bank, One Main Street, Florence, Massachusetts. Both manual and electronic transactions account for the monthly activity in the G.O.A. An excel spreadsheet is maintained to give an approximate current balance. Each month's beginning balance is adjusted to reflect the actual amount reconciled to the general ledger. If the balance in the G.O.A exceeds the amount reasonably needed for the operation of the Health Center, money is transferred to a money market account at Florence Savings Bank that earns higher interest. Funds from this money market account are transferred back to the general operating account as needed.

Other Non-Operating Revenue

On occasion, the health center receives other revenue unrelated to normal operations. This can include donations, pledges, or other non-operating receipts. Unless specifically designated for operating purposes, these funds are separated and deposited to one of the health centers designated or restricted bank accounts. Funds received in this manner are reported monthly to the Finance Committee.

Grant and Contracts Revenue and Receivable Procedures

Grants and contracts are managed based on specific instructions from each grantor or contract. Some advance funds and require progress reports for activities related to the funding. Funds received from these funding sources are recorded as deferred revenues until earned. Once funds are considered earned they are recorded by general ledger entry to the proper earned revenue account.

Other Grants or Contracts require that expenses be incurred before being reimbursed. These are vouchered on a regular schedule acceptable to the granting agency, in the format required. The vouchers could be monthly, quarterly or by some other agreed upon time line. The amounts of the vouchers are credited to the proper earned revenue account and debited to a receivable account. The proper code for the grant or contract is required to properly record the earned revenue. The revenue is also recorded to the proper department as some contracts fund more than one department or program. When payment is received, standard monthly journal entries are made to credit the proper receivable account and debit the general operating cash account.

Standard Journal Entries

Most journal Entries are recorded and posted monthly. Standard journal entries include: bank interest and fees, deposits, withdrawals, depreciation, and contracts vouchered to name a few. Adjusting or correcting entries are also posted each month. Gains or losses on investments are recorded and posted quarterly.

Journal entries are recorded first in excel spreadsheets. The entries are labelled to allow for tracing the entries in the accounting software. Each entry is assigned a number that includes the month and the number of the entry. An example would be G/L entry 10-06. This was done in October and is the sixth entry for that month. The backup documentation which supports the journal entry is also numbered similarly.

Once an entry is posted, all reports including backup are filed with all other general ledger entries for that month. These reports are kept for future reference, reconciliation and documentation.

COST PRINCIPLES

HCHC is responsible for the effective and efficient administration of Federal, state and private awards through the application of sound management practices and must comply with applicable cost principles as outlined in 45 CFR 75 subpart E.

COST ALLOCATION PLAN

Direct Cost Allocation:

Costs are allocated to programs on a direct basis whenever possible. Department Heads or their designees submit invoices and bills with their approval and confirm that the expense is for their departments. In cases where an expense is shared by departments/programs allocation methods have been developed to allocate expenses to the departments/programs that benefit from the costs. Following are the current allocation plans and methods used by the Health Center.

Payroll is the largest expense that needs to be allocated. Salaries and wages are allocated based on individuals actual time worked in each program. Each employee completes a bi-weekly electronic time sheet listing the hours and the department those hours were worked in. This information is then entered into an excel spreadsheet that is used to generate a monthly journal entry to allocate payroll expenses to the correct departments.

Cost Allocation for Internal Management:

There are many departments that support different segments of the Health Centers. The departments that are shared by different segments of the Center are:

Facilities/Maintenance for each site, Billing Office services which are shared by Medical, Dental and Mental Health Services (all billable services), Administration/Front desks at each main site and Overhead/Indirect which is shared by all services of the agency. Each department is used by more than one program and allocation plans have been

developed to allocate expenses to the programs based on what is considered fair and logical. Costs for these shared services are pooled into one cost center and then allocated to programs based on the following:

- a) Facilities costs are recorded in separate cost pools for each site. Any expenses related to overall building operation are considered shared services and recorded to these pools. Costs are then allocated monthly to each program based on the square footage occupied by each program in that building. This pool can contain non-facility costs that need to be distributed by square feet.
- b) Administration/Front Desk services are located at each main site and the services currently benefit two Departments/Programs at each site. These departments are Medical & Behavioral Health. Originally the Dental Department was part of the allocation, currently dental has its' own front desk, so no costs are allocated to dental. Administrative or Front Desk costs are allocated to the programs based on the annual visits in each program during the previous fiscal year.
- c) The billing office is one service that is shared by all sites, but not by all programs. The billing office services only benefit the programs that bill for patient services. For this reason the costs that are associated with the billing office are pooled and allocated based on visits or units of service provided for the month.
- d) Indirect/Overhead costs are costs that benefit the whole Center. These are costs such as salaries and associated costs of the Executive Office, Finance Department or Human Resources. These expenses are pooled and allocated based on the modified direct costs (excludes cost of subcontracts over \$25,000 in the base) of each program, sub-program or grant. Every program gets an even share allocated to it based on their direct expenses (with all other allocated expenses already included). This method allows each program to be allocated the same percentage of Indirect/Overhead costs as every other department in the Center.

These allocation methods are currently in place in the event that a managerial cost allocation is used, but are to be reviewed from time to time based on changes to programs, sites or need.

Regulatory Cost Allocation Methods:

Other methods as directed by regulatory agencies are used per their guidelines and requirements.

Procurement

HCHC general procurement standards;

- a) Procurement procedures reflect applicable federal and state regulations.
- b) HCHC maintains a written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts. This policy has 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. See copy of CONFLICT OF INTEREST POLICY with REGULATORY REFERENCE: 45 CFR 75.327 and 42 CFR Pt 51c.304 (b) attached as Appendix F.

No employee, officer, or agent may participate in the selection, award, or administration of a contract supported by a Federal award if he or she has a real or apparent conflict of interest. Such a conflict of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract. The officers, employees, and agents of HCHC may neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts. However, HCHC may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value. The standards of conduct must provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the non-Federal entity.

- c) HCHC's procurements must avoid acquisition of unnecessary or duplicative items. Consideration should be given to consolidating or breaking out procurements to obtain a more economical purchase. Where appropriate, an analysis will be made of lease versus purchase alternatives, and any other appropriate analysis to determine the most economical approach.
- d) HCHC encourages the use of entering into state and local intergovernmental agreements or inter-entity agreements where appropriate for procurement or use of common or shared goods and services.
- e) HCHC encourages the use of Federal excess and surplus property in lieu of purchasing new equipment and property whenever such use is feasible and reduces project costs.
- f) HCHC encourages the use of value engineering clauses in contracts for construction projects of sufficient size to offer reasonable opportunities for cost reductions. Value engineering is a systematic and creative analysis of each contract item or task to ensure that its essential function is provided at the overall lower cost.
- g) HCHC must award contracts only to responsible contractors possessing the ability to perform successfully under the terms and conditions of a proposed

procurement. Consideration will be given to such matters as contractor integrity, compliance with public policy, record of past performance, and financial and technical resources.

- h) HCHC must maintain records sufficient to detail the history of procurement. These records will include, but are not necessarily limited to the following: rationale for the method of procurement, selection of contract type, contractor selection or rejection, and the basis for the contract price.
- i) HCHC may use a time and materials type contract only after a determination that no other contract is suitable and if the contract includes a ceiling price that the contractor exceeds at its own risk.
 - 1) Time and materials type contract means a contract whose cost to a non-Federal entity is the sum of:
 - i. The actual cost of materials; and
 - ii. Direct labor hours charged at fixed hourly rates that reflect wages, general and administrative expenses, and profit.
 - 2) Since this formula generates an open-ended contract price, a time-and-materials contract provides no positive profit incentive to the contractor for cost control or labor efficiency. Therefore, each contract must set a ceiling price that the contractor exceeds at its own risk. Further, HCHC must assert a high degree of oversight in order to obtain reasonable assurance that the contractor is using efficient methods and effective cost controls.
- j) HCHC alone must be responsible, in accordance with good administrative practice and sound business judgment, for the settlement of all contractual and administrative issues arising out of procurements. These issues include, but are not limited to, source evaluation, protests, disputes, and claims. These standards do not relieve the non-Federal entity of any contractual responsibilities under its contracts. The HHS awarding agency will not substitute its judgment for that of the non-Federal entity unless the matter is primarily a Federal concern. Violations of law will be referred to the local, tribal, state, or Federal authority having proper jurisdiction.
- k) The type of procuring instruments used will be determined HCHC but shall be appropriate for the particular procurement and for promoting the best interest of the program or project involved.

Competition;

- a) All procurement transactions must be conducted in a manner providing full and open competition consistent with the standards of this section. In order to ensure objective contractor performance and eliminate unfair competitive advantage, contractors that develop or draft specifications, requirements, statements of work, or invitations for bids or requests for proposals must be excluded from competing for such procurements. Some of the situations considered to be restrictive of competition include but are not limited to:

- 1) Placing unreasonable requirements on firms in order for them to qualify to do business;
 - 2) Requiring unnecessary experience and excessive bonding;
 - 3) Noncompetitive pricing practices between firms or between affiliated companies;
 - 4) Noncompetitive contracts to consultants that are on retainer contracts;
 - 5) Organizational conflicts of interest;
 - 6) Specifying only a “brand name” product instead of allowing “an equal” product to be offered and describing the performance or other relevant requirements of the procurement; and
 - 7) Any arbitrary action in the procurement process.
- b) HCHC must conduct procurements in a manner that prohibits the use of statutorily or administratively imposed state, local, or tribal geographical preferences in the evaluation of bids or proposals, except in those cases where applicable Federal statutes expressly mandate or encourage geographic preference. Nothing in this section preempts state licensing laws. When contracting for architectural and engineering (A/E) services, geographic location may be a selection criterion provided its application leaves an appropriate number of qualified firms, given the nature and size of the project, to compete for the contract.
- c) HCHC must have written procedures for procurement transactions. These procedures must ensure that all solicitations:
- 1) Incorporate a clear and accurate description of the technical requirements for the material, product, or service to be procured. Such description must not, in competitive procurements, contain features which unduly restrict competition. The description may include a statement of the qualitative nature of the material, product or service to be procured and, when necessary, must set forth those minimum essential characteristics and standards to which it must conform if it is to satisfy its intended use. Detailed product specifications should be avoided if at all possible. When it is impractical or uneconomical to make a clear and accurate description of the technical requirements, a “brand name or equivalent” description may be used as a means to define the performance or other salient requirements of procurement. The specific features of the named brand which must be met by offers must be clearly stated; and
 - 2) Identify all requirements which the offerors must fulfill and all other factors to be used in evaluating bids or proposals.
 - 3) HCHC must ensure that all prequalified lists of persons, firms, or products which are used in acquiring goods and services are current and include enough qualified sources to ensure maximum open and free competition. Also, HCHC must not preclude potential bidders from qualifying during the solicitation period.

Procurement Procedures;

HCHC must use one of the following methods of procurement;

- a) Procurement by micro-purchases. Procurement by micro-purchase is the acquisition of supplies or services, the aggregate dollar amount of which does not exceed the micro-purchase threshold as defined by the Federal Acquisition Regulation (current threshold \$3,500). To the extent practicable, HCHC will distribute micro-purchases equitably among qualified suppliers. Micro-purchases may be awarded without soliciting competitive quotations provided the acquisition price is considered to be reasonable.
- b) Procurement by small purchase procedures. Small purchase procedures are those relatively simple and informal procurement methods for securing services, supplies, or other property that do not cost more than the Simplified Acquisition Threshold as defined by the Federal Acquisition Regulation (current thresholds greater than \$3,500 and less than or equal to \$150,000). If small purchase procedures are used, price or rate quotations must be obtained from an adequate number of qualified sources.
- c) Procurement by sealed bids (formal advertising). Bids are publicly solicited and a firm fixed price contract (lump sum or unit price) is awarded to the responsible bidder whose bid, conforming with all the material terms and conditions of the invitation for bids, is the lowest in price. The sealed bid method is the preferred method for procuring construction, if the conditions in paragraph (c)(1) of this section apply.
 1. In order for sealed bidding to be feasible, the following conditions should be present:
 - i. A complete, adequate, and realistic specification or purchase description is available;
 - ii. Two or more responsible bidders are willing and able to compete effectively for the business; and
 - iii. The procurement lends itself to a firm fixed price contract and the selection of the successful bidder can be made principally on the basis of price.
 2. If sealed bids are used, the following requirements apply:
 - i. Bids must be solicited from an adequate number of known suppliers, providing them sufficient response time prior to the date set for opening the bids, for local, and tribal governments, the invitation for bids must be publicly advertised;
 - ii. The invitation for bids, which will include any specifications and pertinent attachments, must define the items or services in order for the bidder to properly respond;
 - iii. All bids will be opened at the time and place prescribed in the invitation for bids;
 - iv. A firm fixed price contract award will be made in writing to the lowest responsive and responsible bidder. Where specified in

bidding documents, factors such as discounts, transportation cost, and life cycle costs must be considered in determining which bid is lowest. Payment discounts will only be used to determine the low bid when prior experience indicates that such discounts are usually taken advantage of; and

- v. Any or all bids may be rejected if there is a sound documented reason.
- d) Procurement by competitive proposals. The technique of competitive proposals is normally conducted with more than one source submitting an offer, and either a fixed price or cost-reimbursement type contract is awarded. It is generally used when conditions are not appropriate for the use of sealed bids. If this method is used, the following requirements apply:
- 1. Requests for proposals must be publicized and identify all evaluation factors and their relative importance. Any response to publicized requests for proposals must be considered to the maximum extent practical;
 - 2. Proposals must be solicited from an adequate number of qualified sources;
 - 3. HCHC must have a written method for conducting technical evaluations of the proposals received and for selecting recipients;
 - 4. Contracts must be awarded to the responsible firm whose proposal is most advantageous to the program, with price and other factors considered; and
 - 5. HCHC may use competitive proposal procedures for qualifications-based procurement of architectural/engineering (A/E) professional services whereby competitors' qualifications are evaluated and the most qualified competitor is selected, subject to negotiation of fair and reasonable compensation. The method, where price is not used as a selection factor, can only be used in procurement of A/E professional services. It cannot be used to purchase other types of services though A/E firms are a potential source to perform the proposed effort.
- e) Procurement by noncompetitive proposals. Procurement by noncompetitive proposals is procurement through solicitation of a proposal from only one source and may be used only when one or more of the following circumstances apply:
- 1. The item is available only from a single source;
 - 2. The public exigency or emergency for the requirement will not permit a delay resulting from competitive solicitation;
 - 3. The HHS awarding agency or pass-through entity expressly authorizes noncompetitive proposals in response to a written request from the non-Federal entity; or
 - 4. After solicitation of a number of sources, competition is determined inadequate.
- f) Contracting with small and minority businesses, women's business enterprises, and labor surplus area firms

1. HCHC must take all necessary affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible.
2. Affirmative steps must include:
 - i. Placing qualified small and minority businesses and women's business enterprises on solicitation lists;
 - ii. Assuring that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources;
 - iii. Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women's business enterprises;
 - iv. Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women's business enterprises;
 - v. Using the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce;
 - vi. Requiring the prime contractor, if subcontracts are to be let, to take the affirmative steps listed in paragraphs (2)(i) through (v) of this section.

g) Contract cost and price.

1. HCHC must perform a cost or price analysis in connection with every procurement action in excess of the Simplified Acquisition Threshold, (currently \$150,000) including contract modifications. The method and degree of analysis is dependent on the facts surrounding the particular procurement situation, but as a starting point, HCHC must make independent estimates before receiving bids or proposals.
2. HCHC must negotiate profit as a separate element of the price for each contract in which there is no price competition and in all cases where cost analysis is performed. To establish a fair and reasonable profit, consideration must be given to the complexity of the work to be performed, the risk borne by the contractor, the contractor's investment, the amount of subcontracting, the quality of its record of past performance, and industry profit rates in the surrounding geographical area for similar work.
3. Costs or prices based on estimated costs for contracts under the Federal award are allowable only to the extent that costs incurred or cost estimates included in negotiated prices would be allowable under CFR 75 subpart E.
4. The cost plus a percentage of cost and percentage of construction cost methods of contracting must not be used.

h) Bonding requirements.

1. For construction or facility improvement contracts or subcontracts exceeding the Simplified Acquisition Threshold, (currently \$150,000) the HHS awarding agency or pass-through entity may accept the bonding policy and requirements of the non-Federal entity provided that the HHS awarding agency or pass-through entity has made a determination that the Federal interest is adequately protected. If such a determination has not been made, the minimum requirements must be as follows:
 - i. A bid guarantee from each bidder equivalent to five percent of the bid price. The “bid guarantee” must consist of a firm commitment such as a bid bond, certified check, or other negotiable instrument accompanying a bid as assurance that the bidder will, upon acceptance of the bid, execute such contractual documents as may be required within the time specified.
 - ii. A performance bond on the part of the contractor for 100 percent of the contract price. A “performance bond” is one executed in connection with a contract to secure fulfillment of all the contractor's obligations under such contract.
 - iii. A payment bond on the part of the contractor for 100 percent of the contract price. A “payment bond” is one executed in connection with a contract to assure payment as required by law of all persons supplying labor and material in the execution of the work provided for in the contract.
 - iv. Where bonds are required in the situations described herein, the bonds shall be obtained from companies holding certificates of authority as acceptable sureties pursuant to 31 CFR part 223.

Additional Procurement Procedures;

Purchase orders are not used. Regular operating supplies are ordered by the designated person within each department and do not require prior approval. Additionally, a designated person within each department checks and confirms the accuracy and completeness of deliveries. Invoices are randomly audited by the Finance Department to ensure that orders are for normal operating supplies and do not require further approval.

Requests for purchases of items that cost more than \$500 and which are not considered regular operating supplies must be submitted on a Purchase Requisition form. (See *Appendix C*) All other non-regular purchases can be submitted either on a Purchase Requisition or a Check Request form (See *Appendix D*). The purchase can be made when proper approval for the purchase has been received. See below for guidelines of required approvals based on the cost of the purchase. In most cases the purchase will be for a specific department who will then arrange the purchase. The Finance Department offers assistance and guidance whenever needed.

Payment arrangements need to be made in advance, as the health center cannot accept C.O.D. shipments.

Required signature authorizations on purchase requests for different levels of purchases are as follows:

| <u>PURCHASE</u> | <u>REQUIRED SIGNATURES/APPROVALS</u> |
|---------------------|--|
| Up to \$500 | Dept. Head or Designee signature only |
| \$501 to \$5,000 | Dept. Head and CEO or CFO |
| \$5,001 to \$10,000 | Dept. Head and CEO and CFO. |
| \$10,001 & over | CEO, CFO and Finance Committee or Chair of BOD |

Travel Reimbursement Procedures

HCHC will reimburse employees for business-related travel. The amount of reimbursement per mile is determined by the Finance Committee or Board and is subject to change. Mileage Reimbursement Requests (*See appendix E*) must be completed and signed by the employee and the employee's supervisor and submitted to the Finance Department for payment. Expenses for transportation, parking, tolls, hotels, food incurred as part of a business related trip and other related travel expenses are considered reimbursable if they comply with the Health Center travel policy as established by the Personnel Committee and listed in the Personnel Policies Handbook.

Reimbursement for travel-related expenses requires documentation of the expenditure through third-party receipts or other verifiable documentation.

For local travel, an employee who uses his or her own vehicle will be reimbursed upon completion of a Mileage Reimbursement Request. (*Refer to Appendix E*) The employee's immediate supervisor must approve the request. Reimbursement will be at the current mileage rate established by the Finance Committee. Receipts must be presented for reimbursement of other related travel expenses, such as tolls and parking.

Overnight travel will be reimbursed, or pre-paid when required, using a Check Request Form. Payments will be limited to the cost of transportation, hotel accommodations, transfers to and from the destination (taxi or bus fares, etc.) and any other items determined to be travel related. The employee's immediate supervisor must approve the check request. Receipts or other verifiable documentation must accompany the request.

Continuing Education Reimbursement Procedures

The health center pays for continuing education and related travel expenses provided such education is relevant to the employee's responsibilities and is deemed beneficial to the health center.

Request for reimbursement, or pre-payment when required, must be submitted on a Check Request Form and approved by the employee's immediate supervisor. Third-party receipts or supporting documentation must accompany the request.

Certain direct care providers receive stipulated amounts based on their current contracts. Approval of continuing education expenses for all other staff is outlined in the Personnel Policies Handbook or at the discretion of the employee's immediate supervisor.

Accounts Payable Procedures

The health center maintains its accounting records on an accrual basis of accounting.

The Finance Department maintains copies of receiving reports. Approval must appear on the receiving report by the receiving employee attesting that the goods were received and meet specification. These documents are used to establish the propriety of payments on vendor's invoices. Upon the receipt of the invoice, the invoice is compared with the supporting documentation. Finance prepares the payment voucher and records an entry in the Accounts Payable module of the financial software debiting an asset or expense account and crediting the accounts payable account.

A payment voucher is not prepared for an open invoice until the invoice presented for payment has been matched to the approved receiving report. In the absence of a receiving report, approval may be given directly on the invoice.

Invoices for consultants and other services are approved by appropriate personnel.

Standard recurring expenses do not require supervisory approval; however, all expenses are reviewed by the Accounts Payable Manager or Chief Financial Officer prior to payment.

Travel expenses are reimbursed upon submission of a Mileage Reimbursement Request or a Check Request as appropriate. Requests must be supported by receipts and approved by the employee's immediate supervisor.

Reimbursement of miscellaneous expenses incurred on behalf of the Health Center is issued upon submission of a Check Request. Requests must be supported by receipts and approved by the employee's immediate supervisor

Upon receipt of a vendor's invoice, the receiving report on file is matched with the invoice. Approved invoices are assigned an account code and submitted to the Accounts Payable Manager for review and approval. Invoices are entered into the financial software system daily. The software system automatically assigns a unique reference number to each invoice as it is entered and a unique batch number to each batch of invoices. The reference number is written on the invoice for later identification. The batch is held until intentionally released for posting to the General Ledger. Entered invoices are then filed alphabetically.

Check Preparation

The check is a multi-part form containing the check and additional accounting information such as vendor identification, invoice number, invoice date, purchase price and invoice description.

Multiple invoices for a single vendor may be combined in one check.

Each check run is automatically assigned a unique check batch number by the software system. A batch report for each check run is printed and retained in the Finance Department.

Checks are printed weekly. Additional checks may be issued in the case of emergency or as determined by the Finance Department.

The Chief Financial Officer may review the supporting documentation before signing checks.

Payment Procedures

The bottom 2/3 of the check is mailed to the vendor for payment, together with remittance copies as may be requested by the vendor. The top portion of the check is attached to the related invoices and supporting documentation and filed alphabetically by vendor in the Finance Department.

Check not cleared

If a check is not cleared after 120 days, the payee will be notified in writing with suggested options for resolving the final distribution of funds.

Lost Checks

Lost checks will be re-issued upon written request by the payee.

Monthly Management Reports

Upon completion of all monthly journal entries, financial reports are generated from the accounting software system. The reports include balance sheet and income statement reports. The reports are reviewed by the Chief Financial Officer prior to distribution to the Chief Executive Officer, Finance Committee, Board of Directors, and Department Heads. Reports are usually run by the fifteenth of each month so as to be ready for the monthly Finance Committee meeting.

Payroll Procedures

Payroll is based upon time sheets electronically prepared by each employee. If an employee works in more than one department/program, he or she must indicate the number of hours spent on each.

Time sheets are generated bi-weekly with a beginning date of Monday and an ending date of the following Sunday. Checks are issued bi-weekly by the payroll service, currently Checkwriters. There are normally 26 pay periods annually.

The Human Resources Department maintains all personnel records. Hilltown Community Health Centers, Inc. is an at-will employer committed to non-discrimination & affirmative action. All transactions pertaining to personnel are documented with the Personnel Action Form being the most used of all personnel forms. The Personnel Policies Handbook details personnel procedures, benefits and other pertinent personnel information.

Employees' vacation, sick, personal and accrued holiday time is tracked through the payroll systems and appears on each check stub. Benefit leave for each employee is pro-rated based on the customary number of hours worked. (For a detailed explanation of benefits, refer to the Personnel Policies Handbook.)

Employees may voluntarily contribute to United Way through payroll deductions.

Employees may contribute to a tax-deferred 403b retirement annuity. Contributions are voluntary. Matching contributions by the Health Center, in any, are determined annually for eligible employees.

At the end of each 2-week pay period, employees electronically submit their timesheet. Managers then electronically approve timesheets. Once all timesheets have been approved by a manager, the Finance Department transfers the information and prints copies of each timesheet. Timesheets and a draft copy of the payroll register are reviewed by the approved staff before final submission to the payroll company.

For each pay period, payroll costs are entered into payroll and tax journals that are posted to the general ledger at month's end. Payroll allocation of employees time is determined by the department/program entered on their timesheet.

United Way pledge forms are made available annually. The HR and /or Finance Department keeps copies of the signed pledge forms. The total United Way contribution for each pay period is recorded in the payroll journal and is posted to the general ledger at month's end. At the end of each month, a check request is processed and a check issued totaling the payroll deductions that month.

The Human Resource Department keeps copies of enrollments in the tax-deferred retirement annuity. Contributions are forwarded to the managing agency each pay period. The contribution list is submitted electronically; payment is made by via electronic withdrawal from the operating account.

Payroll Reports Maintained

1. Payroll register that identifies gross pay, less deductions and net pay by employee per pay period. Prepared by payroll service and held in Finance.
2. Check register. Prepared by payroll service and held in Finance.
3. Employees' earnings records that identifies cumulative gross pay and cumulative deductions and net pay for individual employees. Prepared by payroll service and held in Finance.
4. Available vacation leave, sick leave, personal hours and accrued holiday hours per employee. Prepared by payroll service and held in the Human Resources Department.
5. Individual contributions to the health center's tax-deferred retirement annuity. Report from payroll service and transmission report prepared by Finance.
6. Quarterly IRS Form 941. Prepared by payroll service and held in Finance.
7. 1099 Forms. Prepared by Finance.
8. Payroll distribution reports documenting gross payroll for each employee and the program in which they worked.

Accounting for Fixed Assets

Items which have a useful life of more than one year and a cost of \$5,000 or more are considered capital items or fixed assets. These items must meet the guidelines set out in the Purchasing Procedures outlined above. These items are depreciated in a straight-line method based on current acceptable depreciation guidelines, acceptable useful lives and approved by our annual financial audit.

Purchased items are recorded on a spread sheet each fiscal year. The spreadsheet records the date and item purchased, the vendor from which it was purchased, cost, account to which it was coded and any other information considered pertinent. Depreciation is recorded based on our interpretation of current guidelines and is adjusted as determined at time of the annual audit. Items are assigned a unique number used to identify the item when physical inventories are completed. Physical inventories are completed and documented at least every two years. The physical inventory matches the item to the inventory record and notes the location of the item. All discrepancies must be resolved.

When a fixed asset is retired, it is removed by netting the original value against the depreciation to determine any net loss. If the asset is sold, the amount from the sale is

added to the net value at disposal and any difference is recorded as a gain or loss on the asset sold, whichever is appropriate.

As required by Federal awarding agencies, HCHC will submit reports on the status of Real Property in which the Federal Government retains an interest.

Patient Revenue and Receivable Process

Reports are generated monthly by the Billing Department. The reports detail charges, receipts, adjustments and bad debt for patient receivables. Each set of monthly reports includes a reconciliation of receivable balances which matches the amounts on the patient receivable systems. An input sheet of all transactions is prepared using these reports and is entered into the general ledger. Copies of all pertinent reports are attached to the input sheet for documentation of the monthly entries. See cash receipts section for how patient receipts are handled and recorded.

Liquidity Management

HCHC will review and quantify the available resources on hand to meet cash needs for expenditures within one year and communicate qualitative and quantitative information regarding liquidity. The result of the review process, i.e. the Liquidity Plan will determine how liquid assets are managed to meet cash needs for general expenditures within one year following the balance sheet date.

HCHC's Liquidity Management Plan will consider the following items;

1. Determining the amount of cash and short-term investments to keep on hand to meet 60 days of operating expense (how is the organization going to structure its financial assets to ensure they are available).
2. Identifying the average monthly operating expenses.
3. Consider investing any excess daily cash balances not needed to meet current general operating expenses.
4. Appropriate use of the line of credit to cover cash short-falls.
5. Ensuring the timely collection of receivables.
6. Consideration of contractual obligations, covenants, or donor restrictions that would limit the availability of resources to meet operating expenses in the next year.

In compliance with FASB ASU 2016-14 HCHC will consider and if required implement and disclose the following:

1. Present on the face of the statement of financial position amounts for two classes of net assets at the end of the period, That is, HCHC will report amounts for net assets with donor restrictions and net assets without donor restrictions, as well as the currently required amount for total net assets.
2. Present on the face of the statement of activities the amount of the change in each of the two classes of net assets. HCHC will continue to report the currently required amount of the change in total net assets for the period.
3. Continue to present on the face of the statement of cash flows the net amount for operating cash flows using either the direct or indirect method of reporting but no longer require the presentation or disclosure of the indirect method (reconciliation) if HCHC were to use the direct method.
4. Provide the following enhanced disclosures about:
 - a. Amounts and purposes of governing board designations, appropriations, and similar actions that result in self-imposed limits on the use of resources without donor-imposed restrictions as of the end of the period.
 - b. Composition of net assets with donor restrictions at the end of the period and how the restrictions affect the use of resources.
 - c. Qualitative information that communicates how HCHC manages its liquid resources available to meet cash needs for general expenditures within one year of the balance sheet date.
 - d. Quantitative information, either on the face of the balance sheet or in the notes, and additional qualitative information in the notes as necessary, that communicates the availability HCHC's financial assets at the balance sheet date to meet cash needs for general expenditures within one year of the balance sheet date. Availability of a financial asset may be affected by (1) its nature, (2) external limits imposed by donors, grantors, laws, and contracts with others, and (3) internal limits imposed by governing board decisions.
 - e. Amounts of expenses by both their natural classification and their functional classification. That analysis of expenses is to be provided in one location, which could be on the face of the statement of activities, as a separate statement, or in notes to financial statements.
 - f. Method(s) used to allocate costs among program and support functions.
 - g. Underwater endowment funds, which include required disclosures of (1) HCHC's policy, and any actions taken during the period, concerning appropriation from underwater endowment funds, (2) the aggregate fair value of such funds, (3) the aggregate of the original gift amounts (or level required by donor or law) to be maintained, and (4) the aggregate amount by which funds are underwater (deficiencies), which are to be classified as part of net assets with donor restrictions.
5. Report investment return net of external and direct internal investment expenses and no longer require disclosure of those netted expenses.
6. Use, in the absence of explicit donor stipulations, the placed-in-service approach for reporting expirations of restrictions on gifts of cash or other assets to be used

to acquire or construct a long-lived asset and reclassify any amounts from net assets with donor restrictions to net assets without donor restrictions for such long-lived assets that have been placed in service as of the beginning of the period of adoption (thus eliminating the current option to release the donor-imposed restriction over the estimated useful life of the acquired asset).

Regulatory Reporting

Systems and reports have been established to help the health center comply with all regulatory reporting. Many reports are required of the health center and all reports require different formats to report the information. The accounting system has been developed to allow for the different reporting formats and must include;

- a) Identification, in its accounts, of all Federal awards received and expended and the Federal programs under which they were received. Federal program and Federal award identification must include, as applicable, the CFDA title and number, Federal award identification number and year, name of the HHS awarding agency, and name of the pass-through entity, if any.
- b) Accurate, current, and complete disclosure of the financial results of each Federal award or program in accordance with the reporting requirements set forth in §§75.341 and 75.342. If an HHS awarding agency requires reporting on an accrual basis from a recipient that maintains its records on other than an accrual basis, the recipient must not be required to establish an accrual accounting system. This recipient may develop accrual data for its reports on the basis of an analysis of the documentation on hand. Similarly, a pass-through entity must not require a subrecipient to establish an accrual accounting system and must allow the subrecipient to develop accrual data for its reports on the basis of an analysis of the documentation on hand.
- c) Records that identify adequately the source and application of funds for federally-funded activities. These records must contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, expenditures, income and interest and be supported by source documentation.
- d) Effective control over, and accountability for, all funds, property, and other assets. The non-Federal entity must adequately safeguard all assets and assure that they are used solely for authorized purposes.
- e) Comparison of expenditures with budget amounts for each Federal award.
- f) Written procedures to implement the requirements of §75.305.
- g) Written procedures for determining the allowability of costs in accordance with subpart E of this part and the terms and conditions of the Federal award.

The major reports which are required include:

Annual, Federal Uniform Data System (UDS) Report
Annual audit in accordance with Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards
45 (CFR) Part 75
Annual grant year Federal Financial Status Report (FSR)
State annual Uniform Financial Report (UFR)
IRS Tax Form 990
State tax Form PC
Federal cash draw down quarterly report PSC-272
Medicare annual cost report
Medicaid annual cost report
The system also allows for grant reporting, salary surveys and other numerous reports which may be required from time to time. These include the annual Federal 330 grant budget renewal, DPH annual contract budget adjustments and various local and private grants.

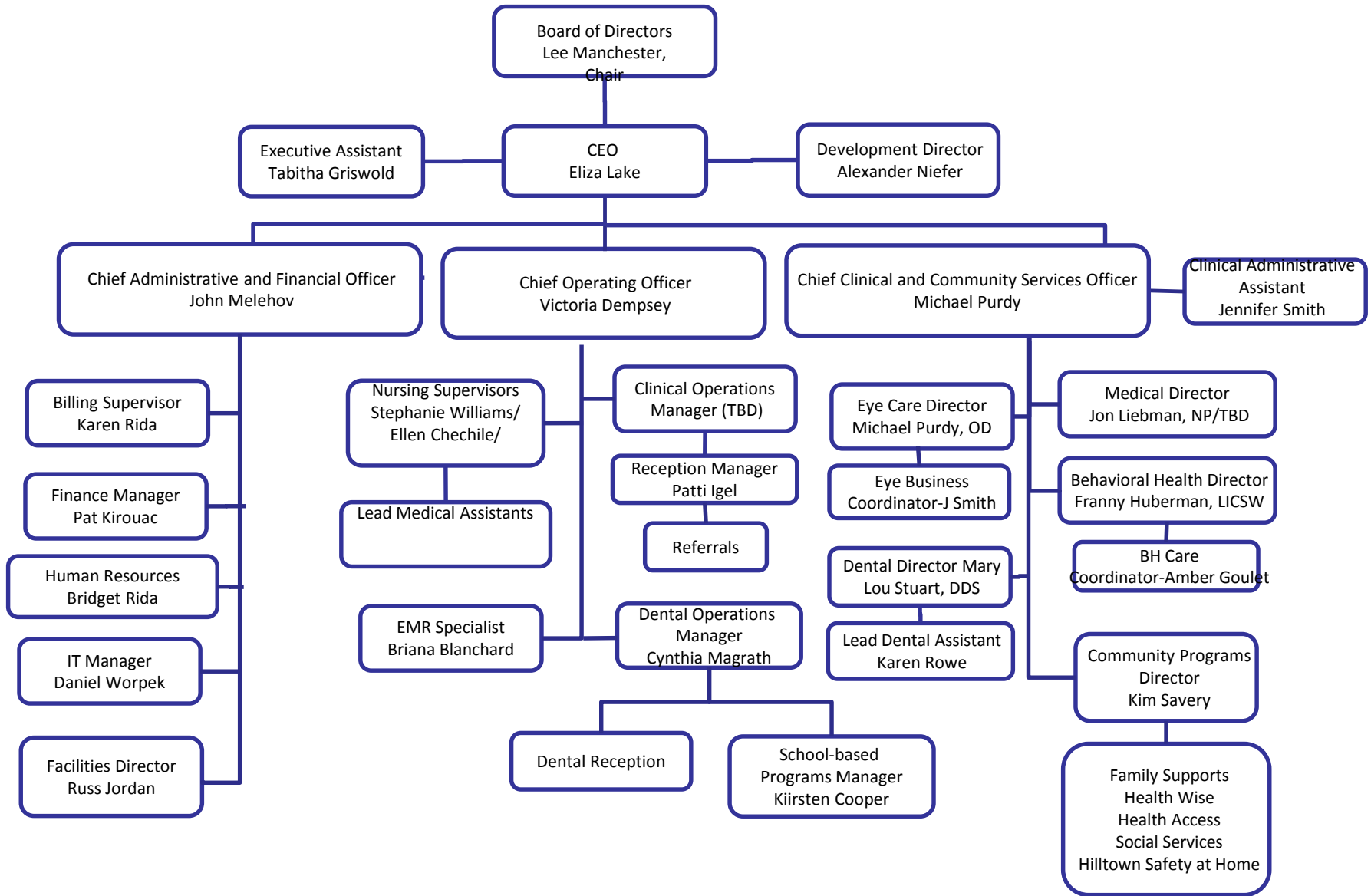
Annual Fiscal Audit Requirements

- a)
- HCHC must provide for and submit an independent annual financial audit that is conducted in accordance with Generally Accepted Accounting Principles (GAAP) and the applicable requirements prescribed in 45 CFR Part 75 Subpart F. HCHC must promptly follow up and take corrective action on audit findings, including preparation of a summary schedule of prior audit findings and a corrective action plan in accordance with 45 CFR 75.511 Auditor procurement;
- In procuring audit services, the procurement standards prescribed under this policy must be adhered to, as applicable. When procuring audit services, the objective is to obtain high-quality audits. In requesting proposals for audit services, the objectives and scope of the audit must be made clear and HCHC must request a copy of the audit organization's peer review report which the auditor is required to provide under GAGAS. Factors to be considered in evaluating each proposal for audit services include the responsiveness to the request for proposal, relevant experience, availability of staff with professional qualifications and technical abilities, the results of peer and external quality control reviews, and price. Whenever possible, HCHC must make positive efforts to utilize small businesses, minority-owned firms, and women's business enterprises, in procuring audit services, as applicable.
- b) *Restriction on auditor preparing indirect cost proposals.*
An auditor who prepares the indirect cost proposal or cost allocation plan may not also be selected to perform the audit required by this part when the indirect costs recovered by the auditee during the prior year exceeded \$1 million. This restriction applies to the base year used in the preparation of the indirect cost

- proposal or cost allocation plan and any subsequent years in which the resulting indirect cost agreement or cost allocation plan is used to recover costs.
- c) HCHC Board of Director involvement in selection of auditor;
Annually the HCHC Board of Directors will review and appoint the Auditor based upon the procurement standards.

APPENDIX A

ORGANIZATIONAL CHART



APPENDIX B1 & B2

**CHART OF ACCOUNTS
AND
SUB ACCOUNT SEGMENTS**

Hilltown Community Health Centers

Appendix B-1

Standard Chart of Accounts

| Acct Class/ No. | Account Description |
|------------------------|---|
| 01-10300-00 | REGULAR CHECKING |
| 01-10350-00 | MONEY MARKET |
| 01-10355-00 | CAPITAL RESERVE MONEY MARKET |
| 01-10356-00 | JOHN P MUSANTE CAPITAL CAMPAIGN ACCOUNT |
| 01-10400-00 | PEOPLES BANK |
| 01-10500-00 | PETTY CASH |
| 01-10510-00 | CHANGE FUNDS |
| 01-10510-01 | CHANGE FUNDS |
| 01-10510-02 | CHANGE FUNDS |
| 01-10510-04 | CHANGE FUNDS |
| 01-10520-00 | CREDIT CARD CLEARING ACCOUNT |
| 01-11100-00 | A/R - ECW |
| 01-11101-00 | A/R DENTRIX |
| 01-11101-01 | A/R DENTRIX |
| 01-11101-02 | A/R DENTRIX |
| 01-11101-03 | A/R DENTRIX |
| 01-11102-00 | ECW/AR PAYMENT |
| 01-11103-00 | DENTRIX/AR PAYMENT |
| 01-11105-00 | A/R 340B PROGRAM-PHARMACIST |
| 01-11110-00 | A/R 340B PROGRAM-STATE |
| 01-11115-00 | A/R - GRANTS |
| 01-11120-00 | A/R - OTHER |
| 01-11125-00 | A/R - FEDERAL GRANT |
| 01-11200-00 | LESS: DOUBTFUL ACCOUNTS - ECW |
| 01-11205-00 | LESS: DOUBTFUL ACCOUNTS - DENTRIX |
| 01-11210-00 | CONTRACTUAL ALLOWANCE RESERVE - ECW |
| 01-11220-00 | CONTRACTUAL ALLOWANCE RESERVE - DENTRIX |
| 01-12000-00 | GIFT IN KIND |
| 01-12010-00 | PLEDGE PAYMENT - IN KIND |
| 01-13200-00 | PREPAID EXPENSES |
| 01-13210-00 | PREPAID INSURANCE |
| 01-13400-00 | PREPAID HEALTH INSURANCE |
| 01-13410-00 | PREPAID VISION INSURANCE |
| 01-13500-00 | PREPAID DENTAL INSURANCE |
| 01-13600-00 | PREPAID DISABILITY & LIFE INS. |
| 01-13700-00 | PREPAID WORKMANS' COMP |
| 01-13800-00 | MASS UNEMPLOYMENT TAX ESCROW |

Hilltown Community Health Centers

Appendix B-1

Standard Chart of Accounts

| Acct Class/ No. | Account Description |
|------------------------|-------------------------------|
| 01-15000-00 | PHARMACY INVENTORY |
| 01-15000-01 | PHARMACY INVENTORY |
| 01-15500-02 | OPTICAL INVENTORY |
| 01-16100-02 | LAND HHC |
| 01-16102-01 | LAND WHC |
| 01-16200-01 | BUILDING |
| 01-16200-02 | BUILDING |
| 01-16202-02 | BLDG LOAN FEES - CAPITAL PROJ |
| 01-16250-01 | LESS ACCUM DEPR |
| 01-16250-02 | LESS ACCUM DEPR |
| 01-16252-02 | ACCUM. AMORTIZATION |
| 01-16300-01 | BUILDING IMPROVEMENTS |
| 01-16300-02 | BUILDING IMPROVEMENTS |
| 01-16300-04 | BUILDING IMPROVEMENTS |
| 01-16350-01 | LESS ACCUM DEPR |
| 01-16350-02 | LESS ACCUM DEPR |
| 01-16350-04 | LESS ACCUM DEPR |
| 01-16400-04 | LEASEHOLD IMPROVEMENTS |
| 01-16450-04 | LESS ACCUM DEPR LEASEHLD IMP |
| 01-16500-00 | FURNITURE & FIXTURES |
| 01-16500-01 | FURNITURE & FIXTURES |
| 01-16500-02 | FURNITURE & FIXTURES |
| 01-16500-03 | FURNITURE & FIXTURES |
| 01-16500-04 | FURNITURE & FIXTURES |
| 01-16500-05 | FURNITURE & FIXTURES |
| 01-16510-00 | STATE EQUIPMENT |
| 01-16510-01 | STATE EQUIPMENT |
| 01-16510-02 | STATE EQUIPMENT |
| 01-16510-03 | STATE EQUIPMENT |
| 01-16510-04 | STATE EQUIPMENT |
| 01-16550-00 | LESS ACCUM DEPR FURN & EQUIP |
| 01-16550-01 | LESS ACCUM DEPR FURN & EQUIP |
| 01-16550-02 | LESS ACCUM DEPR FURN & EQUIP |
| 01-16550-03 | LESS ACCUM DEPR FURN & EQUIP |
| 01-16550-04 | LESS ACCUM DEPR FURN & EQUIP |
| 01-16560-00 | LESS ACCUM DEPR STATE |
| 01-16560-01 | LESS ACCUM DEPR STATE |

Hilltown Community Health Centers

Appendix B-1

Standard Chart of Accounts

| Acct Class/ No. | Account Description |
|-----------------------------------|---|
| 01-16560-02 | LESS ACCUM DEPR STATE |
| 01-16560-03 | LESS ACCUM DEPR STATE |
| 01-16560-04 | LESS ACCUM DEPR STATE |
| 01-16599-00 | CONSTRUCTION IN PROGRESS |
| 01-16599-01 | CONSTRUCTION IN PROGRESS |
| 01-16599-02 | CONSTRUCTION IN PROGRESS |
| 01-16599-03 | CONSTRUCTION IN PROGRESS |
| 01-16599-04 | CONSTRUCTION IN PROGRESS |
| 01-18220-00 | INVESTMENT VANGUARD |
| 01-18250-00 | WADDELL & REED FUND |
| 01-18410-00 | FARMERS HOME ADMIN ESCROW in Restricted Account |
| 01-18420-00 | COMMONWEALTH MONEY MARKET FUND |
| 01-18440-00 | FLORENCE SAVINGS RESTRICTED |
| 01-18450-00 | UNITED BANK BS.CAPITAL GROWTH |
| 04-18440-00 | (Don't use) FLORENCE SAVINGS RESTRICTED |
| A/R - Pledges | |
| 01-11130-00 | A/R - PLEDGES RECEIVABLE |
| 01-11135-00 | A/R - MATCHING GIFT PLEDGE |
| A/R - Stock | |
| 01-12005-00 | STOCK |
| Total A/R - Stock | |
| Total Assets | |
| Liabilities and Net Assets | |
| Liabilities | |
| 01-22100-00 | ACCOUNTS PAYABLE |
| 01-22110-00 | A/P OTHER |
| 01-22350-00 | NOTES PAYABLE |
| 01-23000-00 | ACCRUED EXPENSES - CREDIT CARD |
| 01-24100-00 | FED TAX W/H |
| 01-24200-00 | FICA TAX W/H |
| 01-24250-00 | PFMLA TAX W/H |
| 01-24300-00 | STATE TAX W/H |

Hilltown Community Health Centers

Appendix B-1

Standard Chart of Accounts

| Acct Class/ No. | Account Description |
|--------------------------|---|
| 01-24400-00 | TSA WITHDRAWALS |
| 01-24450-00 | 403B EMPLOYEE LOAN |
| 01-24500-00 | FLEXIBLE SPENDING BENEFIT |
| 01-25100-00 | UNEMPLOYMENT ESCROW |
| 01-25600-00 | UNITED WAY PAYROLL DEDUCTION |
| 01-25900-00 | SALES TAX PAYABLE |
| 01-25900-01 | SALES TAX PAYABLE |
| 01-25900-02 | SALES TAX PAYABLE |
| 01-25900-04 | SALES TAX PAYABLE |
| 01-26000-00 | ACCRUED EXPENSES |
| 01-26010-00 | ACCRUED SALARIES/PAYROLL |
| 01-26020-00 | ACCRUED FICA PAYABLE |
| 01-26025-00 | ACCRUED PFMLA TAX |
| 01-26030-00 | ACCRUED VACATION |
| 01-26035-00 | ACCRUED HOLIDAY PAY |
| 01-26040-00 | ACCRUED VACATION FICA |
| 01-26045-00 | ACCRUED HOLIDAY FICA |
| 01-28100-00 | MORTGAGE-HUNTINGTON |
| 01-28110-00 | UNITED BANK MORTGAGE HUNTG |
| 01-28120-00 | MORTGAGE PMTS CDBG WORTHINGTON |
| 01-28130-00 | LINE OF CREDIT |
| 01-29400-00 | DEFERRED REVENUE |
| 01-29405-00 | DENTRIX SUSPENDED CREDITS |
| Total Liabilities | |
| Net Assets | |
| 01-30000-00 | FUND BALANCE-UNRESTRICTED |
| 01-30000-01 | FUND BALANCE-UNRESTRICTED |
| 01-30000-02 | FUND BALANCE-UNRESTRICTED |
| 01-30000-03 | FUND BALANCE-UNRESTRICTED |
| 01-30000-04 | FUND BALANCE-UNRESTRICTED |
| 01-30000-05 | FUND BALANCE-UNRESTRICTED |
| 01-30001-00 | FUND BALANCE - TEMPORARILY RESTRICTED |
| 01-30002-00 | FUND BALANCE - BOARD OF DIRECTORS |
| 01-30003-00 | FUND BALANCE - PERMANENTLY RESTRICTED |
| 02-30000-00 | (Don't use) FUND BALANCE - TEMPORARILY RESTRICTED |
| 03-30000-00 | (Don't use) FUND BALANCE - BOARD OF DIRECTORS |

Hilltown Community Health Centers

Appendix B-1

Standard Chart of Accounts

| Acct Class/ No. | Account Description |
|------------------------|----------------------------|
|------------------------|----------------------------|

| | |
|-------------|---|
| 04-30000-00 | (Don't use) FUND BALANCE - PERMANENTLY RESTRICTED |
|-------------|---|

Total Net Assets

Total Liabilities and Net Assets

Revenues

| | |
|-------------|---|
| 01-40000-01 | MEDICARE PATIENT REVENUE |
| 01-40000-02 | MEDICARE PATIENT REVENUE |
| 01-40000-03 | MEDICARE PATIENT REVENUE |
| 01-40000-04 | MEDICARE PATIENT REVENUE |
| 01-40050-01 | MASS HEALTH PCC PATIENT REVENUE |
| 01-40050-02 | MASS HEALTH PCC PATIENT REVENUE |
| 01-40050-03 | MASS HEALTH PCC PATIENT REVENUE |
| 01-40050-04 | MASS HEALTH PCC PATIENT REVENUE |
| 01-40100-01 | CONNECTOR/COMMONWEALTH CARE PATIENT REVENUE |
| 01-40100-02 | CONNECTOR/COMMONWEALTH CARE PATIENT REVENUE |
| 01-40100-03 | CONNECTOR/COMMONWEALTH CARE PATIENT REVENUE |
| 01-40100-04 | CONNECTOR/COMMONWEALTH CARE PATIENT REVENUE |
| 01-40150-01 | HEALTH SAFETY NET PATIENT REVENUE |
| 01-40150-02 | HEALTH SAFETY NET PATIENT REVENUE |
| 01-40150-03 | HEALTH SAFETY NET PATIENT REVENUE |
| 01-40150-04 | HEALTH SAFETY NET PATIENT REVENUE |
| 01-40200-01 | MASS HEALTH MCO PATIENT REVENUE |
| 01-40200-02 | MASS HEALTH MCO PATIENT REVENUE |
| 01-40200-03 | MASS HEALTH MCO PATIENT REVENUE |
| 01-40200-04 | MASS HEALTH MCO PATIENT REVENUE |
| 01-40250-01 | MANAGED CARE PATIENT REVENUE |
| 01-40250-02 | MANAGED CARE PATIENT REVENUE |
| 01-40250-03 | MANAGED CARE PATIENT REVENUE |
| 01-40250-04 | MANAGED CARE PATIENT REVENUE |
| 01-40300-01 | COMMERCIAL INSURANCE PATIENT REVENUE |
| 01-40300-02 | COMMERCIAL INSURANCE PATIENT REVENUE |
| 01-40300-03 | COMMERCIAL INSURANCE PATIENT REVENUE |
| 01-40300-04 | COMMERCIAL INSURANCE PATIENT REVENUE |
| 01-40350-01 | MEDICAID/DENTAL PATIENT REVENUE |
| 01-40350-02 | MEDICAID/DENTAL PATIENT REVENUE |
| 01-40350-03 | MEDICAID/DENTAL PATIENT REVENUE |

Hilltown Community Health Centers

Appendix B-1

Standard Chart of Accounts

| Acct Class/ No. | Account Description |
|------------------------|---------------------------------|
| 01-40350-04 | MEDICAID/DENTAL PATIENT REVENUE |
| 01-40500-01 | SELF PAY PATIENT REVENUE |
| 01-40500-02 | SELF PAY PATIENT REVENUE |
| 01-40500-03 | SELF PAY PATIENT REVENUE |

Appendix B-2 Chart of Sub-Accounts

HILLTOWN COMMUNITY HEALTH CENTERS, INC. CHART OF SUB-ACCOUNTS

| FUND | ACCOUNT # | LOCATION | DEPARTMENT |
|------|-----------|-----------|---|
| 01 | 5 digits | 00 - None | 99 - None |
| | | 01 - WHC | 01 - Medical |
| | | 02 - HHC | 02 - Oral Health |
| | | 03 - SBHC | 03 - Behavioral Health |
| | | 04 - AHC | 04 - Optometry |
| | | 04 - COMM | 05 - School - Based (not used any longer) |
| | | | 06 - Community |
| | | | 07 - Admin/Indirect |
| | | | 08 - Billing |
| | | | 09 - Facilities |
| | | | 10 - Fundraising |
| | | | 11 - Podiatry |
| | | | 12 - Laboratory |
| | | | 13 - Physical Therapy |

*NOTES: Department Code 99 can be used with Account #'s beginning with 1 & 2.
Location "none" can be used with Department codes 6, 7, 8, & 10.
Gator Grins: Loc #3, Dept #2, UFR #6*

APPENDIX C
PURCHASE REQUISITION FORM

**HILLTOWN COMMUNITY HEALTH CENTERS, INC.
58 OLD NORTH ROAD
WORTHINGTON, MA 01098
413-238-5511 FAX 413-238-5570
MA SALES TAX EXEMPT # 042-161-484
EXPIRES 12/31/2028**

PURCHASE REQUISITION

Suggested Vendor: _____ Requested by: _____

Address: _____ Program: _____

_____ Date: _____

| Catalog # (if known) | DESCRIPTION | QUANTITY | UNIT PRICE | TOTAL COST |
|-------------------------|-------------|----------|------------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(A CHECK REQUEST FORM IS REQUIRED FOR PAYMENT)

| | |
|------------------|--|
| SUB-TOTAL | |
| SHIPPING | |
| TOTAL | |

| | |
|---|--|
| Approved by: _____ DEPARTMENT MANAGER | DATE _____ |
| Approved by: _____ CHIEF FINANCIAL OFFICER | DATE _____ |
| Approved by: _____ CHIEF EXECUTIVE OFFICER | DATE _____ |
| Approved by: _____ FINANCE COMM. or CHAIR of BOD | DATE _____ |
| <i>Up to \$500</i> | - Dept. Head or Designee signature only |
| <i>\$501 to \$5,000</i> | - Dept. Head <u>and</u> either CEO or CFO |
| <i>\$5,001 to \$10,000</i> | - Dept. Head <u>and</u> CEO <u>and</u> CFO |
| <i>\$10,001 and above</i> | - CEO, CFO, <u>and</u> Finance Committee or Chair of BOD |

NOTE – See Financial Procedures Manual for Procurement standards.

APPENDIX D
CHECK REQUEST FORM

Appendix D Check Request Form

| Hilltown Community Health Centers, Inc. | | | | | | |
|--|--------|-----|-------------------|-------|-----|--------|
| CHECK REQUEST FORM | | | | | | |
| REQUESTER INFORMATION | | | | | | |
| Payable To: _____ | | | Date: _____ | | | |
| Address: _____ | | | Dept: _____ | | | |
| City, State, Zip: _____ | | | Grant Code: _____ | | | |
| REQUESTED AMOUNT INFORMATION | | | | | | |
| Amount: _____ | | | | | | |
| Justification: (Attach Proper Documentation) | | | | | | |
| Special Check Instructions: _____ | | | | | | |
| VERIFICATION | | | | | | |
| Requested By: _____ Your Name Here | | | | | | |
| Approved By: _____ Supervisor | | | Date: _____ | | | |
| Approved By: _____ Administration | | | Date: _____ | | | |
| FISCAL USE ONLY | | | | | | |
| Fund | Acct # | Loc | Dept | Grant | UFR | Amount |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL ALLOCATION: \$ | | | | | | - |
| Approval: _____ | | | | | | |

APPENDIX E
MILEAGE REIMBURSEMENT REQUEST

Appendix E Mileage Reimbursement Request Form

| Hilltown Community Health Centers, Inc. MILEAGE REIMBURSEMENT REQUEST <i>(When a personal vehicle has been used for work-related travel, other travel expenses may be combined on this form. In the absence of vehicle-related expenses, please use the check request form for reimbursement.)</i> | | | | | | | |
|---|---------|----------|-------------------|--------------------|--------------------------|----------------------|--|
| Traveler's Name: _____ <small>(Please Print)</small> | | | | | One Way or Round Trip | | |
| Department: _____ | | | | | | | |
| Date of Travel | TO: | FROM: | Reason for Travel | Indicate OW/RT | # Miles This Trip | Charge to Dept/Grant | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total Miles Traveled _____ 0 effective 1/1/2015 | | | | | \$ | 0.44 | |
| Total Mileage _____ (Other Travel Expenses (receipts attached)) | | | | | \$ | - | |
| Total All Expenses | | | | | \$ | - | |
| <i>I certify that the amounts itemized herein are true and correct and were necessary in the course of my employment.</i> | | | | | | | |
| Traveler's Signature: _____ | | | | Date: _____ | | | |
| Supervisor's Approval: _____ | | | | Date: _____ | | | |
| FOR ACCOUNTING USE ONLY | | | | | | | |
| Fund | Account | Location | Dept/Project | Grant | UFR | Amount | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | Grand Total | | |

Revised September 2017

APPENDIX F

Copy of Conflict of Interest Policy



| | |
|---|---------------------------------|
| Policy Title: Conflict of Interest Policy | Policy Number: ADM-02 |
| 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 Board of Directors 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: 9/10/2020

Approved by: *[Signature]*

[Signature]

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. 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 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.

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.

From: [Eliza Lake](#)
To: [alan gaitenby](#); [Bannister, Matt](#); [Jenicca Gallagher](#); [John Follet](#); [Kathryn Jensen](#); [Lee Manchester](#); [Nancy Brenner](#); [Seth Gemme](#); [Wendy Long](#)
Cc: [Tabitha Griswold](#)
Subject: CEO Report
Date: Wednesday, January 13, 2021 10:20:53 PM
Attachments: [All Staff Meeting 1-13-21 2020-2021 Word Cloud Exercise Results.pdf](#)

Good evening -

As my report will be short, and most of the activity of the last month will be covered in reports presented during the Board meeting (and the holidays severely reduced the amount of work completed in this time), I thought I would just give you a few updates in this email:

- Since the vaccines arrived on 12/21, **vaccination planning and administration activities** have taken up a large percentage of Senior Management's time and energy. As you will hear tomorrow, we have vaccinated 80 people, but will have to accelerate dramatically in the next few weeks. We have been hampered by a lack of clear guidance directly from the state, many different sources of less formal information that are sometimes conflicting, and a lack of staff to be able to quickly pivot, in no small part because of the number of people who are out due to symptoms or exposure. We are developing more concrete plans now, and may be able to provide more details tomorrow.
- We have worked to make our **appreciation of staff** clear in a number of small ways, most of which you have already heard about - fleeces, a very delicious lunch at all sites just before Christmas, and today's All Staff meeting. We know that these are small gestures in the face of extreme stress and pressure, but the hope is that they are seen as genuine expressions of our admiration. Certainly, those who have been able to get vaccinated have been very happy and appreciative.
- The **DEI Committee** presented their work at the All Staff meeting today, and announced the new biligual fluency stipend. As I believe I have mentioned before, this will pay a flat amount to any staff person who can pass a test administered by our interpretation service. The amount is sufficient enough that those staff whose pay rate is lower will see an appreciable increase in their rate of pay (almost 9%). We hope that this will address four goals: increase our ability to recruit a more diverse workforce, retain those and existing staff who speak a language other than English, signal to all staff our commitment to diversity, and, very importantly, increase access for our non-English speaking patients. I am very interested to see who will be interested - we we just hired a biligual Medical Assistant for Amherst, and were able to offer a higher rate as a result of the stipend. The DEI is continuing to move forward with their planning for 2021, but recent conversations about its leadership have made clear that, if we are to address issues of equity with staff well, we will likely have to bring someone in from the outside to do so. Whether this would be an employee or a consultant, and how we would pay for it, is unclear. Today we learned that the Mass League is working with the **Institute for Healthcare Improvement**, and **Harvard Medical School Center for Primary**

Care to form the Massachusetts Primary Care Practice Health Equity Task Force. They were seeking information on how they can best support primary care practices in addressing health equity, so I am hopeful that we may be able to (eventually) access resources through the Task Force. We lost a few meetings to vaccination planning, but will be meeting regularly again in the weeks to come.

- Over the last month, I have been involved in a design group that is developing the workplan and process for the next **Community Health Needs Assessment (CHNA)**, conducted by all the hospitals in Franklin, Hampshire, and Hampden Counties. The next CHNA is due in 2022, but the feedback community organizations gave in 2019 was to start the process earlier in order to more fully engage community groups and individuals, and especially those of color, in the membership of the Advisory Council and information collection. This has been an opportunity for me to represent all of the communities we serve in the design of the project and will be a regular part of my engagement with the hospitals for the next two years.
- On December 27, 2020, President Trump signed the latest stimulus bill, which included a **reauthorization of mandatory funding for community health centers**: \$4 billion per year through FY2023 and ~\$1.7Billion in Discretionary Funding for FY21 (an increase of \$57 million from FY2020). It did not include any more stimulus funding, nor is there language specifying that health centers will get specific support for vaccination efforts. We are hopeful that there will be more specific funding in future stimulus bills, but in the meantime we will be applying for another Paycheck Protection Program (PPP) loan, in the assumption that we will be able to again convert it through forgiveness into a grant.
- Finally, today we held an **All Staff meeting** that, as mentioned above, provided employees with information about the vaccine and our DEI efforts, but was also a moment to reflect on the year past and the year to come. Since the call was on Zoom with over 90 participants, we used technology to make the meeting as interactive as possible. The trickiest but most rewarding was creating a way for staff to enter their thoughts into a website through their computer or phone, and have their words create a word cloud in response to specific questions. I have attached the final results, which I found emotional to see blossom on the screen, and which I have been told gave other goosebumps. We also gave out service awards for those who had worked 5, 10, 15, 20, or 25 years, and made special mention of Vickie Willson, about whom you heard last month, and who retired as nursing supervisor in December.

I am sure there will be more to share tomorrow, but these are the highlights of the past month. The next month will certainly be much busier!

See you soon,
Eliza

Eliza B. Lake, MSW

CEO

Hilltown Community Health Center

58 Old North Road

Worthington, MA 01098

413-238-4128 - phone

elake@hchcweb.org

SF-PPR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Health Resources and Services Administration
 PERFORMANCE PROGRESS REPORT - SF-PPR

NCC Progress Report Tracking (#) : 00183036

Grantee Organization Information

| | | | |
|---|---|---|------------|
| Federal Agency and Organization Element to Which Report is Submitted | Health Resources and Services Administration (HRSA) | Federal Grant or Other Identifying Number Assigned by Federal Agency | H80CS00601 |
| DUNS Number | 079232393 | Employer Identification Number (EIN) | 042161484 |
| Recipient Organization (Name and complete address including zip code) | Hilltown Community Health Centers, Inc., 58 OLD NORTH ROAD, WORTHINGTON Massachusetts 01098 - 9753 | Recipient Identifying Number or Account Number | 183036 |
| Project / Grant Period | Start Date : 06/01/2002 End Date : 05/31/2022 | Reporting Period End Date | 06/01/2022 |
| Report Frequency | <input checked="" type="checkbox"/> annual <input type="checkbox"/> semi-annual <input type="checkbox"/> quarterly <input type="checkbox"/> other | | |

Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.

| | | | |
|--|-------------------------------------|--|----------------|
| Typed or Printed Name and Title of Authorized Certifying Official | Eliza B Lake , Authorizing Official | Telephone (area code, number and extension) | (413) 238-4128 |
| Email Address | elake@hchcweb.org | Date Report Submitted (Month, Day, Year) | 01/05/2021 |

| SF-PPR-2 (Cover Page Continuation) | |
|---|---|
| DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PERFORMANCE PROGRESS REPORT - SF-PPR-2 (Cover Page Continuation) | NCC Progress Report Tracking (#) : 00183036 |

| Supplemental Continuation of SF-PPR Cover Page | | | |
|--|---|----------------------------|--------------|
| Department Name | | Division Name | |
| Name of Federal Agency | Health Resources and Service Administration | Funding Opportunity Number | 5-H80-21-006 |
| Funding Opportunity Title | Health Center Program | | |

Lobbying Activities

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

Yes
 No

▼ OMB SF-LLL Disclosure of Lobbying Activities Form

No documents attached

| Areas Affected by Project (Cities, County, State, etc.) | |
|---|------------------|
| Area Type | Affected Area(s) |
| MA-01 | Other |
| MA-01 | Other |

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

| Health Center Program | |
|--|---|
| DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PERFORMANCE PROGRESS REPORT - Health Center Program | NCC Progress Report Tracking (#) : 00183036 |

| Section A - Budget Summary | | | |
|------------------------------------|-----------------------|-----------------------|-----------------------|
| Grant Program Function or Activity | New or Revised Budget | | |
| | Federal | Non Federal | Total |
| Community Health Centers | \$1,686,699.00 | \$5,932,592.00 | \$7,619,291.00 |
| Total : | \$1,686,699.00 | \$5,932,592.00 | \$7,619,291.00 |

| Section B - Budget Categories | | | |
|-------------------------------|------------------------------------|-----------------------|-----------------------|
| Object Class Categories | Grant Program Function or Activity | | Total |
| | Federal | Non-Federal | |
| Personnel | \$1,331,122.00 | \$4,176,341.00 | \$5,507,463.00 |
| Fringe Benefits | \$0.00 | \$923,841.00 | \$923,841.00 |
| Travel | \$0.00 | \$3,260.00 | \$3,260.00 |
| Equipment | \$0.00 | \$0.00 | \$0.00 |
| Supplies | \$163,000.00 | \$543,691.00 | \$706,691.00 |
| Contractual | \$192,577.00 | \$285,459.00 | \$478,036.00 |
| Construction | \$0.00 | \$0.00 | \$0.00 |
| Other | \$0.00 | \$0.00 | \$0.00 |
| Total Direct Charges | \$1,686,699.00 | \$5,932,592.00 | \$7,619,291.00 |
| Indirect Charges | \$0.00 | \$0.00 | \$0.00 |
| Total | \$1,686,699.00 | \$5,932,592.00 | \$7,619,291.00 |

| Program Income | |
|------------------------------------|-----------------------|
| Grant Program Function or Activity | Total |
| Community Health Centers | \$4,876,804.00 |
| Total : | \$4,876,804.00 |

| Section C - Non Federal Resources | | | | | |
|------------------------------------|---------------------|---------------------|---------------------|-----------------------|-----------------------|
| Grant Program Function or Activity | Applicant | State | Local | Other | Total |
| Community Health Centers | \$150,000.00 | \$351,625.00 | \$144,575.00 | \$5,286,392.00 | \$5,932,592.00 |
| Total : | \$150,000.00 | \$351,625.00 | \$144,575.00 | \$5,286,392.00 | \$5,932,592.00 |

| Community Health Centers | |
|---|---|
| DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PERFORMANCE PROGRESS REPORT - Community Health Centers | NCC Progress Report Tracking (#) : 00183036 |

| Section A - Budget Summary | | | |
|------------------------------------|-----------------------|-----------------------|-----------------------|
| Grant Program Function or Activity | New or Revised Budget | | |
| | Federal | Non Federal | Total |
| Community Health Centers | \$1,686,699.00 | \$5,932,592.00 | \$7,619,291.00 |
| Total : | \$1,686,699.00 | \$5,932,592.00 | \$7,619,291.00 |

| Program Income | |
|------------------------------------|-----------------------|
| Grant Program Function or Activity | Total |
| Community Health Centers | \$4,876,804.00 |
| Total : | \$4,876,804.00 |

| Section C - Non Federal Resources | | | | | |
|------------------------------------|---------------------|---------------------|---------------------|-----------------------|-----------------------|
| Grant Program Function or Activity | Applicant | State | Local | Other | Total |
| Community Health Centers | \$150,000.00 | \$351,625.00 | \$144,575.00 | \$5,286,392.00 | \$5,932,592.00 |
| Total : | \$150,000.00 | \$351,625.00 | \$144,575.00 | \$5,286,392.00 | \$5,932,592.00 |

Personnel Object Class Category Justification

Narrative of Expense: Salaries of healthcare professionals directly responsible for patient care

Federally-Supported Personnel Justification Table

| Name | Title | % of FTE | Base Salary | Adjustment | Federal Amount Requested |
|--------------|--------------------|----------|-------------|-------------|--------------------------|
| Cheung | Physician | 75.000% | ██████████ | None Needed | ██████████ |
| Chmura | Physician | 75.000% | ██████████ | None Needed | ██████████ |
| Peloquin | Nurse Practitioner | 75.000% | ██████████ | None Needed | ██████████ |
| Fermin-Schon | Nurse Practitioner | 75.000% | ██████████ | None Needed | ██████████ |
| Lecours | Nurse Practitioner | 75.000% | ██████████ | None Needed | ██████████ |
| Liebman | Nurse Practitioner | 75.000% | ██████████ | None Needed | ██████████ |
| Chechile | Nurse | 75.000% | ██████████ | None Needed | ██████████ |
| Markham | Nurse | 75.000% | ██████████ | None Needed | ██████████ |
| Sitler | Nurse | 75.000% | ██████████ | None Needed | ██████████ |
| Taylor | Nurse | 75.000% | ██████████ | None Needed | ██████████ |
| Gearin | Dentist | 75.000% | ██████████ | None Needed | ██████████ |
| Gill | Dentist | 75.000% | ██████████ | None Needed | ██████████ |
| Graham | Dentist | 75.000% | ██████████ | None Needed | ██████████ |
| Rudin | Dentist | 75.000% | ██████████ | None Needed | ██████████ |
| Stuart | Dentist | 75.000% | ██████████ | None Needed | ██████████ |
| Walvekar | Dentist | 75.000% | ██████████ | None Needed | ██████████ |
| Circe | Dental Hygienist | 75.000% | ██████████ | None Needed | ██████████ |
| Baranyuk | Dental Hygienist | 75.000% | ██████████ | None Needed | ██████████ |
| Paquette | Dental Hygienist | 75.000% | ██████████ | None Needed | ██████████ |
| Saldana | Dental Hygienist | 75.000% | ██████████ | None Needed | ██████████ |
| Spooner | Dental Hygienist | 75.000% | ██████████ | None Needed | ██████████ |
| Wright | Dental Hygienist | 75.000% | ██████████ | None Needed | ██████████ |
| Huberman | BH Clinician | 75.000% | ██████████ | None Needed | ██████████ |
| Bjorklund | BH Clinician | 75.000% | ██████████ | None Needed | ██████████ |

TOTAL \$1,331,122

Supplies Object Class Category Justification

Narrative of Expense: Cost of disposable supplies used during the treatment of patients.
 Supplies include items such as wound dressings, bandages, splints, gauze, and saline.
 The majority of these supplies are obtained from Henry Schein and McKesson

TOTAL \$163,000

Contractual Object Class Category Justification

Narrative of Expense: Cost of contractual obligations required to administer proper and efficient patient care.
 Windstream Communications data and phone services for patient access and EMR connectivity = \$120,000
 Cooley Dickenson Hospital for eCW EMR hosting services = \$60,000
 Anderson Cleaning Company for facility sanitation services = \$97,000
 Eversource electricity for health centers = \$36,000
 Adelson & Company, PC audit services = \$43,000
 The list of expenses exceeds the available funding but we wish to have the grant fund on a fist in basis until funds are exhausted

TOTAL \$192,577

GRAND TOTAL \$1,686,699

Form 3 - Income Analysis

00183036: Hilltown Community Health Centers, Inc.

Due Date: 01/08/2021 (Due In: 2 Days)

Announcement Number: 5-H80-21-006
Grant Number: H80CS00601

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

Progress Report Type: Noncompeting Continuation
Current Project Period: 6/1/2018 - 5/31/2022

Resources [↗](#)

As of 01/05/2021 05:12:19 PM

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

| Payer Category | Patients By Primary Medical Insurance (a) | Billable Visits (b) | Income Per Visit (c) | Projected Income (d) | Prior FY Income |
|---|---|---------------------|----------------------|----------------------|-----------------|
| Part 1: Patient Service Revenue - Program Income | | | | | |
| 1. Medicaid | 3451.00 | 14442.00 | \$122.30 | \$1,766,256.00 | \$1,809,230.00 |
| 2. Medicare | 2011.00 | 5183.00 | \$144.80 | \$750,498.00 | \$872,344.00 |
| 3. Other Public | 293.00 | 1242.00 | \$109.90 | \$136,458.00 | \$144,845.00 |
| 4. Private | 3447.00 | 14530.00 | \$125.67 | \$1,826,025.00 | \$1,909,515.00 |
| 5. Self Pay | 400.00 | 3102.00 | \$48.21 | \$149,547.00 | \$140,870.00 |
| 6. Total (Lines 1 to 5) | 9602 | 38499 | N/A | \$4,628,784.00 | \$4,876,804.00 |
| Part 2: Other Income - Other Federal, State, Local and Other Income | | | | | |
| 7. Other Federal | N/A | N/A | N/A | \$150,000.00 | \$277,000.00 |
| 8. State Government | N/A | N/A | N/A | \$351,625.00 | \$550,121.00 |
| 9. Local Government | N/A | N/A | N/A | \$144,575.00 | \$8,000.00 |
| 10. Private Grants/Contracts | N/A | N/A | N/A | \$285,818.00 | \$98,681.00 |
| 11. Contributions | N/A | N/A | N/A | \$50,000.00 | \$200,000.00 |
| 12. Other | N/A | N/A | N/A | \$321,790.00 | \$349,225.00 |
| 13. Applicant (Retained Earnings) | N/A | N/A | N/A | \$0.00 | \$0.00 |
| 14. Total Other (Lines 7 to 13) | N/A | N/A | N/A | \$1,303,808.00 | \$1,483,027.00 |
| Total Non-Federal (Non-section 330) Income (Program Income Plus Other) | | | | | |
| 15. Total Non-Federal Income (Lines 6+14) | N/A | N/A | N/A | \$5,932,592.00 | \$6,359,831.00 |

Comments/Explanatory Notes (if applicable)

Projected Other: 340B Pharmacy \$180000, Quality \$20000, Optometry hardware \$76390, rental income \$35900, Interest and Dividends \$9500

00183036: Hilltown Community Health Centers, Inc.

Due Date: 01/08/2021 (Due In: 2 Days)

Announcement Number: 5-H80-21-006

Announcement Name: Health Center Program

Progress Report Type: Noncompeting Continuation

Grant Number: H80CS00601

Target Population: Community Health Centers

Current Project Period: 6/1/2018 - 5/31/2022

Resources [↗](#)

As of 01/05/2021 05:12:14 PM

OMB Number: 0915-0285 OMB Expiration Date: 1/31/2021

| Management and Finance | Date of Last Review/Revision (MM/DD/YYYY) | Not Applicable (N/A) |
|--|---|----------------------|
| Personnel policies, including selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices. | 08/08/2019 | |
| Procurement procedures. | 12/12/2019 | |
| Standards of Conduct/Conflict of Interest policies/procedures. | 10/08/2017 | |
| Financial Management/Accounting and Internal Control policies and/or procedures to ensure awarded Health Center Program federal funds are not expended for restricted activities. | 12/12/2019 | |
| Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds for the purchase of sterile needles or syringes for the hypodermic injection of any illegal drug. ¹ (Only applicable if your organization provides syringe exchange services or is otherwise engaged in syringe service programs; otherwise, indicate as N/A). | | [X] |
| Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds to provide abortion services, except in cases of rape or incest or where there is a threat to the life of the mother. ² (Only applicable if your organization provides abortion services; otherwise, indicate as N/A). | | [X] |
| Billing and Collections policies/procedures, including those regarding waivers or fee reductions and refusal to pay. | 12/10/2020 | |
| Services | Date of Last Review/Revision (MM/DD/YYYY) | Not Applicable (N/A) |
| Credentialing/Privileging operating procedures. | 12/18/2019 | |
| Coverage for Medical Emergencies During and After Hours operating procedures. | 03/19/2020 | |
| Continuity of Care/Hospital Admitting operating procedures. | 08/08/2019 | |
| Sliding Fee Discount Program policies, operating procedures, and sliding fee schedule. | 05/14/2020 | |
| Quality Improvement/Assurance Program policies and operating procedures that address clinical services and management, patient safety, and confidentiality of patient records. | 03/12/2020 | |
| Governance | Date of Last Review/Revision (MM/DD/YYYY) | Not Applicable (N/A) |
| Governing Board Bylaws. | 03/12/2020 | |
| Co-Applicant Agreement (Only applicable to public entity health centers; otherwise, indicate as N/A.) | | [X] |

Form 5A - Required Services Provided

▼ 00183036: Hilltown Community Health Centers, Inc.

Due Date: 01/08/2021 (Due In: 2 Days)

Announcement Number: 5-H80-21-006

Announcement Name: Health Center Program

Progress Report Type: Noncompeting Continuation

Grant Number: H80CS00601

Target Population: Community Health Centers

Current Project Period: 6/1/2018 - 5/31/2022

▼ **Resources** [↗](#)

As of 01/05/2021 05:12:24 PM

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

Form 5A - Required Services

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

Form 5A - Additional Services Provided

▼ 00183036: Hilltown Community Health Centers, Inc.

Due Date: 01/08/2021 (Due In: 2 Days)

Announcement Number: 5-H80-21-006

Announcement Name: Health Center Program

Progress Report Type: Noncompeting Continuation

Grant Number: H80CS00601

Target Population: Community Health Centers

Current Project Period: 6/1/2018 - 5/31/2022

▼ **Resources** [↗](#)

As of 01/05/2021 05:12:29 PM

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

Form 5A - Additional Services

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

Form 5A - Specialty Services Provided

▼ 00183036: Hilltown Community Health Centers, Inc.

Due Date: 01/08/2021 (Due In: 2 Days)

Announcement Number: 5-H80-21-006

Announcement Name: Health Center Program

Progress Report Type: Noncompeting Continuation

Grant Number: H80CS00601

Target Population: Community Health Centers

Current Project Period: 6/1/2018 - 5/31/2022

▼ Resources [↗](#)

As of 01/05/2021 05:12:33 PM

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

Form 5A - Specialty Services

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

Form 5B - Service Sites

▼ **00183036: Hilltown Community Health Centers, Inc.**

Due Date: 01/08/2021 (Due In: 2 Days)

Announcement Number: 5-H80-21-006
Grant Number: H80CS00601

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

Progress Report Type: Noncompeting Continuation
Current Project Period: 6/1/2018 - 5/31/2022

▼ **Resources** [↗](#)

As of 01/05/2021 05:12:38 PM

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

GATEWAY SCHOOL BASED HLTH CENTER (BPS-H80-002432)

Action Status: Picked from Scope

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

Organization Information

No Organization Added

Service Area Zip Codes 01071, 01050, 01008, 01011

HUNTINGTON HEALTH CENTER (BPS-H80-003134)

Action Status: Picked from Scope

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

Organization Information

No Organization Added

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

| John P. Musante Health Center (BPS-H80-017081) | | | Action Status: Picked from Scope |
|---|--|-----------------------------------|--|
| Site Name | John P. Musante Health Center | Physical Site Address | 70 Boltwood Walk, Amherst, MA 01002-2271 |
| Site Type | Service Delivery Site | Site Phone Number | (413) 835-4980 |
| Web URL | www.hhcweb.org | | |
| Location Type | Permanent | Site Setting | All Other Clinic Types |
| Date Site was Added to Scope | 9/30/2015 | Site Operational By | 6/11/2018 |
| FQHC Site Medicare Billing Number Status | This site has a Medicare billing number | FQHC Site Medicare Billing Number | 221949 |
| FQHC Site National Provider Identification (NPI) Number | | Total Hours of Operation | 40 |
| Months of Operation | January, February, March, April, May, June, July, August, September, October, November, December | | |
| Number of Contract Service Delivery Locations | | Number of Intermittent Sites | 0 |
| Site Operated by | Grantee | | |

Organization Information

No Organization Added

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

| WORTHINGTON HEALTH CENTER (BPS-H80-003922) | | | Action Status: Picked from Scope |
|---|--|-----------------------------------|---|
| Site Name | WORTHINGTON HEALTH CENTER | Physical Site Address | 58 Old North Rd, Worthington, MA 01098-9753 |
| Site Type | Service Delivery Site | Site Phone Number | (413) 238-5511 |
| Web URL | www.hhcweb.org | | |
| Location Type | Permanent | Site Setting | All Other Clinic Types |
| Date Site was Added to Scope | 1/7/1976 | Site Operational By | 1/7/1976 |
| FQHC Site Medicare Billing Number Status | This site has a Medicare billing number | FQHC Site Medicare Billing Number | 221809 |
| FQHC Site National Provider Identification (NPI) Number | 1740268051 | Total Hours of Operation | 50 |
| Months of Operation | May, June, July, August, January, February, March, April, September, October, December, November | | |
| Number of Contract Service Delivery Locations | | Number of Intermittent Sites | 0 |
| Site Operated by | Grantee | | |

Organization Information

No Organization Added

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

| Hilltown Community Center (BPS-H80-017990) | | | Action Status: Picked from Scope |
|--|---------------------------|-----------------------|---|
| Site Name | Hilltown Community Center | Physical Site Address | 9 Russell Rd, Huntington, MA 01050-9774 |
| Site Type | Administrative | Site Phone Number | (413) 667-2203 |
| Web URL | www.hhcweb.org | | |
| Location Type | Permanent | Site Setting | All Other Clinic Types |
| Date Site was Added to Scope | 5/23/2016 | Site Operational By | |

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

Organization Information

No Organization Added

Service Area Zip Codes

00183036: Hilltown Community Health Centers, Inc.

Due Date: 01/08/2021 (Due In: 2 Days)

Announcement Number: 5-H80-21-006

Announcement Name: Health Center Program

Progress Report Type: Noncompeting Continuation

Grant Number: H80CS00601

Target Population: Community Health Centers

Current Project Period: 6/1/2018 - 5/31/2022

Resources [↗](#)

As of 01/05/2021 05:12:47 PM

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

Activity/Location Information

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

Activity/Location Information

| | |
|---|--|
| Type of Activity | Portable Clinical Care |
| Frequency of Activity | The health center has mobile clinic services that are provided about once/week during the school year, depending on the service,. Portable clinical services - telehealth, home visiting, BP clinics, flu shot clinics, dental clinics, and health fairs - are provided on a monthly, annual, or as needed basis. |
| Description of Activity | Services include: - telehealth via telephone or video conferencing- a dental clinic that does exams, imaging, hygiene, and restorative care to school-aged children in a room provided by the school; - a behavioral health provider that provides services in community locations such as schools, community center(s), and immigrant education programs. - a medical clinic to provide annual physicals and childhood immunizations on-site- nurses conduct BP clinics and flu clinics for local elders - nurses and PCPs provide occasional home visits for patients due to transportation barriers or other ba |
| Type of Location(s) where Activity is Conducted | The actual places vary from week to week without any consistency, with the exception of the schools located within the service area. The location depends on the needs. |

Project Narrative Update

00183036: Hilltown Community Health Centers, Inc.

Due Date: 01/08/2021 (Due In: 2 Days)

Announcement Number: 5-H80-21-006

Announcement Name: Health Center Program

Progress Report Type: Noncompeting Continuation

Grant Number: H80CS00601

Target Population: Community Health Centers

Current Project Period: 6/1/2018 - 5/31/2022

Resources [↗](#)

As of 01/05/2021 05:12:51 PM

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

Program Narrative Update - Organizational Capacity

Organizational Capacity

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

- Staffing, including key vacancies;
- Operations, including changes in policies and procedures as they relate to COVID-19; and
- Financial status, including the most current audit findings, as applicable.

We are significantly short-staffed in Patient Service Representatives, Medical Assistants, and Dental Assistants. This situation is compounded by the rising COVID rates in our area, which is requiring a significant portion of staff to quarantine or self-isolate each week, in order to maintain a safe workplace. We have been able to implement our planned management structure changes, mostly notably hiring a new CFO and creating and filling the new COO position. We also hired three new medical providers and one new BH provider in 2020, which will allow us to end the contract with a locum tenens provider that began to work in February 2020. We still have key vacancies in the oral health department, particularly in the role of Deputy Dental Director, which is needed for succession planning. In the Spring, we were required to suspend all in-person services except for emergency care, which resulted in a 90% reduction in visits for our dental and optometry departments, and a 60% reduction in medical visits. We furloughed many staff members, particularly dental staff. We developed a telehealth program that maintained contact with patients, and through Behavioral Health telephone visits were able to maintain visit volume. Since June we have returned to some in-person visits, but due to safety concerns, our volume is still dramatically reduced. The pandemic has had a dramatic impact on our financial status. While our audit had no findings, every week we are losing cash. We are working diligently to expand our telehealth program to include video visits to the greatest extent possible, but as a rural provider, many of our patients do not have access to connectivity or technology. Due to the support of the HRSA COVID grants, the Commonwealth of Massachusetts, local community foundations, and the PPP program, we have enough cash until early 2022, but we will need to improve our operational revenue in 2021 to remain open into 2022.

Program Narrative Update - Patient Capacity and Supplemental Awards

Patient Capacity

Referencing the % Change 2017-2019 Trend, % Change 2018-2019, and % Progress Toward Goal columns:

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

Notes:

- 2017-2019 Patient Number data are pre-populated from Table 3a in the UDS Report.
- The Projected Number of Patients value is pre-populated from the Patient Target noted in the Patient Target Management Module in HRSA EHBs. If you have questions related to your Patient Target, contact the [Patient Target Response Team](#). To formally request a change in your Patient Target, you must submit a request via the Patient Target Management Module in HRSA EHBs.

Project Period: 6/1/2002 - 5/31/2022







| Unduplicated Patients | 2017 Patient Number i | 2018 Patient Number i | 2019 Patient Number i | % Change 2017-2019 Trend i | % Change 2018-2019 Trend i | % Progress Toward Goal i | Projected Number of Patients | Patient Capacity Narrative |
|-----------------------|---|---|---|--|--|--|------------------------------------|----------------------------|
|-----------------------|---|---|---|--|--|--|------------------------------------|----------------------------|

| | | | | | | | | |
|-----------------------------|------|------|------|--------|--------|---------|------|---|
| Total Unduplicated Patients | 8084 | 8571 | 9602 | 18.78% | 12.03% | 103.64% | 9265 | HCHC was pleased with our increased patient numbers for 2019, and looked forward to continuing this trend in 2020. The year started, however, with the loss of two fulltime providers, which would have affected our capacity regardless of COVID. The pandemic has had a dramatic impact on our ability to see and treat patients, particularly in our dental and optometry departments, which dropped to about 10% of normal volume for a number of months. We estimate, therefore, that our number of total clinical patients for 2020 will be about 70% of 2019's number, although the increase in enabling services may mitigate that somewhat, once we determine how many patients are unduplicated. We know that even now, however, due to safety concerns, we are unable to offer the same volume of visits and do not know when volume will return. We are working diligently to make our operations as efficient as possible. |
|-----------------------------|------|------|------|--------|--------|---------|------|---|

Notes:

- 2017-2019 Patient Number data are pre-populated from Table 4 in the UDS Report.
- The Projected Number of Patients values is pre-populated from the patient projections in the Service Area Competition (SAC) that initiated your current period of performance plus the patient projections from selected supplemental funding awarded after the start of the current period of performance. See the frequently asked questions on the [BPR TA webpage](#) for details on the selected supplemental funding patient projections included.
- The Projected Number of Patients values cannot be edited during the BPR submission. If these values are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.

Project Period: 6/1/2002 - 5/31/2022

| Special Populations | 2017 Patient Number  | 2018 Patient Number  | 2019 Patient Number  | % Change 2017-2019 Trend  | % Change 2018-2019 Trend  | % Progress Toward Goal  | Projected Number of Patients | Patient Capacity Narrative |
|---|---|---|---|--|--|--|---|----------------------------|
| Total Migratory and Seasonal Agricultural Worker Patients | 0 | 0 | 0 | Data not available | Data not available | Data not available | 0 (This number has been calculated by adding the following patient projections: FY 2018 SAC = 0) | N/A |
| Total People Experiencing Homelessness Patients | 0 | 0 | 0 | Data not available | Data not available | Data not available | 0 (This number has been calculated by adding the following patient projections: FY 2018 SAC = 0) | N/A |
| Total Public Housing Resident Patients | 0 | 0 | 0 | Data not available | Data not available | Data not available | 0 (This number has been calculated by adding the following patient projections: FY 2018 SAC = 0) | N/A |

Notes:

- 2017-2019 Patient Number data are pre-populated from Table 5 in the UDS Report.
- The Projected Number of Patients column is pre-populated from the patient projections in the SAC that initiated your current period of performance plus the patient projections from selected supplemental funding awarded after the start of the current period of performance. See the frequently asked questions on the [BPR TA](#)

[webpage](#) for details on the selected supplemental funding patient projections included.

- The Projected Number of Patients values cannot be edited during the BPR submission. If these values are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.
- (*)The Vision Services category was recently added to SAC, therefore there is no Projected Number of Patients data available at this time.

Project Period: 6/1/2002 - 5/31/2022

| Patients and Visits by Service Type | 2017 Patient Number i | 2018 Patient Number i | 2019 Patient Number i | % Change 2017-2019 Trend i | % Change 2018-2019 Trend i | % Progress Toward Goal i | Projected Number of Patients | Patient Capacity Narrative |
|--|---------------------------------------|---------------------------------------|---------------------------------------|--|--|--|---|---|
| Total Medical Services Patients | 5200 | 5392 | 5730 | 10.19% | 6.27% | 96.30% | 5950 (This number has been calculated by adding the following patient projections: FY 2018 SAC = 5950) | <p>Our number of medical patients for 2020 stayed about the same, with a small 3% decrease, but given the impact of the pandemic, we are pleased that it wasn't more. We believe that the quick transition to telehealth in March 2020 preserved our relationship with most of our patients, and allowed us to continue to provide them with appropriate care, as needed and possible.</p> <p>Due to COVID-19, we had to close our Dental Department to all but emergencies for a number of months this Spring. We are now seeing patients in-person, but for safety reasons (reducing aerosolizing procedures, allowing for air filtration between patients), our volume is significantly reduced still. We anticipate our patient numbers will therefore be about 67% of our 2019 numbers. We will of course be striving to achieve or exceed the 2019 numbers in 2021, but the ability to do so will be predicated on the track of the pandemic.</p> <p>Our BH Department is the only clinical department that was able to move all of its visits online, but still saw a 5% decrease in patients. We anticipate that we will make up this number in 2021, as we are seeing an increase in demand and are hiring new providers to meet it.</p> |
| Total Dental Services Patients | 4610 | 5014 | 5404 | 17.22% | 7.78% | 87.44% | 6180 (This number has been calculated by adding the following patient projections: FY 2018 SAC = 6180) | |
| Total Mental Health Services Patients | 465 | 472 | 547 | 17.63% | 15.89% | 96.30% | 568 (This number has been calculated by adding the following patient projections: FY 2018 SAC = 568) | |
| Total Substance Use Disorder Services Patients | 0 | 0 | 0 | Data not available | Data not available | Data not available | 0 (This number has been calculated by adding the following patient projections: FY 2018 SAC = 0) | N/A |
| Total Enabling Services Patients | 1269 | 1054 | 523 | -58.79% | -50.38% | 69.73% | 750 (This number has been calculated by adding the following patient projections: FY 2018 SAC = 750) | <p>Despite having to provide almost all services through telehealth, our Community Programs saw a dramatic increase in clients in 2020, which is evidence of the incredible need. We need to determine why 2019 numbers dipped so low (which we think was a definitional issue) but we estimate that we saw a large increase over 2018 numbers as well, by as much as 70%. We will have therefore far exceeded the goal number, and expect that 2021 will not see a reduction in the level of need for our services.</p> <p>As with dental services, our optometry</p> |

Notes:

- 2017-2019 Patient Number data are pre-populated from Table 5 in the UDS Report.
- The Projected Number of Patients column is pre-populated from the patient projections in the SAC that initiated your current period of performance plus the patient projections from selected supplemental funding awarded after the start of the current period of performance. See the frequently asked questions on the [BPR TA webpage](#) for details on the selected supplemental funding patient projections included.
- The Projected Number of Patients values cannot be edited during the BPR submission. If these values are not accurate, provide adjusted projections and an explanation in the Patient Capacity Narrative section.
- (*)The Vision Services category was recently added to SAC, therefore there is no Projected Number of Patients data available at this time.

Project Period: 6/1/2002 - 5/31/2022

| Patients and Visits by Service Type | 2017 Patient Number | 2018 Patient Number | 2019 Patient Number | % Change 2017-2019 Trend | % Change 2018-2019 Trend | % Progress Toward Goal | Projected Number of Patients | Patient Capacity Narrative |
|-------------------------------------|---------------------|---------------------|---------------------|--------------------------|--------------------------|------------------------|------------------------------|---|
| Total Vision Services Patients | Data not available | Data not available | 1529 | Data not available | Data not available | Data not available | NA* | volume was severely affected by the pandemic and the need to curtail all but emergency services. Our number of patients in 2020 was down 40% from 2019 numbers. We hope to recoup some of that volume in 2021, but given the need to slower turnover of rooms in order to ensure patient and provider safety, we aren't sure if we will be able to. We certainly are seeing enough demand to do so. |

Supplemental Awards

In the Supplemental Award Narrative column, describe the following:

- Implementation status and progress toward achieving goals, including your progress toward meeting projected outcomes (including actual versus projected patients) and implementing newly proposed sites/services, as applicable;
- Key factors impacting progress toward achieving goals, including an explanation of the impact of any new or changing environmental factors (state/local/community) on supplemental award progress; and
- Plans for sustaining progress and/or overcoming barriers (including environmental barriers) to ensure goal achievement.

Notes:

- If you did not receive a Supplemental Award, the system will not require narrative in the Supplemental Award Narrative column.
- Supplemental awards released late in FY 2020 or early in FY 2021 will be included in the FY 2022 BPR.

| Type of Supplemental Award | Programmatic Goal | Supplemental Award Narrative |
|--|--|--|
| FY 2019 Integrated Behavioral Health Services (IBHS) | Increase access to high quality integrated behavioral health services, including prevention or treatment of mental health conditions and or substance use disorders (SUDs), including opioid use disorder (OUD) by December 31, 2020 | HCHC has used the IBHS grants to substantially increase our capacity in integrated BH. We have provided our BH Director with more administrative time to work with our Medical Director to develop strong relationships between providers, including the system-wide implementation of same-day visits that enable PCPs to refer patients who they feel can benefit from an intervention. We also hired a BH Coordinator, a new position, to support the BH Department through management of referrals, telehealth, and patient engagement. Prior to IBHS, there was no specific staff person tasked with these duties, which meant that they did not get the same attention as they deserved. This has meant improved communication and management of our waitlist, with increased access for patients. We used IBHS funds to hire a new BH provider, also increasing access. The barrier we encountered was in filling the role of psychiatric consultant. Just as we started to make progress in conversations with local organizations, the pandemic halted all negotiations. We then identified a provider who expressed interest in becoming a part-time employee, dramatically increasing our capacity at a lower cost, but after we completed contract negotiations, she decided that she was no longer willing to take even a very part-time position, due to the pandemic. We are now assessing how to best use the funds to still meet the needs of our patients, but will likely, at minimum, hire another BH provider, as demand continues to grow. |
| FY 2019 New Access Points (NAP) Satellite | Achieve operational status and increase the number of patients by December 31, 2020 | N/A |

In the Supplemental Award Narrative column, describe the following:

- Implementation status and progress toward achieving goals, including your progress toward meeting projected outcomes (including actual versus projected patients) and implementing newly proposed sites/services, as applicable;
- Key factors impacting progress toward achieving goals, including an explanation of the impact of any new or changing environmental factors (state/local/community) on supplemental award progress; and
- Plans for sustaining progress and/or overcoming barriers (including environmental barriers) to ensure goal achievement.

Notes:

- If you did not receive a Supplemental Award, the system will not require narrative in the Supplemental Award Narrative column.
- Supplemental awards released late in FY 2020 or early in FY 2021 will be included in the FY 2022 BPR.

| Type of Supplemental Award | Programmatic Goal | Supplemental Award Narrative |
|--|--|------------------------------|
| FY 2020 Ending HIV Epidemic - Primary Care HIV Prevention (PCHP) | Expand HIV prevention services that decrease the risk of HIV transmission by December 31, 2020 | N/A |

Program Narrative Update - One Time Funding

One-Time Funding Awards

Use the checkboxes in the Allowable Activities column to indicate the allowable activities that are taking place or have taken place in your health center. In the Activities column discuss those activities (identified via checkmark) and their impact.

Notes:

- If you did not receive a One-Time Funding Award, the system will not require narrative in the Activities column.
- One-time awards released late in FY 2020 or early in FY 2021 will be included in the FY 2022 BPR.
- (*) Use the checkboxes to indicate your allowable one-time funding activities

| Type of One-Time Funding Award | Allowable Activities | Activities |
|---|---|---|
| FY 2019 Health Center Quality Improvement | <input type="checkbox"/> Developing and improving health center systems and infrastructure: <input type="checkbox"/> Training staff <input type="checkbox"/> Developing policies and procedures <input checked="" type="checkbox"/> Enhancing health information technology, certified electronic health record, and data systems <input checked="" type="checkbox"/> Data analysis <input checked="" type="checkbox"/> Implementing targeted QI activities (including hiring consultants) | HCHC used the FY2018 QI funds to support IT staff who worked to improve our use of IT and EHR to better serve patients, collect and analyze data, and support the work of our QI staff in their development of QI projects. The funds were also used to support two of our Nurse Supervisors and our Medical Director, as they worked to strengthen and expand our case management, care coordination, and medication management programs. This includes interactions with our Medicaid ACO, which has worked with us on patient registries, team-based care, improved coding, and patient engagement. Our Medical Director has worked closely with our BH Director to fully implement our system of same-day BH visits for medical patients, substantially increasing the integration of services. |
| FY 2019 Oral Health Infrastructure | <input type="checkbox"/> Developing and improving care delivery systems: <input checked="" type="checkbox"/> Supporting care coordination, case management, and medication management <input type="checkbox"/> Developing and implementing contracts and formal agreements with other providers <input checked="" type="checkbox"/> Laboratory reporting and tracking <input checked="" type="checkbox"/> Training and workflow redesign to support team-based care <input checked="" type="checkbox"/> Clinical integration of behavioral health, oral health, HIV care, and other services <input checked="" type="checkbox"/> Patient engagement activities <input type="checkbox"/> Support infrastructure enhancements to provide new or enhance existing high quality, integrated oral health services: <input type="checkbox"/> Minor alteration and renovation (A/R) to modernize existing facilities <input type="checkbox"/> Purchase and installation of dental and radiology equipment <input type="checkbox"/> Training and consultation to increase oral health integration <input type="checkbox"/> Purchase of mobile dental units | |

Tracking Number: H8DCS35470CARES-Q4-20 - Hilltown Community Health Centers, Inc., Worthington, MA

Date Requested: 1/8/2021 12:31:27 PM

Submission Status: Submitted

Data As Of: 1/8/2021 12:00:08 PM

| FOR HRSA USE ONLY | | | |
|--|--|--|--|
| DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Health Center Coronavirus Aid, Relief, and Economic Security (CARES) Act QUARTERLY PROGRESS REPORT (QPR) | Organization: Hilltown Community Health Centers, Inc. 58 Old North Rd, Worthington, MA, 01098-9753 | | Program: Health Center Coronavirus Aid, Relief, and Economic Security (CARES) Act Funding |
| | Submission Tracking Number: H8DCS35470CARES-Q4-20 | Grant Number: H8DCS35470 | Reporting Period End Date: 12/31/2020 |
| | H80 Grant Number: H80CS00601 | Awarded Amount: \$655,055.00 | Draw Down Amount: \$377,292.04 (58%) |

| Contact Information | | | | |
|---------------------|------------|------------|-----|-------------------|
| 1. Title | Name | Phone | Fax | Email |
| Point of Contact | Eliza Lake | 4132384128 | | elake@hchcweb.org |

OMB Number: 0970-0334

| CARES Quarterly Progress Report (QPR) | |
|--|---|
| 1. Project Status | |
| <input type="checkbox"/> | Not Started |
| <input checked="" type="checkbox"/> | Less than or equal to 50% Complete |
| <input type="checkbox"/> | Greater than 50% and Less than 100% Complete |
| <input type="checkbox"/> | Completed |
| 2. Please provide a status update on the activities supported with this funding in the following areas noted below (identify the activities that have been completed, are in progress, and/or are planned with this funding): (check all that apply) | |
| <input type="checkbox"/> | Staff and Patient Safety |
| | |
| <input type="checkbox"/> | Testing |
| | |
| <input checked="" type="checkbox"/> | Maintaining or Increasing Health Center Capacity and Staffing |
| <p>HCHC has used CARES funding, in accordance with the plan submitted, to maintain staffing in the face of decreased revenue due to COVID impacts and additional staffing burdens. We The funds have also been used to help with recruiting of new providers and support staff. This funding has been critically important given the impact of the reduced patient volume, and therefore operational revenue, created by the necessary shifts due to air purification and other safety measures.</p> | |
| <input checked="" type="checkbox"/> | Telehealth |
| <p>HCHC has used the CARES funding, in accordance with the submitted plan, to support the development and expansion of our telehealth capacity. This includes support for IT and EHR support staff, the EHR system, telephone and internet capabilities, and the management of the implementation project.</p> | |
| <input type="checkbox"/> | Minor A/R (when applicable) |
| | |
| 3. Are the implemented/planned activities described above and associated uses of funds consistent with what you submitted to HRSA in the initial post-award reporting requirement response? | |
| <input checked="" type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |
| <p>If 'No', please describe any new and/or updated activities. For changes that impact your approved budget, please provide detail by cost category. (maximum 2000 characters)</p> | |
| | |
| 4. Are there or do you anticipate any issues or barriers in the use of the funding and/or implementing the planned activities? | |
| <input type="checkbox"/> | Yes |
| <input checked="" type="checkbox"/> | No |
| <p>If 'Yes', please describe. (maximum 2000 characters)</p> | |
| | |

Tracking Number: H8ECS38073ECT-Q4-20 - Hilltown Community Health Centers, Inc., Worthington, MA

Date Requested: 1/8/2021 12:32:49 PM

Submission Status: Submitted

Data As Of: 1/8/2021 12:31:07 PM

| | | | |
|---|--|--|--|
| DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Expanding Capacity for Coronavirus Testing (ECT) QUARTERLY PROGRESS REPORT (QPR) | FOR HRSA USE ONLY | | |
| | Organization: Hilltown Community Health Centers, Inc. 58 Old North Rd, Worthington, MA, 01098-9753 | | Program: FY 2020 Expanding Capacity for Coronavirus Testing (ECT) |
| | Submission Tracking Number: H8ECS38073ECT-Q4-20 | Grant Number: H8ECS38073 | Reporting Period End Date: 12/31/2020 |
| | H80 Grant Number: H80CS00601 | Awarded Amount: \$242,359.00 | Draw Down Amount: \$32,662.43 (13%) |

| Contact Information | | | | |
|---------------------|------------|------------|-----|-------------------|
| 1. Title | Name | Phone | Fax | Email |
| Point of Contact | Eliza Lake | 4132384128 | | elake@hchcweb.org |

OMB Number: 0970-0334

| ECT Quarterly Progress Report (QPR) | |
|--|---|
| 1. Project Status | |
| <input type="checkbox"/> | Not Started |
| <input checked="" type="checkbox"/> | Less than or equal to 50% Complete |
| <input type="checkbox"/> | Greater than 50% and Less than 100% Complete |
| <input type="checkbox"/> | Completed |
| 2. Please provide a status update on the activities supported with this funding in the following areas noted below (identify the activities that have been completed, are in progress, and/or are planned with this funding): (check all that apply) | |
| <input checked="" type="checkbox"/> | Staff and Patient Safety |
| As we are starting limited testing, ECT funds will be used to purchase PPE (including N95 masks, gowns, gloves, face shields, etc) to protect staff from possible exposure. | |
| <input checked="" type="checkbox"/> | Testing |
| As we had planned, HCHC did not start testing until very late in 2020, as local hospitals met all local demand and had the staffing capacity to do so safely without possible impact on access to primary care. At the end of the year, the Commonwealth of Massachusetts provided health centers with free rapid testing kits, which we are able to use until at least the end of February 2021. We are therefore not using the funds for these kits, but to support all the activities surrounding the testing. | |
| <input checked="" type="checkbox"/> | Maintaining or Increasing Health Center Capacity and Staffing |
| HCHC is using the ECT funds to support the hire of a new COO, a new position, who has been instrumental in development of our testing capabilities. She has been charged with managing all COVID-19 related operational activities, including supporting workflows for our Respiratory Infection Clinic, Respiratory Triage Team, and COVID Treatment Team. She is the primary person responsible for implementing the on-site testing program, as limited as it is at the moment. She oversees our Reception Department, which is critical to our outreach to those at high risk or who have access barriers, and is working to improve workflows to ensure patient access and coordination with local hospital's testing efforts and local Boards of Health's contact tracing efforts. | |
| <input type="checkbox"/> | Telehealth |
| <input type="checkbox"/> | Minor A/R (when applicable) |
| 3. Are the implemented/planned activities described above and associated uses of funds consistent with what you submitted to HRSA in the initial post-award reporting requirement response? | |
| <input type="checkbox"/> | Yes |
| <input checked="" type="checkbox"/> | No |
| If 'No', please describe any new and/or updated activities. For changes that impact your approved budget, please provide detail by cost category. (maximum 2000 characters) | |
| We will be submitting a prior approval request to rebudget the funds allocated for the hiring of a locum tenens provider. We were able to hire three providers as employees in the last quarter of 2020. We therefore no longer need to use the funds for a locum, and will instead ask to use them to support these providers, who will be an important part of our testing and support program. | |
| 4. Are there or do you anticipate any issues or barriers in the use of the funding and/or implementing the planned activities? | |
| <input type="checkbox"/> | Yes |
| <input checked="" type="checkbox"/> | No |
| If 'Yes', please describe. (maximum 2000 characters) | |

EQUIPMENT SALES AGREEMENT
Payment Terms

Please select your payment method:

Deposit Balance

 Financing through Clarion Financial (Please complete and submit application)¹

 Other Bank Financing^{*, 1}

Name of Financial / Lending Institution: _____

Contact Person: _____

Email: _____

Phone: _____

* Financial Institution must release funds directly to Benco. If other financing has not been approved, customer must select another payment type until such financing has been obtained. Upon equipment delivery, Customer agrees to sign financial institution's certificate of acceptance and / or other documentation necessary to release funds to Benco.

Automatic Checking Account (ACH) payment¹

Your signature below authorizes Benco to verify your checking account information and begin ACH debit transactions on specified dates via your checking account.

Account Holder: Hilltown Community Health Center

Account Number: 01-23-622397

Routing Number: 211871688

Check **, ¹

**Check must be presented to Benco representative prior to equipment installation.

¹Discounted cash price will be charged for payment through this option.

Debit or Credit Card (Please contact your Benco representative to provide card info)

In the event that full payment is not received upon delivery, Benco shall retain title to the goods until the full amount of the agreed price is paid. In such event, Benco may file UCC financing statements to protect its security interest in such goods. Purchaser consents to such security interest and agrees to execute any documents necessary to create and protect such interest. Benco will charge a 1.5% finance charge monthly (APR: 18%) on all past due equipment balances, as per our standard finance charge policy.

Customer Account Name: Hilltown Community Health

Customer Signature: X 



295 Centerpoint Blvd
Pittston, PA 18640
http://www.benco.com

Equipment Sales Agreement

| | |
|---------------------|-----------|
| Ref No: | 1445 |
| Purchase Order: | 00001445 |
| Printed On: | 1/7/2021 |
| Prices Firm Until*: | 1/22/2021 |

*Prices subject to change with manufacturer price changes

Customer Information

98432576 - EQAC HILLTOWN COMMUNITY HEALTH
58 OLD NORTH RD
WORTHINGTON, MA 01098-9708
413-667-3009

Installation Address

1 - EQAC HILLTOWN COMMUNITY HEALTH
73 RUSSELL RD
HUNTINGTON, MA 01050-9777
413-667-3009

Benco Information

Equipment Specialist: Tricia Aponte (S)
267-664-0808
Sales Representative: Ryan Archambault (A)
413-330-3698

Requested Installation Date

3/4/2021

You may move forward your Requested Installation Date up to 45 days prior to the initial Requested Date. Changes or cancellations to this Equipment Order may result in additional charges or fees. See terms and conditions on reverse.

Payment Method

Total Investment \$ 22,747.79 Deposit \$ 22,747.79 Balance \$ 0
Minimum Deposit \$ 2,252.26

CASH TOTAL \$ 22,747.79

CHECK # _____

LEASE Lendor _____ City _____

CONDITIONAL SALE Contact Person _____ Phone _____

Purchaser's Exact Full Legal Name

Insert only one purchaser name - do not abbreviate or combine names. Print full name of Purchaser and Tax ID Number or Social Security Number, as applicable. A separate signed complete Equipment Sales Agreement is required for each additional purchaser.

| | | | | |
|------------------------------------|--|------------------------------|-------------|--------------|
| OR | ORGANIZATION'S NAME Hilltown Community Health | | | |
| | INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| MAILING ADDRESS 73 Russell Road | | CITY Huntington | STATE MA | ZIP 01050 |
| TYPE OF ORGANIZATION CHC | | JURISDICTION OF ORGANIZATION | | |

Equipment Preassembly Allowed

Patricia J Aponte
Benco Representative

X [Signature]
Purchaser's Signature

X 01/08/2021
Date

This agreement is the total agreement of the parties. Purchaser's signature indicates agreement and full understanding of all terms and conditions appearing on the reverse.

EQUIPMENT SALES AGREEMENT
Terms and Conditions

A. WARRANTY. The following warranties apply to the goods and services supplied by Benco:

1. Benco Limited Warranty. Subject to Section B below, Benco warrants that goods and services supplied by Benco will be free from defects in workmanship and material as follows:
 - i. For "BencoNet" computers, servers and their integral parts only, the warranty period shall last for three (3) years for parts and one (1) year for labor after the date of the applicable Benco invoice. Benco technical phone and remote support may be extended by purchase of an optional technical support contract.
 - ii. For Benco's "BluChip Elite" and "Select" Purchasers only, all other new equipment is warranted for one (1) year parts and labor after the date of the applicable Benco invoice.
 - iii. For all Purchaser who are not Benco's "BluChip Elite" and "Select" Purchasers, all other new equipment is warranted for six (6) months parts and labor after the date of the applicable Benco invoice.
 - iv. In order to be eligible for our labor warranty the equipment must remain in its originally installed location.
2. Exception to Benco's Warranty. Only the applicable manufacturer's warranty (if any) applies to the following goods, and Benco makes no warranty whatsoever with respect to these goods except as set forth below:
 - i. Bulbs, hand pieces, and angles,
 - ii. Monitors, printers, scanners, and other peripheral computer equipment,
 - iii. Manufacturer recertified equipment (for which a 90 day labor only warranty shall apply;) and
 - iv. Any manufacturer-branded non-equipment goods.
3. Product defects may be covered by a manufacturer's warranty. In such event, such manufacturer's warranty shall take precedence over any Benco warranty and Benco will repair, replace or service the defective item as per the manufacturer's directions. Benco will not credit or exchange any installed equipment unless directed to do so by its manufacturer, whose determination is final.
4. Benco reserves the right to cancel any warranty in the event that Purchaser is more than 90 days past due on its equipment account with Benco.

B. WARRANTY EXCLUSIONS, LIMITATIONS and DISCLAIMERS:

1. **BENCO DOES NOT GRANT ANY OTHER WARRANTIES, EXPRESS OR IMPLIED, OTHER THAN THE WARRANTIES SPECIFICALLY STATED IN THESE TERMS AND CONDITIONS, AND HEREBY DISCLAIMS ANY IMPLIED WARRANTY OF MERCHANTABILITY; WARRANTY OF FITNESS FOR A SPECIFIC PURPOSE; WARRANTY OF NON-INFRINGEMENT; OR ANY WARRANTIES ARISING FROM USAGE OF TRADE, COURSE OF DEALING OR COURSE OF PERFORMANCE.**
2. **DISCLAIMER OF DAMAGES:** Benco's total liability for damages related to the supply of its goods and services shall be limited to the total amount paid by Purchaser for such goods or services. Under no circumstances will Benco have any liability for incidental, consequential, indirect, and special or punitive damages. These damages include but are not limited to loss of profits, loss of use of the goods, damage to property, and claims of third parties.
3. Benco shall not be responsible for damages associated with data loss or computer/ equipment damage associated with computers; computer networks, or software provided and/or installed by Benco which may arise out of computer hacking; viruses, malware, and spy ware; network security breaches, etc.
4. In the event that used equipment is being purchased, such equipment is being sold "as is" and Benco makes no warranties of any kind, express or implied relative to such equipment.

C. RELATIONSHIP WITH CONTRACTORS/TRADESPeOPLE

1. Inspections by Benco of office renovations associated with equipment installations may be necessary in order to review progress, answer questions and update the installation date. Benco includes three on-site job inspections at no charge, and may invoice for additional inspections at its prevailing rates. Benco must receive five (5) days' notice prior to each inspection.
2. Purchaser and contractors must adhere to Benco-approved specification plans setting forth the requirements necessary to properly install the equipment. Additional costs and delays due to deviation from specification plans are the responsibility of Purchaser.
3. Equipment installation will begin when Benco's final inspection verifies that contractors have properly completed all work.
4. Purchaser must have a responsible person present during delivery and installation of the equipment.
5. Purchaser will have tradespeople present for installation as necessary. All costs are Purchaser's responsibility.
6. Plumbing, carpentry and electrical work are the responsibility of the Purchaser's contractor(s) and must be completed according to Benco's plans and the manufacturer's specifications as well as in compliance with all state and local codes. Benco will invoice Purchaser at its prevailing rates for finishing any uncompleted portion of the contractor's job required by Benco specifications.
7. Benco disclaims all responsibility for work performed by persons other than its own employees or agents. Purchaser agrees to indemnify and hold Benco harmless for any damages, injuries, negligence, or liability of any kind to persons, invitees, or property caused by the actions of any person other than a Benco employee or agent.

D. CHANGES, DELIVERY AND/OR CANCELLATION

1. If Purchaser cancels or modifies this agreement after 10 working days from execution, Benco will: a) require an additional deposit, b) invoice for special work (i.e. plans, inspections, installations, warehousing) and custom items, and c) charge a 20% restocking charge. Any Purchaser deposit will be applied toward the above or any other additional charges.
2. Benco will make every effort to accommodate changes to equipment orders; however, most dental equipment is custom manufactured, and changes may delay delivery/installation and/or result in additional charges.
3. After confirmation of the installation date, Purchaser is responsible for any direct fees (i.e. manufacturer restocking charges or change fees, design or architectural fees, additional shipping costs, etc.) related to changes. On special-order items, Benco may apply an additional restocking fee.
4. Benco will charge a storage fee of 1 1/2% of invoice price per month on any equipment not claimed within 30 days of confirmed installation date.
5. Delivered equipment is not returnable unless the return is approved by the manufacturer. Any costs associated with any such return are the sole responsibility of the Purchaser.

E. INSTALLATION

1. Benco will make every attempt to accommodate Purchaser's installation schedule, but may adjust installation dates following confirmation due to scheduling issues.
2. Benco requires the installation and proper use and maintenance of a water pressure reduction valve and master water filter shut-off valve on all water lines that supply dental equipment and failure to properly install such equipment, as well as the failure to properly deactivate the shut-off valves on a daily basis, may result in serious water damage, equipment failures, business interruption and other damages. Benco shall not be responsible for any such damages and Purchaser agrees to fully indemnify, defend and hold Benco harmless for any warranty claim or liability to persons or property, in the event Purchaser fails to properly install water pressure reduction valves and/or fails to deactivate all shut-off valves at the end of each workday.
3. There will be an installation fee for all equipment /software that was not purchased from Benco.
4. Purchaser is solely responsible for any software upgrades that may be required.
5. Any requested manufacturer equipment training will be scheduled by the manufacturer's representative, post installation.

F. MOVING

1. Within present location, Benco will disconnect, move, and reconnect existing equipment. Billing for parts and labor will be at Benco's prevailing rates.
2. Purchaser must hire a professional moving company to move existing equipment from one location to another. Benco will disconnect present equipment and reconnect equipment at the new location. Billing for parts and labor will be at Benco's prevailing rates.
3. Due to the delicate nature of dental equipment that has been in operation (ex. in-line sediment that collects in water lines, electrical connections, worn seals, etc.), it is possible that disconnection, relocation and reconnection of dental equipment may result in damage to or malfunction of such dental equipment. While Benco will use its best efforts to avoid any such damage, Benco shall not be responsible for any damage to or malfunction of Purchaser's dental equipment which occurs during or as a result of disconnection, relocation and reconnection.
4. If it is necessary for Benco Dental to remove old equipment from the dental office, the Purchaser understands and agrees that unless he/she requests in writing that specific dental equipment be saved, the equipment will be disposed of and Benco Dental will not be able to recover such dental equipment. Additional charges for disposal of equipment may apply.

G. FORCE MAJEURE

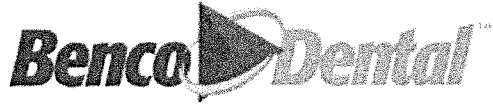
1. Delays, failures or additional expenses caused by FORCE MAJEURE such as fire, flood, strike, labor disputes, civil or military actions, etc. are purchaser's sole responsibility.

H. DISPUTES

1. All disputes relating to this contract and/or the purchase, delivery, installation, and operation of the equipment shall be tried in a court of competent jurisdiction in Luzerne County, Pennsylvania pursuant to Pennsylvania law notwithstanding its choice of law provisions. The prevailing party in such litigation shall be entitled to attorney's fees, costs and interests on any amounts owed.

I have read and agree to the above terms and conditions.

Initials: XEBL



Disclaimer and Performance Waiver

∞ Disconnecting and Reconnecting of Dental Equipment

Due to the delicate nature of dental equipment that has been in operation; i.e. in-line sediment that collects in water lines, electrical connections, worn seals, etc., it is possible that disconnection and reconnection of dental equipment may result in damage to or malfunction of such dental equipment. While Benco pledges to use its best effort to avoid any such damage, Benco Dental shall not be responsible for any damage to or malfunction of customer's dental equipment, which occurs during or as a result of disconnecting and reconnecting.

∞ Moving

Customer is responsible for retaining the services of a professional moving company to move existing equipment from one location to another. Benco will disconnect the equipment that is to be relocated and reconnect this equipment at the new location. Billing for any parts and labor associated with the disconnect / reconnect will be at Benco's prevailing rates.

∞ Equipment Installation - Water Filter Shut off Valve required

Benco requires the installation and proper use and maintenance of a water pressure reduction valve and master water filter shut-off valve on all water lines that supply dental equipment. Failure to install proper water pressure reduction valves and shut off devices, as well as failure to properly deactivate the shut-off valves on a daily basis, may result in serious water damage, equipment failures, business interruption and other damages. Benco shall not be responsible for any such damages and customer agrees to fully indemnify, defend and hold Benco harmless for any warranty claim or liability to persons or property, in the event that customer fails to properly install water pressure reduction valves and/or fails to deactivate all shut-off valves at the end of each workday. In the event of a water loss if it is to be contended that Benco is responsible in any matter whatsoever, the customer must notify Benco immediately and permit Benco to inspect the cause of water loss prior to repair. Benco shall inspect the cause within one business day.

∞ Disposal of existing/old dental equipment

If it is necessary for Benco Dental to remove old equipment from the dental office, the customer understands and agrees that unless he/she requests in writing below that specific dental equipment be saved, the equipment will be disposed of and Benco Dental will not be able to recover such dental equipment. The customer cannot hold Benco Dental liable for the disposal of such dental equipment. Additional charges for disposal of equipment will apply.

Equipment to be retained and turned over to customer :(Fill in equipment list here)

I have read, understand and agree to all of the terms and conditions within this disclaimer/waiver.

[Handwritten Signature]
Customer Signature: _____

X 01/08/2021
Date: _____

Dental equipment is fragile. Carelessly moving existing unboxed equipment may lead to future malfunctions. It should ONLY be transported by licensed, insured professional movers.

Equipment Sales Agreement

| | |
|----------------------------|-----------|
| Ref No: | 1445 |
| Purchase Order: | 00001445 |
| Printed On: | 1/7/2021 |
| Prices Firm Until*: | 1/22/2021 |

*Prices subject to change with manufacturer price changes

Customer Information
 98432576 - EQAC HILLTOWN COMMUNITY HEALTH
 58 OLD NORTH RD
 WORTHINGTON, MA 01098-9708
 413-667-3009

Installation Address
 1 - EQAC HILLTOWN COMMUNITY HEALTH
 73 RUSSELL RD
 HUNTINGTON, MA 01050-9777
 413-667-3009

Benco Information
Equipment Specialist: Tricia Aponte (S)
 267-664-0808
Sales Representative: Ryan Archambault (A)
 413-330-3698

Requested Installation Date
 3/4/2021
 You may move forward your Requested Installation Date up to 45 days prior to the initial Requested Date. Changes or cancellations to this Equipment Order may result in additional charges or fees. See terms and conditions on reverse.

| Qty | Item # | Mfgr | Item Description | Retail | Net | Net Ext | Cash | Cash Ext |
|-----|----------|------|---|------------|------------|------------|------------|------------|
| 2 | 5402-520 | DCI | SERIES 5 DENTAL CHR 200W TRANS COLOR: TBD UPHOLSTERY STYLE: Asepsis ERGOBACK OR NARROW BACK: Ergoback 4895D-remove foot control | \$7,500.00 | \$4,310.67 | \$8,621.35 | \$4,226.15 | \$8,452.30 |
| 2 | 5035-383 | DCI | ACCESSORY CONNECTION BOX | \$460.00 | \$264.38 | \$528.77 | \$259.20 | \$518.40 |
| 2 | 5044-524 | DCI | SWING MT AUTO UNIT W POLE GRY | \$6,500.00 | \$3,735.91 | \$7,471.83 | \$3,662.66 | \$7,325.32 |
| 2 | 5044-588 | DCI | REAR ASST UNIT W/4POS HOLDER | \$1,600.00 | \$919.61 | \$1,839.22 | \$901.58 | \$1,803.16 |
| 2 | 5036-202 | DCI | EXTRA HVE,TUBING AND CONNECTOR | \$125.00 | \$71.85 | \$143.70 | \$70.44 | \$140.88 |
| 2 | 5044-882 | DCI | LIGHT LED S5 SYS MT 115V GRY | \$3,100.00 | \$1,781.75 | \$3,563.49 | \$1,746.81 | \$3,493.62 |
| 2 | 5043-338 | DCI | STOOL SERIES5 DOCTOR UPHOLSTERY COLOR: TBD | \$700.00 | \$402.33 | \$804.66 | \$394.44 | \$788.88 |

| | | |
|-------------------------|-------------|-------------|
| Subtotal : | \$22,973.01 | \$22,522.56 |
| Freight : | \$229.73 | \$225.23 |
| Tax : | \$0.00 | \$0.00 |
| Total Invested : | \$23,202.74 | \$22,747.79 |

I have carefully reviewed the terms described above and stipulate that both the model numbers and pricing are correct and as agreed upon. I accept this agreement as presented or with the changes indicated above.

Patricia J Aponte X [Signature] X 01/08/2021
 Benco Representative Purchaser Date

EQUIPMENT SALES AGREEMENT

Payment Terms

Please select your payment method:

Deposit

Balance

[]

[]

Financing through Clarion Financial (Please complete and submit application)¹

[]

[]

Other Bank Financing^{*, 1}

Name of Financial / Lending Institution: _____

Contact Person: _____

Email: _____

Phone: _____

* Financial institution must release funds directly to Benco. If other financing has not been approved, customer must select another payment type until such financing has been obtained. Upon equipment delivery, Customer agrees to sign financial institution's certificate of acceptance and / or other documentation necessary to release funds to Benco.

[X]

[X]

Automatic Checking Account (ACH) payment¹

Your signature below authorizes Benco to verify your checking account information and begin ACH debit transactions on specified dates via your checking account.

Account Holder: Hilltown Community Health Center

Account Number: 01-23-622397

Routing Number: 211871688

[✓]

[✓]

Check **, 1

**Check must be presented to Benco representative prior to equipment installation.

¹Discounted cash price will be charged for payment through this option.

[]

[]

Debit or Credit Card (Please contact your Benco representative to provide card info)

In the event that full payment is not received upon delivery, Benco shall retain title to the goods until the full amount of the agreed price is paid. In such event, Benco may file UCC financing statements to protect its security interest in such goods. Purchaser consents to such security interest and agrees to execute any documents necessary to create and protect such interest. Benco will charge a 1.5% finance charge monthly (APR: 18%) on all past due equipment balances, as per our standard finance charge policy.

Customer Account Name: Hilltown Community Health

Customer Signature: X 



295 Centerpoint Blvd
Pittston, PA 18640
http://www.benco.com

Equipment Sales Agreement

| | |
|---------------------|----------|
| Ref No: | 1481 |
| Purchase Order: | 00001481 |
| Printed On: | 1/7/2021 |
| Prices Firm Until*: | 2/6/2021 |

*Prices subject to change with manufacturer price changes

Customer Information

98432576 - EQAC HILLTOWN COMMUNITY HEALTH
58 OLD NORTH RD
WORTHINGTON, MA 01098-9708
413-667-3009

Installation Address

1 - EQAC HILLTOWN COMMUNITY HEALTH
73 RUSSELL RD
HUNTINGTON, MA 01050-9777
413-667-3009

Benco Information

Equipment Specialist: Tricia Aponte (S)
267-664-0808
Sales Representative: Ryan Archambault (A)
413-330-3698

Requested Installation Date

3/4/2021

You may move forward your Requested Installation Date up to 45 days prior to the initial Requested Date. Changes or cancellations to this Equipment Order may result in additional charges or fees. See terms and conditions on reverse.

Payment Method

Total Investment \$ 25,990.53 Deposit \$ 25,990.53 Balance \$ 0
Minimum Deposit \$ 2,573.32

CASH TOTAL \$ _____
 CHECK # _____

LEASE Lendor _____ City _____

CONDITIONAL SALE Contact Person _____ Phone _____

Purchaser's Exact Full Legal Name

Insert only one purchaser name - do not abbreviate or combine names. Print full name of Purchaser and Tax ID Number or Social Security Number, as applicable. A separate signed complete Equipment Sales Agreement is required for each additional purchaser.

| | | | | |
|------------------------------------|--|------------------------------|-------------|--------------|
| OR | ORGANIZATION'S NAME Hilltown Community Health | | | |
| | INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
| MAILING ADDRESS 73 Russell Road | | CITY Huntington | STATE MA | ZIP 01050 |
| COUNTRY | | | | |
| TYPE OF ORGANIZATION CHC | | JURISDICTION OF ORGANIZATION | | |

Equipment Preassembly Allowed

Patricia J Aponte
Benco Representative

X [Signature]
Purchaser's Signature

X 01/05/2021
Date

This agreement is the total agreement of the parties. Purchaser's signature indicates agreement and full understanding of all terms and conditions appearing on the reverse.

EQUIPMENT SALES AGREEMENT
Terms and Conditions

A. WARRANTY. The following warranties apply to the goods and services supplied by Benco:

1. Benco Limited Warranty. Subject to Section B below, Benco warrants that goods and services supplied by Benco will be free from defects in workmanship and material as follows:
 - i. For "BencoNet" computers, servers and their integral parts only, the warranty period shall last for three (3) years for parts and one (1) year for labor after the date of the applicable Benco invoice. Benco technical phone and remote support may be extended by purchase of an optional technical support contract.
 - ii. For Benco's "BluChip Elite" and "Select" Purchasers only, all other new equipment is warranted for one (1) year parts and labor after the date of the applicable Benco invoice.
 - iii. For all Purchaser who are not Benco's "BluChip Elite" and "Select" Purchasers, all other new equipment is warranted for six (6) months parts and labor after the date of the applicable Benco invoice.
 - iv. In order to be eligible for our labor warranty the equipment must remain in its originally installed location.
2. Exception to Benco's Warranty. Only the applicable manufacturer's warranty (if any) applies to the following goods, and Benco makes no warranty whatsoever with respect to these goods except as set forth below:
 - i. Bulbs, hand pieces, and angles,
 - ii. Monitors, printers, scanners, and other peripheral computer equipment,
 - iii. Manufacturer recertified equipment (for which a 90 day labor only warranty shall apply;) and
 - iv. Any manufacturer-branded non-equipment goods.
3. Product defects may be covered by a manufacturer's warranty. In such event, such manufacturer's warranty shall take precedence over any Benco warranty and Benco will repair, replace or service the defective item as per the manufacturer's directions. Benco will not credit or exchange any installed equipment unless directed to do so by its manufacturer, whose determination is final.
4. Benco reserves the right to cancel any warranty in the event that Purchaser is more than 90 days past due on its equipment account with Benco.

B. WARRANTY EXCLUSIONS, LIMITATIONS and DISCLAIMERS:

1. **BENCO DOES NOT GRANT ANY OTHER WARRANTIES, EXPRESS OR IMPLIED, OTHER THAN THE WARRANTIES SPECIFICALLY STATED IN THESE TERMS AND CONDITIONS, AND HEREBY DISCLAIMS ANY IMPLIED WARRANTY OF MERCHANTABILITY; WARRANTY OF FITNESS FOR A SPECIFIC PURPOSE; WARRANTY OF NON-INFRINGEMENT; OR ANY WARRANTIES ARISING FROM USAGE OF TRADE, COURSE OF DEALING OR COURSE OF PERFORMANCE.**
2. **DISCLAIMER OF DAMAGES:** Benco's total liability for damages related to the supply of its goods and services shall be limited to the total amount paid by Purchaser for such goods or services. Under no circumstances will Benco have any liability for incidental, consequential, indirect, and special or punitive damages. These damages include but are not limited to loss of profits, loss of use of the goods, damage to property, and claims of third parties.
3. Benco shall not be responsible for damages associated with data loss or computer/ equipment damage associated with computers; computer networks; or software provided and/or installed by Benco which may arise out of computer hacking; viruses, malware, and spy ware; network security breaches, etc.
4. In the event that used equipment is being purchased, such equipment is being sold "as is" and Benco makes no warranties of any kind, express or implied relative to such equipment.

C. RELATIONSHIP WITH CONTRACTORS/TRADESPEOPLE

1. Inspections by Benco of office renovations associated with equipment installations may be necessary in order to review progress, answer questions and update the installation date. Benco includes three on-site job inspections at no charge, and may invoice for additional inspections at its prevailing rates. Benco must receive five (5) days' notice prior to each inspection.
2. Purchaser and contractors must adhere to Benco-approved specification plans setting forth the requirements necessary to properly install the equipment. Additional costs and delays due to deviation from specification plans are the responsibility of Purchaser.
3. Equipment installation will begin when Benco's final inspection verifies that contractors have properly completed all work.
4. Purchaser must have a responsible person present during delivery and installation of the equipment.
5. Purchaser will have tradespeople present for installation as necessary. All costs are Purchaser's responsibility.
6. Plumbing, carpentry and electrical work are the responsibility of the Purchaser's contractor(s) and must be completed according to Benco's plans and the manufacturer's specifications as well as in compliance with all state and local codes. Benco will invoice Purchaser at its prevailing rates for finishing any uncompleted portion of the contractor's job required by Benco specifications.
7. Benco disclaims all responsibility for work performed by persons other than its own employees or agents. Purchaser agrees to indemnify and hold Benco harmless for any damages, injuries, negligence, or liability of any kind to persons, invitees, or property caused by the actions of any person other than a Benco employee or agent.

D. CHANGES, DELIVERY AND/OR CANCELLATION

1. If Purchaser cancels or modifies this agreement after 10 working days from execution, Benco will: a) require an additional deposit, b) invoice for special work (i.e. plans, inspections, installations, warehousing) and custom items, and c) charge a 20% restocking charge. Any Purchaser deposit will be applied toward the above or any other additional charges.
2. Benco will make every effort to accommodate changes to equipment orders; however, most dental equipment is custom manufactured, and changes may delay delivery/installation and/or result in additional charges.
3. After confirmation of the installation date, Purchaser is responsible for any direct fees (i.e. manufacturer restocking charges or change fees, design or architectural fees, additional shipping costs, etc.) related to changes. On special-order items, Benco may apply an additional restocking fee.
4. Benco will charge a storage fee of 1¹/₂% of invoice price per month on any equipment not claimed within 30 days of confirmed installation date.
5. Delivered equipment is not returnable unless the return is approved by the manufacturer. Any costs associated with any such return are the sole responsibility of the Purchaser.

E. INSTALLATION

1. Benco will make every attempt to accommodate Purchaser's installation schedule, but may adjust installation dates following confirmation due to scheduling issues.
2. Benco requires the installation and proper use and maintenance of a water pressure reduction valve and master water filter shut-off valve on all water lines that supply dental equipment and failure to properly install such equipment, as well as the failure to properly deactivate the shut-off valves on a daily basis, may result in serious water damage, equipment failures, business interruption and other damages. Benco shall not be responsible for any such damages and Purchaser agrees to fully indemnify, defend and hold Benco harmless for any warranty claim or liability to persons or property, in the event Purchaser fails to properly install water pressure reduction valves and/or fails to deactivate all shut-off valves at the end of each workday.
3. There will be an installation fee for all equipment /software that was not purchased from Benco.
4. Purchaser is solely responsible for any software upgrades that may be required.
5. Any requested manufacturer equipment training will be scheduled by the manufacturer's representative, post installation.

F. MOVING

1. Within present location, Benco will disconnect, move, and reconnect existing equipment. Billing for parts and labor will be at Benco's prevailing rates.
2. Purchaser must hire a professional moving company to move existing equipment from one location to another. Benco will disconnect present equipment and reconnect equipment at the new location. Billing for parts and labor will be at Benco's prevailing rates.
3. Due to the delicate nature of dental equipment that has been in operation (ex. in-line sediment that collects in water lines, electrical connections, worn seals, etc.), it is possible that disconnection, relocation and reconnection of dental equipment may result in damage to or malfunction of such dental equipment. While Benco will use its best efforts to avoid any such damage, Benco shall not be responsible for any damage to or malfunction of Purchaser's dental equipment which occurs during or as a result of disconnection, relocation and reconnection.
4. If it is necessary for Benco Dental to remove old equipment from the dental office, the Purchaser understands and agrees that unless he/she requests in writing that specific dental equipment be saved, the equipment will be disposed of and Benco Dental will not be able to recover such dental equipment. Additional charges for disposal of equipment may apply.

G. FORCE MAJEURE

1. Delays, failures or additional expenses caused by FORCE MAJEURE such as fire, flood, strike, labor disputes, civil or military actions, etc. are purchaser's sole responsibility.

H. DISPUTES

1. All disputes relating to this contract and/or the purchase, delivery, installation, and operation of the equipment shall be tried in a court of competent jurisdiction in Luzerne County, Pennsylvania pursuant to Pennsylvania law notwithstanding its choice of law provisions. The prevailing party in such litigation shall be entitled to attorney's fees, costs and interests on any amounts owed.

I have read and agree to the above terms and conditions.

Initials: XERL

Benco Dental
Disclaimer and Performance Waiver

∞ Disconnecting and Reconnecting of Dental Equipment

Due to the delicate nature of dental equipment that has been in operation; i.e. in-line sediment that collects in water lines, electrical connections, worn seals, etc., it is possible that disconnection and reconnection of dental equipment may result in damage to or malfunction of such dental equipment. While Benco pledges to use its best effort to avoid any such damage, Benco Dental shall not be responsible for any damage to or malfunction of customer's dental equipment, which occurs during or as a result of disconnecting and reconnecting.

∞ Moving

Customer is responsible for retaining the services of a professional moving company to move existing equipment from one location to another. Benco will disconnect the equipment that is to be relocated and reconnect this equipment at the new location. Billing for any parts and labor associated with the disconnect / reconnect will be at Benco's prevailing rates.

∞ Equipment Installation - Water Filter Shut off Valve required

Benco requires the installation and proper use and maintenance of a water pressure reduction valve and master water filter shut-off valve on all water lines that supply dental equipment. Failure to install proper water pressure reduction valves and shut off devices, as well as failure to properly deactivate the shut-off valves on a daily basis, may result in serious water damage, equipment failures, business interruption and other damages. Benco shall not be responsible for any such damages and customer agrees to fully indemnify, defend and hold Benco harmless for any warranty claim or liability to persons or property, in the event that customer fails to properly install water pressure reduction valves and/or fails to deactivate all shut-off valves at the end of each workday. In the event of a water loss if it is to be contended that Benco is responsible in any matter whatsoever, the customer must notify Benco immediately and permit Benco to inspect the cause of water loss prior to repair. Benco shall inspect the cause within one business day.

∞ Disposal of existing/old dental equipment

if it is necessary for Benco Dental to remove old equipment from the dental office, the customer understands and agrees that unless he/she requests in writing below that specific dental equipment be saved, the equipment will be disposed of and Benco Dental will not be able to recover such dental equipment. The customer cannot hold Benco Dental liable for the disposal of such dental equipment. Additional charges for disposal of equipment will apply.

Equipment to be retained and turned over to customer :(Fill in equipment list here)

I have read, understand and agree to all of the terms and conditions within this disclaimer/waiver.

X 
Customer Signature: _____

X 01/08/2021
Date: _____

Dental equipment is fragile. Carelessly moving existing unboxed equipment may lead to future malfunctions. it should ONLY be transported by licensed, insured professional movers.



295 Centerpoint Blvd
Pittston, PA 18640
http://www.benco.com

Equipment Sales Agreement

| | |
|----------------------------|----------|
| Ref No: | 1481 |
| Purchase Order: | 00001481 |
| Printed On: | 1/7/2021 |
| Prices Firm Until*: | 2/6/2021 |

*Prices subject to change with manufacturer price changes

| Customer Information |
|--|
| 98432576 - EQAC HILLTOWN COMMUNITY HEALTH 58 OLD NORTH RD WORTHINGTON, MA 01098-9708 413-667-3009 |

| Installation Address |
|--|
| 1 - EQAC HILLTOWN COMMUNITY HEALTH 73 RUSSELL RD HUNTINGTON, MA 01050-9777 413-667-3009 |

| Benco Information | |
|------------------------------|--------------------------------------|
| Equipment Specialist: | Tricia Aponte (S) 267-664-0808 |
| Sales Representative: | Ryan Archambault (A) 413-330-3698 |

| Requested Installation Date |
|--|
| 3/4/2021 |
| You may move forward your Requested Installation Date up to 45 days prior to the initial Requested Date. Changes or cancellations to this Equipment Order may result in additional charges or fees. See terms and conditions on reverse. |

| Qty | Item # | Mfgr | Item Description | Retail | Net | Net Ext | Cash | Cash Ext |
|---------------------------|----------|--------|--------------------------------|-------------|-------------|-------------|-------------|-------------|
| 1 | 5415-301 | INSTRU | OP3D 2D PAN ONLY UPGRADEABLE | \$33,325.00 | \$22,436.88 | \$22,436.88 | \$21,996.94 | \$21,996.94 |
| 1 | 3741-293 | MIDMA | PREVA DC INTRAORAL XRAY 76"DBL | \$6,070.00 | \$3,810.99 | \$3,810.99 | \$3,736.26 | \$3,736.26 |
| Subtotal : | | | | | | \$26,247.86 | \$25,733.20 | |
| Freight : | | | | | | \$262.48 | \$257.33 | |
| Approximate Tax* : | | | | | | \$0.00 | \$0.00 | |
| Total Invested : | | | | | | \$26,510.34 | \$25,990.53 | |

* Please note tax is estimated based on installation address, and subject to change without notice. Exact taxes will be reflected on your final invoice.

I have carefully reviewed the terms described above and stipulate that both the model numbers and pricing are correct and as agreed upon. I accept this agreement as presented or with the changes indicated above.

Patricia J Aponte
Benco Representative

X [Signature]
Purchaser

X 01/08/2021
Date



2021 Board of Directors Meetings/Finance Committee Meetings

All Meetings will be conducted via Zoom through 2021
(unless and until in-person meetings can be held safely)

<https://hchcweb-org.zoom.us/j/97600369054?pwd=b2cyeUtmdHNlcGN1R2hINEpWU90QT09>

Meeting ID: 976 0036 9054

Passcode: 627611

5:30 to 7:30 PM

Dates for 2021 Meetings

January 14th

July 8th

February 11th

August 12th

March 11th

September 9th

April 8th

October 14th

May 13th

November 11th

June 10th

December 9th

2021 Policy Review/Report Schedule for HCHC Board of Directors

| | | NOTES |
|------------------|---|--|
| JANUARY | QI-Risk Mgt Board Report Jul-Dec CEO Evaluation | |
| FEBRUARY | UDS Application | |
| MARCH | COOP Plan Credit and Collection Policy Sliding Scale Fee Program | After the Federal Poverty Table for the new year has been published After the Federal Poverty Table for the new year has been published |
| APRIL | QI Policy Risk Management Program | |
| MAY | Annual Auditing Firm Report | |
| JUNE | FTCA Application (estimated) | |
| JULY | Emergency Preparedness | |
| AUGUST | None | |
| SEPTEMBER | Administrative Policies Annual Audit Firm Vote Board Policies | |
| OCTOBER | Clinical Policies SBHC Policies QI-Risk Mgt Board Report Jan-Jun | |
| NOVEMBER | HIPAA Security and Privacy Policies, including WISP Corporate Compliance Policies Personnel Policies (Handbook) | |
| DECEMBER | Budget Vote NCC/Budget Period Report (every third year - SAC) | |