Hilltown Community Health Center Board of Directors Meeting

December 9, 2021

https://hchcweb-org.zoom.us/j/97600369054?pwd=b2cyeUtmdHNlcGN1R2hINEpWUm90QT09

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	John Follet
5:50 PM	 Committee Reports Executive Committee Fundraising Committee Personnel Facilities Recruitment Orientation and Nomination Strategic Planning 	Vote Needed	Lee Manchester Nancy Brenner John Follet Alan Gaitenby Wendy Long Nancy Brenner
6:10 PM	 Senior Management Reports Credentialing and Privileging Report Quality Improvement Report Risk Management CEO Report Employee Recognition 	Vote Needed Vote Needed Vote Needed Inform/ Discussion Inform	Michael Purdy Vickie Dempesy Michael Purdy Eliza Lake Senior Managers
6:40 PM	Staff Presentation • Patient Satisfaction Survey	Inform	Eliza Lake
6:55 PM	New Business HRSA Service Area Competition Application HCHC 2022 Budget	Vote Needed Vote Needed Vote Needed	Eliza Lake ElizaLake John Melehov
7:05 PM	Old Business • COVID-19 and Influenza Immunization Policy	Inform	Eliza Lake
7:25 PM	Executive Session		
7:30 PM	Adjourn	Vote Needed	Lee Manchester

Upcoming Meetings

- Thursday, January 13, 2022 at 5:30 PM via Zoom
- Thursday, February 10, 2022 at 5:30 PM via Zoom
- Thursday, March 10, 2022 at 5:30 PM via Zoom

HCHC BOARD OF DIRECTORS MINUTES

Date/Time: 11/11/2021 5:30pm

Zoom Meeting

MEMBERS: Lee Manchester, Chair; John Follet, Treasurer; Nancy Brenner; Alan Gaitenby;

Kathryn Jensen, Clerk; Carole Bergeron; Seth Gemme; Elizabeth Zuckerman

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

Assistant

EXCUSED: Matt Bannister; Wendy Long; Jennica Gallagher; Michael Purdy, CCCSO

Agenda Item	Summary of Discussion	Decisions/ Next Steps/ Person Responsible Due Date
Review of Minutes 10/14/2021	Lee Manchester called the meeting to order at 5:32 pm. The October minutes were reviewed, and John Follet noted that he is no longer the Vice Chair, only Treasurer. There was also a small grammatical error in the Finance Committee meeting noted.	The Board unanimously approved to the October 14 th minutes.
Finance Committee	 Kathryn Jensen moved to approve the October minutes as amended. Nancy Brenner seconded the motion. John Follet reported on the Interim Financial Statement for September. The net income was a positive \$176K. All patient revenues were up in September, total revenue over budget by \$295K. Financials are doing better on the clinical revenue then projected in the budget. There is a \$342K deficit (total across departments) in the difference in patient revenue in the comparison to 2019. Payroll has increased due to new hires, salary adjustments and overtime. It was a high spending month, \$40K of that due to the cost of goods sold for Pharmacy. Cash flow was a positive \$116K, mostly from the HRSA 330 billing due to the third payroll in the month (positive income) – the costs for the first payroll was accrued to August. The current ratio is still strong at 3.74, and liabilities are about the same. 	The Board voted unanimously to approve the Finance Committee report.

	 John Melehov explained that the 2022 budget is taking form and will be presented next month after meeting with department heads for feedback and using the same methodology as used last year. The new rates for Medicaid may be factored in but may be done in aggregate (the full amount is still unknown). The Finance Committee unanimously approved the purchase requisition of Optometry equipment (Humprey Field Analyzer from Zeiss) for \$35,590. The Committee also unanimously approved the purchase of engineering services for the HVAC upgrade in Worthington and Huntington. Of the total amount of \$157k, \$84,750 is a definite need and the electrical upgrades costing \$13k are likely to have to happen, but the fire protection and hydrant flow testing likely not going to be needed, which would be an additional \$60K if needed. There are three bids that were reviewed, and one bid was recommended by the architect, and had the highest level of response. Now that it has been approved, the engineers will present their plans before the end of the year, and and a contractor could chosen by Spring -the project is anticipated to take about six months. Nancy Brenner moved to approve the Finance Committee report. Carole Bergeron seconded the 	
	motion.	
Executive Committee	This Committee did not meet.	
Fundraising Committee	 This Committee did not meet this month. Nancy Brenner communicated with Alex Niefer and reported that there has been \$20K in donations and \$1.2MIL in grant funding this year. 	
Personnel Committee	 The Committee met today to review the results of the Staff Experience Survey. Eliza will give a more detailed presentation of the results. The Committee reviewed the results for any needed policy changes but determined that most of the issues that came up where procedural in nature and being dealt with by management in their action plans. 	

Recruitment, Orientation,	 Alan Gaitenby reported that Russ updated the Committee that the rat slab is installed in Worthington, the back parking lot in Worthington has been graded and the first layer installed (final layer in the Spring), the Huntington employee parking and walk have been completed. Both the Huntington and Worthington front lots will be completed in the Spring. As previously reported, the HVAC system has an engineer chosen and will go to bid for construction by January. This Committee has not met. 	
and Nomination (RON) Committee		
Strategic planning	 Nancy Brenner reported that the Committee met to discuss the bids from the consultants and chose a consultant to move forward. Day Health Strategies is the consultant that was chosen, and their proposal has an 18-week timeline. 	
Committee Reports	John Follet moved that the Committee reports be approved. Kathryn Jensen seconded the motion.	The Board voted unanimously to approve the Committee Reports.
Credentialing/ Privileging Report	 In Michael Purdy's absence, Eliza Lake presented a report on the following new employees for the month of October were credentialed and privileged: Andrea Reed, RN (Director of Nursing) Kyleigh Golembeski, NP (WHC and SBHC) Sarah Gallant, CHW Mark Stein, LPN (HOPE-Southern Hilltowns) Nancy Brenner moved that the Credentialing and Privileging Report of the above employees be approved. Carole Bergeron seconded the motion. 	The Board voted unanimously to approve the Credentialing and Privileging Report.
Quality Improvement/ Risk Management	Vickie Dempesy reported that QI measures are being tracked by Joanna Martin and the updates on those measures are the focus at this time. Vickie provided an update on the vaccination efforts, provided approximately 176 vaccinations	The Board voted unanimously to approve the Quality

	including boosters this past month, working in collaboration with Northampton Health Department. Over the next few weeks, the team will be conducting school clinics focusing on 5 to 11-year-olds and continuing other vaccines. Community Health Workers (CHW) are working on identifying the top three to four towns to do outreach, this will help with planning vaccination clinics. A Vaccination Coordinator has been hired, who used to be a staff member that had left the agency but returned to the area. She has hit the ground running, already scheduling pediatric clinics, and making the connection with the CHW outreach team.	Improvement Report. The Board voted unanimously to approve the Risk Management Report.
	Carole Bergeron moved to accept the Quality Improvement report, Seth Gemme seconded that motion.	neport.
	In Michael Purdy's absence, Eliza Lake reported that staffing continues to be an over arching concern. There have been three incidents with no adverse incidents, these incidents took place at recent vaccination clinics, and the situation that led to these incidents has been addressed Nancy Brenner moved to accept the Risk Management	
	report, Seth Gemme seconded that motion.	
CEO Report	 EPIC Update: the new governance bodies for the Community Tech Cooperative (C3's LLC developed just for this project), the Board of Managers and Steering Committee, have been determined and will be starting this month. The timeline has not changed, with a go-live scheduled for November of 2022. After much discussion, we decided not to use the special module for eye care. Capitation: Progress is being made in the Medicare Direct Contracting with On Belay/CMS/C3, with a letter going out soon to Medicare patients explaining about the shift, which will require only their confirming HCHC as their PCP. The more we can accurately code the condition of our patients, the better the payment for that patient, so On Belay will be working with our providers. This goes into effect 1/1/22. Legislative Updates: The Massachusetts House's ARPA Bill came out with \$15MIL for C3 on the EPIC start-up, work force supports through MassLeague of \$3.75MIL. 	

Staff	 John Melehov presented Karen Rida, Billing Supervisor. 	
Recognition	One of our longest standing employees, Karen has	
	committed the majority of her career to Hilltown	
	Community Health Center. She began working at the	
	front desk and through her drive to better serve our	
	patients has risen to her current position. Karen's	
	commitment to the mission is evident to all those	
	around her and her enthusiasm for improvement is a	
	motivating force. Recently, Karen has taken on the	
	Referrals Department as well as handling all incoming	
	faxes. Recognizing a weakness in our systems, she	
	created a plan and organized a new department to	
	address the issue. Karen's efforts to better serve our	
	patients is worthy of recognition and commendation.	
	patients is worthly of recognition and commendation.	
New Business	Eliza Lake presented the Staff Experience Survey	The Board voted
	results. These results have been presented to managers	unanimously to
	for feedback and to help identify next steps and	approve the
	response; results will then be sent to staff following the	slate of Clinical
	development of an action plan.	Policies.
	Eliza Lake presented the Clinical policies recommended	
	for approval. These policies have not changed.	
	Dismissal of Patients Policy	
	Diagnostic Imaging and Lab	
	Tracking Policy	
	Hospital/ER Follow-up Policy	
	Periodic review for Quality	
	Assurance Policy	
	Reproductive Health Services Policy	
	Tracking Patient Referrals Policy	
	Needle Stick Policy	
	Nancy Brenner motion to approve the above	
	slate of Clinical Policies and Kathryn Jensen	
	seconded the motion.	
	 Eliza Lake presented the HIPAA policies 	
	recommended for approval. These	The Deand water
	policies have not changed.	The Board voted
	 HIPAA Privacy Management Policy 	unanimously to
		approve the

	 HIPAA Security Management Process Policy John Follet motion to approve the above slate of HIPAA Policies and Alan Gaitenby seconded the motion. Eliza Lake presented the updated hours of operations with a proposed schedule. These hours will increase patients access to care with later appointments in the evenings. There was no further discussion on these proposed hours. Carole Bergeron motion to approve the above proposed hours of operations and Alan Gaitenby seconded the motion. 	slate of HIPAA Policies. The Board voted unanimously to approve the hours of operation as proposed.
Old Business	No old business discussed	
Adjourn	The meeting was adjourned at 7:50 pm. The next scheduled	The Board voted
	meeting will be December 9, 2021, via Zoom.	unanimously to
	Nancy Brenner moved the meeting be adjourned. Kathryn	approve
	Jensen seconded the motion.	adjournment.

Respectfully submitted, Tabitha Griswold, Executive Assistant



Interim Financial Statement Presentation

Oct 2021 - Presented 12/8/2021

Highlights

- ▶ (\$25K) Net Income
 - ▶ Timing issue, grants billed in Sept for Oct expense
- ► (\$32K) cash flow
 - ▶ No cause for concern as grants billed when expense is incurred keeping us with a steady level of cash

Income Statement

	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sept	Oct	YTD Total	PY YTD		
	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	\$ Change	% Change
OPERATING ACTIVITIES														
Revenue														
Patient Services - Medical	\$135,440	\$144,778	\$192,632	\$202,177	\$169,384	\$167,088	\$147,433	\$169,260	\$181,349	\$186,305	\$1,695,846	\$1,482,281	\$213,565	14%
Patient Services - Dental	\$106,182	\$97,030	\$137,833	\$118,194	\$122,025	\$120,310	\$121,297	\$120,651	\$140,417	\$124,236	\$1,208,176	\$683,236	\$524,940	77%
Patient Services - Beh. Health	\$36,624	\$35,380	\$44,740	\$42,979	\$35,995	\$40,690	\$34,426	\$40,712	\$44,950	\$39,197	\$395,692	\$330,964	\$64,728	20%
Patient Services - Optometry	\$9,337	\$8,577	\$11,981	\$12,558	\$16,778	\$16,583	\$14,991	\$18,032	\$27,548	\$33,847	\$170,232	\$116,676	\$53,556	46%
Patient Services - Optometry Hardware	\$6,162	\$6,444	\$8,379	\$7,537	\$5,192	\$8,823	\$8,582	\$11,411	\$13,471	\$9,963	\$85,963	\$44,466	\$41,497	93%
Patient Services - Pharmacy	\$37,224	\$35,267	\$21,233	\$38,116	\$88,012	\$67,514	\$75,556	\$64,444	\$76,030	\$38,278	\$541,675	\$264,166	\$277,509	105%
Quality & Other Incentives	\$3,776	\$9,268	\$6,325	\$80	\$7,495	\$235	\$2,442	\$597	\$12,290	\$2,447	\$44,954	\$53,925	(\$8,971)	-17%
HRSA 330 & Other Grant	\$261,014	\$215,010	\$212,593	\$477,985	\$313,961	\$15,079	\$287,954	\$270,617	\$406,412	\$268,688	\$2,729,311	\$1,422,484	\$1,306,827	92%
Other Grants & Contracts	\$49,817	\$119,646	\$107,004	\$113,668	\$105,608	\$94,683	\$1,557,290	\$76,148	\$116,600	\$67,484	\$2,407,925	\$1,452,322	\$955,603	66%
Int., Dividends Gain /Loss Investmenst	(\$465)	\$11,231	\$9,823	\$16,568	\$3,452	\$7,501	\$3,151	\$10,718	(\$17,053)	\$22,737	\$67,663	\$4,194	\$63,469	-1513%
Rental & Misc. Income	\$2,577	\$2,567	\$2,577	\$2,938	\$4,632	\$2,587	\$4,137	\$1,352	\$2,583	\$2,577	\$28,529	\$29,416	(\$887)	-3%
Total Operating Revenue	\$647,688	\$685,199	\$755,120	\$1,032,797	\$872,534	\$541,096	\$2,257,259	\$783,942	\$1,004,596	\$795,760	\$9,375,967	\$5,884,130	\$3,491,837	59%

▶ Unremarkable, mostly lateral month...

YTD vs Budget

	YTD Total			
	Actual	YTD Budget	Variance	%
OPERATING ACTIVITIES				
Revenue				
Patient Services - Medical	\$1,695,846	\$1,603,693	\$92,153	6%
Patient Services - Dental	\$1,208,176	\$1,016,820	\$191,356	19%
Patient Services - Beh. Health	\$395,692	\$347,793	\$47,900	14%
Patient Services - Optometry	\$170,232	\$159,337	\$10,895	7%
Patient Services - Optometry Hardware	\$85,963	\$69,538	\$16,425	24%
Patient Services - Pharmacy	\$541,675	\$541,667	\$8	0%
Quality & Other Incentives	\$44,954	\$53,833	(\$8,879)	-16%
HRSA 330 & Other Grant	\$2,729,311	\$1,516,416	\$1,212,896	80%
Other Grants & Contracts	\$2,407,925	\$1,620,167	\$787,759	49%
Int., Dividends Gain /Loss Investmenst	\$67,663	\$29,470	\$38,193	130%
Rental & Misc. Income	\$28,529	\$12,606	\$15,923	126%
Total Operating Revenue	\$9,375,967	\$6,971,340	\$2,404,628	34%

▶ Other than grant funding, revenue budget close in dollar value

YTD 2021 vs 2019

OPERATING ACTIVITIES		Jan - Oct 2021	Jan - Oct 2019	Difference	%
Revenue		r range en propertie			20.020
Patient Services -	Medical	\$1,695,846	\$2,165,681	(\$469,835)	-22%
Patient Services -	Dental	\$1,208,176	\$1,610,865	(\$402,689)	-25%
Patient Services -	Beh. Health	\$395,692	\$313,286	\$82,407	26%
Patient Services -	Optometry	\$170,232	\$175,033	(\$4,801)	-3%
Patient Services -	Optometry Hardware	\$85,963	\$77,560	\$8,403	11%
Patient Services -	Pharmacy	\$541,675	\$110,852	\$430,823	389%
Quality & Other Inc	entives	\$44,954	\$44,910	\$44	0%
HRSA 330 & Othe	r Grant	\$2,729,311	\$1,489,072	\$1,240,240	83%
Other Grants & Co	ntracts	\$2,407,925	\$727,045	\$1,680,881	231%
Int., Dividends Gair	/Loss Investmenst	\$67,663	\$46,918	\$20,745	44%
Rental & Misc. Inco	ome	\$28,529	\$26,187	\$2,342	9%
Total Operating Re	venue	\$9,375,967	\$6,787,410	\$2,588,558	38%

(\$356K) net service-related deficiency from 2019

	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sept	Oct	YTD Total	PY YTD		
	Actual	Actual	\$ Change	% Change										
Compensation and related expenses														
Salaries and wages	(\$443,161)	(\$433,354)	(\$454,897)	(\$518,263)	(\$440,009)	(\$437,129)	(\$471,423)	(\$471,111)	(\$504,781)	(\$503,612)	(\$4,677,740)	(\$4,013,215)	(\$664,525)	-17%
Payroll taxes	(\$33,016)	(\$32,472)	(\$34,730)	(\$40,583)	(\$31,419)	(\$32,596)	(\$34,238)	(\$33,317)	(\$37,823)	(\$36,297)	(\$346,490)	(\$372,742)	\$26,251	7%
Fringe benefits	(\$47,695)	(\$42,289)	(\$44,019)	(\$44,255)	(\$34,574)	(\$47,233)	(\$43,855)	(\$44,773)	(\$48,494)	(\$42,987)	(\$440,174)	(\$341,259)	(\$98,915)	-29%
Total Compensation & related exp	(\$523,873)	(\$508,115)	(\$533,645)	(\$603,101)	(\$506,002)	(\$516,958)	(\$549,516)	(\$549,201)	(\$591,099)	(\$582,896)	(\$5,464,404)	(\$4,727,215)	(\$737,188)	-16%

YTD Total			
Actual	YTD Budget	Variance	%
(\$4,677,740)	(\$4,363,216)	(\$314,524)	-7%
(\$346,490)	(\$412,076)	\$65,586	16%
(\$440,174)	(\$394,676)	(\$45,498)	-12%
(\$5,464,404)	(\$5,169,968)	(\$294,436)	-6%
	(\$4,677,740) (\$346,490) (\$440,174)	(\$4,677,740) (\$4,363,216) (\$346,490) (\$412,076) (\$440,174) (\$394,676)	Actual YTD Budget Variance (\$4,677,740) (\$4,363,216) (\$314,524) (\$346,490) (\$412,076) \$65,586 (\$440,174) (\$394,676) (\$45,498)

► Payroll still at 6% over budget

Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sept	Oct	YTD Total	PY YTD		
Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	\$ Change	% Change
(\$10)	(\$223)	\$0	(\$500)	(\$20,358)	(\$1,560)	(\$603)	(\$359)	(\$875)	(\$550)	(\$25,038)	(\$1,496)	(\$23,541)	-1573%
(\$10,871)	(\$7,853)	(\$8,793)	(\$11,750)	(\$4,063)	(\$17,971)	(\$11,814)	(\$11,018)	(\$10,519)	(\$16,021)	(\$110,672)	(\$6,761)	(\$103,911)	-1537%
(\$8,840)	(\$15,246)	(\$7,868)	(\$17,719)	(\$18,855)	(\$8,487)	(\$8,218)	(\$11,996)	(\$11,991)	(\$14,545)	(\$123,765)	(\$98,528)	(\$25,237)	-26%
(\$2,087)	(\$440)	(\$1,910)	(\$35)	(\$607)	(\$5,235)	(\$65)	(\$2,375)	(\$664)	(\$2,084)	(\$15,501)	(\$5,595)	(\$9,907)	-177%
(\$1,522)	(\$7,870)	(\$281)	(\$5,171)	(\$1,678)	(\$880)	(\$1,150)	(\$1,196)	(\$828)	(\$2,492)	(\$23,069)	(\$7,021)	(\$16,048)	-229%
(\$13,540)	(\$8,482)	(\$12,971)	(\$10,791)	(\$11,736)	(\$27,756)	(\$8,878)	(\$17,847)	(\$9,907)	(\$20,039)	(\$141,947)	(\$244,904)	\$102,957	42%
(\$26,315)	(\$26,315)	(\$26,315)	(\$26,315)	(\$26,315)	(\$26,315)	(\$26,315)	(\$26,315)	(\$26,315)	(\$26,315)	(\$263,155)	(\$285,443)	\$22,289	8%
(\$6,731)	(\$1,857)	(\$4,579)	(\$4,841)	(\$7,571)	(\$3,181)	(\$4,111)	(\$2,849)	(\$2,039)	(\$5,361)	(\$43,119)	(\$38,524)	(\$4,595)	-12%
(\$1,535)	(\$3,829)	(\$2,126)	(\$1,131)	(\$1,831)	(\$1,366)	(\$1,325)	(\$1,858)	(\$1,452)	(\$1,772)	(\$18,227)	(\$21,768)	\$3,541	16%
(\$2,206)	(\$2,319)	(\$2,330)	(\$2,364)	(\$2,364)	(\$2,364)	(\$2,364)	(\$2,364)	(\$2,364)	(\$2,364)	(\$23,406)	(\$21,874)	(\$1,532)	-7%
(\$354)	(\$350)	(\$313)	(\$342)	(\$327)	(\$2,240)	\$1,907	\$0	\$0	\$354	(\$1,665)	(\$10,881)	\$9,216	85%
(\$2,630)	(\$4,167)	(\$2,501)	(\$2,508)	(\$2,433)	(\$4,620)	(\$8,833)	(\$2,908)	(\$6,835)	(\$2,963)	(\$40,401)	(\$25,773)	(\$14,628)	
(\$5,283)	(\$1,628)	(\$2,347)	(\$6,149)	(\$5,744)	(\$6,208)	(\$5,377)	(\$4,583)	(\$4,745)	(\$6,553)	(\$48,616)	(\$41,944)	(\$6,672)	
	(\$7,785)						(\$8,630)	(\$10,056)		(\$93,569)	(\$56,343)	(\$37,226)	
(\$136)	(\$1,601)	(\$1,403)		(\$1,186)	(\$1,350)	(\$2,021)	(\$1,774)	(\$1,892)	(\$1,534)	(\$14,439)	(\$12,181)	(\$2,258)	
	(\$1,759)	(\$6,798)		(\$2,352)		(\$2,900)	(\$2,943)	(\$4,824)	(\$7,278)	(\$37,800)	(\$59,572)	\$21,772	37%
(\$2,189)	(\$1,701)	(\$165)	(\$63)	(\$2,190)	(\$450)	(\$2,067)	(\$1,801)	(\$2,342)	(\$1,568)	(\$14,537)	(\$12,087)	(\$2,450)	
(\$15,432)	(\$10,809)	(\$31,160)	(\$31,302)	(\$38,363)	(\$44,685)	(\$21,324)	(\$22,122)	(\$37,000)	(\$46,537)	(\$298,735)	(\$186,461)	(\$112,273)	
\$426	(\$14,659)	(\$9,127)	(\$10,043)	(\$7,757)	(\$12,263)	(\$17,663)	(\$18,717)	(\$57,767)	(\$10,832)	(\$158,402)	(\$123,024)	(\$35,378)	
\$0	(\$5,040)	\$0	\$0	(\$105)	\$0	(\$50)	\$0	\$0	\$0	(\$5,195)	(\$4,741)	(\$454)	
	(\$9,227)	(\$10,053)	(\$12,919)		(\$11,665)	(\$10,595)	(\$9,681)	(\$10,727)	(\$9,377)	(\$106,323)	(\$118,393)	\$12,070	
(\$17,864)	(\$17,421)	(\$15,978)	(\$21,441)	(\$13,492)	(\$16,237)	(\$13,532)	(\$20,242)	(\$13,213)	(\$14,640)	(\$164,060)	(\$152,539)	(\$11,522)	
		(\$38,441)		(\$11,501)			(\$1,568)	(\$30,166)	(\$27,980)	(\$174,854)		(\$143,633)	
		(\$14,943)		(\$14,759)	(\$14,179)		(\$14,383)	(\$13,816)	(\$14,175)	(\$136,024)	(\$140,793)	\$4,769	
												-	
			(\$3,808)			(\$3.861)			(\$3,147)	(\$45,723)	(\$37,287)	1	
(\$162,934)	(\$173,520)	(\$213,057)	(\$231,929)	(\$222,897)	(\$242,724)	(\$187,906)	(\$193,998)	(\$265,158)	(\$249,269)	(\$2,143,392)	(\$1,755,772)	(\$387,620)	
(\$39,118)	\$3,564	\$8,418	\$197,767	\$143,635	(\$218,585)	\$1,519,837	\$40,744	\$148,340	(\$36,405)	\$1,768,172	(\$598,857)	\$2,367,029	395%
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\$1,870	\$1,549	\$640	\$50	\$2,755	\$150	\$175	\$7,000	\$28,082	\$11,625	\$56,196	\$107,162	(\$51,366)	-48%
(\$37,248)	\$5,113	\$9,058	\$197,817	\$146,390	(\$218,435)	\$1,520,012	\$47,744	\$176,422	(\$24,780)	\$1,824,368	(\$491,696)	\$2,315,664	471%
	(\$10) (\$10,871) (\$8,840) (\$2,087) (\$1,522) (\$13,540) (\$26,315) (\$6,731) (\$1,535) (\$2,206) (\$354) (\$2,630) (\$5,283) (\$6,811) (\$136) (\$4,214) (\$2,189) (\$15,432) \$426 \$0 (\$9,927) (\$17,864) (\$7,898) (\$11,151) (\$619) (\$5,193) (\$162,934)	(\$10) (\$223) (\$10,871) (\$7,853) (\$8,840) (\$15,246) (\$2,087) (\$440) (\$1,522) (\$7,870) (\$13,540) (\$8,482) (\$26,315) (\$26,315) (\$6,731) (\$1,857) (\$1,535) (\$3,829) (\$2,206) (\$2,319) (\$354) (\$350) (\$2,630) (\$4,167) (\$5,283) (\$1,628) (\$6,811) (\$7,785) (\$136) (\$1,601) (\$4,214) (\$1,759) (\$2,189) (\$1,701) (\$15,432) (\$10,809) \$426 (\$14,659) \$0 (\$5,040) (\$9,927) (\$9,227) (\$17,864) (\$17,421) (\$7,898) (\$1,595) (\$11,151) (\$13,513) (\$619) (\$572) (\$5,193) (\$7,258) (\$1,870 \$1,549	Actual Actual Actual (\$10) (\$223) \$0 (\$10,871) (\$7,853) (\$8,793) (\$8,840) (\$15,246) (\$7,868) (\$2,087) (\$440) (\$1,910) (\$1,522) (\$7,870) (\$281) (\$13,540) (\$8,482) (\$12,971) (\$26,315) (\$26,315) (\$26,315) (\$6,731) (\$1,857) (\$4,579) (\$1,535) (\$3,829) (\$2,126) (\$2,206) (\$2,319) (\$2,330) (\$354) (\$350) (\$313) (\$2,630) (\$4,167) (\$2,501) (\$5,283) (\$1,628) (\$2,347) (\$6,811) (\$7,785) (\$7,342) (\$136) (\$1,601) (\$1,403) (\$4,214) (\$1,759) (\$6,798) (\$2,189) (\$1,701) (\$165) (\$15,432) (\$10,809) (\$31,160) \$426 (\$14,659) (\$9,127) \$0 (\$5,040) \$0 (\$7,898)	Actual Actual Actual (\$10) (\$223) \$0 (\$500) (\$10,871) (\$7,853) (\$8,793) (\$11,750) (\$8,840) (\$15,246) (\$7,868) (\$17,719) (\$2,087) (\$440) (\$1,910) (\$35) (\$1,522) (\$7,870) (\$281) (\$5,171) (\$13,540) (\$8,482) (\$12,971) (\$10,791) (\$26,315) (\$26,315) (\$26,315) (\$26,315) (\$6,731) (\$1,857) (\$4,579) (\$4,841) (\$1,535) (\$3,829) (\$2,126) (\$1,131) (\$2,206) (\$2,319) (\$2,330) (\$2,364) (\$354) (\$350) (\$313) (\$342) (\$2,630) (\$4,167) (\$2,501) (\$2,508) (\$5,283) (\$1,628) (\$2,347) (\$6,149) (\$6,811) (\$7,785) (\$7,342) (\$12,376) (\$136) (\$1,601) (\$1,403) (\$1,542) (\$4,214) (\$1,759) (\$6,798) (\$1,340)	Actual Actual Actual Actual (\$10) (\$223) \$0 (\$500) (\$20,358) (\$10,871) (\$7,853) (\$8,793) (\$11,750) (\$4,063) (\$8,840) (\$15,246) (\$7,868) (\$17,719) (\$18,855) (\$2,087) (\$440) (\$1,910) (\$35) (\$6607) (\$1,522) (\$7,870) (\$281) (\$5,171) (\$1,678) (\$13,540) (\$8,482) (\$12,971) (\$10,791) (\$11,736) (\$26,315) (\$26,315) (\$26,315) (\$26,315) (\$26,315) (\$26,315) (\$6,731) (\$1,857) (\$4,579) (\$4,841) (\$7,571) (\$1,535) (\$3,829) (\$2,126) (\$1,131) (\$1,831) (\$2,5315) (\$26,315)	Actual Actual Actual Actual Actual Actual	Actual Actual Actual Actual Actual Actual Actual Actual	Actual Actual Actual Actual Actual Actual Actual Actual Actual	Actual (\$10) (\$223)	Actual A	Actual (\$10,087) (Actual (\$10) (\$223) \$ 0 (\$500) (\$20,358) (\$11,750) (\$4,063) (\$17,971) (\$11,814) (\$11,018) (\$10,519) (\$10,621) (\$10,672) (\$6,761) (\$9,840) (\$15,244) (\$19,101) (\$35,6847) (\$8,847) (\$21,985) (\$82,18) (\$11,996) (\$11,991) (\$14,545) (\$12,776) (\$98,629) (\$20,877) (\$14,645) (\$11,996) (\$11,991) (\$14,545) (\$12,766) (\$98,629) (\$1,522) (\$7,870) (\$281) (\$51,171) (\$15,172) (\$18,675) (\$880) (\$15,245) (\$15,276) (\$8844) (\$19,191) (\$25,171) (\$11,739) (\$27,756) (\$880) (\$1,500) (\$1,990) (\$20,315) (\$20,309) (\$21,315) (\$22,315) (\$26,315)	Actual (\$10.071) (\$2.23) (\$0.071) (\$1.0871) (\$1.0

- No single expense items of note
- Net loss due to offsetting revenue being booked in Sept

Cash Flow

CASH FLOWS FROM OPE	RATING ACTIVITIES	
	ATER SUPPLIES (PERIOR) FOR REPLOR	(24.700)
	NET SURPLUS/(DEFICIT) FOR PERIOD	(24,780)
ADJUSTMENTS TO REC	ONCILE NET INCOME TO NET CASH	(3,385)
	NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	(28,166)
CASH FLOWS FROM INVI	ESTING ACTIVITIES	
	NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	(4,072)
	NET INCREASE/(DECREASE) IN CASH	(32,238)
	CASH AND CASH EQUIVALENTS AS OF 10/1/2021	3,722,487
	CASH AND CASH EQUIVALENTS AS OF 10/31/2021	3,690,249

► Cash on hand increased (\$32K)

Balance Sheet

ASSETS		
	Total Current Assets	\$3,766,166
	Total Property and Equipment	\$7,248,429
	Less Accumulated Depreciation	(\$3,359,410)
	Net Property & Equipment	\$3,889,020
	Total Other Assets	\$423,428
	TOTAL ASSETS	\$8,078,614
Liabilities &	& Fund Balance	2 27 11 2 2 2 2
	Total Current Liabilities	\$1,016,033
	Total Long Term Liabilities	\$0
	Total Liabilities	\$1,016,033
Fund	Balance / Equity	
	Fund Balance Prior Periods	\$7,062,581
	Total Liabilities & Fund Balance	\$8,078,614

- Current Assets = \$3.8 M
- Current Liabilities = \$1 M
- Current Ratio = 3.71
- Vanguard Investment up to \$414 K

Hilltown Community Health Centers

Budgetary Income Statement 2022

Key Assumptions and Methodology:

2022 assumptions based on 2021

Potential funding not considered until known for certain

No capitalizable purchases expected in budget - Cash Flow will mimic Net Income

HRSA Capital Grant remainder included in 2022 with equal and opposite offsetting expense

Revenue Highlights:

2022 production based on current state

MassHealth payment enhancements conservatively estimated at \$885K (\$225K Medical, \$600K Dental, \$60K BH)

HRSA funding includes 1/2 year of enhanced 330 plus 1/2 of the \$1.8M awarded in 2021

Quality money reducing due to HRSA policy

Pharmacy mostly maximized in 2021, no large fluctuations expected

No PPP in 2022 so misc. grant revenue is significantly lower

Expense Highlights:

Payroll based on current staffing levels - most significant and predictable expense

Other Operating Expense estimated based on 2021

Significant portion of "Other Expense" is grant driven and prone to fluctuation based on funding

Net Income:

\$0 Net Income expected

Current state reflected - Cash reserve is maintained through enhanced grant funding but does not increase

Hilltown Community Health Centers

Budgetary Income Statement 2022

OPERATING ACT	IVITIES	Incomplete Jan -Dec 2021 Actual	2019 Actual	2022 Budget	% Change from 2019
Revenue					
Patient Services - Me	dical Total	\$2,035,015	\$2,495,491	\$2,260,000	-9%
Patient Services - De	ntal Total	\$1,449,811	\$1,864,199	\$2,050,000	10%
Patient Services - Bel	h. Health				
Patient Services - Op	Total tometry	\$474,831	\$371,345	\$535,000	44%
Patient Services - Op	Total tometry Hardware	\$204,279	\$207,816	\$200,000	-4%
_	Total Optometry Hardware	\$103,155	\$84,762	\$84,000	-1%
Patient Services - Pha	armacy Total Pharmacy	\$650,009	\$135,034	\$650,000	381%
Quality & Other Ince	ntives Total	\$53,945	\$75,268	\$10,000	-87%
HRSA 330 & Other	Grant				
Other Grants & Cont	Total racts	\$3,275,174	\$1,762,234	\$2,732,950	55%
Int., Dividends Gain	Total /Loss Investment	\$2,889,511	\$873,200	\$875,000	
	Total	\$81,196	\$64,937	\$25,000	-62%
Rental & Misc. Incor	ne Total Rental & Misc. Income	\$34,235	\$31,590	\$30,000	-5%
	Total Operating Revenue	\$11,251,161	\$7,965,874	\$9,451,950	19%
Compensation and	related expenses				
Salaries and wages	Salaries and wages	(\$5,613,288)	(\$5,445,237)	(\$6,043,341)	-11%
Payroll taxes	Payroll taxes	(\$415,788)	(\$417,140)	(\$435,566)	-4%
Fringe benefits				• • • • •	
	Fringe benefits Total Compensation & related expenses	(\$528,209) (\$6,557,285)	(\$463,250) (\$6,325,627)	(\$515,846) (\$6,994,752)	-11% -11%
Other Operating Ex	nenses				
other operating En	Advertising and marketing	(\$30,046)	(\$11,160)	(\$30,000)	-169%
	Bad debt Computer support	(\$132,807) (\$148,518)	(\$103,639) (\$77,679)	(\$130,000) (\$150,000)	-25% -93%
	Conference and meetings	(\$18,602)	(\$11,245) (\$29,349)	(\$19,000) (\$30,000)	-69%
	Continuing education Contracts and consulting	(\$27,682) (\$170,336)	(\$74,450)	(\$180,000)	-2% -142%
	Depreciation and amortization Dues and membership	(\$315,786) (\$51,742)	(\$339,219) (\$34,127)	(\$315,000) (\$52,000)	-52%
	Equipment leases	(\$21,872)	(\$27,328)	(\$27,000)	1%
	Insurance Interest	(\$28,088) (\$1,998)	(\$25,329) (\$15,799)	(\$29,000) \$0	-14% 100%
	Legal and accounting Licenses and fees	(\$48,481) (\$58,340)	(\$34,667) (\$46,029)	(\$48,000) (\$59,000)	-38%
	Total Medical lab and supplies	(\$112,283)	(\$117,585)	(\$115,000)	-28% 2%
	Merchant CC Fees Office supplies and printing	(\$17,326) (\$45,359)	(\$19,296) (\$40,100)	(\$18,000) (\$45,000)	-12%
	Postage	(\$17,445)	(\$17,615)	(\$18,000)	-2%
	Program supplies and materials Total Pharmacy & Optometry COGS	(\$358,482) (\$190,083)	(\$222,587) (\$125,323)	(\$360,000) (\$200,000)	-62% -60%
	Recruitment Rent	(\$6,234)	\$5,239	(\$7,000)	234%
	Repairs and maintenance	(\$127,588) (\$196,872)	(\$62,143) (\$168,090)	(\$130,000) (\$750,000)	-109% -346%
	Small equipment purchases Telephone	(\$209,825) (\$163,229)	(\$26,760) (\$161,640)	(\$200,000) (\$160,000)	-647% 1%
	Travel	(\$18,180)	(\$31,761)	(\$24,000)	24%
	Utilities Total Other Operating Expenses	(\$54,868) (\$2,572,070)	(\$53,241) (\$1,914,286)	(\$55,000) (\$3,151,000)	-3% -65%
	NET ODED ATING SUDDI IIS (DEELCIT)	\$2,121,807	(\$274,039)	(\$603.802)	
	NET OPERATING SURPLUS (DEFICIT)	\$2,121,80/	(34/4,039)	(\$693,802)	-153%
NON_OPERATING Donations, Pledges &					
,	Total	\$49,075	\$172,550	\$105,000	-39%
Capital Grants					
	Total Capital Grants	\$18,360	\$124,590	\$590,000	374%
	NET NON-OPERATING SURPLUS (DEFICIT)	\$67,435	\$350,052	\$695,000	99%
	NET SURPLUS/(DEFICIT)	\$2,189,242	\$76,013	\$1,198	-98%

Credentialing and Privileging Update for HCHC BOD

Month: November

Name	Position/ Credentials	Start date	Credential Date	Special Certifications	Privileging Requests	Special Privileging Requests	Any items pending?	Other Info
Beth Wilson	MA	11/8/2021	11/4/2021	none	none	none	CPR	none
Michelle Truax	MA	11/17/2021	11/16/2021	none	none	none	none	none
Sacha Colon	MA	11/29/2021	11/24/2021	none	none	none	CPR	none

Notes:

- 1. HCHC's results are the raw data from a survey collected online. The data has not been cleaned in any way, including to ensure appropriate sampling or significance. This data presentation is for discussion purposes only and is not meant to be used for true direct comparisons. Respondents may not have answered every question, even if it was applicable.
- 2. For a discussion of the limitations of the CAPHS survey, please see the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Clinician & Group Survey Database 2019 Chartbook: https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/cahps-database/2019_cg_cahps_chartbook.pdf.

								***************************************	***************************************	31 141116 2013	31 141116 2020	JPMHC 2021
Number of responses:	336	223	237	177	138	160	137	71	57	22	13	19

CAHPS/PCMH Composite Measures													
Composite Measure: Access (Questions 6, 9, and 14) Never and Sometimes Usually	HCHC 2019 12% 32%	HCHC 202 21 31	% 26	% 12%	15%	24%		39%	43%	JPMHC 2019 13% 25%	JPMHC 2020 33% 24%	JPMHC 2021 18% 23%	2019 CAHPS 10% 23%
Always	56%	48	% 46	% 59%	54%	46%	51%	23%	37%	63%	43%	59%	67%
Composite Measure: Provider Communication (Questions 19, 20, 24, and 25)	HCHC 2019	HCHC 202	HCHC 2021	HHC 2019	HHC 2020	HHC 2021	WHC 2019	WHC 2020	WHC 2021	JPMHC 2019	JPMHC 2020	JPMHC 2021	2019 CAHPS
Never and Sometimes	5%			% 3%						6%	3%	2%	4%
Usually	12%	13	% 10	% 9%	8%	7%	15%	27%	21%	13%	9%	6%	11%
Always	84%	82	% 84	% 88%	89%	91%	78%	61%	59%	82%	88%	93%	85%
Composite Measure: Provider Use of										JPMHC	JPMHC	JPMHC	2019
Information (Questions 23, 27, and 38)	HCHC 2019	HCHC 202	HCHC 2021	HHC 2019	HHC 2020	HHC 2021	WHC 2019	WHC 2020	WHC 2021	2019	2020	2021	CAHPS
Never and Sometimes	12%	15	% 13	% 12%	11%	10%	16%	27%	25%	15%	13%	12%	11%
Usually	36%	35	% 35	% 37%	34%	36%	32%	37%	31%	36%	38%	39%	16%
Always	9%	9	% 9	% 7%	7%	7%	12%	16%	15%	13%	0%	9%	73%
Composite Measure: Talking about Patient's										IDMILIO	1014110	IDMILIO	0040
Health Goals	HCHC 2019	110110 202	HCHC 2021	11110 2010	11110 2020	11110 2024	WHC 2019	W/I IC 2020	W/LIC 2024	JPMHC 2019	JPMHC 2020	JPMHC 2021	2019 CAHPS
(Questions 35 and 36) No	42%	50 50								38%	38%	46%	44%
Yes	58%	50								62%	63%	55%	56%
165	30 /0	30	/6 J-	76 0470	37 70	3370	7970	21 70	3370	02 /0	0370	3370	3076
Composite Measure: Helpful, Courteous, and													
Respectful Office Staff										JPMHC	JPMHC	JPMHC	2019
(Questions 42 and 43)	HCHC 2019		HCHC 2021				WHC 2019			2019	2020	2021	CAHPS
Never and Sometimes	7%			% 6%						12%	19%	14%	5%
Usually	25%	26								18%	19%	27%	16%
Always	68%	63	% 66	% 70%	68%	69%	65%	49%	57%	71%	63%	59%	79%

Provider Rating

Q32. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

											JPMHC	JPMHC	JPMHC	2019
	Answer Choices	HCHC 2019	HCHC 2020	HCHC 2021	HHC 2019	HHC 2020	HHC 2021	WHC 2019	WHC 2020	WHC 2021	2019	2020	2021	CAHPS
0-6		7%	11%	6%	5%	3%	2%	8%	35%	24%	18%	0%	0%	6%
7-8		14%	11%	15%	12%	9%	8%	17%	19%	38%	12%	13%	16%	15%
9-10		79%	78%	79%	83%	91%	91%	75%	46%	38%	71%	88%	84%	79%

PCMH Measures

Q10. PCMH Measure: Did this provider's office give you information about what to do if you needed care during evenings, weekends, or holidays?

											JPMHC	JPMHC	JPMHC	2019
	Answer Choices	HCHC 2019	HCHC 2020	HCHC 2021	HHC 2019	HHC 2020	HHC 2021	WHC 2019	WHC 2020	WHC 2021	2019	2020	2021	CAHPS
No		39%	31%	39%	35%	27%	34%	42%	44%	65%	50%	25%	27%	28%
Yes		61%	69%	61%	65%	73%	66%	58%	56%	35%	50%	75%	73%	72%

Q33. PCMH Measure: Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did you see a specialist for a particular health problem?

Answer Choices	HCHC 2019	HCHC 2020	HCHC 2021	HHC 2019	HHC 2020	HHC 2021	WHC 2019	WHC 2020	WHC 2021	JPMHC 2019	JPMHC 2020	JPMHC 2021	2019 CAHPS
No	28%	29%	35%	29%	40%	35%	23%	39%	28%	53%	0%	55%	39%
Yes	72%	71%	65%	71%	60%	65%	77%	61%	72%	47%	100%	45%	61%

Q34. PCMH Measure: In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?

										JPMHC	JPMHC	JPMHC	2019	
Answer Choices	HCHC 2019	HCHC 2020	HCHC 2021	HHC 2019	HHC 2020	HHC 2021	WHC 2019	WHC 2020	WHC 2021	2019	2020	2021	CAHPS	
Never and Sometimes	18%	13%	21%	13%	7%	14%	20%	27%	43%	50%	25%	20%	13%	
Usually	26%	28%	27%	24%	24%	25%	27%	41%	30%	50%	25%	10%	24%	
Always	56%	59%	52%	63%	69%	61%	53%	32%	26%	0%	50%	40%	63%	

Q40. PCMH Measure: In the last 12 months, did you and anyone in this provider's office talk about things in your life that worry you or cause you stress?

Answer Choices	HCHC 2019	HCHC 2020	HCHC 2021	HHC 2019	HHC 2020	HHC 2021	WHC 2019	WHC 2020	WHC 2021	JPMHC 2019	JPMHC 2020	JPMHC 2021	2019 CAHPS
No	35%	26%	27%	31%	17%	20%	40%	56%	53%	35%	13%	13%	42%
Yes	65%	74%	73%	69%	83%	80%	60%	44%	47%	65%	88%	88%	58%

All Other Responses

Q6. In the last 12 months, when you phoned this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?

										JPMHC	JPMHC	JPMHC	2019
Answer Choices	HCHC 2019	HCHC 2020	HCHC 2021	HHC 2019	HHC 2020	HHC 2021	WHC 2019	WHC 2020	WHC 2021	2019	2020	2021	CAHPS
Never and Sometimes	10%	24%	30%	12%	17%	30%	7%	50%	60%	8%	29%	8%	11%
Usually	31%	33%	23%	26%	34%	25%	39%	36%	10%	25%	14%	23%	22%
Always	59%	44%	47%	62%	48%	45%	54%	14%	30%	67%	57%	69%	66%

Q9. In the last 12 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?

										JPMHC	JPMHC	JPMHC	2019
Answer Choices	HCHC 2019	HCHC 2020	HCHC 2021	HHC 2019	HHC 2020	HHC 2021	WHC 2019	WHC 2020	WHC 2021	2019	2020	2021	CAHPS
Never and Sometimes	8%	12%	18%	7%	11%	17%	10%	16%	21%	6%	20%	16%	8%
Usually	28%	33%	31%	27%	29%	35%	30%	47%	22%	19%	40%	17%	22%
Always	64%	55%	50%	66%	61%	47%	60%	38%	57%	75%	40%	67%	71%
Q14. In the last 12 months, when you phoned this p	provider's office dur	ing regular office	e hours, how oft	en did you g	et an answei	to your med	lical question	that same d	ay?				
										JPMHC	JPMHC	JPMHC	2019
Answer Choices	HCHC 2019	HCHC 2020	HCHC 2021					WHC 2020		2019	2020	2021	CAHPS
Never and Sometimes	17% 38%	27%	29% 29%	17% 35%	18% 28%	25% 29%	17% 44%	52% 30%	47% 29%	23% 31%	50% 17%	30% 30%	15% 27%
Usually Always	45%	27% 45%	42%	35% 48%	28% 54%	29% 46%	39%	30% 17%	29% 24%	46%	33%	30% 40%	58%
iways	4070	4070	4270	4070	0-170	4070	00 70	17 70	2-70	4070	0070	4070	00 /0
Q19. In the last 12 months, how often did this provi	der explain things i	n a way that was	s easy to unders	stand?									
										JPMHC	JPMHC	JPMHC	2019
Answer Choices	HCHC 2019	HCHC 2020	HCHC 2021							2019	2020	2021	CAHPS
Never and Sometimes	4% 15%	5%	5% 12%	3% 13%	2% 11%	2% 9%	6% 18%	10% 26%	18% 24%	0% 17%	13% 0%	0% 7%	3% 43%
Usually Always	15% 81%	14% 82%	12% 83%	13% 85%	88%	90%	76%	26% 64%	24% 58%	83%	0% 88%	7% 93%	12% 85%
umayo	01/0	02 /0	03 /0	00 /0	00 /0	30 70	1070	0-7/0	30 /0	00 /0	00 70	30 /0	03/0
Q20. In the last 12 months, how often did this provi	der listen carefully	to you?											
										JPMHC	JPMHC	JPMHC	2019
Answer Choices	HCHC 2019	HCHC 2020	HCHC 2021	HHC 2019	HHC 2020			WHC 2020		2019	2020	2021	CAHPS
Never and Sometimes	7%	6%	7%	4%	4%	3%	10%	13%	21%	11%	0%	7%	4%
Usually Always	10% 84%	13% 81%	12% 81%	9% 87%	8% 88%	8% 90%	11% 79%	28% 59%	30% 48%	6% 83%	13% 88%	7% 86%	10% 85%
Aiways	04/0	01/0	01/0	07 /0	00 /0	90 70	1970	39 /0	40 /0	03 /0	00 /0	00 /0	03 /0
Q23. In the last 12 months, how often did this provi	der seem to know t	he important info	ormation about	your medical	history?								
										JPMHC	JPMHC	JPMHC	2019
Answer Choices	HCHC 2019	HCHC 2020			HHC 2020					2019	2020	2021	CAHPS
Never and Sometimes	8%	10%	10%	7%	4%	5%	10%	27%	28%	2019 12%	2020 13%	2021 17%	CAHPS 5%
Never and Sometimes Usually	8% 18%	10% 21%	10% 19%	7% 13%	4% 18%	5% 15%	10% 20%	27% 32%	28% 38%	2019 12% 47%	2020 13% 13%	2021 17% 8%	5% 16%
Never and Sometimes Usually	8%	10%	10%	7%	4%	5%	10%	27%	28%	2019 12%	2020 13%	2021 17%	CAHPS 5%
Never and Sometimes Usually Always	8% 18% 74%	10% 21% 68%	10% 19% 71%	7% 13%	4% 18%	5% 15%	10% 20%	27% 32%	28% 38%	2019 12% 47%	2020 13% 13%	2021 17% 8%	5% 16%
Never and Sometimes Usually Always Q24. In the last 12 months, how often did this provi	8% 18% 74%	10% 21% 68% or what you had	10% 19% 71% to say?	7% 13% 80%	4% 18% 78%	5% 15% 80%	10% 20% 71%	27% 32% 41%	28% 38% 34%	2019 12% 47% 41%	2020 13% 13% 75%	2021 17% 8% 75%	CAHPS 5% 16% 78%
Never and Sometimes Usually Always Q24. In the last 12 months, how often did this provi Answer Choices	8% 18% 74% der show respect for HCHC 2019	10% 21% 68% or what you had HCHC 2020	10% 19% 71% to say?	7% 13% 80% HHC 2019	4% 18% 78% HHC 2020	5% 15% 80% HHC 2021	10% 20% 71% WHC 2019	27% 32% 41% WHC 2020	28% 38% 34% WHC 2021	2019 12% 47% 41% JPMHC 2019	2020 13% 13% 75% JPMHC 2020	2021 17% 8% 75% JPMHC 2021	2019 CAHPS
Never and Sometimes Usually Always Q24. In the last 12 months, how often did this provi Answer Choices Never and Sometimes	8% 18% 74% der show respect for HCHC 2019 5%	10% 21% 68% or what you had HCHC 2020 5%	10% 19% 71% to say? HCHC 2021 6%	7% 13% 80% HHC 2019 2%	4% 18% 78% HHC 2020 3%	5% 15% 80% HHC 2021 3%	10% 20% 71% WHC 2019 7%	27% 32% 41% WHC 2020 14%	28% 38% 34% WHC 2021 22%	2019 12% 47% 41% JPMHC 2019 11%	2020 13% 13% 75% JPMHC 2020 0%	2021 17% 8% 75% JPMHC 2021 0%	2019 CAHPS 3% 2019 CAHPS 3%
Never and Sometimes Usually Always Q24. In the last 12 months, how often did this provi Answer Choices Never and Sometimes Usually	8% 18% 74% der show respect for HCHC 2019 5% 7%	10% 21% 68% or what you had HCHC 2020 5% 11%	10% 19% 71% to say? HCHC 2021 6% 6%	7% 13% 80% HHC 2019 2% 7%	4% 18% 78% HHC 2020 3% 5%	5% 15% 80% HHC 2021 3% 5%	10% 20% 71% WHC 2019 7% 7%	27% 32% 41% WHC 2020 14% 27%	28% 38% 34% WHC 2021 22% 13%	2019 12% 47% 41% JPMHC 2019 11% 11%	2020 13% 13% 75% JPMHC 2020 0% 13%	2021 17% 8% 75% JPMHC 2021 0% 0%	2019 CAHPS 3% 78%
Never and Sometimes Usually Always Q24. In the last 12 months, how often did this provi Answer Choices Never and Sometimes Usually	8% 18% 74% der show respect for HCHC 2019 5%	10% 21% 68% or what you had HCHC 2020 5%	10% 19% 71% to say? HCHC 2021 6%	7% 13% 80% HHC 2019 2%	4% 18% 78% HHC 2020 3%	5% 15% 80% HHC 2021 3%	10% 20% 71% WHC 2019 7%	27% 32% 41% WHC 2020 14%	28% 38% 34% WHC 2021 22%	2019 12% 47% 41% JPMHC 2019 11%	2020 13% 13% 75% JPMHC 2020 0%	2021 17% 8% 75% JPMHC 2021 0%	2019 CAHPS 3% 2019 CAHPS 3%
Never and Sometimes Usually Always Q24. In the last 12 months, how often did this provi Answer Choices Never and Sometimes Usually Always	8% 18% 74% der show respect for HCHC 2019 5% 7% 88%	10% 21% 68% or what you had HCHC 2020 5% 11% 84%	10% 19% 71% to say? HCHC 2021 6% 6%	7% 13% 80% HHC 2019 2% 7%	4% 18% 78% HHC 2020 3% 5%	5% 15% 80% HHC 2021 3% 5%	10% 20% 71% WHC 2019 7% 7%	27% 32% 41% WHC 2020 14% 27%	28% 38% 34% WHC 2021 22% 13%	2019 12% 47% 41% JPMHC 2019 11% 11%	2020 13% 13% 75% JPMHC 2020 0% 13%	2021 17% 8% 75% JPMHC 2021 0% 0%	2019 CAHPS 3% 78%
Never and Sometimes Usually Always Q24. In the last 12 months, how often did this provi Answer Choices Never and Sometimes Usually Always	8% 18% 74% der show respect for HCHC 2019 5% 7% 88%	10% 21% 68% or what you had HCHC 2020 5% 11% 84%	10% 19% 71% to say? HCHC 2021 6% 6%	7% 13% 80% HHC 2019 2% 7%	4% 18% 78% HHC 2020 3% 5%	5% 15% 80% HHC 2021 3% 5%	10% 20% 71% WHC 2019 7% 7%	27% 32% 41% WHC 2020 14% 27%	28% 38% 34% WHC 2021 22% 13%	2019 12% 47% 41% JPMHC 2019 11% 11%	2020 13% 13% 75% JPMHC 2020 0% 13%	2021 17% 8% 75% JPMHC 2021 0% 0%	2019 CAHPS 3% 78%
Never and Sometimes Usually Always Q24. In the last 12 months, how often did this provi Answer Choices Never and Sometimes Usually Always Q25. In the last 12 months, how often did this provi Answer Choices	8% 18% 74% der show respect for HCHC 2019 5% 7% 88%	10% 21% 68% or what you had HCHC 2020 5% 11% 84%	10% 19% 71% to say? HCHC 2021 6% 6% 88%	7% 13% 80% HHC 2019 2% 7% 92%	4% 18% 78% HHC 2020 3% 5% 92%	5% 15% 80% HHC 2021 3% 5% 93%	10% 20% 71% WHC 2019 7% 7%	27% 32% 41% WHC 2020 14% 27% 59%	28% 38% 34% WHC 2021 22% 13% 66%	2019 12% 47% 41% 2019 11% 11% 78%	2020 13% 13% 75% JPMHC 2020 0% 13% 88%	2021 17% 8% 75% JPMHC 2021 0% 0% 100%	2019 CAHPS 3% 2019 CAHPS 3% 8%
Never and Sometimes Usually Always Q24. In the last 12 months, how often did this provi Answer Choices Never and Sometimes Usually Always Q25. In the last 12 months, how often did this provi Answer Choices Never and Sometimes	8% 18% 74% der show respect for HCHC 2019 5% 7% 88% der spend enough HCHC 2019 3%	10% 21% 68% or what you had HCHC 2020 5% 11% 84% time with you? HCHC 2020 5%	10% 19% 71% to say? HCHC 2021 6% 88% HCHC 2021	7% 13% 80% HHC 2019 2% 7% 92% HHC 2019 3%	4% 18% 78% HHC 2020 3% 5% 92% HHC 2020 4%	5% 15% 80% HHC 2021 3% 5% 93% HHC 2021 4%	10% 20% 71% WHC 2019 7% 86% WHC 2019 4%	27% 32% 41% WHC 2020 14% 27% 59% WHC 2020 11%	28% 38% 34% WHC 2021 22% 13% 66% WHC 2021 22%	2019 12% 47% 41% JPMHC 2019 11% 78% JPMHC 2019 0%	2020 13% 13% 75% JPMHC 2020 0% 13% 88% JPMHC 2020 0%	2021 17% 8% 75% JPMHC 2021 0% 100% JPMHC 2021 0%	CAHPS 5% 16% 78% 2019 CAHPS 3% 89% 2019 CAHPS 4%
Never and Sometimes Usually Always Q24. In the last 12 months, how often did this provi Answer Choices Never and Sometimes Usually Always Q25. In the last 12 months, how often did this provi Answer Choices Never and Sometimes Usually	8% 18% 74% der show respect for HCHC 2019 5% 7% 88% der spend enough HCHC 2019 3% 15%	10% 21% 68% or what you had HCHC 2020 5% 11% 84% time with you? HCHC 2020 5% 13%	10% 19% 71% to say? HCHC 2021 6% 88% HCHC 2021 7% 9%	7% 13% 80% HHC 2019 2% 7% 92% HHC 2019 3% 10%	4% 18% 78% HHC 2020 3% 5% 92% HHC 2020 4% 8%	5% 15% 80% HHC 2021 3% 5% 93% HHC 2021 4% 7%	10% 20% 71% WHC 2019 7% 7% 86% WHC 2019 4% 24%	27% 32% 41% WHC 2020 14% 27% 59% WHC 2020 11% 28%	28% 38% 34% WHC 2021 22% 13% 66% WHC 2021 22% 16%	2019 12% 47% 41% JPMHC 2019 11% 78% JPMHC 2019 0% 17%	2020 13% 13% 75% JPMHC 2020 0% 13% 88% JPMHC 2020 0% 13%	2021 17% 8% 75% JPMHC 2021 0% 100% JPMHC 2021 0% 11%	CAHPS 5% 16% 78% 2019 CAHPS 3% 89% 2019 CAHPS 4% 13%
Never and Sometimes Usually Always Q24. In the last 12 months, how often did this provi Answer Choices Never and Sometimes Usually Always Q25. In the last 12 months, how often did this provi Answer Choices Never and Sometimes Usually	8% 18% 74% der show respect for HCHC 2019 5% 7% 88% der spend enough HCHC 2019 3%	10% 21% 68% or what you had HCHC 2020 5% 11% 84% time with you? HCHC 2020 5%	10% 19% 71% to say? HCHC 2021 6% 88% HCHC 2021	7% 13% 80% HHC 2019 2% 7% 92% HHC 2019 3%	4% 18% 78% HHC 2020 3% 5% 92% HHC 2020 4%	5% 15% 80% HHC 2021 3% 5% 93% HHC 2021 4%	10% 20% 71% WHC 2019 7% 86% WHC 2019 4%	27% 32% 41% WHC 2020 14% 27% 59% WHC 2020 11%	28% 38% 34% WHC 2021 22% 13% 66% WHC 2021 22%	2019 12% 47% 41% JPMHC 2019 11% 78% JPMHC 2019 0%	2020 13% 13% 75% JPMHC 2020 0% 13% 88% JPMHC 2020 0%	2021 17% 8% 75% JPMHC 2021 0% 100% JPMHC 2021 0%	CAHPS 5% 16% 78% 2019 CAHPS 3% 89% 2019 CAHPS 4%
Never and Sometimes Usually Always Q24. In the last 12 months, how often did this provi Answer Choices Never and Sometimes Usually Always Q25. In the last 12 months, how often did this provi Answer Choices Never and Sometimes Usually Always Usually Always	8% 18% 74% der show respect for HCHC 2019 5% 7% 88% der spend enough HCHC 2019 3% 15% 81%	10% 21% 68% or what you had HCHC 2020 5% 11% 84% time with you? HCHC 2020 5% 13% 82%	10% 19% 71% to say? HCHC 2021 6% 88% HCHC 2021 7% 9%	7% 13% 80% HHC 2019 2% 7% 92% HHC 2019 3% 10% 88%	4% 18% 78% HHC 2020 3% 5% 92% HHC 2020 4% 8% 88%	5% 15% 80% HHC 2021 3% 5% 93% HHC 2021 4% 7% 89%	10% 20% 71% WHC 2019 7% 86% WHC 2019 4% 24% 73%	27% 32% 41% WHC 2020 14% 27% 59% WHC 2020 11% 28% 61%	28% 38% 34% WHC 2021 22% 13% 66% WHC 2021 22% 16% 63%	2019 12% 47% 41% JPMHC 2019 11% 78% JPMHC 2019 0% 17% 83%	2020 13% 13% 75% JPMHC 2020 0% 13% 88% JPMHC 2020 0% 13%	2021 17% 8% 75% JPMHC 2021 0% 100% JPMHC 2021 0% 11%	CAHPS 5% 16% 78% 2019 CAHPS 3% 89% 2019 CAHPS 4% 13%
Never and Sometimes Usually Always Q24. In the last 12 months, how often did this provi Answer Choices Never and Sometimes Usually Always Q25. In the last 12 months, how often did this provi Answer Choices Never and Sometimes Usually Always Usually Always	8% 18% 74% der show respect for HCHC 2019 5% 7% 88% der spend enough HCHC 2019 3% 15% 81%	10% 21% 68% or what you had HCHC 2020 5% 11% 84% time with you? HCHC 2020 5% 13% 82%	10% 19% 71% to say? HCHC 2021 6% 88% HCHC 2021 7% 9%	7% 13% 80% HHC 2019 2% 7% 92% HHC 2019 3% 10% 88%	4% 18% 78% HHC 2020 3% 5% 92% HHC 2020 4% 8% 88%	5% 15% 80% HHC 2021 3% 5% 93% HHC 2021 4% 7% 89%	10% 20% 71% WHC 2019 7% 86% WHC 2019 4% 24% 73%	27% 32% 41% WHC 2020 14% 27% 59% WHC 2020 11% 28% 61%	28% 38% 34% WHC 2021 22% 13% 66% WHC 2021 22% 16% 63%	2019 12% 47% 41% JPMHC 2019 11% 78% JPMHC 2019 0% 17% 83%	2020 13% 13% 75% JPMHC 2020 0% 13% 88% JPMHC 2020 0% 13% 88%	2021 17% 8% 75% JPMHC 2021 0% 100% JPMHC 2021 0% 111% 92%	CAHPS 5% 16% 78% 2019 CAHPS 3% 8% 89% 2019 CAHPS 4% 13% 83%
Never and Sometimes Usually Always Q24. In the last 12 months, how often did this provi Answer Choices Never and Sometimes Usually Always Q25. In the last 12 months, how often did this provi Answer Choices Never and Sometimes Usually Always	8% 18% 74% der show respect for HCHC 2019 5% 7% 88% der spend enough HCHC 2019 3% 15% 81%	10% 21% 68% or what you had HCHC 2020 5% 11% 84% time with you? HCHC 2020 5% 13% 82%	10% 19% 71% to say? HCHC 2021 6% 88% HCHC 2021 7% 9% 84%	7% 13% 80% HHC 2019 2% 7% 92% HHC 2019 3% 10% 88%	4% 18% 78% HHC 2020 3% 5% 92% HHC 2020 4% 8% 88%	5% 15% 80% HHC 2021 3% 5% 93% HHC 2021 4% 7% 89% s provider's	10% 20% 71% WHC 2019 7% 86% WHC 2019 4% 24% 73%	27% 32% 41% WHC 2020 14% 59% WHC 2020 11% 28% 61%	28% 38% 34% WHC 2021 22% 13% 66% WHC 2021 22% 16% 63% u those result	2019 12% 47% 41% JPMHC 2019 11% 78% JPMHC 2019 0% 17% 83%	2020 13% 13% 75% JPMHC 2020 0% 13% 88% JPMHC 2020 0% 13%	2021 17% 8% 75% JPMHC 2021 0% 100% JPMHC 2021 0% 11%	CAHPS 5% 16% 78% 2019 CAHPS 3% 89% 2019 CAHPS 4% 13%
Never and Sometimes Usually Always Q24. In the last 12 months, how often did this provi Answer Choices Never and Sometimes Usually Always Q25. In the last 12 months, how often did this provi Answer Choices Never and Sometimes Usually Always Q27. In the last 12 months, when this provider orde Answer Choices	8% 18% 74% der show respect for HCHC 2019 5% 7% 88% der spend enough HCHC 2019 3% 15% 81% erred a blood test, x-	10% 21% 68% or what you had HCHC 2020 5% 11% 84% time with you? HCHC 2020 5% 13% 82%	10% 19% 71% to say? HCHC 2021 6% 88% HCHC 2021 7% 9% 84%	7% 13% 80% HHC 2019 2% 7% 92% HHC 2019 3% 10% 88%	4% 18% 78% HHC 2020 3% 5% 92% HHC 2020 4% 8% 88%	5% 15% 80% HHC 2021 3% 5% 93% HHC 2021 4% 7% 89% s provider's	10% 20% 71% WHC 2019 7% 86% WHC 2019 4% 24% 73%	27% 32% 41% WHC 2020 14% 59% WHC 2020 11% 28% 61%	28% 38% 34% WHC 2021 22% 13% 66% WHC 2021 22% 16% 63% u those result	2019 12% 47% 41% JPMHC 2019 11% 78% JPMHC 2019 0% 17% 83% s? JPMHC	2020 13% 13% 75% JPMHC 2020 0% 13% 88% JPMHC 2020 0% 13% 88%	2021 17% 8% 75% JPMHC 2021 0% 100% JPMHC 2021 0% 11% 92%	CAHPS 5% 16% 78% 2019 CAHPS 3% 89% 2019 CAHPS 4% 13% 83%
Never and Sometimes Usually Always Q24. In the last 12 months, how often did this provi Answer Choices Never and Sometimes Usually Always Q25. In the last 12 months, how often did this provi Answer Choices Never and Sometimes Usually Always Q27. In the last 12 months, when this provider order Answer Choices Never and Sometimes Usually Always	8% 18% 74% der show respect for HCHC 2019 5% 7% 88% der spend enough HCHC 2019 3% 15% 81% erred a blood test, x- HCHC 2019 23% 22%	10% 21% 68% or what you had HCHC 2020 5% 11% 84% time with you? HCHC 2020 5% 13% 82% ray, or other tes HCHC 2020 24% 19%	10% 19% 71% to say? HCHC 2021 6% 88% HCHC 2021 7% 9% 84% t for you, how of	7% 13% 80% HHC 2019 2% 7% 92% HHC 2019 3% 10% 88% ften did some HHC 2019 23% 20%	4% 18% 78% HHC 2020 3% 5% 92% HHC 2020 4% 88% 88% eone from th HHC 2020 21% 16%	5% 15% 80% HHC 2021 3% 5% 93% HHC 2021 4% 89% s provider's . HHC 2021 20% 21%	10% 20% 71% WHC 2019 7% 86% WHC 2019 4% 24% 73% office follow t WHC 2019 24% 24%	27% 32% 41% WHC 2020 14% 59% WHC 2020 11% 61% up to give yo WHC 2020 36% 32%	28% 38% 34% WHC 2021 22% 13% 66% WHC 2021 22% 63% u those result WHC 2021 20% 24%	2019 12% 47% 41% JPMHC 2019 11% 78% JPMHC 2019 0% 17% 83% s? JPMHC 2019 27% 27%	2020 13% 13% 75% JPMHC 2020 0% 13% 88% JPMHC 2020 0% 13% 88%	2021 17% 8% 75% JPMHC 2021 0% 100% JPMHC 2021 0% 11% 92% JPMHC 2021 18% 27%	CAHPS 5% 16% 78% 2019 CAHPS 3% 89% 2019 CAHPS 4% 13% 83% 2019 CAHPS 111% 13%
Never and Sometimes Usually Always Q24. In the last 12 months, how often did this provices Answer Choices Never and Sometimes Usually Always Q25. In the last 12 months, how often did this provices Answer Choices Never and Sometimes Usually Always Q27. In the last 12 months, when this provider order	8% 18% 74% der show respect for HCHC 2019 5% 7% 88% der spend enough HCHC 2019 3% 15% 81% ored a blood test, x-	10% 21% 68% or what you had HCHC 2020 5% 11% 84% time with you? HCHC 2020 5% 13% 82% ray, or other tes HCHC 2020 24%	10% 19% 71% to say? HCHC 2021 6% 88% HCHC 2021 7% 9% 84% t for you, how o	7% 13% 80% HHC 2019 2% 7% 92% HHC 2019 3% 10% 88% ften did some	4% 18% 78% HHC 2020 3% 5% 92% HHC 2020 4% 88% 88% eone from th	5% 15% 80% HHC 2021 3% 5% 93% HHC 2021 4% 89% s provider's HHC 2021 20%	10% 20% 71% WHC 2019 7% 86% WHC 2019 4% 73% office follow to	27% 32% 41% WHC 2020 14% 27% 59% WHC 2020 11% 61% up to give yo WHC 2020 36%	28% 38% 34% WHC 2021 22% 13% 66% WHC 2021 22% 63% u those result WHC 2021 20%	2019 12% 47% 41% JPMHC 2019 11% 78% JPMHC 2019 0% 17% 83% S? JPMHC 2019 27%	2020 13% 13% 75% JPMHC 2020 0% 13% 88% JPMHC 2020 0% 13% 88%	2021 17% 8% 75% JPMHC 2021 0% 100% JPMHC 2021 0% 11% 92%	CAHPS 5% 16% 78% 2019 CAHPS 3% 89% 2019 CAHPS 4% 13% 83% 2019 CAHPS 11%

	nber would use to rate this 0 where 0=worst possible)	HCHC 2019	HCHC 2020						WHC 2020	WHC 2021	JPMHC 2019	JPMHC 2020	JPMHC 2021	
0		1%	1%								0%	0%	0%	1%
1		0%	1%				1% 0%			3%	0% 0%	0% 0%	0% 0%	0% 0%
2		1% 1%	0% 2%				0%			6% 6%	0%	0%	0%	1%
4		2%	1%				0%			3%	12%	0%	0%	1%
5		1%	3%				1%	0%	11%	0%	0%	0%	0%	2%
6		1%	4%	1%	1%	1%	0%	1%	14%	6%	6%	0%	0%	1%
7		4%	2%				2%			13%	6%	13%	8%	4%
8		10%	9%				6%			25%	6%	0%	8%	11%
9		17%	17%				13%			19%	24% 47%	13%	17%	20%
10 Best provide	•	62%	61%			73%	78%	50%	24%	19%	47%	75%	67%	60%
Q35. In the last	12 months, did anyone in this provid	ier's office talk witi	n you about spe	ecific goal for you							JPMHC	JPMHC	JPMHC	2019
	Answer Choices	HCHC 2019	HCHC 2020						WHC 2020		2019	2020	2021	CAHPS
No		35%	44%				32%			63%	35%	38%	36%	34%
Yes		65%	56%	61%	73%	65%	68%	56%	30%	38%	65%	63%	64%	66%
Q36. In the last	12 months, did anyone in this provid	ler's office ask you	if there are thi	ngs that make it	hard for you	to take care	of your healt	h?						
	Answer Choices	HCHC 2019	HCHC 2020	HCHC 2021	HHC 2019	HHC 2020	HHC 2021	WHC 2019	WHC 2020	WHC 2021	JPMHC 2019	JPMHC 2020	JPMHC 2021	2019 CAHPS
No		49%	56%								41%	38%	55%	54%
Yes		51%	44%	46%	56%	49%	50%	43%	24%	68%	59%	63%	45%	46%
Q42. In the last	12 months, how often were clerks a	nd receptionists at	this provider's	office as helpful	as you thoug	ght they shou	ıld be?							
											JPMHC	JPMHC	JPMHC	2019
	Answer Choices	HCHC 2019	HCHC 2020						WHC 2020		2019	2020	2021	CAHPS
Never and Some	etimes	11%	15%							16%	18%	25%	18%	6%
Usually		29%	30%								18%	25%	45%	21%
Always		60%	55%	55%	62%	61%	59%	56%	40%	45%	65%	50%	36%	72%
Q43. In the last	12 months, how often did clerks and	l receptionists at th	nis provider's of	fice treat vou wi	th courtesv a	nd respect?								
	<i>'</i>	, i	,	,	ĺ	,					JPMHC	JPMHC	JPMHC	2019
	Answer Choices	HCHC 2019	HCHC 2020	HCHC 2021	HHC 2019	HHC 2020	HHC 2021	WHC 2019	WHC 2020	WHC 2021	2019	2020	2021	CAHPS
Never and Some	etimes	4%	8%	4%	4%	2%	3%	4%	26%	6%	6%	13%	9%	3%
Usually		20%	21%			23%	18%	23%	17%	26%	18%	13%	9%	12%
Always		76%	71%	77%	77%	75%	79%	74%	57%	68%	76%	75%	82%	85%
Q38. In the last	12 months, did you and anyone in the	nis provider's office	e talk at each vi	sit about all the	prescription r	nedicines yo	u were takin	g?						
	•										JPMHC	JPMHC	JPMHC	2019
	Answer Choices	HCHC 2019	HCHC 2020						WHC 2020		2019	2020	2021	CAHPS
No		6%	11%								6%	13%	0%	
Yes		94%	89%	92%	94%	92%	96%	86%	81%	74%	94%	88%	100%	

From: Eliza Lake

To: Lee Manchester; Wendy Long; Bannister, Matthew; Carole Bergeron; Liz Zuckerman; Seth Gemme; Nancy

Brenner; Kathryn Jensen; John Follet; Alan Gaitenby; Jennica Gallagher (jgallagher@greenfieldcoopbank.com)

Cc: <u>Tabitha Griswold</u>

Subject: Re: Immunization policy vote

Date: Saturday, November 27, 2021 4:44:06 PM

Attachments: Immunization against Influenza and COVID-19 Policy 2021 edit 11-23-21.docx

Thank you, Lee, for the summary, and I apologize for the confusion - trying to mesh our policy with the federal language was perhaps not the best way to satisfy the requirement. It's unfortunate that the feds gave us so little time to come into compliance.

I agree that this vote suffices, and Lee and I can put this topic on an agenda for discussion in December. As written, the Board members, regardless of vaccination status, are in compliance with this policy because you are meeting only remotely. The discussion at the meeting should, however, include a record in the minutes of whether the Board explicitly accepts that Board members can be in compliance with the policy by only participating remotely (which I think should be the plan for at least the winter, in any case), regardless of vaccination status. This was recommended by the League's general counsel (information only, not legal advice!). There should be another conversation once the Board is beginning to meet in person that revisits this vote.

Attached is the policy as I believe you have accepted it.

See you all in a couple of weeks.

Fliza

Eliza B. Lake, MSW
CEO
Hilltown Community Health Center
58 Old North Road
Worthington, MA 01098
413-238-4128 - phone
elake@hchcweb.org

From: Lee Manchester <martinm@umass.edu> Sent: Saturday, November 27, 2021 10:46 AM

To: Eliza Lake <elake@hchcweb.org>; Wendy Long <wvlong@comcast.net>; Bannister, Matthew <MBannister@bankatpeoples.com>; Carole Bergeron <bergeronphd@outlook.com>; Liz Zuckerman <zuckerm@hotmail.com>; Seth Gemme <sgemme@gmail.com>; Nancy Brenner <nbrenner5311@gmail.com>; Kathryn Jensen <kjens3@icloud.com>; John Follet <jfolletmd@verizon.net>; Alan Gaitenby <gaitenby@legal.umass.edu>; Jennica Gallagher (jgallagher@greenfieldcoopbank.com) <jgallagher@greenfieldcoopbank.com>

Subject: Immunization policy vote

Good morning. I'm going to start a new thread on this issue since the old ones were getting a bit unwieldy. At this point we've had both some discussion and also taken a vote, on the motion by Wendy. Comments by several members have noted that the policy as submitted to us by Eliza is worded in a way that seems to require BOD vaccination for Covid but not flu. Eliza's comments however imply that the clinical staff at the HC would prefer that the policy require flu vaccination for Board members as well, though that is not actually stated in the policy. Wendy's motion in effect adds the flu requirement for Board members to the policy, but doesn't actually articulate a new rewording of the policy. Kathryn and John have expressed some reservation about approving the policy before actually re-wording it, and also there are reservations about the need for a flu vaccination mandate for the Board.

At this point the motion made by Wendy has been approved by a majority, with aye votes from: Wendy, Matt, Liz, Lee, Seth, Nancy, and Kathryn. Carole voted in favor of the policy but before Wendy's motion was made, and I'm going to take that as an aye vote.

I suggest that at this point we can consider the policy to be approved by the Board in spirit, but that it needs to be rewritten to more clearly reflect the requirement for both flu and covid vaccination for Board members. I'm sure we'll hear from Eliza by Monday and she'll suggest a rewording of the policy, or I will. We can then vote again if we want to, or (my preference) we can wait for the Board meeting on Dec 9 and have a live discussion of all these issues and amend the policy again at that point if we decide to. But I think that the vote that has been taken will at least bring the HC into compliance with the new federal guidance as of Dec. 6.

Stay tuned. Lee



Application Submitted to HRSA

Submitted to HRSA

Organization: Hilltown Community Health Centers, Inc.,

worthington, Massachusetts

Grants.gov Tracking Number: GRANT13480545

EHB Application Number: 198040

Grant Number: 6 H80CS00601-20-01

Funding Opportunity Number: HRSA-22-007

Received Date: 12/1/2021 2:21:22 PM

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		Application for Federal Assistance SF-42	24	OMB Approval No. 4040-000 Expiration Date 12/31/202
* 1. Type of Submission		* 2. Type of Application	* If Revision, select appropriate letter(s):	
☐ Preapplication		□ New		
Application		Continuation	* Other (Specify)	
Changed/Corrected Application		Revision	Competing Continuation	
* 3. Date Received: 10/6/2021	1	4. Applicant Identifier:		
* 5.a Federal Entity Identifier:	J	5.b Federal Award Identifier:		
Application #:198040Grants.Gov				
#:GRANT13480545		H80CS00601		
* 6. Date Received by State:	-	7. State Application Identifier:		
8. Applicant Information: * a. Legal Name		Hilltown Community Health Centers, Inc.		
* b. Employer/Taxpayer Identification Numbe	r (FIN/TIN)	* c. Organizational UEI:		
04-2161484		079232393		
d. Address:	1	1		
* Street1:		58 Old North Rd		
Street2:				
* City:		Worthington		
County:		Hampshire		
* State:		MA		
Province:				
* Country:		US: United States		
* Zip / Postal Code:		01098-9753		
e. Organization Unit:				
Department Name:		Division Name:		
f. Name and contact information of perso	n to be contacted on matters involving this appli	cation:		
Prefix:		* First Name:	Eliza	
Middle Name: Middle Name:	В			
Last Name:	Lake			
Suffix:				
Title:	CEO			
Organizational Affiliation:				
* Telephone Number:	(413) 238-4128	Fax Number:		
* Email:	elake@hchcweb.org			
9. Type of Applicant 1:				
M: Nonprofit with 501C3				
Type of Applicant 2:				
Type of Applicant 3:				
* Other (specify):				
* 10. Name of Federal Agency:				
N/A				
11. Catalog of Federal Domestic Assistan	ce Number:			
93.224				
CFDA Title:				
Community Health Center				
*12 Funding O				
* 12. Funding Opportunity Number:				
HRSA-22-007				
* Title:				
Service Area Competition				

End Application Number: 100040	Grant Nambor. 9 11000000001 20 01		
13. Competition Identification Number:			
8370			
Title:			
Service Area			
Competition			
Areas Affected by Project (Cities, Counties, State	s. etc.):		
See Attachment	,, ((())		
145 D. 141 THE ST. 14 D. 14	_		
* 15. Descriptive Title of Applicant's Project:			
Health Center Cluster			
Project Description:			
See Attachment			
16 Congressional Districts Of			
16. Congressional Districts Of:			MA-01
* a. Applicant	MA-01	* b. Program/Project	1417.1-01
Additional Program/Project Congressional District	:8:		
See Attachment			
17. Proposed Project:			
* a. Start Date:	6/1/2022	* b. End Date:	5/31/2023
18. Estimated Funding (\$):			
* a. Federal	\$1,853,699.00		
* b. Applicant	\$0.00		
* c. State	\$550,121.00		
* d. Local	\$8,000.00		
* e. Other	\$947,906.00		
* f. Program Income	\$4,764,000.00		
* g. TOTAL	\$8,123,726.00		
g. TOTAL	30,123,720.00		
* 19. Is Application Subject to Review By State U	nder Executive Order 12372 Process?		
	under the Executive Order 12372 Process for review on		
■ b. Program is subject to E.O. 12372 but has not bee	n selected by the State for review.	,	
c. Program is not covered by E.O. 12372.			
* 20. Is the Applicant Delinquent Of Apy Federal I	Debt(If "Yes", provide explaination in attachment.)		
Yes	Mo		
	statements contained in the list of certifications** and (2) that the statements		
	of my knowledge. I also provide the required assurances** and agree to rd. I am aware that any false, fictitious, or fraudulent statements or claims may		
subject me to criminal, civil, or administrative pen			
□ I Agree			
** The list of certifications and assurances, or an interne specific instructions.	et site where you may obtain this list, is contained in the announcement or agency		
Authorized Representative:			
Prefix:		* First Name:	Eliza
Middle Name:	В	This i value.	1.112.1
* Last Name:	Lake		
Suffix:			
* Title:			
* Telephone Number:	(413) 238-4128	Fax Number:	
*Email:	elake@hchcweb.org		
* Signature of Authorized Representative:	Eliza B Lake	* Date Signed:	10/6/2021

EHB Application Number: 198040 Grant Number: 6 H80CS00601-20-01

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Funding Opportunity Number

Project Abstract Summary

OMB Approval No. 4040-0019 Expiration Date 2/28/2022

This Project Abstract Summary form must be submitted or the application will be considered incomplete. Ensure the Project Abstract field succinctly describes the project in plain language that the public can understand and use without the full proposal. Use 4,000 characters or less. Do not include personally identifiable, sensitive or proprietary information. Refer to Agency instructions for any additional Project Abstract field requirements. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.

HRSA-22-007	
CFDA(s) 93.224	
Applicant Name Hilltown Community Health Centers, Inc.	
Descriptive Title of Applicant's Project	
Health Center Cluster	

Project Abstract

Address: 58 Old North Rd., Worthington, MA 01050 Project Director Name: Eliza Lake Contact Phone Numbers Phone: 413-238-5111 Email Address: info@hchcweb.org Web Site Address: http://www.hchcweb.org Congressional district(s): MA-001 and MA-002 Service Area ID Number: 329 Patient Target: 8,802 Needs to be addressed: Thousands of residents in HCHC's service area experience barriers to accessing health care caused by poverty, systemic bias, lack of insurance, difficulty accessing reliable transportation, and cultural and/or linguistic barriers. HCHC serves a Health Professional Shortage Area (HPSA) and a Medically Underserved Area (MUA), and while the demand for primary care services is enormous, many private practices are full. This is similar to other rural areas of the country, where less than 9% of the nation's primary care physicians provide services. Because of a lack of primary care providers in the region, new patients in the service area must wait an average of 58 days for an internal medicine appointment. Within the service area there are limited options other than HCHC for low-income individuals with Medicaid (called MassHealth in Massachusetts) or no insurance. Providers who accept MassHealth have very limited openings. High demand also exists for affordable dental care, behavioral health services, and services for the area's growing elderly population. Proposed services: HCHC will provide comprehensive, integrated, state of the art medical, dental, eye care, and behavioral health, and health education and outreach services to patients in the service area. HCHC currently operates four health center sites and a community center: the Huntington Health Center serving the southern Hilltowns, the Worthington Health Center serving the northern Hilltowns; the John P. Musante Health Center serving the Pioneer Valley; the School-Based Health Center at the Gateway Regional Middle/High School serving the students in the District; and the Hilltown Community Center. The goal of the project is to provide comprehensive preventative and primary care to all ages in the life cycle. The locations, which are readily accessible to the residents of the service area, makes health care geographically accessible as well as affordable. Patients seeking medical care at each health center site will have a primary care provider for his or her continuous health care, and if necessary, will be referred to any of the other HCHC primary care services such as dental care, eye care, behavioral health, or social services. The HCHC network acts as a medical home, coordinating between all HCHC team members, providers, and staff, in collaboration with the patient, family members, other caregivers, specialists, other health care services and non-clinical services as needed and desired by the patient. Population groups to be served: HCHC will serve residents of the service area who are unable to access affordable, culturally, and linguistically appropriate primary medical, dental, eye care and behavioral health services. The target population includes: 1) individuals and families without insurance, 2) individuals and families with public insurance who cannot find a private medical or dental provider able to accept this insurance, 3) underinsured families, 4) senior citizens on fixed incomes, 5) working adults with insurance with high deductibles and minimal

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coverage, 6) veterans, 7) service industry workers with inflexible work schedules, 8) trauma survivors and those with mental health needs, 9) seasonal workers, 10) undocumented residents and 11) homeless individuals.

OMB Number: 4040-0010 Expiration Date: 12/31/2022

	Key Contacts Form
* Applicant Organizat	ion Name:
Hilltown Communit	ty Health Centers, Inc.
	role on the project (e.g., project manager, fiscal contact).
* Contact 1 Project Ro	Die: Project Manager
Prefix:	
* First Name: Eliza	
Middle Name: B.	
* Last Name: Lake	
Suffix:	
Title: CEO	
Organizational Affiliat	tion:
* Street1:	58 Old North Road
Street2:	
* City:	Worthington
County:	
* State:	MA: Massachusetts
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	01098-9753
* Telephone Number:	413-238-4128
Fax:	
* Email: elake@hchcv	web.org

OMB Number: 4040-0010 Expiration Date: 12/31/2022

* * * * * * * * * * * * * * * * * * * *	Key Contacts Form
* Applicant Organizat	ty Health Centers, Inc.
Enter the individual's	role on the project (e.g., project manager, fiscal contact).
* Contact 2 Project R	ole: Fiscal Contact
Prefix:	
* First Name: John	
Middle Name:	
* Last Name: Melel	nov
Suffix:	
Title: CFO	
Organizational Affilia	tion:
* Street1:	58 Old North Road
Street2:	
* City:	Worthington
County:	
* State:	MA: Massachusetts
Province:	
* Country:	USA: UNITED STATES
* Zip / Postal Code:	01098-9753
* Telephone Number:	413-238-4116
Fax:	
* Email: jmelehov@h	chcweb.org

OMB Number: 4040-0010 Expiration Date: 12/31/2022

Key Contacts Form	
* Applicant Organization Name:	
Hilltown Community Health Centers, Inc.	
Enter the individual's role on the project (e.g., project manager, fiscal contact).	
* Contact 3 Project Role: AOC]
Prefix:	_
* First Name: Alex	
Middle Name:	
* Last Name: Niefer	
Suffix:	_
Title: Development Director	
Organizational Affiliation:	
* Street1: 58 Old North Road	
Street2:	
* City: Worthington	
County:	
* State: MA: Massachusetts	
Province:	
* Country: USA: UNITED STATES	
* Zip / Postal Code: 01098-9753	
* Telephone Number: 413-238-4111	
Fax:	
* Email: aniefer@hchcweb.org	

EHB Application Number: 198040 Grant Number: 6 H80CS00601-20-01

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	Project/Performance Site Lo	ocation(s)	OMB Approval No. 4040-001 Expiration Date 12/31/202
Project/Performance Site Primary Location			
Organization Name: Hilltown Community Health Center	s, Inc.		
* Street1: 58 Old North Rd			
Street2:			
* City: Worthington			
County: Hampshire			
* State: Massachusetts	Province:		
* Country United States	* ZIP / Postal Code:		
01098-9753			
UEI: [
Project/ Performance Site Congressional District:			
01			
Project/Performance Site Location			
Organization Name:			
* Street1: 73 Russell Road			
Street2:			
* City: Huntington	ounty:		
* State: Massachusetts	Province:		
*0 4 11 194	* 7ID / D . 4 1 C . 1		
* Country United States 01050-9777	* ZIP / Postal Code:		
UEI:			
Project/ Performance Site Congressional District:			
Troject Petromanice Site Congressional Bistree.			
Project/Performance Site Location			
Organization Name:			
* Street1: 70 Boltwood Walk			
Street2:			
* City: Amherst	ounty:		
* State: Massachusetts	Province:		
* Country United States	* ZIP / Postal Code:		
01002-2271			
UEI:			
Project/ Performance Site Congressional District:			
Project/Performance Site Location			
Organization Name:			
* Street1: 12 Littleville Road			
2.2.331. 12.2.me.me.roud			

EHB Application Number: 198040 Grant Number: 6 H80CS00601-20-01 Street2: * City: Huntington County: * State: Massachusetts Province: * Country United States * ZIP / Postal Code: 01050-2271 UEI: Project/ Performance Site Congressional District: **Project/Performance Site Location** Organization Name: * Street1: 9 Russell Road Street2: * City: Huntington County: * State: Massachusetts Province: * Country United States * ZIP / Postal Code: 01050-0000

UEI:

Project/ Performance Site Congressional District:

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PROGRAM NARRATIVE

Hilltown Community Health Centers, Inc. (HCHC) has been a federal qualified health center (FQHC) since 2000 and was founded in 1950. In 2020 HCHC served 7,011 patients, of which 61% are at or below 200% of Federal Poverty Guideline. In 2019, prior to the COVID-19 pandemic and the state mandated restrictions on clinical care that were in place for most of 2020, HCHC served 9,602 patients with over 44,000 visits.

HCHC operates four health center sites and a community center: The Huntington Health Center serving the southern Hilltowns, the Worthington Health Center serving the northern Hilltowns, the John P. Musante Health Center serving the Pioneer Valley, and the School-Based Health Center in the Gateway Regional Middle/High School serving the students in the Gateway Regional School District, and the Hilltown Community Center in Huntington, which provides both on-site and community-based health education programs, health insurance assistance, vaccination education and outreach, social service support and services, family education and support, and domestic violence advocacy and safety planning.

All of Hilltown Community Health Center's locations provide accessible, affordable health care, through primary and preventative medical, ophthalmological, and dental services. All HCHC sites are staffed with culturally sensitive providers and support staff that are trained to address the unique needs of the constituencies most in need. As is required of all FQHCs, these services are provided to all patients regardless of their ability to pay.

NEED

Service Area

The service area for HCHC includes 28 communities located in the Hampshire and Hampden counties of western Massachusetts. The 28 communities from 30 ZIP codes include: 1) Amherst (which includes Pelham), 2) Belchertown, 3) Blandford, 4) Chester, 5) Chesterfield, 6) Cummington, 7) Easthampton (which includes Westhampton), 8) Florence 9) Goshen, 10) Granby, 11) Granville, 12) Hadley, 13) Hatfield, 14) Haydenville, 15) Huntington, 16) Leeds 17) Middlefield, 18) Northampton, 19) Plainfield, 20) Russell, 21) Southampton, 22) Southwick, 23) West Chesterfield, 24) West Hatfield, 25) Westfield (which includes Montgomery), 26) Williamsburg, 27) Woronoco, and 28) Worthington. Patients from the towns identified in Attachment 1: Service Area Map and Table, comprise 75% of HCHC's patient population. The total population of the service area exceeds 191,568 and sixteen of the twenty-eight communities are in Hampshire County.

While the population in HCHC's service area share many characteristics, due to very different geographic features HCHC's service area can be broken down into two service "delivery areas" with their own unique set of access issues: the Hilltown delivery area and the Pioneer Valley delivery area.

Hilltown Delivery Area: The Hilltown delivery area is characterized by low population density, geographic isolation, pockets of rural poverty, and few opportunities for local employment. The Hilltown communities, apart from the City of Westfield, are designated as 100% rural by the state

of Massachusetts and the USDA. They have an average municipal population, excluding the City of Westfield, of 1,887 residents. Westfield is included in this delivery area because its proximity to the Huntington Health Center has resulted in almost 940 patients from Westfield utilizing the health center in 2019 and similar numbers in prior years.

Many patients also come from other Hilltowns and other communities that are technically not part of the service area but who seek HCHC's services. Numerous residents from the towns of Ashfield, Westhampton, Hawley, Savoy, Windsor, Peru, Washington, Becket, Otis, Sandisfield, Tolland, Granville, and Southwick also access HCHC services.

HAMPSHIRE COUNTY	POPULATION	MEDIAN INCOME	HOUSEHOLD	% BELOW 200% POVERTY
Chesterfield	753	\$	71,630	16.9%
Cummington	933	\$	58,438	32.6%
Goshen	495	\$	68,750	18.8%
Huntington	2,438	\$	67,750	23.2%
Middlefield	268	\$	49,643	17.2%
Plainfield	648	\$	60,000	21.9%
Worthington	1,263	\$	80,192	16.5%
Williamsburg	3,650	\$	88,383	14.1%
HAMPDEN COUNTY				
Blandford	1,140	\$	76,333	14.8%
Chester	1,430	\$	76,500	24.1%
Granville	2,186	\$	87,750	16.2%
Russel	1,374	\$	75,592	71.4%
Southwick	9,720	\$	73,776	19.5%
Westfield	42,143	\$	68,042	23.3%
Total Delivery Area	68,441	\$71,627		21.2%

<u>Pioneer Valley Delivery Area</u>: The Pioneer Valley delivery area, served primarily by HCHC's Amherst site, expands HCHC's reach to include the more populous areas of Hampshire County. The area is characterized by greater racial and cultural diversity than the Hilltown delivery area. The Pioneer Valley is in western Massachusetts, straddling the Connecticut River. There is one bridge across the Connecticut River in the county, between Hadley and Northampton, which is usually highly congested with traffic as a result. The only major highway, Interstate 91, is on the west side, so residents of the eastern half of the county, which includes Amherst, do not have easy

access to either the north or south. Located in a largely agricultural area, the larger towns contain many educational institutions, including the Five Colleges (Amherst, Mt. Holyoke, Smith, Hampshire, and the University of Massachusetts).

PIONEER VALLEY DELIV	/ERY AREA			
HAMPSHIRE COUNTY	POPULATION	MEDIAN INCOME	HOUSEHOLD	% BELOW 200% POVERTY
Amherst	41,371	\$	97,319	43.8%
Belchertown	15,005	\$	105,997	12.8%
Easthampton	17,818	\$	87,883	18.7%
Granby	6,322	\$	114,279	11.9%
Hadley	5,319	\$	102,083	22.6%
Hatfield	3,243	\$	77,165	15%
Northampton	27,905	\$	95,054	25.4%
Southampton	6,144	\$	132,333	11.6%
Total Delivery Area	123,127	\$ 101, 514		27.1%
Source: 2019 US Census An	nerican Community Su	ırvey 5-Year Estir	nates	

- a) HCHC Service Area Boundaries Hilltown Delivery Area Boundaries: The communities are clustered around both north/south and east/west road axes in the service area: Routes 91 and 112 providing north/south access and Routes 9 and 20 providing east/west access. The remaining service area communities are located within Hampden County. Pioneer Valley Delivery Area Boundaries: The communities are primarily clustered around both north/south of Route 91 road axes and between the east/west of Route 2 and Route 202 road axes.
- b) HCHC Service Area Opportunity Zones: HCHC's service area includes the following Qualified Opportunity Zones: 25015820300 in Amherst, 25015821602 and 25015821903 in Northampton, 25015822402 in Easthampton, and 25013812702 in Westfield.
- c) HCHC's Annual Competing Continuation Service Area Review: Upon completion of the annual UDS report, senior staff review the Patients by ZIP Code figures from the UDS and calculate where 75% of the past year's residents reside. If that figure includes communities that are not in the current HCHC service area, staff will suggest a reconfiguration of the service area. The HCHC Board of Directors reviews and approves the Service Area analysis annually, regardless of whether there are proposed changes.

Target Population

The target populations of HCHC are residents of the service area and neighboring areas who experience barriers to accessing health care, including poverty, lack of insurance, difficulty

accessing reliable transportation, and/or cultural and linguistic barriers to care. HCHC's mission is to create access to high quality integrated health care and promote well-being for individuals, families, and our communities, regardless of ability to pay for services or health insurance status. HCHC's target populations include all the unserved and underserved individuals in the community—children, adults, and elders.

- a) Community Needs Assessment Frequency Making use of the Service Area Needs Assessment Methodology (SANAM), HCHC conducts a Community Needs Assessment every three years to assess the needs of our service area/target population. The last Needs Assessment was completed in Fall 2019, and one will be completed in Fall 2022. In addition, HCHC is an active participant in the design and collection of data for the Community Health Needs Assessment (CHNA) produced by a collaborative of three local hospitals systems and a health care plan. HCHC has a seat on the CHNA's Design, Regional Advisory, and Health Equity Committees, and ensures that its service area and target populations are represented in the hospital's final reports. This CHNA is used in HCHC's planning and response to need.
- b) Use of Community Needs Assessment HCHC uses the data collected from the Community Needs Assessment to inform and improve service delivery. We use the responses to ensure access to the types of clinical and social services that are needed, make changes to meet rising challenges/needs, and inform health center policies and procedures that will improve patient experience/satisfaction and health outcomes.

c) Using and Citing Current Data

- Factors Associated with Accessibility and Utilization in HCHC's Hilltown delivery area is isolated from other portions of the state due to its geography and lack of public transportation. The Hilltowns are less integrated into the social, political, and economic fabric of Massachusetts largely because of their remote location.
- The unique geography of the Hilltowns contributes to major transportation barriers to accessing both healthcare and other services. Over the decades, the Hilltowns' geology and geography have influenced its settlement pattern. The 1,000-foot elevation difference between the Hilltowns and the Connecticut River Valley produced streams and rivers flowing through steep-sided valleys. Mills were built to exploit the kinetic energy of falling water. As hilltop farming towns declined in importance, industrial towns in the river valleys rose to local prominence. As a result, the Hilltowns' current average population density is 35 inhabitants per square mile, compared to 839 for the rest of Massachusetts 1.

This isolated, rural area stretching over 600 square miles is set off from the rest of the state by rolling mountains and valleys that offer spectacular natural beauty in the summer months, and treacherous conditions in the winter months. Secondary roads (approximately 90% of area roadways) remain unpaved and are not well maintained, particularly during the winter months. There are only two major routes (Route 9 and 20) that connect the Hilltowns to other areas of the state. There is no public transportation system in the area, contributing further to isolation. The distance to the closest hospitals can be up to 30 miles and a 45-minute drive for

¹ Source: 2019 US Census

FY 2022 Service Area Competition

some residents. Accessing a pharmacy is also made difficult, as the closest ones are outside the region. Small businesses account for some of the primary job opportunities in the Hilltowns, but many residents rely on seasonal and periodic employment, such as farming, logging, maple sugaring, construction, and snow plowing to earn a living. Residents also travel great distances to work outside the Hilltowns because of the lack of job opportunities in the area. Elderly people represent a growing portion of the area population (growing at 12% per decade according to MA state data). This is a population that is committed to remaining in their homes and neighborhoods and has no option for nursing home care or any other stable long-term supports or services in most of the delivery area. Few options even exist for senior housing. Today elders constitute 22% of the population in the delivery area.

Hampshire County	% Elderly (65+)	% Unemployed	Avg. Employment Commute Time (minutes)		
Chesterfield	28.7%	5.7%	33.6		
Cummington	24.4%	3.0%	38.9		
Goshen	17.0%	2.0%	27.4		
Huntington	17.4%	2.2%	33.3		
Middlefield	25.0%	N/A	36.8		
Plainfield	29.3%	3.8%	38.7		
Williamsburg	21.1%	2.2%	27.3		
Worthington	24.9%	1.2%	40.9		
Hampden County					
Blandford	25.0%	3.6%	14.8%		
Chester	19.4%	2.6%	24.1%		
Granville	19.3%	5.4%	16.2%		
Russell	16.9%	3.4%	15.0%		
Southwick	21.7%	4.2%	19.5%		
Westfield	17.5%	4.3%	23.2%		
Delivery Area Average	21.7%	3.2%	32.5		

• Factors Associated with Accessibility and Utilization in The Pioneer Valley delivery area for HCHC's Amherst site, the John P. Musante Health Center (JPMHC), includes the Town of Amherst and the surrounding communities of Belchertown, Easthampton, Granby, Hadley, Hatfield, Northampton, and Southampton. Within the service area thousands go without adequate health care every year. Obstacles include insurance status, cost of care,

residency status in this country, and homelessness. Others cycle on and off public and private health care for a variety of reasons. Many have no oral health care coverage. Primary care physicians and dentists in this area have no or limited openings for patients with MassHealth, which is Massachusetts' Medicaid and CHIP program.

The delivery area population has a significant undocumented and non-English speaking population, most notably from the town of Amherst. The population of the Pioneer Valley service area communities, according to the US Census 2019 ACS 5-year estimates, is 123,127 individuals, of which 27.1% are at or below 200% of poverty.

The JPMHC serves the low-income population of the delivery area who are unable to access affordable, culturally and linguistically appropriate primary medical, dental, and behavioral health care services. The target population includes:1) homeless individuals, 2) seasonal workers, 3) service industry workers with inflexible work schedules, 4) undocumented residents, 5) veterans, 6) senior citizens on fixed incomes, 7) trauma survivors and those with mental health needs, 8) underinsured families, 9) working families with no dental coverage, 10) working adults with dental insurance with high deductibles and minimal coverage and 11) individuals with public insurance who cannot find a private medical or dental provider able to accept this insurance. As in the Hilltowns, the Pioneer Valley delivery area contains a high percentage of elderly residents and unemployment, higher than state averages. Average commuting time is less than the state average.

Hampshire County	% Elderly (65+)	% Unemployed	Avg. Employment Commute Time (minutes)
Amherst	13.4%	12.4%	16.7
Belchertown	14.8%	4.2%	28
Easthampton	19%	6.6%	23.6
Granby	18.7%	5.7%	24.2
Hadley	23.7%	1.7%	21.1
Hatfield	23.6%	6.2%	25
Northampton	21.5%	3.3%	22.9
Southampton	19.5%	4.4%	25
Delivery Area Average	19.2%	5.56%	23

Unique Characteristics that Impact Healthcare (SDoH) The target populations in the service area are particularly vulnerable to fragmented, uncoordinated and discontinuous care on a chronic basis; many of these are disproportionately represented in HCHC's patient population: patients who move frequently, especially those with unstable insurance coverage; patients for who English is not their primary language: patients experiencing food insecurity; low-income patients; persons with complex medical conditions;

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behavioral health care patients; children with special health care needs; adults with disabilities; the frail elderly; and people at the end of life. These last two groups are a special concern for HCHC, particularly in the Hilltown delivery area. There is no assisted living, skilled nursing facilities, or hospice facilities convenient to the Hilltown area. Although it may be their preference, in truth, people often have few options other than "aging in place" if they want to remain connected to their community. Rural seniors need reliable assistance to continue living independently because they a) are not eligible for other home care assistance or VNA assistance, particularly if they have a chronic condition; b) have low incomes and cannot afford to pay privately for services, c) lack family/friends or natural supports that provide regular chore help, and d) have health/mobility limitations.

In the Pioneer Valley delivery area, the primary concerns are lack of access to healthcare due to insurance status and limited English proficiency. In a state that reports almost universal health insurance coverage, there are still individuals that do not qualify for any public health insurance program. These individuals can only receive care at one of the region's FQHCs, but until the JPMHC site was opened in 2018, the only other site accessible by public transportation was up to 120 minutes away by bus. In addition, local dental practices will take pediatric patients with Medicaid, but due to low payment rates, most will not take adult Medicaid patients, severely reducing access to care. In addition, there is limited to no bilingual capacity in local medical, dental, and behavioral health practices, creating a barrier to care that also necessitated long bus rides to other FQHCs.

In light of all this, and as outlined in *Form 4: Community Characteristics*, HCHC's target population is almost 45,000 residents of Hampshire County and the Hilltowns of western Hampshire County. This number was generated by collecting data from the 2019 US Census American Community Survey 5-Year Estimates, Kaiser Family Foundation, National Center for Farmworker Health, US Department of Housing and Urban Development, and other sources. In determining which populations, or what percentages of each population, to target, HCHC took into consideration:

- Racial and ethnic disparities
- Language barriers
- Income status
- Health insurance status
- Geographic barriers, including lack of transportation
- Diversity of faculty and students at local colleges and universities

COVID-19 Impact

The COVID-19 pandemic impacted all residents of HCHC's service area, but the severest impacts were on HCHC's target population. While the rates of hospitalizations and deaths in the region were low compared to other regions of the country, and even other parts of the state, the impacts on people of color, the LGBTQ community, individuals with disabilities, and low-income residents were disproportionate. In the Fall of 2020, the Massachusetts Department of Public Health conducted a COVID-19 Community Impact Survey that collected extensive data from over 33,000 individuals across the state. The survey oversampled and ensured representation from groups that are usually underrepresented, including rural communities, individuals of color, non-English speaking populations, etc. The primary focus of the survey was on social determinants of health,

including access to health care, and lays bare the impact of the epidemic on HCHC's target populations.

The COVID-19 Community Impact Survey found:

- One of five respondents missed either critical urgent care or essential routine care. Some residents missed both.
- Delayed care (both urgent and routine) is over 1.5 to 2 times as high among subgroups that already face many healthcare barriers such as cost, transportation, English proficiency, and discrimination.
- One in three MA adults reported 15+ days of poor mental health in the past 30 days. This is 3X higher than the 11% of adults who reported poor mental health in 2019.
- Those experiencing the highest rates of poor mental health included respondents of transgender experience, non-binary respondents, and respondents questioning their gender identity; LGBQ+ respondents; multiracial, non-Hispanic/non-Latinx, American Indian/Alaska Native, and Hispanic/Latinx respondents; respondents with low income or educational attainment, and respondents with disabilities. When asked whether they were worried about paying for one or more types of expenses or bills (including housing, utilities, insurance, etc.), individuals who were low-income, non-white, non-English speaking, non-binary, and living with disabilities were significantly more worried than the general population.

One of the biggest impacts that HCHC has seen during the pandemic has been a positive – increased access to services by HCHC patients due to the dramatic increase in telehealth services. The ability to bill for these services on parity with in-person services, and the support that HCHC received from private and public sources to make this transition, have completely revolutionized how our patients receive services, particularly in Behavioral Health. Unfortunately, it has also underscored the lack of equity that exists – some patients have no access to broadband internet, cell coverage, or adequate minutes on their phone. These results underscore the fragile nature of HCHC's target populations, and the need for comprehensive and integrated services that address both clinical and social determinants of health.

RESPONSE

Access to Services

Hilltown Community Health Centers, Inc. (HCHC) is a freestanding and unaffiliated organization, serving Hampshire and Hampden County Hilltowns since 1950 with a carefully designed model of rural health care.

There are two major environmental factors in the service area that shapes HCHC's approach to health care profoundly. First, there is a paucity of affordable, accessible services of all kinds in the service area. Those that do exist may be difficult for many residents to access. Without many of these services, it would be difficult, if not impossible, to keep people healthy and the collective well-being of HCHC's communities would suffer. Thus, it is incumbent on HCHC to organize delivery of the whole range of health care and related services at its health center sites, which themselves represent geographical accessibility. This involves offering diverse services directly as

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well as forming close working relationships with other providers in the Hampshire-Hampden County area to serve patient and family needs.

The second factor, which is closely related, is the isolation and low health literacy of the low-income residents that HCHC targets. All too often providers see patients with undiagnosed problems, who have not sought treatment for chronic conditions, and who are not well-educated about the role healthy habits and lifestyle play in their health and wellbeing. To address these barriers to good health, HCHC has chosen to develop and refine a model of integration that pervades its health care delivery and operations. Anyone can enter the HCHC integrated care system through any doorway and they will be connected to the services they need internal to HCHC, or through its many partners.

HCHC's model of care delivers a range of coordinated and comprehensive services designed to keep people healthy, from health education and social services to promotion and screening for disease, to assessment, diagnosis, treatment, and rehabilitation. The health care HCHC delivers:

- is easy to access and understand;
- is available when needed;
- helps people to stay healthy;
- provides appropriate care in the appropriate setting;
- responds to the needs of individuals and families when problems or acute needs are experienced;
- enables people to take control of and responsibility for their health;
- promotes effective communication with patients and encourages the role of the patient as a partner in health care;
- provides patient advocacy and coordination of health care services;
- contributes to reduction in health disparities;
- and improves the health of the local communities and all sectors of the local population.

HCHC's service delivery model is shaped by the expectations of patient clientele who, in turn, reflect the composition, demographics and concerns of the community. To the extent that patient populations experience a level of disorganization or unpredictability in their lives, HCHC needs to offer continuity of care. The target population is particularly vulnerable to the adverse effects of fragmented, uncoordinated, and discontinuous care. Thus, HCHC structures service delivery to be comprehensive, integrated and continuous – the hallmarks of a medical home. HCHC provides the patient with a broad spectrum of care, both preventive and curative, over a period and to function as the central point for coordinating care around the patient's needs and preferences.

The HCHC's medical home team members – providers and support staff – coordinates and tracks and encompasses specialist care, other health care services, and non-clinical services as needed and desired by the patient, family members, and other caregivers. HCHC's integrated model of care ensured that patients have access to information about treatment options and plans, follow-up care, preventive care, counseling options and other services. Patient feedback is actively solicited and integrated into care planning. Patients can easily access a summary of their medical records on HCHC patient portal and can request prescription refills or appointments on-line.

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Services Provided:

Medical Care: All HCHC locations provide primary preventative and acute care for people of all ages, routine physical exams, immunizations, pre-natal care, behavioral health and nutritional counseling, gynecological exams, contracted laboratory, etc. Providers have specialty focuses that include obesity, diabetes, and other chronic disease management, pediatrics, public health, and more. Services provided include depression screening, sexually transmitted infections (STI) testing and screening, and family planning including the use of long-acting reversible contraceptives.

<u>Oral/Dental Health</u>: HCHC offers a full range of oral/dental health services in all locations to meet the needs of its patients. Specific services include pediatric and adult dentistry, dental exams and cleanings, dental x-rays, fluoride treatments, fillings, extractions, crowns, bridges, mouth guards, periodontal services, partial and full dentures, emergency dental care, and oral health education. HCHC's licensed dentists, licensed hygienists, and certified dental assistants keep up to date on the newest procedures and are fully trained to handle all oral hygiene issues with the utmost professionalism and care.

Behavioral Health: The Behavioral Health Department is comprised of licensed psychotherapists who provide therapy and substance abuse services for children, adolescents, adults, and elders through individual therapy sessions. The focus of the department is to help patients feel better quickly. Providers help patients identify and build upon their strengths and the support of their network of family and friends. Clinicians work closely with primary care providers at HCHC to provide instant access visits and ensure appropriate post-hospitalization follow-up, and with local psychiatric providers to ensure access to any necessary psychiatric medication and support.

Eye Care/Optometry: HCHC offers the full spectrum of optometry services and eye care. Patients can receive routine and acute eye care on site at the Huntington Health Center. The office is equipped with state-of-the-art technology which allows HCHC to perform many tests and procedures in-house including foreign body removal, glaucoma treatment, and amniotic lens placement, and reduce the burden of additional referrals. The optometrists co-manage many chronic diseases such as diabetes, hypertension, and HIV, as well diabetes diagnoses and treatment, glaucoma treatment, and cataract and Lasik procedures with PCPs and outside specialists. Services include complete eye exams for all ages, diabetic eye exams, emergency eye care, and contact lens fittings. HCHC also has a full-service optical shop where patients can find a wide variety of affordable frames.

School-Based Health Center (SBHC): HCHC operates a full-service health center at Gateway Regional High School in Huntington, which provides medical, dental, behavioral health, and eye care services to the students at the Gateway Regional School District, grades pre-K through 12. As the only rural SBHC in Massachusetts, this clinic meets the needs of parents who, due to the lack of jobs within the service area and therefore long commutes, are heavily impacted by the need to drive children to appointments. In operation for over 15 years, the SBHC offers immunizations, physical exams, emergency care, first aid, prescriptions, mental health counseling, nutrition counseling, treatment of illnesses, and mono, strep, STI, pregnancy and urine testing when appropriate. All care is coordinated with the school nurse, as appropriate.

<u>Portable Dental Outreach Program</u>: HCHC operates a portable dental program that provides a full array of oral health services to children in local elementary schools bi-annually. Staffed by a dentist

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and a hygienist, the program provides students with dental exams, X-rays, dental cleanings, amalgam and composite fillings, fluoride varnishes, sealants, and emergency dental care.

Health Outreach Program for Elders (HOPE): HOPE provides preventative and health maintenance care to seniors in their homes for free. HOPE provides elders in the Hilltowns inhome medical care, including vital sign monitoring, blood draws, flu shots and immunizations, medication management, assistance completing health care proxy forms, help arranging appointments with providers, and referrals for chore assistance. HOPE serves elders who have difficulty getting out of their home for medical services and are often very isolated. HOPE visits provide elders with the strong support that allows them to access other needed community and health programs to remain safely at home. HOPE nurses can also assist with helping to arrange appointments with physicians and specialists, including occasional home visits by PCPs.

In addition to these services, HCHC rents space to local health care organizations to provide patients with access to laboratory and physical therapy services.

HCHC provides all required and additional services as outlined in Form 5A, Services Provided, Column I, except for two services provided through contractual agreements (Column II) for pharmaceutical and translation services. HCHC pays for these services through private and public health insurance reimbursements. As outlined in Column III, HCHC has formal written referral agreements and/or contracts with local providers to ensure access for its patients to diagnostic laboratory and radiology services, screenings, OB/GYN care, additional pharmaceutical services, physical therapy, and psychiatry.

Methods for Addressing Barriers to Care:

- Health Access Program: Through the efforts of HCHC's health insurance Navigators, uninsured patients are provided with assistance in determining their eligibility for the Statesponsored universal insurance program: MassHealth (Massachusetts' Medicaid/CHIP program), Commonwealth Care, Commonwealth Choice, Medicare eligibility, and enrollment and support from the Health Safety Net Trust Fund. Navigators help with the often time-consuming and confusing process of filling out appropriate paperwork to enroll in the program. This service is provided both on-site at the Hilltown Community Center, Worthington Health Center, and Musante Health Center, through telehealth visits, and on an outreach basis throughout the service area. Navigators also help patients identify and sign up with a PCP that best meets their needs if they do not have a medical home.
- Health Wise Program: HCHC's community health workers (CHWs)assist patients in following treatment plan recommendations made by their PCP and work individually with patients to develop and implement disease self-management plans to address chronic medical conditions. CHWs also assist patients in making and then keeping appointments with a primary care physician. They are contacted by the front desk if a new patient misses their appointment and then works with the patient to address the barriers to keeping with their appointment. At times, this means CHWs provide transportation for the patient to attend a first appointment. CHWs conduct health education sessions in the community, including Diabetes Prevention Program and the Stanford Chronic Disease Self-Management Program groups. Finally, CHWs work with MAs and providers to identify patients that require assistance in accessing screenings such as mammograms and

colonoscopies, conducting outreach and providing health education, as well as transportation and other supports. CHWs also provide, on an outreach basis, assistance to patients needing help obtaining food stamps, fuel assistance, enrolling in GED programs, finding housing and jobs.

- <u>Pharmacy</u>: The health center participates in 340B contract arrangements with multiple Walgreen, CVS, and Walmart pharmacies within and surrounding HCHC's service area. Uninsured or underinsured patients of the health center may obtain discounted medications at these locations.
- <u>Laboratory Services</u>: Both the Worthington and Huntington Health Centers rent space for Baystate Reference Lab to offer full lab services onsite for patients and the general public. In the Pioneer Valley, there are multiple, accessible labs that CHWs will assist patients to access as needed.
- Health Literacy: HCHC's Navigators and CHWs work with patients to improve their health literacy to foster health promotion, health protection, disease prevention and screening. A greater level of knowledge about their own conditions and about healthy practices in general allows our target population greater access to care and navigation of health systems and supports the maintenance of their health. People develop confidence that they can cope with high-risk situations without relapsing to their previous unhealthy high-risk behavior.
 - Health literacy strategies are based on a developmental approach, addressing all stages of the life cycle (appropriate literature addressing the typical health concerns of elders, for example) Developmental perspectives help health educators guide the specific interventions used. HCHC patients are empowered by being able to read pamphlets, successfully make appointments and having access to health information and the capacity to use it.
- Family Education and Support: HCHC Family Supports program, located in the Hilltown Community Center, includes parent/caregiver-child playgroups, a school readiness program, family and community education and literacy development, Read and Rise, Nurturing Your Baby programs, Ages and Stages developmental screenings, childbirth education, Happiest Baby on the Block classes, and newborn home visiting. Through the Reach Out and Read Program, a literacy project, children are given age-appropriate books by their PCP during well-child visits. These Parent and Family Support programs are also provided at community venues throughout the service area.
- <u>Domestic Violence Victim Advocacy</u>: HCHC's Hilltown Safety at Home program provides a domestic violence victim advocate for those who have experienced domestic and/or sexual abuse. The advocate works confidentially with people on the phone or in person. If it's safe for an advocate to come to a client's home, home visits are also available. The advocate can also help friends and family members who are trying to support a loved one in an abusive situation.
- <u>Interpretation and Translation Services</u>: In addition to maintaining bilingual staff and providing video interpretive services, HCHC maintains a policy with a procedure for providing patients/families/caregivers with interpretation services during their visit. Interpretation services, both in-person and telephonic, are provided through contracts with Language Line, partially funded by Cooley Dickinson Health Care, a local hospital. The

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procedure attached to the referenced policy clearly spells out the process for accessing interpretive services on behalf of patients can be either by video or by telephone.

Proposed Delivery Sites

Site Location Accessibility

HCHC delivers health care services at four sites in Hampshire County. The Worthington, Huntington, and John P. Musante Health Centers are comprehensive facilities for primary medical, behavioral health, dental, eye, and support/enabling services, as well as the primary locus for referrals to other diagnostic, specialty, and ancillary services. The School-Based Health Center at Gateway Regional High School in Huntington provides students with easy access to quality health care. In addition to these four sites, the Hilltown Community Center is in Huntington and is the location of all of HCHC's enabling services, including Family and Parent Supports, Health Access, Health Wise, and Domestic Violence Victim Advocacy programs.

The locations, which are centrally located to the communities in the service area, make health care geographically accessible as well as affordable for residents of the Hilltowns who would otherwise have had to travel long distances to find primary care. The HCHC's service area may be small in numbers but the sites' proximity to underserved populations make their locations vital in the regional system of health care in Western Massachusetts.

HCHC opened a new site in Amherst, MA, known as the John P. Musante Health Center in 2018, a comprehensive facility for primary medical, dental, and behavioral health care services and support/enabling services, as well as the primary locus for referrals to other diagnostic, specialty, and ancillary services.

Locations of HCHC's current sites:

- Worthington Health Center, 58 Old North Road, Worthington, MA 01098
- Huntington Health Center, 73 Russell Road, Huntington, MA 01050
- School-Based Health Center Gateway Regional Middle/High School, 12 Littleville Road, Huntington, MA 01050
- Hilltown Community Center, 9 Russell Road, Route 20, Huntington, MA 01050
- John P. Musante Health Center, Bangs Community Center, 70 Boltwood Walk, Amherst, MA 01002
- a) **Distance and Duration of Patient Travel** Within the Hilltown communities served by the Huntington and Worthington sites, patients have less than 20 miles to travel to an HCHC site. The John P. Musante Health Center site is in downtown Amherst and is on the two bus routes which covers all the communities in service delivery area. The site is also within a 20-mile commute from all delivery area communities.
- b) Facilitating Patient Access to Services The Worthington, Huntington and John P. Musante Health Centers are open 8 AM to 5:30 PM, five days a week, with extended evening hours in Huntington and Worthington at least once a week, and 5 hours extended BH hours all sites weekly. All patients have access to 24-hour coverage for all emergencies. The Gateway School Based Health Center is open during school hours Monday Friday, 8am 2:30pm. At all health

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center sites urgent care requests are scheduled on the same day as the initial call whenever possible, and no later than 24 hours after a phone call.

Insurance Education for Patients

HCHC provides patients with health insurance education services through its Health Access Program. The Health Access Program facilitates health care access, education, and outreach and enrollment in health insurance. The Health Access Program has certified Navigators on staff to help patients determine out their health and dental insurance options, apply for and enroll in free, low-cost, and affordable health insurance through the Massachusetts state marketplace. Navigators are also SHINE/SHIP counselors who can help a patient understand and enroll in Medicare supplements and Extra Help. Navigators are trained on the Affordable Care Act and the Massachusetts health insurance marketplace and are happy to answer patient questions. Navigators can help find a primary care provider, access affordable health care services, as well as understand how to best use health insurance to meet patients' needs.

Continuity of Care

- a) Hospital Admitting Privileges HCHC has an agreement with Berkshire Medical Center, Inc. that provides for emergency services/emergent transfer of patients as medically/clinically appropriate. HCHC is also a member of the Cooley Dickinson Physician Hospital Organization (PHO) and as members our providers have current privileges at Cooley Dickinson Hospital and, through them, may arrange for the transfer and admission of patients in urgent or emergent situations.
- b) Receipt, Follow-up, and Recording of Medical Information Sharing of medical information among health professionals and other support personnel is facilitated by the EHR, through which they can track referrals, lab and diagnostic test results and written care plans for each patient with defined self-management goals. Care coordination is formalized to follow up on patients with Emergency Department visits at any our referral hospitals, and admissions to other facilities such as rehabilitation, nursing home or psychiatric facility. HCHC uses eClinicalWorks as its electronic health record; the system supports patient tracking and service utilization.
- c) Procedures for Following-up with Hospitalized Patients HCHC management has adopted a Hospital and ED Follow Up Procedure to have a formal documented process for identifying and contacting HCHC patients following an Emergency Department visit or a hospitalization. This procedure was most recently reviewed and approved in October of 2020. A seamless continuum of care is accomplished under the direction of an RN Clinical Care Manager who has established collaborative links with area hospitals to track emergency room admissions and hospital discharges of HCHC patients. Linking, tracking, and following up with patients and external providers, especially with hospital personnel involved with discharge planning, is one of the core components of an integrated, coordinated plan of care.

Sliding Fee Discount Program and Schedule

HCHC maintains a policy, the Sliding Fee Discount Program (SFDP) policy, approved by the Board of Directors and the Commonwealth of Massachusetts, that documents the process for providing free or discounted care to those who have no means or limited means to pay for their medical, optometry, behavioral health and/or dental services. This policy was last approved by the Board in March 2021. The SFDP policy covers the following:

a) Uniform Application to All Patients The HCHC Board of Directors, through its Finance Committee, reviews on an annual basis the Sliding Fee Scale/Discounts Schedule. Changes to the scale required by either Federal or State mandates are incorporated and approved by the Board each year. Updates to the Federal Poverty Guidelines provided by the Federal Register are reviewed and incorporated as well. This review process also includes a review to ensure that there is uniform application of the SFDP to all patients and HCHC also informs all patients of SFDP. Item 1 of the SFDP policy describes the manner of notifying patients of the SFDP as follows:

Notification: HCHC will notify patients of the Sliding Fee Discount Program by: Notification of Sliding Fee Discount Program in the clinic waiting area. Notification of the Sliding Fee Discount Program will be offered to each patient upon registration as a patient of HCHC. Notification of financial assistance on each invoice and collection notice sent out by HCHC. An explanation of our Sliding Fee Discount Program and our application form are available on HCHC's website.

b) **Definitions of Income and Family** Item 7 of the SFDP policy provides the following definitions of, and requirements for verifying income and family size:

Eligibility: Sliding Fee Discounts will be based on income and family size only. HCHC uses the Census Bureau definitions of each.

- i. Family is defined as: a group of two people or more (one of whom is the head of household) related by birth, marriage, or adoption and residing together and any person who is claimed as a dependent for Federal tax purposes; all such people (including related subfamily members) are considered as members of one family.
- ii. Income includes: earnings, unemployment compensation, workers' compensation, Social Security, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits (such as SNAP benefits and housing subsidies) do not count as income.
- c) Methods for Assessing All Patients for Sliding Fee Discount Item 7c of the SFDP policy defines the procedures for assessing eligibility based only on income and family size as follows:

Income verification: Applicants must provide one of the following: prior year W-2, prior year federal tax return (1040, etc.), two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business and prior year Federal Form 1040 Schedule C. Adequate information must be made available to determine eligibility for the program. Self-declaration of Income may only be used in

special circumstances. Specific examples include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income, and why (s)he is unable to provide independent verification. Self-declared patients will be responsible for 100% of their charges until management determines the appropriate category.

d) Ensuring that Patient Charges are Adjusted Based on Ability to Pay Item 8 of the SFDP policy describes the structuring of the sliding fee discount schedule to ensure that patient charges are adjusted based on ability to pay and are as follows:

Discounts: Those with incomes at or below 100% of poverty will receive a full 100% discount. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged according to the attached sliding fee schedule. The sliding fee discount schedule will be applied to any standard charges or any remaining charges after any insurance payment. The sliding fee schedule will be updated during the first quarter of every calendar year with the latest federal poverty guidelines (FPG), http://aspe.hhs.gov/poverty.

Sliding Fee Discount Schedule

Discounts Below 100 percent of FPG: As stated in item 8 of the SFDP policy, patients below 100% FPL receive a 100% discount.

Discounts Between 100 and 200 percent of FPG: As stated in item 8 of the SFDP policy, anyone who is 100% -200% of the Federal Poverty level is charged \$0 for any and all services regardless of their insurance status.

No Discounts above 200 percent of FPG: As stated in item 8 of the SFDP policy, those between 200-400% of the FPL are charged 20% of the cost of the service. If they pay their full charge by cash at the time of service, they receive a 10% discount if paid in cash or check and 7% if by credit card. For dental services the discounts are 5% for cash or check payments and 3% by credit card payments.

The Sliding Fee Discount Program applies to all required and additional health services within the HRSA approved scope of project delivered at HCHC facilities. Costs for items done outside the health centers (eg. 3rd party dental and optometry lab charges) are exempt from the sliding fee discounts and the actual cost will be charged to the patient (even patients at/below 100% FPG).

The following chart is posted in all waiting rooms, is included in the SFDS application, and is on the HCHC website (see Attachment 10: Sliding Fee Discount Schedule):

2021 FEDERAL INCOME POVERTY GUIDELINES

	Coverable by Federal Grant Resources *					
		125%	150%	175%	200%	
	100%	101-125%	126-150%	151- 175%	176-200%	
	Slide A	Slide B	Slide C	Slide D	Slide E	
SIZE OF FAMILY UNIT	Maximu	Maximum Annual Income Level Sliding Fee Discount Program				
1	\$12,880	\$16,100	\$19,320	\$22,540	\$25,760	
2	\$17,420	\$21,775	\$26,130	\$30,485	\$34,840	
3	\$21,960	\$27,450	\$32,940	\$38,430	\$43,920	
4	\$26,500	\$33,125	\$39,750	\$46,375	\$53,000	
5	\$31,040	\$38,800	\$46,560	\$54,320	\$62,080	
6	\$35,580	\$44,475	\$53,370	\$62,265	\$71,160	
7	\$40,120	\$50,150	\$60,180	\$70,210	\$80,240	
8	\$44,660	\$55,825	\$66,990	\$78,155	\$89,320	
For each additional person , add	\$4,540	\$5,675	\$6,810	\$7,945	\$9,080	
Discount Allowed	100%	80%	60%	40%	20%	
Charge to Patient	\$0.00	20%	40%	60%	80%	

e) Procedures for Nominal Charges Item 9 of the SFDP policy describes the nominal fee policy: Nominal Fee: Patients receiving a full discount will not be assessed a nominal charge per visit.

Documentation of Unduplicated Patient Commitment

To determine its unduplicated patient commitment, HCHC has elected to decrease the patient target number of 9,265 that was listed in HCHC's FY 2022 SAC Service Area Announcement Table (SAAT) to 8,802, given the uncertainty about the impacts of COVID and staffing on our capacity. HCHC exceeded this number in 2019 and has every expectation of achieving this goal in 2023.

COLLABORATION

Collaboration with Other Service Providers in the Service Area

HCHC collaborates extensively with other existing providers and programs in the service area, identified in Attachment 1: Service Area Map and Table.

a) Continuity of Care Across Community Providers HCHC has adopted the Coordinating Care Transitions Procedure to have a formal documented process for coordinating the transition of care for patients recently discharged from the hospital, emergency room, or other clinical care facility. This procedure has been in place since 2012 and was most recently reviewed by HCHC's CEO and Board of Directors in November of 2021.

In addition, HCHC has been a member since 2017 of a MassHealth/Medicaid Accountable Care Organization called the Community Care Cooperative (C3), which was established in response to Massachusetts' 1115 Waiver. C3 sends HCHC a daily roster of patients that have been discharged from hospitals to ensure that appropriate follow-up care is provided.

To ensure that patients have access through referrals to services not available through the health center, HCHC has adopted the Tracking Patient Referrals Policy. This policy is in place to identify and track patient follow through with specialty referrals to improve care. This policy has been in place since 2012 and was most recently reviewed by HCHC's CEO and Board of Directors in November of 2021.

Finally, through the C3 ACO, HCHC provides Complex Care Management to its MassHealth patients, which requires PCPs' written approval of care plans with outside providers for behavioral health care and long-term supports and services. They also provider reports on individuals that are transitioning modalities of care and hospital discharge reports. This process ensures continuity of care between and across community providers

b) Access to Other Health or Community Services HCHC embraces collaboration as the foundation to the successful development and implementation of services and actively seeks to provide access to services through community partnerships. Over the years, HCHC has established close working relationships with public health departments; local public schools; numerous community-based organizations; and elected officials in the service area. HCHC, particularly through its Community Programs Department, has developed strong partnerships with local school districts, community development organizations, immigrant/refugee programs, food security entities, and more as part of its commitment to addressing patients' social determinants of health.

These collaborations are described in more detail below.

c) Collaborations to Support Reduction in ED Utilization for Non-Urgent Care HCHC works with local hospitals, EDs, and health plans to proactively identify patients with recent unplanned visits to hospitals and urgent care facilities. HCHC providers use the Mass General Brigham Healthcare Physician Gateway and the Baystate Health Pages portal to monitor HCHC patient utilization daily. This critical tool notifies providers of ED visits, inpatient and outpatient visits, and results of these visits. HCHC providers then use this information to coordinate patient interventions and education that improve health outcomes and reduce ED and hospital utilization.

As noted above, HCHC's MassHealth ACO C3's transition of care and ED discharge report ensures that HCHC is addressing conditions and situations that could lead to an ED or hospital admission or readmission. C3 provides monthly dashboards that track admissions and readmissions, to highlight changes and highlight patients that need to be enrolled in complex care management.

Collaboration with Other FQHCs in the Service Area

HCHC has received letters of support documenting willingness to collaborate on patient care from the following federally qualified health centers that serve communities adjacent to HCHC. Holyoke Health Center is the only FQHC with a site within HCHC's service area – they run a dental clinic in the state hospital in Westfield, MA, which is temporarily closed. See Attachment 9: Collaboration Documentation for their letters of support:

- Holyoke Health Center, Holyoke, MA
- Caring Health Center, Springfield, MA
- Community Health Center of Franklin County, Greenfield, MA
- Community Health Programs, Great Barrington, MA
- Springfield Health Services for the Homeless, Springfield, MA

In addition, in 2017 HCHC joined a Medicaid Accountable Care Organization (ACO) through the state Office of Medicaid's 1115 Waiver demonstration project. The ACO, called Community Care Cooperative (C3), is comprised solely of 18 Massachusetts FQHCs, and is possibly the only ACO in the nation that does not include a hospital or a health plan. The state's acceptance of C3's proposal was recognition of the high-quality and cost-effective care that FQHCs provide. Two of HCHC's nearest FQHC partners, Community Health Center of Franklin County and Holyoke Health Center, are also part of C3. Being part of this ACO made up of other FQHCs benefits members that share a common mission and values and enables them to cooperatively share best practices. This includes the ability to serve each other's patients without referrals, as all the members strive to contain the total cost of care together. The C3 FQHCs are currently entering into a project to transition many members to the Epic EHR, are looking at improvements to pharmacy programs (both in-house and contracted), and at economies of scale in employer sponsored health insurance and possibly other shared services.

Western Massachusetts FQHCs have also been working closely with the state PCA and with the state Department of Public Health on Emergency Preparedness (EP) activities, quarterly regional meetings to share best practices and conduct joint trainings and drills.

Collaboration with Other Service Area Programs

HCHC collaborates extensively with other health care providers and social service agencies in its service area. HCHC and its partners work closely to ensure that we are appropriately meeting the needs of the vulnerable populations of western Massachusetts. This includes supporting each other's grant applications, sharing best practices, developing collaborative projects when appropriate, and referring patients for care when necessary.

- a) **Social Service Agency Collaboration** HCHC has myriad partnerships and collaborations with social service agencies within the service area.
 - With grant funds from the Blue Cross/Blue Shield Foundation of Massachusetts, HCHC and the Collaborative for Educational Services (CES) have established mobile farmers markets that bring fresh vegetables to food deserts across the service area, with food shares that are subsidized or free.
 - HCHC's CHWs and Navigators work closely with the staff at the Amherst Survival Center and the Center for New Americans, which both serve the Pioneer Valley's

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- immigrant and refugee population, to identify and assist their clients access primary care, food assistance, health insurance, and other critically needed services.
- Staff at the HCHC school-based health center collaborate with the Gateway Regional School District's (GRSD) educational assessment teams on individual student issues. They also do multiple classroom presentations for paraprofessionals, teachers, and students on health-related issues. The SBHC does annual screenings for depression in the school systems. In Fall 2021, HCHC worked closely with GRSD's nursing staff to provide COVID-19 vaccination clinics to children in the community at the school, and will continue to do so in the future.
- HCHC partnered with the Hampshire Regional Middle and High School (HRHS) to provide COVID-19 vaccination clinics for students and faculty at the school, and worked with Worthington's RH Conwell Elementary to conduct and clinic at that school, as well.
- HCHC works directly with each of the local COAs and the COA consortiums to
 coordinate services, identify unmet needs, receive referrals, and evaluate outcomes.
 Highland Valley Elder Services, the local Area Agency on Aging, is also a source
 of referral for both programs and provides other needed services to our program
 recipients including meal deliveries, money management assistance, and
 information to family members and other providers on counseling and legal
 assistance in cases of suspected elder abuse.
- HCHC's Hilltown Safety at Home (HSaH), a domestic violence victim advocacy program, was founded by the Southern Hilltown Domestic Violence Coalition, which provides support in the form of an annual grant from their umbrella organization, Friend of Hilltown Safety at Home. HCHC also collaborates closely with Safe Passage, the domestic violence agency for the Pioneer Valley, which subcontracted with HCHC until the health center received direct funding from the Massachusetts Office of Victim Assistance (MOVA).
- b) **Local Hospital Collaboration** HCHC has strong relationships with several local hospitals, as evidenced by the following:
 - HCHC's providers are members of the Cooley Dickinson Physician Hospital Organization (PHO) and therefore have current privileges at Cooley Dickinson Hospital in Northampton, MA; they may arrange for the transfer and admission of patients in urgent or emergent situations. Cooley Dickinson Health Care also provides on-site physical therapy services to HCHC patients in rented space at the Worthington Health Center. Finally, HCHC's CEO sits on the Board of Trustees for Cooley Dickinson Health Care and its Healthy Communities Committee and is the Chair of its Organizational Culture and Patient Experience Committee.
 - HCHC's CEO is the Chair of the Baystate Noble Hospital Community Benefits Advisory Council (located in Westfield, MA), and the health center's vaccination team is working closely with Baystate staff to address low vaccination rates in certain communities in the hospital's and health center's shared service area communities. And HCHC has a formal written referral agreement with Baystate Medical Center in Springfield, MA.

- HCHC has a formal written referral agreement with Berkshire Medical Center in Pittsfield for a wide range of services to patients referred by HCHC providers.
- c) Rural Health Clinics Not present in the service area.
- d) **Health Departments** HCHC works closely with local health departments, including the following activities:
 - Collaboration and partnership with the Huntington Board of Health to gain access
 to the Town of Huntington's Stanton Hall in order to conduct community
 vaccination clinics for the public in Spring 2021. The Board of Health acted as
 liaison with Selectboard and helped with outreach and logistics, waiving any rental
 fees.
 - Since March of 2020, collaboration and partnership with the Northampton Health Department to: 1) support their COVID-19 contact tracing efforts for many small Hilltowns that only have volunteer Boards of Health, providing linkages to our CHWs to ensure that patients have access to food and other supports during times of quarantine; and 2) developing and holding numerous collaborative vaccination clinics in the Hilltowns and surrounding communities, during which HCHC provides all marketing, outreach and support to the Health Department's nursing staff.
 - Extensive collaboration with the Amherst Health Department to support vaccination clinics in Amherst, including provision of outreach efforts by CHWs to communities of color and non-English speaking communities.
 - Weekly meetings beginning in February 2020 with the Worthington Board of Health to prepare for the pandemic, and then frequent communication and collaboration throughout 2020 and 2021 about efforts to address testing and vaccination efforts.
 - Weekly meetings in 2021 with the Westfield Health Department to strategize and act on outreach efforts to specific ethnic groups in Westfield with low rates of vaccination.
- e) Home Visiting Programs HOPE (Health Outreach Program for Elders) is a comprehensive preventative medical services program designed to maintain and improve the health of low- and moderate-income elders who reside within the Hilltown program region and is tailored to each elder's needs. Services are provided primarily in the elders' home. These services are complemented by vaccination and blood pressure clinics held at Council on Aging facilities and local/regional vaccination sites. HOPE program services are provided by RNs and Community Health Workers (CHWs). Nurses and CHWs work under the direction of the HOPE patient's HCHC primary care provider.

Collaborations and reciprocal service agreements between the health center and a variety of other community agencies and health care organizations provide patients with ready access to specialized services that focus on home delivery of health care services. There has been a long-term collaboration to provide elder services between the Hilltown Community Development Corporation (HCDC), which runs the HEN (Hilltown Elder

Network) program. HEN provides regular chore services, and is complimentary to HOPE, offering a continuum of care to Hilltown seniors in their home.

- f) State and Local Tuberculosis Programs Not present in the service area.
- g) Clinics Supported by the Indian Health Service Not present in the service area.
- h) Community-Based Organizations No Ryan White program present in the service area.

EVALUATIVE MEASURES

Quality Improvement and Quality Improvement (QI/QA) Program

The scope of HCHC's quality improvement program is organization-wide and includes activities that monitor and evaluate all phases of the health care delivery system through objective, criteria-based audits, outcome audits, tracking tools, and reporting systems. HCHC's quality improvement program is detailed in its Quality Improvement Program Policy, revised, and approved by the Board on May 13, 2021. The objectives of HCHC's QI/QA program, as specified in the policy, are:

- To ensure the delivery of patient care at the most achievable level of quality in a safe and cost-effective manner.
- To identify opportunities for improvement and institute continuous improvement strategies as appropriate.
- To develop a system of accurate, comprehensive data collection methods to track, trend and report quality indicators for the organization and for external reporting compliance.
- To utilize information gained in quality assessment and improvement activities to direct staff development and medical education at HCHC.
- To increase knowledge and participation in quality improvement activities at HCHC.
- To demonstrate the program's overall impact on improving the quality of care provided to our patients.
- Timely resolution of identified problems that have a direct or indirect impact on patient care including documentation of the effectiveness of corrective actions. Quality assurance reviews, surveys and other tools are used on a regular basis to assess and improve the quality of health care services and service delivery and ensure adherence to clinical guidelines and standards of care. Feedback about patient experience is actively solicited bi-annually.

Assessments of the appropriateness of service utilization, quality of services delivered, and/or the health status outcomes of health center patients are done on a regular basis. The Quality Improvement/Risk Management (QI/RM) Committee reviews all results. The individual clinical departments conduct bi-monthly Quality Control (QC) meetings, which include peer review monitoring, quality dashboards such as HEDIS, P4P, UDS, and other quality indicators required by grants are reviewed and assessed using process improvement methodology. Reports are presented to the QI/RM Committee quarterly by each department head, and include quality

metrics, QI project updates, legal issues, and patient complaints/incidents. Results, reports, and QI/RM Committee meeting minutes are reported to and discussed by the full Board of Directors at least six times a year, and a bi-annual summary of Risk Management and QI activities is presented every six months.

HCHC uses the Strategic Initiative Charter method of process improvement, deploying process improvement teams and reviewing QI projects at bi-monthly QI committee meetings. Updated guidelines and standards of care are incorporated into various embedded "decision support modules" that prompt providers who may be deviating from practice guidelines. There is the further opportunity to embed reminders regarding specialty referral guidelines (medical, pediatric, women's health and surgical specialties), to minimize the misuse of our limited specialty referral networks and assure consistency with precertification guidelines of our various managed care insurance plans. To support this initiative, HCHC has recently created a more robust Referrals Department within the Billing Department.

- a) Adherence to Clinical Guidelines and Standards of Care Clinical standards of care are developed by the Medical Director, Dental Director and Behavioral Health Director. HCHC bases written clinical policies and protocols on and maintains compliance with clinical standards of care as established by <u>American Academy of Pediatrics</u>, American Diabetes Association the JCAHO, AMA, ADA, American Board of Family Practice and internal BOD approved policies. HCHC maintains clinical excellence through the monitoring of:
 - Provider staff performance (through continuing medical education activities, ER utilization, and referral audits)
 - Support staff performance (through electronic chart audits, patient satisfaction responses)
 - Medical Record Quality (through electronic chart audits)
 - Patient health status (through childhood immunization data, abnormal pap results, mammography results, asthma inpatient admissions, etc.)
 - Patient satisfaction (through patient satisfaction surveys)
 - Patient compliance (through ED utilization, patient no-show statistics, prenatal no-show statistics)
 - Access to care (through patient satisfaction survey, which can be completed online.
 - Appropriateness of care (through Medicaid and other insurer audits)
 - Cost of service (through financial reports and analysis)
- b) Patient Safety and Adverse Events There is an internal reporting process for all incidents including patient complaints, work related injuries, patient injuries and clinical errors. Each employee is oriented to the incident reporting system during new employee orientation. Written and verbal reports are made to the employee's immediate supervisor. Each incident report is reviewed, investigated (as necessary), and responded to by the department director and Risk Manager, then reported to the Risk Management Committee, and ultimately to the CEO. Each incident report includes a written description of the issue being reported,

resolution to the issue, and findings for performance improvement. Incident Report summaries are reviewed by the staff QC monthly and the QI/RM Committee quarterly.

In addition to these measures, HCHC has a robust Risk Management Program, which utilizes the following four-step model for Risk Management:

- The identification of risks
- The analysis of the risk identified
- The treatment of risks
- The evaluation of risk treatment strategies

This model encompasses a wide range of risk areas, including staff trainings, infection control, HIPAA privacy and security, and emergency planning and response. These efforts enable HCHC to minimize the risks to patients and staff.

c) Assessment of Patient Satisfaction Patient satisfaction surveys are conducted via email twice a year for all medical patients utilizing the Standardized Consumer Assessment of Healthcare Providers and Systems (CAHPS) Patient Centered Medical Home (PCMH) survey tool. Satisfaction surveys for medical patients are also available on the website and may be completed online at any time. Patients of the dental, behavioral health, and eye care departments are also surveyed twice a year with an instrument developed by the QI/RM Committee. Patients who leave the practice are sent a survey to determine the reason they left and to identify ways the agency can improve its services. Satisfaction surveys are done yearly at the School-Based Health Center and for the HOPE program and the Community Programs. Results are analyzed and presented to the QI Committee and to the Board of Directors, with specific action plans developed as needed.

Patients are given the opportunity to file a grievance at any time and are made aware of this at the time of registration. The Chief Executive Officer (CEO) serves as the Health Center's Privacy Officer and the QI/RM Committee reviews all patient complaints/compliments and identifies strategies for resolution and system improvements. The complaint procedure is established to meet the requirements of the Americans with Disabilities Act. Individuals with disabilities or their authorized representatives who believe that they have been discriminated against on the basis of disability in the provision of services, activities, programs, or benefits are encouraged to bring their complaints to the attention of the CEO. Complaints are submitted in writing and include a description of the alleged discriminatory incident or action, the place and date of its occurrence, and the name of any employee or representative involved. Grievances are reviewed by the QI/RM Committee and addressed directly with the patient after a timely investigation into the situation leading up to the grievance.

d) Use of Patient Records Data to Inform Modifications of Services HCHC uses eClinical Works (eCW), its EHR, to capture health information. This information is captured and reported through Azara (DRVS), a third-party reporting system, and eCW's reporting module eBO (Enterprise Business Optimization). For our Medicaid patients enrolled in our C3 ACO, quality data is tracked by the ACO and monthly reports provided to HCHC for follow-up and tracking. Each of these reporting applications provide quality data to monitor individual patient conditions and make improvement and modification to services. These applications are also used to track and trend patient populations with specific conditions such as diabetes and hypertension and to identify opportunities for intervention.

Provider and site compliance scores are published at a regular frequency, displayed in standardized report card format. Action plans are required for metric performance below expected targets. Where sites continue to show no improvement in scores, Quality Improvement Committee members conduct a gap analysis, review specific provider performance and meet with site leadership. Parameters for improvement are agreed upon and monitored more frequently.

e) Oversight The QI/RM Committee is chaired by the Chief Operating Officer, and as the Risk Manager, the Chief Clinical and Community Services Officer presents all risk management agenda items. The QI/RM Committee chair, independently or in conjunction with the QI/RM Committee, reports semi-annually to the Board of Directors (1) the results of patient satisfaction surveys (2) departmental clinical goals as reported to the Bureau of Primary Health Care and progress made towards these goals, (3) trend analyses of quality indicators and a plan to improve those indicators. Annually, the QI/RM Committee chair, with the committee, will evaluate the quality improvement program to determine whether the program has been effective in meeting its goals and objectives and to revise the program as deemed necessary and appropriate to be aligned with the health center's strategic plan.

The QI/RM Committee chair reports to the Board the minutes from any six meetings evidencing oversight of QI/QA activities that took place during the course of the year. Reviews are conducted utilizing the following data collection and information resources:

- Department specific indicators
- All clinical and community record reviews
- Established quality indicators such as AZARA and other third-party aggregators
- Patient satisfaction surveys
- Employee satisfaction surveys (which is also reviewed by the Board Personnel Committee)
- Incident reports
- Results of trends developed as a result of systematic peer review
- Presentations of chart review assessments from departments
- Bi-annual presentation by the billing department
- Other methods as determined by the needs of a specific quality improvement team

Utilization of EHR for QI/QA

HCHC (HCHC) uses eClinicalWorks, LLC (eCW) for our electronic medical records. eCW is a Meaningful Use certified and NCQA validated electronic medical record application. HCHC utilizes both the Practice Management and Medical Record functionality of the application. The patient chart is documented full cycle from registration, scheduling, visit documentation through billing.

a) **Protection of Patient Confidentiality and Safeguarding** HCHC utilizes both role-based security access as well as individual patient secure access control (P.S.A.C.) to secure patient information. Staff access to patient information is granted/restricted based upon their role in the practice. Clinical staff are granted access to appropriate sections in the patient chart with increasing levels of access and functionality. Mid-level clinical staff have

access to the patient chart commensurate with support role. Providers have the greatest level access. Front office staff are similarly restricted with front office administrators having the greatest level of front office access. This is also the case for billing staff and managers. EHR Administrators have the greatest level of access to patient information and system configuration. In addition to role-based security, individual patient's charts can be restricted to specific staff using the P.S.A.C. functionality. The patient chart is designated as a secure access chart and staff who are permitted access are assigned to the chart.

- b) Facilitating Performance Monitoring and Patient Outcome Improvement HCHC utilizes eClinicalWorks, and electronic health records (EHR) system to help facilitate performance monitoring and improve patient outcomes through the regular review of health center and provider performance and charting of patient outcomes.
 - The Periodic Review for Quality Assurance and Improvement Policy, approved by the Board of Directors on November 11, 2021, is a formal document process to ensure quality care and accurate documentation of patient encounters. As part of the policy, all providers have a sample of their records reviewed on a periodic basis; for the medical department the review is completed by an outside MD contracted for this purpose. The review is conducted for all providers using a department specific standard form and are returned upon completion to the departmental director for review and analysis. A summary of the review is presented to the QI Committee. Following the review, the department director may choose to meet with clinicians and/or department heads to share findings, review performance, and make recommendations for improvement.
- c) Tracking Social Risk Factors Impacting Patient and Population Health HCHC has a robust program of screening for and addressing patient's identified social determinant of health (SDoH) risk factors, including food insecurity, housing status, domestic violence, insurance status, etc. A seven-question survey developed by the Massachusetts Medicaid Office as part of the implementation of the Medicaid ACOs is administered by Medical Assistants as they room patients. Positive responses to any risk factor result in a referral to the Health Wise program, which has CHWs that can assist patients with addressing their needs. Currently, the CHWs are also part of an aggressive outreach program that is targeting communities with low COVID-19 vaccination rates, as this is one of the biggest risks we are seeing in the community.

Additionally, as HCHC moves into more capitated models of care, including CMS direct contracting for Medicare patients (starting January 2022) and primary care capitation for Medicaid patients (starting January 2023), risk stratification and accurate coding of patients' risk factors, both clinical and social, will become increasingly important. HCHC had engaged a consultant from the C3 ACO to work with providers, support staff, and billing to ensure that all risk factors are accurately documented and addressed.

Health Outcome Improvement and Reducing Health Disparities

HCHC is deeply committed to issues of health equity, and to improving health outcomes for all patients, but with a particular focus on those who face deep societal and institutional barriers to care. For some of our patients, these are barrier related to race, ethnicity, and language access. For our rural patients, the barriers are income, lack of transportation, and lack of access to internet

and cell phone service. In 2018, HCHC created a Diversity, Equity, and Inclusion Committee that has focused on addressing some of these barriers (for patients as well as staff) and has directed the QI Committee to ensure that health disparities are a focus of on-going QI project development.

As an example of this, in 2021 HCHC expanded its capacity to address QI a Clinical Quality Coordinator responsible for improving clinical quality incomes for patients with uncontrolled HTN, Diabetics with A1C's greater than 9%, and improved screening for depression. Interventions were developed to identify, outreach, educate and monitor patients with these chronic conditions. Specifically, HCHC's focus on clinical quality and health outcomes includes the following for example, the QI team has developed the following procedures to identify patients at risk, create an intervention, and track their progress:

a) Hypertension (e.g., controlling high blood pressure):

- Identify patients with poorly controlled blood pressure (> 140/90) through the use of the EHR
- Notify PCP, who schedules a visit to the patient, and then recommends home blood pressure monitoring to patient
- Nursing assigned to provide patient training on use of blood pressure monitoring equipment (performed in-person and via Telehealth as necessary)
- Patient reports all home blood pressure readings at next provider visit
- Patients referred for Nutrition visit for diet education
- Outreach/follow-up via text message developed and sent to each patient encouraging them to schedule with Nutrition program to include diet and education
- Regularly scheduled follow up visit to monitor progress

b) Diabetes (e.g., hemoglobin A1c (HbA1c) poor control (>9%)):

- Identify diabetic patients with A1Cs > 9%
- Outreach to patients to schedule appointments via phone
- PCP to initiate adjustment of or addition to medication regime
- PCP to place urgent referral to in-house certified Diabetes Care and education specialist (CDCES)
- Follow up medical appointment made with PCP for 3 months (in person or TH)
- Follow up with CDCES scheduled within 1 month (performed in-person or via Telehealth as necessary)
- Text message developed and sent to diabetic patients with A1c > 9 encouraging enrollment in HCHC's Diabetes Management Program
- Regularly scheduled follow up visit to monitor progress

c) Mental health (e.g., screening for depression and follow-up plan, depression remission at 12 months).

• Opportunities identified to increase number of patients screened for depression

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- Medical Assistants provided re-education and in-service regarding depression screening tools, PHQ2, PHQ9 regarding frequency and use of these tools
- Utilizing the HCHC pre-visit planning protocol, medical assistants screen HCHC patients at the time of their annual extended office visit (CPE), and when previous visits note a positive depression screening and/or changes in mental health are documented or reported
- For each PHQ2 screen, for patients who screen positive, a PHQ9 is administered
- PCP reviews the results with patient
- PCP initiated referral to Behavioral Health and/or discussed a medication intervention
- Regularly scheduled follow up visit to monitor progress

d) Substance use disorder (e.g., access to medication-assisted treatment (MAT).

While HCHC does not provide medication assisted treatment (MAT) yet, we do support numerous patients with SUD through our primary care and behavioral health services. We have a strong referral relationship with Holyoke Health Center, at which patients can enroll in a MAT program, and we are developing a program for our sites in 2022. Additionally, we have identified additional community resources for substance use disorder and through our increased deployment of CHWs, who have been able to connect patients with services that are geographically convenient for them.

e) Improving maternal and child health (e.g., early entry into prenatal care, low birth weight, childhood immunization status).

In 2021, HCHC created a Vaccination Coordinator position to oversee all vaccination efforts, including childhood immunizations. The Coordinator works with the QI Coordinator and the Medical Director to identify children who are in need of immunization and conduct outreach and education with the parents. HCHC is seeing increased hesitance in immunization from some parents, due to concerns about in-person visits, and is using its Family Support Services program and CHWs to conduce outreach and education in the community.

HCHC does not provide pre-natal care but does refer pregnant patient to local OB/GYN and midwifery practices to ensure early entry into care. It is important to note that HCHC has struggled with collecting information about birth weights and pre-natal care from other practices, requiring extensive follow-up by the care team, but is confident that the transition to Epic in 2022 will facilitate the coordination of care between HCHC and local hospitals and providers.

f) Ending the HIV epidemic (e.g., HIV screening, HIV linkage to care, pre-exposure prophylaxis (PrEP).

HCHC sees very few to no HIV patients each year but has procedures in place to ensure that patients are referred to local HIV programs such as A Positive Place at Cooley Dickinson Hospital as needed.

g) COVID-19 Response

A large part of HCHC's COVID -19 response was specifically geared toward ensuring that the organization is addressing access to care, testing, and vaccination in the communities we serve. Specifically, we will continue with our efforts:

- Regularly scheduled weekly vaccination clinics at our sites
- developing new and stronger community partnerships to hold vaccination clinics with community health care providers and other community-based organizations, thereby increasing our ability to get patients and community members vaccinated
- Developed mobile clinics which has allowed us to hold covid vaccination clinics throughout many rural communities in Western Massachusetts

h) Obesity Management Program

In addition, HCHC launched an obesity management program in July 2021 that will address a prevalent and serious issue closely related to diabetes and other conditions. For rural and low-income patients, providing this additional service could have significant impacts on their health and well-being. Specific activities include:

- a combination of nutrition education, and medication management from their clinical team of PCP, nurse, medical assistant, and nutritionist
- integrates behavioral health referrals/services as appropriate
- schedules patients with PCP and Nutritionist for monitoring of progress

RESOURCES/CAPABILITIES

Organizational Structure

Hilltown Community Health Centers, Inc. (HCHC) is a stand-alone incorporated entity with 501(c)3 status. It is governed by a community board and is overseen by a Chief Executive Officer (CEO) assisted by a senior management team consisting of the Chief Financial Officer (CFO), the Chief Operating Officer (COO), and the Chief Clinical and Community Services Officer (CCCSO). (See Attachment 4: Position Descriptions of Key Management Staff). These Senior Managers in turn have direct line authority over all other Department managers including the Medical Director, Clinical Operations Manager, Dental and School-Based Clinic Program Manager, Dental Director, Behavioral Health Director, Nursing Director, Director of Community Programs (which includes Outreach and Case Management), School Based Health Manager, and Director of Optometry. The CEO is accountable for the overall planning, organization, fiscal integrity, and direction of HCHC; responsible for its overall performance; and exercises all authority delegated by the Board of Directors and by law.

The Board of Directors hires and evaluates the CEO who in turn hires and supervises the CFO, COO, and CCCSO and other administrative staff. Each Department Director is responsible for supervising their departmental staff.

The organizational structure has been developed and revised over the years to keep up with the growth of the organization and changes to the health care field. Each major department (medical, dental, behavioral health, eye care, financial, community programs) has a director. All managers meet at bi-monthly Management Meetings to weigh in on organizational operations, policies, and

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procedures, as well as share information and receive trainings and organizational information to disseminate to their staff. Each department holds its own regular meetings to address departmental issues and to inform staff of larger agency events. The structure promotes integration of services through regularly scheduled department director meetings, and other regularly scheduled interdepartmental meetings. There are also regular bi-annual all-staff meetings and periodic newsletters and emails from the CEO updating all staff on larger, agency-wide issues.

See Attachment 3 for the HCHC Organization Chart.

- a) **Subcontractors/Contractors** HCHC does not utilize subrecipients/contractors for assistance with carrying out the proposed project.
- b) Parent/Affiliate/Subsidiary HCHC is not part of a parent, affiliate, or subsidiary organization.

Staffing Plan

HCHC's organizational structure has been developed to promote independence, responsibility, and accountability to and among management staff. This is accomplished by carefully nurturing interdependence between individual management team members. This interdependence fosters effective communication, problem identification, and resolution and, more importantly, ensures knowledge of overall program status between managers. Each member relies on the rest of the team for the technical and programmatic support necessary to successfully develop, implement, integrate, and administer new programs and initiatives. The organizational structure has kept the number of administrative/management layers to a minimum, thus ensuring accuracy and expediency in the distribution of information throughout the organization. It is also reflective of the integration philosophy that HCHC maintains as part of its development of a patient-centered medical home.

- a) Carrying Out of Services HCHC's staffing plan ensures that clinical and support staff, contracted providers, and/or referral providers/provider organizations will carry our all required and any proposed additional services, as listed in HCHC's Form 5A scope of services. In addition to providing all required services, HCHC's staffing plan ensures that the following additional services will be carried out: dental, behavioral health, optometry, nutrition, complementary and alternative medicine, and enabling/supportive services.
 - HCHC's practice managers and Senior Management closely monitors patient demand and staffing levels to ensure that, to the greatest extend possible, services are provided at the location and the time that best creates access to needed care. In extreme situations, such as during the start of the COVID-19 pandemic in Spring 2020, this required activation of HCHC's Continuity of Operations Plan (COOP), with daily management meetings to discuss services, staffing, and hours across the organization. More generally, department heads and practice managers work to identified gaps in coverage and hiring needs and submit all requests through a process overseen by the Human Resources Department. HCHC management uses patient satisfaction data, the community needs assessment, and utilization data to determine the correct staffing plan, and address needed changes on a continuous basis.

b) Target Area Characteristics in Determining Staffing Our target populations have high rates of chronic conditions, low health literacy, and entrenched traditions of risk-taking or unhealthy behavior. To address these issues in a coherent fashion, primary care is provided by a Primary Care Team who are specialists in the primary medical care of men, women, and children across the life spectrum. A Primary Care Team is composed of a primary care provider, a receptionist, a medical assistant, and a nurse (those who are most involved with the patient). The Team coordinates all routine medical care: exams; lab tests; medical imaging, diagnosis, and treatment and makes referrals for oral health services; mental health and substance abuse screening; and other appropriate services. The Team refers patients to both in-house and external health education programs, depending on their need and health issues. The Team also connects the patient/family to HCHC's comprehensive case management services, which is especially necessary for chronic disease management and for families and individuals with complex and multiple challenges with social determinants of health.

Experienced, well-qualified staff members fill these positions. HCHC's clinical staffing pattern is appropriate for the volume and mix of services to be provided and is consistent with current operations. The clinical staff pattern allows HCHC to provide high quality care and ensures continuity of care for its patients. All clinical staff are direct employees of HCHC; physicians are Board Certified.

Medical Department staffing is consistent with HCHC's use of the medical home model for patient care, ensuring that there are enough staff members to form medical teams who are familiar with the patient and able to help coordinate and manage their care, advocate for other services the patient may need and integrate their care with that of the other departments.

Similarly, the Dental Department, Eye Care, and Behavioral Health Department staffing is adequate to serving the patients, providing the variety of services the population needs. For instance, the Behavioral Health Department has expanded dramatically to almost double in size in order to meet the increased need due to the COVID-19 pandemic. This expansion was made possible by the overnight transition to telehealth to allow for greater patient flexibility in accessing care.

Our providers and office support staff in Amherst are culturally diverse, many of whom are bilingual, and represent a diversity of demographics of the Pioneer Valley service area population.

c) Staff Credentialing HCHC has a policy, the Credentialing and Privileging Policy that was board approved on October 8, 2021, and includes a credentialing and privileging program. HCHC management has adopted this policy to ensure the patients of HCHC receive the highest level of clinical care possible and to have a formal documented process to follow regarding credentialing and privileging of practitioners with whom it contracts, including volunteers, or who it employs to provide medical, oral health, vision, behavioral health care, or some enabling services to its patients.

Regular verification of the credentials of health care practitioners and other clinical staff and definition of their privileges are required for increased patient safety, reduction of medical errors and the provision of high-quality health care services. This has been previously

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recognized via the credentialing requirements required by the Bureau of Primary Health Care (BPHC).

Section IV of the program outlines the procedures for initial and recurring review and documentation of credentials and privileges for all clinical staff members as follows from the Policy:

Primary Source Verification:

Initial credentialing of LIPs requires primary source verification of the following: Current licensure; Relevant education, training, or experience; Current competence, defined as verification of current competence based on a statement from the applicant regarding disciplinary/other actions, peer recommendations, results of the interview and screening process, and a complete review of the provider's file for inconsistencies, gaps, disciplinary actions, etc.; and Health fitness, or the ability to perform the requested privileges, will be determined by a completed HCHC Health Attestation Form from the individual, and is confirmed by both the supervisor and HCHC's designated physician.

Credentialing of other licensed or certified health care practitioners requires primary source verification of the individual's license, registration, or certification only. Education and training may be verified by secondary source verification methods. Verification of current competence is accomplished through a thorough review of clinical qualifications and performance.

Secondary Source Verification

Credentialing of LIPs and other licensed or certified health care practitioners also requires secondary source verification of the following: Government issued picture identification; Drug Enforcement Administration registration (as applicable); Hospital admitting privileges (as applicable); Immunization and PPD status; and Life support training (as applicable)

National Practitioner Data Bank

HCHC must also query the NPDB (as applicable) for LIPs and other licensed or certified health care professionals as part of the initial credentialing process.

The following table lists the minimum required activities identified in the BPHC Health Center Program Compliance Manual c. 5. Section c. for credentialing both LIPs and Other licensed or certified practitioners.

Release of Liability

All clinical staff must sign and agree to the Release of Liability document prior to initial credentialing.

Attestation Agreement

All clinical staff must sign and return the Attestation Agreement prior to initial credentialing.

The following table lists the minimum required activities identified in the BPHC Health Center Program Compliance Manual c. 5. Section c. for credentialing both LIPs and Other licensed or certified practitioners.

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Verification of Credentialing and Privileging Activity					
	Licensed or Co	Non- licensed/Certified/Registered Clinical Staff*			
Examples of Staff	Physicians, dentists, nurse practitioners, physician assistants, LICSW, LMHC, optometrists	RN, LPN, certified medical assistant, registered dietitians/nutritionist, LCSW, dental hygienists, dental assistants	Medical assistants, community health workers		
Initial Credentialing Activities		Verification Method			
Licensure, registration, certification	Primary source	Primary source	Not applicable		
Education and training/ graduation verification	Primary source	Secondary source2	Secondary source*		
National Practitioner Data Bank (NPDB) query	Copy of NPDB report or documentation that the health center is signed up for NPDB continuous query	Copy of NPDB report or documentation that the health center is signed up for NPDB continuous query (Not applicable for some OLCHPs)	Not applicable		
Government-issued picture identification	Secondary source	Secondary source	Secondary source*		
Immunizations as required	Secondary source	Secondary source	Secondary source		
Life support training	Secondary source	Secondary source	Secondary source*		
Drug Enforcement Administration registration4	Secondary source	Not applicable	Not applicable		
Malpractice insurance coverage	Secondary source	Secondary source	Not applicable		
Massachusetts Controlled Substance Registration (MCSR)	Secondary source, if applicable	Not applicable	Not applicable		
Work History	Secondary Source- at least 5 years of professional work history	Secondary source, if applicable	Secondary source, if applicable		
Certification	Secondary source, if applicable	Secondary source, if applicable	Secondary source, if applicable		

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Advanced Practice Clinician Supervision Agreements

Advanced Practice Clinicians and physicians must have a signed Advanced Practice Clinician Supervision Agreement that complies with applicable laws and regulations. HCHC will maintain an agreement for all Nurse Practitioners and Physician Assistants, and will renew every three years, or if there is a change in supervising physician.

Credentialing Requirements for Medical Residents

In addition to the requirements for an "Other Licensed or Certified Health Care Practitioner," medical residents must also provide the following: Proof of Professional Liability insurance in the amount \$1M/\$3M required, Signed contract with the school or other training facility permitting students to train at the health center, CORI check completed with no findings, Letter from the student stating ability to perform requested privileges, Name of HCHC's supervising provider, Release of Liability, Attestation Agreement

Credentialing Requirements for Interns and Shadows

Proof of Professional Liability insurance in the amount \$1M/\$3M, if applicable, Signed contract with the school or other training facility permitting students or trainees to train at the health center, if applicable, CORI check completed with no findings, Letter from the student stating ability to perform requested privileges, if applicable, Government issued Photo Identification, Proof of Immunizations/Titers as described in the Personnel Handbook, Name of HCHC's supervising provider, Release of Liability, Attestation Agreement.

Management Team

HCHC management team is comprised of a Chief Executive Officer (CEO), a Chief Financial Officer (CFO), a Chief Operations Officer, a Chief Clinical and Community Services Officer (CCCSO), and a Medical Director. The CEO directly supervises the CFO, COO, and CCCSO. The CFO has responsibility for all financial and information technology aspects of the health center and directly supervises the Controller, IT staff, the billing manager, the human resources director and the facilities manager. The Chief Operations Officer (COO) is broadly responsible for health center operations across all departments including all aspects of patient flow. The scope of these duties is intended to ensure that health center services can be conducted in accordance with the organization's strategic plan and mission. The COO directly supervises the Clinical Operations Manager (who oversees front desk operations and Medical Assistants), Dental Practice Manager (who oversees the school-based health center as well), and EHR Specialist. The CCCSO has responsibility for all clinical and community service aspects of the health center and directly supervises the Medical Director as well as the dental and behavioral health directors, nursing manager, and director of community programs. (See Attachment 4: Position Descriptions of Key Management Staff).

a) Distribution of Functions and Management Team and Qualifications HCHC's management structure has been updated recently specifically to be able to manage the complex requirements of managing a growing health organization more efficiently. The makeup and distribution of functions among key management staff, and their qualifications support the operation and oversight of the health center and the services provided to the population of our service area.

The Chief Executive Officer is responsible for developing and facilitating an organization that is dynamic, adaptable, sustainable, and efficient in meeting the health needs of the service area. The CEO's duties include overseeing all clinical services including medical, dental, optometry, behavioral health, health education, community outreach, financial and administrative operations of the organization within the management structure; providing sound fiscal oversight; functioning as the liaison between the BOD and the staff; providing guidance around strategic planning and corporate compliance; and acting as the liaison to federal, state, and community organizations.

The CEO is required to have a minimum of 3-5 years of progressive management experience, including three years of experience as a senior manager of a non-profit or government entity. The CEO possesses considerable knowledge of organization administration and fiscal management and is familiar with all federal and state regulations applicable to a health center.

Eliza Lake, MSW, has been CEO of HCHC since July 2014. She brought extensive experience with state and federal programs and oversight and worked for many years in both state government and as a consultant to numerous community organizations on issue specifically related to Medicaid policy and financing. Since she has led HCHC, the organization's budget has grown by almost 25%, the health center has opened a new site for the first time in over 20 years, and the number and type of services offered has increased dramatically.

<u>The Chief Finance Officer</u> oversees the financial operation of the organization. This includes supervision of the Financial and Billing departments, preparation and monitoring of the organization's annual operating budget, cash management and representing the fiscal interests of the organization in external business relationships. The CFO also oversees all IT, Facilities, and HR departments. Finally, the CFO is responsible for shepherding, as a member of the Senior Management team, organizational strategic planning, and site expansion implementation.

The CFO is required to have a master's degree in Accounting or Business Administration, with a minimum of five years' experience in non-profit finance, and a CPA experience is highly desirable.

John Melehov, MBA, CPA, has been CFO since June 2020. He worked in the health care field for over twenty years and was CFO for a private medical practice prior to joining HCHC. He has extensive experience with health care billing and contracting, and with the implementation and management of EHRs.

The Chief Operations Officer is broadly responsible for health center operations across all departments including all aspects of patient flow. The scope of these duties is intended to ensure that health center services can be conducted in accordance with the organization's strategic plan and mission. This includes development of operations policies that are consistent across all departments, oversight of Quality Improvement/Assurance, Emergency Preparedness initiatives, and Risk Management, oversight of support staff scheduling ensuring continuity of care and patient access, management of all reporting needs and data requirements for programs as needed, development of outside relationships with vendors for equipment and supply needs, oversight of administrative management of all non-clinical, non-financial services staff, identification of need(s) for and implement

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employee training and development programs, and management of EMR/Dental software experts and support.

The COO is required to have a bachelor's degree in Business, Management or Health Care Operations, possess at least five years progressive management experience, and have previous project management experience in a medical setting. Experience in strategic planning and budgeting is highly desirable.

Victoria Dempesy joined HCHC as COO in August 2020. She came from working in a local hospital as Director of Outpatient Services and has worked for both health care systems and insurance companies in project management and operational oversight.

The Chief Clinical and Community Services Officer (CCCSO) is responsible for ensuring quality integrated care is delivered to the patients of HCHC through coordination of care, consistent policies and procedures, data collection and analysis, and collaboration. The current CCCSO is an Eye Care provider, but the position can be held by a Medical, Dental, or Eye Care provider, licensed and in good standing with the state of Massachusetts, with a minimum of five years of post-certification practice experience, a minimum of 3 years appropriate management experience and/or training and be committed to community health and have a working knowledge of clinical and community services and needs.

Michael Purdy, OD, MPH, has been HCHC's CCCSO since 2014, and also serves as the Director of the Eye Care Department. He has worked with mission-driven health care organizations his entire career, including with an FQHC in Boston, Indian Health Services in Arizona, and an FQHC in Louisiana. He oversees all clinical departments with a passion for patient-centered integrated care and has been running HCHC's Infection Control Team since Spring 2020.

<u>The Medical Director</u> is responsible for working with Senior Management, the Quality Improvement Committee, and the medical staff to assure that HCHC provides the highest possible quality of medical care and is engaged in a process of continuous quality improvement. The position supports HCHC's efforts in population medicine to improve health indicators for patients seen at HCHC's clinics, and in the broader community.

Marisela Fermin-Schon, FNP, is HCHC's Medical Director. She joined HCHC in 2014 as a Family Nurse Practitioner, and worked diligently to serve HCHC's patients, seeing patients at the Huntington Health Center, and acting as a leader in the Medical Department. In 2020, she was identified as a successor for the previous Medical Director, who worked with her to ensure a smooth transition in March 2021, and who is still a provider and mentor to the Medical Director.

See Attachment 4: Position Descriptions for Key Management Staff and Attachment 5: Biographical Sketches of Key Management Staff for more information.

b) Reporting and Oversight Responsibilities of CEO HCHC's CEO is responsible for reporting directly to the Board of Directors on all aspects of the organization, including programmatic and strategic initiatives, financial outlook, and some insight into the day-to-day activities of the health center. The CEO's duties include overseeing all clinical services including medical, dental, optometry, behavioral health, health education, community outreach, financial and administrative operations of the organization within the management structure; providing sound fiscal oversight; functioning as the liaison between

the BOD and the staff; oversight of strategic planning and corporate compliance; and acting as the liaison to federal, state, and community organizations.

Financial Accounting and Control Systems

Hilltown Community Health Centers, Inc. (HCHC) 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, HCHC management has adopted a 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.

a) Accountability for Federal Awards 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.

These practices ensure the accountability to identify the source (receipt) and application (expenditure) of funds for federally funded activities in whole or in part, including maintaining related source documentation pertaining to authorizations, obligations, unobligated balances, assets, expenditures, income, and interest under the federal award(s). 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:

- 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.
- 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 based on an analysis of the documentation on hand.
- Records that identify adequately the source and application of funds for federally funded activities. These records must contain information pertaining to Federal awards,

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authorizations, obligations, unobligated balances, assets, expenditures, income, and interest and be supported by source documentation.

- 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.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement the requirements of §75.305.
- Written procedures for determining the allow ability of costs in accordance with subpart E of this part and the terms and conditions of the Federal award.

HCHC utilizes the PMS system and reports draws quarterly and has established internal controls that have to assure safeguards. The PMS draws and reporting are also reviewed by Independent Auditors Draw downs on Federal awards must minimize the time elapsing between the transfer of funds from the United States Treasury or the pass-through entity and the disbursement by HCHC.

b) Allowable Expenditures Assurance A budget for all awards is maintained and reviewed. Staff are trained to identify the cost on allowable and unallowable costs associated with Federal awards, in accordance with the terms and conditions of the federal award and Federal Cost Principles as outlined in of §75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.

Billing and Collections

HCHC applies the Board-approved and Massachusetts Commonwealth-submitted collection policy to all patients.

HCHC management has adopted the Credit and Collection Policy to have a formal document process to maintain accurate credit and collection procedures in accordance with State and Federal regulations and laws, which include a sliding fee scale, and ensures that fees or payments will be waived or reduced based on specific circumstances due to any patient's inability to pay. This policy was reviewed and approved by the CEO and Board of Directors on March 11, 2021.

The Standard Collection Policies and Procedures: The health center makes reasonable efforts prior to or during treatment to obtain the financial information necessary to determine responsibility for payment of the bill from the patient or guarantor. The center's staff provides all first-time patients with a registration form which includes questions on the patient's insurance status, residency status, and financial status, and provides assistance, as needed, to the patient in completing the form.

A patient who states that they are insured will be requested to provide evidence of insurance sufficient to enable the center to bill the insurer. Health center staff ask returning patients, at the time of visit, whether there have been any changes in their income or insurance coverage status. If there has been a change, the new information is recorded in the center's practice management system and the patient advised or assisted to inform MassHealth of the change.

The health center undertakes the following reasonable collection efforts for patients who have not provided complete eligibility documentation, or for whom insurance payment may be available:

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- an initial bill is sent to the party responsible for the patient's financial obligations;
- subsequent billings, telephone calls, and any subsequent notification method that constitute a genuine effort to contact the party which is consonant with patient confidentiality are sent;
- efforts to locate the patient or the correct address on mail returned as an incorrect address are documented; and
- a final notice is sent by certified mail for balances over \$1000, where notices have not been returned as an incorrect address or as undeliverable.

Cost Sharing Requirements. Health center staff inform patients who are responsible for paying copayments in accordance with 101 CMR 613.04 (6) (b) and deductibles in accordance with 101 CMR 613.04(6) (c), that they will be responsible for these co-payments.

<u>Low Income Patient Co-Payment Requirements</u>. The health center requests co-payments of \$1 for antihyperglycemic, antihypertensive, and antihyperlipidemic generic prescription and \$3.65 for generic and brand-name drugs from all patients over the age of 18, with the exception of pregnant or postpartum women, up to a maximum pharmacy co-payment of \$250 per year.

a) Ensuring that Fees/Payments are Waived due to Patient's Inability to Pay HCHC offers a Sliding Fee Discount Program (SFDP) to patients, offering waivers of fees and payments to patients under 100% of the Federal Poverty Income Guidelines (FPIG) and Sliding Fee Discounts to patients with incomes between 100% and 200% of the FPIG. The Sliding Fee Discount Schedule applies to standard charges and to amounts left unpaid by insurances in compliance with the HRSA Compliance Manual, last issued in 2018. Please see below to see the scale as posted at all sites and provided in the SFDS application and policy.

Additionally, HCHC has adopted the following guidelines to meet the health care needs of the service population, regardless of a patient's inability to pay for service or health insurance status. These guidelines are part of the board approved Credit and Collection Policy. In addition to the policy guidelines stated below, HCHC has specific staff assisting patients in applying for public insurances and assistance. HCHC also trains all front desk staff to assist patients and direct them to the appropriate staff for help.

2021 FEDERAL INCOME POVERTY GUIDELINES

	Coverable by	Coverable by Federal Grant Resources *				
		125%	150%	175%	200%	
	100%	101-125%	126-150%	151- 175%	176-200%	
	Slide A	Slide B	Slide C	Slide D	Slide E	
SIZE OF FAMILY UNIT	Maximu	m Annual Incon	ne Level Sliding	g Fee Discoun	t Program	
1	\$12,880	\$16,100	\$19,320	\$22,540	\$25,760	
2	\$17,420	\$21,775	\$26,130	\$30,485	\$34,840	
3	\$21,960	\$27,450	\$32,940	\$38,430	\$43,920	
4	\$26,500	\$33,125	\$39,750	\$46,375	\$53,000	
5	\$31,040	\$38,800	\$46,560	\$54,320	\$62,080	
6	\$35,580	\$44,475	\$53,370	\$62,265	\$71,160	
7	\$40,120	\$50,150	\$60,180	\$70,210	\$80,240	
8	\$44,660	\$55,825	\$66,990	\$78,155	\$89,320	
For each additional person, add	\$4,540	\$5,675	\$6,810	\$7,945	\$9,080	
Discount Allowed	100%	80%	60%	40%	20%	
Charge to Patient	\$0.00	20%	40%	60%	80%	

Health Safety Net - Partial Deductibles/Sliding Fees: For Health Safety Net - Partial Patients with MassHealth MAGI Household income or Medical Hardship Family Countable Income between 150.1% and 300% of the FPL, the health center determines their deductible (40% of the difference between the lowest MassHealth MAGI Household income or Medical Hardship Family Countable Income, as described in 101 CMR 613.04(1), in the applicant's Premium Billing Family Group (PBFG) and 200% of the FPL). If any member of the PBFG has an FPL below 150.1 % there is no deductible for any member of the PBFG. The Patient is responsible for 20% of the HSN payment for all services, with the exception of pharmacy services, provided up to this Deductible amount. Once the Patient has incurred the Deductible, the patient is no longer required to pay 20% of the payment. Only one Deductible is allowed per PBFG approval period.

Discount/Charity Programs for the Uninsured 613.08(1)(c)2f: The health center offers a Sliding Fee Discount Program (SFDP) to patients. For these patients, the health center offers full discount to patients under 100% of the Federal Poverty Income Guidelines (FPIG) and Sliding Fee Discounts to patients with incomes between 100% and 200% of the FPIG. The Sliding Fee Discount Schedule applies to standard charges and to amounts left unpaid by insurances in compliance with the Federal Health and Resources and Services Administration 2018 Compliance Manual. See below for the scale provided to patients and posted at all sites. See below for the scale provided to patients and posted at all sites.

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Coverable by State Health Safety Net (HSN)**

	HSN Primary & Secondary	HSN Primary & Secondary Partial
	up to 150%	150.1% to 300%
SIZE OF	Maximum A	annual Income
FAMILY UNIT	Lev	el HSN
1	\$19,320	\$38,640
2	\$26,130	\$52,260
3	\$32,940	\$65,880
4	\$39,750	\$79,500
5	\$46,560	\$93,120
6	\$53,370	\$106,740
7	\$60,180	\$120,360
8	\$66,990	\$133,980
For each additional person, add	\$6,810	\$13,620

b) Medicare, Medicaid, Children's Health Insurance Program (CHIP) HCHC participates in Medicare, Medicaid, CHIP, and all MassHealth public health insurance. Additionally, HCHC also accepts most major private insurance. If a patient is in need of health insurance, we have trained staff that can help with affordable and comprehensive health insurance coverage.

Telehealth Utilization

HCHC utilizes telehealth in provision of services for patients in our service delivery plan when telehealth is a feasible and/or appropriate option. Telehealth is an important tool for delivering services and resources to HCHC target populations, especially those who lack access to transportation or have trouble taking time off work during normal business hours for health care appointments. Prior to the COVID-19 pandemic, HCHC had limited use of telehealth, but in March 2020, the entire organization quickly switched to telehealth whenever appropriate and possible; emergency visits in all departments except behavioral health were still provided on-site. This practice continued until Summer 2020, when limited in-person services recommenced, and now HCHC provides almost 30% of its visits as telehealth visits.

a) Services Provided through Telehealth HCHC provides telehealth services primarily in its medical (including nutrition) and behavioral health departments. While the dental and optometry departments did conduct some telehealth at the height of the pandemic in 2020, those visits have now become very rare. Telehealth has also created increased access for interpreter services, as we now regularly can incorporate the interpreter into the visit. The majority of visits are audio only, as many of our patients live in rural communities that do not have universal broadband access, and/or cannot afford to pay for service in their homes. In addition, many residences in the area do not have cell phone coverage, or patients cannot

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afford to keep adequate minutes on their phones. Luckily, Massachusetts has supported payment for audio only visits, and recently made parity coverage for behavioral health for telehealth permanent.

- b) Cross-Site Telehealth Communication with Providers/Staff Currently, HCHC is not providing telehealth visits for patients to come on-site to meet with a provider or staff member at another site, but we are developing Zoom rooms at every site to ensure that patients who do not have access to phone or internet can come to the nearest site to see one of our providers, or, in the future, specialists. In terms of communication between staff and providers, the organization has transformed its practice of holding on-site, in-person meetings, switching to all Zoom meetings that enable an organization with sites spread over a large geographic area to remain connected and collaborate.
- c) Telehealth Clinical Consultations HCHC, in collaboration with its Medicaid ACO, C3, has access to an e-consult program run by Community Health Center, Inc, in Connecticut, called ConferMed. This service allows referrals from HCHC PCPs to be sent electronically to a specialist in order to prevent unnecessary in-person visits to a specialist. This is critically important as access to timely visits with specialists who will see patients with Medicaid is very limited, with waits of up to six months for some providers.
- d) **Remotely Monitoring Patients Using Telehealth** This is not something that HCHC currently uses but will be explored after the organization shifts to a new EHR in late 2022.

Continuity of Services During Disasters and Emergencies

HCHC maintains a Continuity of Operation Plan (COOP) for maintaining continuity of services and responding to urgent primary health care needs during disasters and emergencies. This plan was updated and approved by the CEO and board of directors on March 11. 2021, and was critically important in the organization's response to the COVID-19 pandemic.

If the health center is affected by an epidemic infectious agent or other unanticipated hazards such as weather-related closure, regional power failures, subsequent damage to infrastructure or systems causing significant multi-day and extended disruption to our mission, Hilltown Community Health Center will make every effort to continue operations subject to limitations on resources including human resources, materials and equipment and capital.

The plan outlines a comprehensive approach to ensure the continuity of essential services during such an event while ensuring the safety and well-being of employees, the emergency delegation of authority, the safekeeping of records vital to the agency and its clients, emergency acquisition of resources necessary for business resumption, and the capabilities to work remotely or at alternative work sites until normal operations can be resumed.

The COOP includes:

a) **Response and Recovery Plans** In the event of a disasters or emergency, HCHC has outlined a procedural plan of response, as outlined in Section 3.B. of the COOP: Concept of Execution. This section states:

Emergencies, or threatened emergencies, may adversely affect the ability of HCHC to continue to carry out core functions and operations (as defined in Section 3.D). Infectious

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diseases, terrorist agents, and natural disasters may contribute to high morbidity and mortality among staff or reduced or complete cessation of services due to a compromise of the internal systems. An epidemic, for example, could affect 40% of the workforce, which would decrease existing staff levels to critically low levels and threaten the capacity of the organization to continue operations. Likewise, reduced capacity to provide care may result if essential systems are damaged or rendered inoperable for a period of time.

The COOP may be activated under several situations if adequate staff are not available for work to keep critical business interests operational. It should be kept in mind that the COOP is NOT an evacuation plan; rather it is a deliberate and planned deployment of pre-identified and trained personnel and/or the transfer of essential functions.

Should a full or partial activation of the plan be necessary, the Chief Executive Officer will disseminate notification of the COOP activation with appropriate information and instructions, by email and text, as possible. If public notification is necessary, HCHC will use available means including social media, radio, television, telephone, or e-mail. Pre-identified personnel should follow the instructions given and or in accordance with the instructions contained in this policy.

The COOP will be activated upon notification of the CEO or any one of the leadership team listed in Appendix B in the order that they are listed if the CEO is unavailable. Upon activation the CEO or designee will convene a leadership team to implement the COOP plan and assign responsibilities, using the Incident Command System as outlined in the EMP.

The COOP clearly defines response and recovery roles and responsibilities of key management personnel, as defined in Section 2.C. of the COOP, as well as an order of leadership succession (Appendix B of the COOP). The following levels of emergencies are defined for planning purposes for the Concept of Execution section of the COOP:

- Level 1 Emergency: Less than 15% of the workforce necessary to carry out one or more core functions is unavailable due to illness, quarantine, caring for family members, impassable roadways, etc. Capacity reductions may be in place due to power failure or Internet Service Provider (ISP) interruptions. May require mandatory overtime for available staff and/or minor/temporary reductions in non-essential services. Temporary but more time-consuming systems may be enacted to allow essential care delivery.
- Level 2 Emergency: Between 15% and 40% of the workforce necessary to carry out one or more core functions is unavailable due to illness, quarantine, caring for family members, impassable roadways, etc. May require mandatory overtime for available staff and/or significant reduction in non-essential services and hours of operation. Multiple days of services interruption due to adverse weather conditions may result in decreases of workforce availability due to impassable roadways or failures of the power infrastructure or ISP.
- Level 3 Emergency: 40% or more of the workforce necessary to carry out one or more core functions is unavailable due to illness, quarantine, caring for family members, impassable roadways, etc. May require cessation of essential services and redeployment of available personnel to resource pools managed by local, state, or federal emergency agencies. These may include but are not limited to, mass

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immunization sires, overflow treatment cents, and distribution sites for antivirals and other medications. Other Incidents include cessation of essential services due to adverse weather events resulting in systems and/or utilities interruption.

- b) **Backup Systems to Facilitate Communications** The COOP highlights a plan for backup communications in Section 6.D., which states: Every member of the leadership team will have at least two different and independent ways of being contact. In addition, staff with be notified as necessary by their direct supervisor, according to the Emergency Contact list maintained by HCHC Human Resources.
- c) Patient Records Access Section 6.A. of the COOP (Vital Records and Databases) describes how access to patient records will be maintained in the case of a disaster or emergency:

Personnel will be deployed during an emergency to ensure the protection and ready availability of electronic and hardcopy documents, references, records, and information systems needed to support essential functions under the full spectrum of emergencies. All Health Center personnel with an identified role in the activation of the COOP must be identified before an emergency to have full access to use records and systems to conduct their essential functions. Categories of such records may include:

Emergency Operating Records: These are defined as vital records essential to the continued functioning or reconstitution of an agency during and after an emergency regardless of medium (paper, electronic, etc.). Included are emergency plans and directives; orders of succession; job action sheets; delegations of authority; staffing assignments; and related records of a policy or procedural nature that provide staff with guidance and information resources necessary for conducting operations during an emergency and for resuming formal operations at its conclusion.

Legal and Financial Records: These are defined as vital records, regardless of medium, critical to carrying out an organization's essential legal and financial functions and activities and protecting the legal and financial rights of individuals directly affected by its activities. Included are records having such value that their loss would significantly impair the conduct of essential agency functions, to the detriment of the legal or financial rights or entitlements of the organization or of the affected individuals.

- d) State and Local Preparedness Plan Integration As stated in the Continuity of Operations Plan, coordination with state and local preparedness plans is an essential element to policy design, stating that business interruptions will be handled in coordination with local (town, state, hospital) emergency preparedness plans. As part of section 4.B. (Initial Actions), the COOP directs the Incident Command Team to complete:
 - Public notification and dissemination of infectious disease or other relevant safety information by means of mail, social media, press release, etc. based on the most current information available from the Massachusetts Department of Public Health and the CDC.
- e) **Status Updates to HRSA-supported PCAs** Providing status updates to HRSA-supported Primary Care Associations is a critical element of the action steps of the COOP. Section 4.B. (Initial Actions) of the COOP directs the Incident Command Team to complete:

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HRSA-22-027

• Notification of emergency and community partners, including Mass League, HMCC, local Board of Health and town government, local EMS, HPHPC, etc.

Supplemental Funding

Since the start of HCHC's current period of performance, it has received the following supplemental funding, which was used to provide access to expanded services, enhanced quality, and/or facilitate infrastructure improvements in the following ways:

- Integrated Behavioral Health Services (IBHS) grant (August 2019, August 2020, and June 2021): HCHC has used its IBHS grant to expand the capacity of the Behavioral Health department through the support of provider staffing, equipment, and training costs, and to pay for a contracted psychiatric specialist with which HCHC providers could consult. Most importantly, with these funds HCHC created a BH Coordinator position, which provided administrative support and became a critical piece of the department's transition to telehealth in 2020.
- Substance Use Disorder-Mental Health (SUD-MH) grant (September 2018, September 2019): HCHC used its SUD-MH grant to support expansion of behavioral health services to its newest site, which opened in June 2018. The funds were used to support an LICSW and a health insurance navigator, both of whom are bilingual, working at the site that serves the largest concentration of non-English speaking patients. The inclusion of this service at this site has been critical to HCHC's ability to meet the diverse needs of this population.
- Quality Improvement (QI) grants (2018, 2019, 2020): Funds from the QI grant have been used each year to support staff who monitor HCHC quality program and ensure that we are addressing needed improvement projects. Specifically, HCHC created a new position of QI Coordinator, who is responsible for working with department heads to collect and analyze QI data and develop QI projects that address identified disparities and areas of need. Over the last year, projects have targeted diabetes, hypertension, childhood immunizations, and depression screening. HCHC has seen dramatic improvement in these measures because of these efforts, including a 13% decrease in patients with hypertension and a decrease of 2% in patients with an A1C over 9%.

Targeted Patient Achievement

In 2020, HCHC had 7,011 unduplicated patients. This was a dramatic decrease from 2019, when we saw 9,602 unduplicated patients, our largest number ever and in excess of our stated patient target number in our 2017 SAC. We had expected for the numbers to continue to increase given that our new site, which opened in mid-2018, was continuing to serve new patients in the Pioneer Valley. Once the COVID-19 pandemic hit in Spring 2020, those expectations were put aside. Between the state mandated reductions in in-person visits, which reduced our dental and optometry visits by 90%, and patient hesitation to come into the clinic, the 27% reduction in patients was not surprising.

In 2021, we have seen our numbers increase again, and anticipate that our 2021 UDS will show a dramatic increase from 2020. There are many constraints, however, on reaching the same numbers

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Hilltown Community Health Center

December 2021

as we saw before, the primary one being staffing – the national labor shortage is reflected locally in a tremendous shortage of support staff, especially medical assistants, dental assistants, and front desk staff. These staff members are key to our ability to efficiently see patients, and we are still struggling with a backlog of cases from the restrictions last year. We are also aware that as new variants arise, there may be further impacts on our ability to operate at top productivity.

We therefore elected to decrease the patient target number of 9,265 that was listed in HCHC's FY 2022 SAC Service Area Announcement Table (SAAT) to 8,802 unduplicated patients, given these uncertainties about the impacts of COVID and staffing on our capacity. While HCHC has every expectation of achieving this goal in 2023, we want to be conservative in our projections, given the uncertainty about the course of the pandemic and patient behavior. We will continue to explore all innovations, workflows, and strategic decisions that will support our continued efforts to expand access for residents of the service area.

GOVERNANCE

HCHC Bylaws and Board Composition Requirements

HCHC's governance documents board composition requirements, including board representation that can communicate needs and concerns of targeted special populations, and board authority requirements in HCHC's Bylaws (Attachment 2). HCHC's Bylaws, amended on August 8, 2019, state the following:

- a) **Board Size** In Section 3.1 of HCHC's Bylaws, it states that "the number of directors shall be at least nine and no more than fifteen."
- b) **Board Composition (Patients)** In Section 3.1 of the Bylaws, it states that "at least 51 percent (of the board members) shall be users of the services of the Corporation."
- c) **Board Representation of Patient Demographics** In Section 3.1 of the Bylaws, it states "The Directors that are users of the Corporation's services shall reasonably represent the individuals who are served by the health center in terms of race, gender, and ethnicity."
- d) Community Representation of Non-Patient Members In Section 3.1 of the Bylaws, it states "Of the non-patient Directors... they (board members) shall be members of the communities served by the health center or the health center's service area..."
- e) Relevant Skill and Expertise of Non-Patient Members In Section 3.1 of the Bylaws, it states "Of the non-patient Directors... they (board members) shall provide relevant expertise and skills."
- f) **Health Care Industry Income of Board** In Section 3.1 of the Bylaws, it states "Of the non-patient Directors, no more than 50 percent shall be persons who derive ten percent or more of their income from the direct providing of health care…"
- g) **Employees and Immediate Family Members** In Section 3.1 of the Bylaws, it states "Health center employees and immediate family members (i.e., spouses, children, parents, or siblings through blood, adoption, or marriage) of employees may not be Directors."

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HCHC Bylaws and Board Authority Requirements

HCHC's board maintains authority of the health center, as documented in HCHC's Bylaws. Requirements of Board Authority are stated in the Bylaws as follows:

- a) Monthly Meetings In Section 3.5 of the Bylaws, it states "Regular meetings shall be held monthly..."
- b) CEO Selection Approvals In Section 3.2 of the Bylaws it states that the "Unrestricted authorities, functions, and responsibilities of the Board include: Approval of the selection and dismissal of the Chief Executive Officer to the health center." Furthermore, in Section 3.3 of the Bylaws, it states "The Board of Directors shall select a Chief Executive Officer and shall determine the terms of his or her employment."
- c) Budget Approval and Applications In Section 3.2 of the Bylaws it states that the "Unrestricted authorities, functions, and responsibilities of the Board include: "Approval of the center's HRSA grant applications including the section 330 grant application" and "Approval of the center's annual budget…"
- d) Services, Location, and Hours In Section 3.2 of the Bylaws it states that the "Unrestricted authorities, functions, and responsibilities of the Board include: Approval of the health center's sites, hours of operation, and services to be provided..."
- e) Performance Evaluation of the Health Center In Section 3.2 of the Bylaws it states that the "Unrestricted authorities, functions, and responsibilities of the Board include: evaluating the performance of the health center based on quality assurance/quality improvement assessments and other information received from health center management"
- f) Policy Establishment and Adoption In Section 3.2 of the Bylaws it states that the "Unrestricted authorities, functions, and responsibilities of the Board include: Establishment of general policies for the center (including personnel, health care, fiscal, and quality assurance/improvement policies), including approval of the Quality Improvement Program and Billing and Collections policies"
- g) In Section 3.2 of the Bylaws it states that the "Unrestricted authorities, functions, and responsibilities of the Board include: Ensuring that the health center is operating in accordance with applicable federal, state and local laws and regulations, as well as its own established policies and procedures."

HCHC Bylaws and Board Oversight Requirements

HCHC's board maintains oversight of the health center, as reflected in HCHC's Bylaws (Attachment 2), organizational chart, (Attachment 3), and preserved in all formal written agreements with community partners. No individual, entity, or committee reserves approval authority or has veto power over the Board in regard to the required authorities and functions.

HRSA-22-027

SUPPORT REQUESTED

Mitigation Plan for Adverse Financial Impacts

The financial health of HCHC rests on creating and sustaining multiple revenue streams, balanced across patient services, public grants and contracts, and private contributions from individuals, foundations, and corporations. Clearly, the last year has presented challenges unforeseen, as COVID-19 pandemic severely reduced patient revenues – the dental department, for instance, was generating 10% of its normal revenue during the Spring of 2020. Throughout 2021, all clinical departments except for behavioral health had generated about 75% of the revenue HCHC saw in 2019. As the year has progressed, the operational revenue has increased, but it still is not at the levels seen before the pandemic.

For this reason, HCHC was extremely fortunate to receive significant and critical support from HRSA in COVID-19, CARES, American Rescue Plan Act (ARPA), and other grants; the Small Business Administration in Paycheck Protection Program grants; CMS's Provider Relief Fund money; and grants from the Massachusetts Department of Public Health, the Massachusetts League of Community Health Centers, the Community Care Cooperative (our Medicaid ACO); local Community foundations, and individual donors.

These funds have allowed HCHC to not only survive the most challenging period of its 70-year history but develop capabilities and expand capacity. With grant funds, the organization upgraded and expanded its IT system to enable most providers to provide telehealth services. By freeing the organization from the need for office space, the behavioral health department to almost double in number of providers, ensuring both continued access for patients and allowing it to be the only department that experienced significant growth in operating revenue. All compensation rates for all staffing positions have been reevaluated in 2021, with increases (some significant) for positions that have been underpaid for years due to tight budgets. This action will increase HCHC's ability to recruit and retain employees. And finally, with the capital funds made available by ARPA, HCHC is addressing equipment and maintenance needs that have been neglected due to lack of funds for years, ensuring that we are continuing to offer the highest quality care in the region.

Challenges remain in both the tight labor market and future uncertainty about the course of the pandemic, but HCHC is in a better financial situation to meet them than it has ever experienced before. The organization's cash position is extremely strong and closely monitored, with current operations maintaining a balance that could sustain operations for over two years.

HCHC is also taking steps to improve its ability to serve its current and new patient populations. The medical department is restructuring in preparation for CMS's acceptance of Massachusetts' proposed 1115 Waiver, which would move all Medicaid providers into a primary care capitation model in 2023. This will come after a dramatic 2022 increase in Medicaid payment rates for FQHC's in the state, a recognition of the low rates that made health centers unsustainable in a very expensive market. And finally, along with a dozen fellow members of the C3 Medicaid ACO, HCHC is transitioning to Epic as its EHR to take advantage of state-of-the-art technology to develop increased efficiencies and improved workflows. This will allow the organization to provide high quality integrated care with the staff it has, and create full integration between all its departments, including dental.

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SF-424A: BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0004

Expiration Date 8/31/2016

SECTION A - BUDGET SUMMARY							
	Estimated Unobligated Funds		New or Revised Budget				
Grant Program Function or Activity	Federal Domestic Assistance Number	Federal	Non-Federal	Federal	Non-Federal	Total	
Community Health Centers	93.224	\$1,853,699.00	\$6,270,027.00	\$1,853,699.00	\$6,270,027.00	\$8,123,726.00	
Total		\$1,853,699.00	\$6,270,027.00	\$1,853,699.00	\$6,270,027.00	\$8,123,726.00	

SECTION B - BUDGET CATEGORIES					
Object Class Categories	Federal	Non-Federal	Total		
a. Personnel	\$1507176.00	\$4920097.00	\$6427273.00		
b. Fringe Benefits	\$0.00	\$772455.00	\$772455.00		
c. Travel	\$0.00	\$12526.00	\$12526.00		
d. Equipment	\$0.00	\$138751.00	\$138751.00		
e. Supplies	\$166523.00	\$107106.00	\$273629.00		
f. Contractual	\$0.00	\$78885.00	\$78885.00		
g. Construction	\$0.00	\$0.00	\$0.00		
h. Other	\$180000.00	\$240207.00	\$420207.00		
i. Total Direct Charges (sum of a-h)	\$1853699.00	\$6270027.00	\$8123726.00		
j. Indirect Charges	\$0.00	\$0.00	\$0.00		
k. TOTALS (sum of i and j)	\$1853699.00	\$6270027.00	\$8123726.00		

SECTION C - NON-FEDERAL RESOURCES						
Grant Program Function or Activity Applicant State Other Sources TOTAL						
Community Health Centers	\$0.00	\$550,121.00	\$5,719,906.00	\$6,270,027.00		
Total	\$0.00	\$550,121.00	\$5,719,906.00	\$6,270,027.00		

SECTION D - FORECASTED CASH NEEDS							
	Total for 1st Year 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter						
Federal	\$1,853,699.00	\$463,425.00	\$463,424.00	\$463,425.00	\$463,425.00		
Non-Federal	\$6,270,027.00	\$1,567,506.00	\$1,567,507.00	\$1,567,507.00	\$1,567,507.00		
Total \$8,123,726.00 \$2,030,931.00 \$2,030,931.00 \$2,030,932.00 \$2,030,932.00							

SECTION E - FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT						
Cross Drogram	FUTURE FUNDING PERIODS (YEARS)					
Grant Program	First	Second	Third	Fourth		
Community Health Centers	\$1,853,699.00	\$1,853,699.00	\$1,853,699.00	\$1,853,699.00		
TOTAL	\$1,853,699.00	\$1,853,699.00	\$1,853,699.00	\$1,853,699.00		

	SECTION F - OTHER BUDGET INFORMATION				
Direct Charges	No information added.				
Indirect Charges	No information added.				
Remarks	No information added.				

Hilltown Community Health Centers, Inc.

Grant Number: H80CS00601

Dudget lugtification	Budget Period (6/1/2022 - 5/31/2023)						
Budget Justification	Federal Grant Request	Non-Federal Resources					
REVENUE: Should be consistent with information presented in the Budget Information: Budget Details form and Form 3: Income Analysis							
PROGRAM INCOME (fees, third party reimbursements, and payments generated from the projected delivery of services)	\$ -	\$ 4,764,000.00					
STATE FUNDS	-	550,121.00					
LOCAL FUNDS	-	8,000.00					
OTHER SUPPORT (Private Grants & Contracts, 340B Contracted Pharmay, Quaility Incentive Payments, Optometry Lenses & Frames, DSRIP, Rental Income, Interest & Dividends, Contributions)	-	947,906.00					
FEDERAL 330 GRANT	1,853,699.00	-					
TOTAL REVENUE	\$ 1,853,699.00	\$ 6,270,027.00					
EXPENSES: Object class totals should be consistent with those pre	esented in the Federal Object Cla	ss Categories form.					
ADMINISTRATION	\$ -	1,205,500.00					
MEDICAL STAFF	692,340.00	1,958,500.00					
VISION STAFF	-	203,460.00					
DENTAL STAFF	641,991.00	938,550.00					
BEHAVIORAL HEALTH STAFF	172,845.00	91,973.00					
ENABLING STAFF	-	471,581.00					
OTHER STAFF	-	50,533.00					
TOTAL PERSONNEL	\$ 1,507,176.00	\$ 4,920,097.00					
FRINGE BENEFITS							
FICA @ 7.65%	\$ -	\$ 376,387.00					
Medical @ 6.0%	-	295,206.00					
Retirement @ .35%	-	17,220.00					
Dental @ .65%	-	31,981.00					

Hilltown Community Health Centers, Inc. Grant Number: H80CS00601

Unemployment & Workers Compensation @ .54%	_	26,569.00
Disability @ .51%	-	25,092.00
TOTAL FRINGE @ 15.70%	\$ -	\$ 772,455.00
TRAVEL		
Employee Travel reimbursement.	\$ -	\$ 7,503.00
Conferences for Providers and staff	-	5,023.00
TOTAL TRAVEL	\$ -	\$ 12,526.00
EQUIPMENT		
Minor and small equipment	\$ -	\$ 138,751.00
TOTAL EQUIPMENT	\$ -	\$ 138,751.00
SUPPLIES		
Program Supplies (Medical, Dental, Optometry)	\$ 166,523.00	\$ 23,106.00
Pharmacy Supplies and Cost of Drugs	-	54,500.00
Office Supplies	-	29,500.00
TOTAL SUPPLIES	\$ 166,523.00	\$ 107,106.00
CONTRACTUAL – Include sufficient detail to justify costs.		
Laboratory Services Dental	\$ -	\$ 15,200.00
Laboratory Services Optometry	-	9,450.00
Program Consultants	-	5,000.00
Pharmacy Services (pharmacies and dispensing costs)	-	18,735.00
Equipment Leases	-	30,500.00
TOTAL CONTRACTUAL	\$ -	\$ 78,885.00
OTHER – Include sufficient detail to justify each item.		
Facility / Building Cost; Building repairs & Maintenance; Rent; Utilities; Property Insurance	\$ -	\$ 130,707.00
Computer Hardware & Software Maintenance, Licenses and Fees (EMR)	60,000.00	15,000.00

Hilltown Community Health Centers, Inc. Grant Number: H80CS00601

Telepone/Internet/Fiber	120,000.00	10,000.00
Provider Clinical Support (CME's)	-	6,000.00
Recruitment and Advertising	-	1,500.00
Postage	-	12,000.00
Audit Services	1	35,000.00
Subscriptions, Dues & Memberships	-	25,500.00
Other (Billing processing, employee development)	-	4,500.00
TOTAL OTHER	\$ 180,000.00	\$ 240,207.00
TOTAL DIRECT CHARES (Sum of all TOTAL Expenses rows above)	\$ 1,853,699.00	\$ 6,270,027.00
INDIRECT CHARGES – Include approved indirect cost rate.		
X.XX% indirect rate (includes utilities and accounting services)	\$ -	\$ -
TOTALS (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES above)	\$ 1,853,699.00	\$ 6,270,027.00

HRSA 330 GRANT PERIOD 6/1/2022 TO 5/31/2023

Grant amount = \$1,1853,699

	Department	Base Salary	% of FTE	BUDGET	
Cheung, Sheri	Physician - Medical			75% \$	
Chmura, Mary	Physician - Medical	•		75% \$	
Peloquin, E	NP - Medical			75% \$	
Fermin-Schon, Marisela	NP - Medical			75% \$	
Frontiero, Virginia (new Aug	2 NP - Medical			75% \$	
Golembeski, Kyleigh	NP - Medical	·		75% \$	
Liebman, Jon	NP - Medical			75% \$	
Checille, Ellen	Nurse - Medical			75% \$	
Markham, Shirley	Nurse - Medical			75% \$	
Sitler, James	Nurse - Medical			75% \$	
Taylor, Michelle	Nurse - Medical			75% \$	
Bowden, Emily	Dentist			75% \$	
Gearin, Tim	Dentist			75% \$	
Gill, Amanpreet	Dentist			75% \$	
Graham, Warren	Dentist			75% \$	
Rudin, Alice	Dentist			75% \$	
Stuart, Marylou	Dentist			75% \$	
Walvekar, Ambarish	Dentist			75% \$	
Circe, Cheryl	Hygienist			75% \$	
Baranyuk, J	Hygienist			75% \$	
Paquette, Lori	Hygienist			75% \$	
Saldana, Rosa	Hygienist			75% \$	
Spooner, Liz	Hygienist			75% \$	
Wright, Ellie	Hygienist			75% \$	
Huberman, Franny (partial)	BH Clinician			75% \$	
Bjorklund, David (partial)	BH Clinician			50% \$	
Magnifico, Emily	BH Clinician			75% \$	
Mills, Jonathon	BH Clinician			75% \$	
Jurkofsky, Sarah	BH Clinician			75% \$	
Total Salaries				\$	1,507,176.00
Supplies (Medical)				¢	166 502 00
Other -				\$	166,523.00
Telephone/Internet/Fiber					
(Windstream)				\$	120,000.00
Other - Computer Licenses -				•	00 000 00
(eCW EMR)				\$	60,000.00
TOTAL				\$	1,853,699.00
Grant amount				\$	1,853,699.00 1,853,699.00
Grant amount				\$	1,003,099.00

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DISCLOSURE OF LOBBYING ACTIVITIES

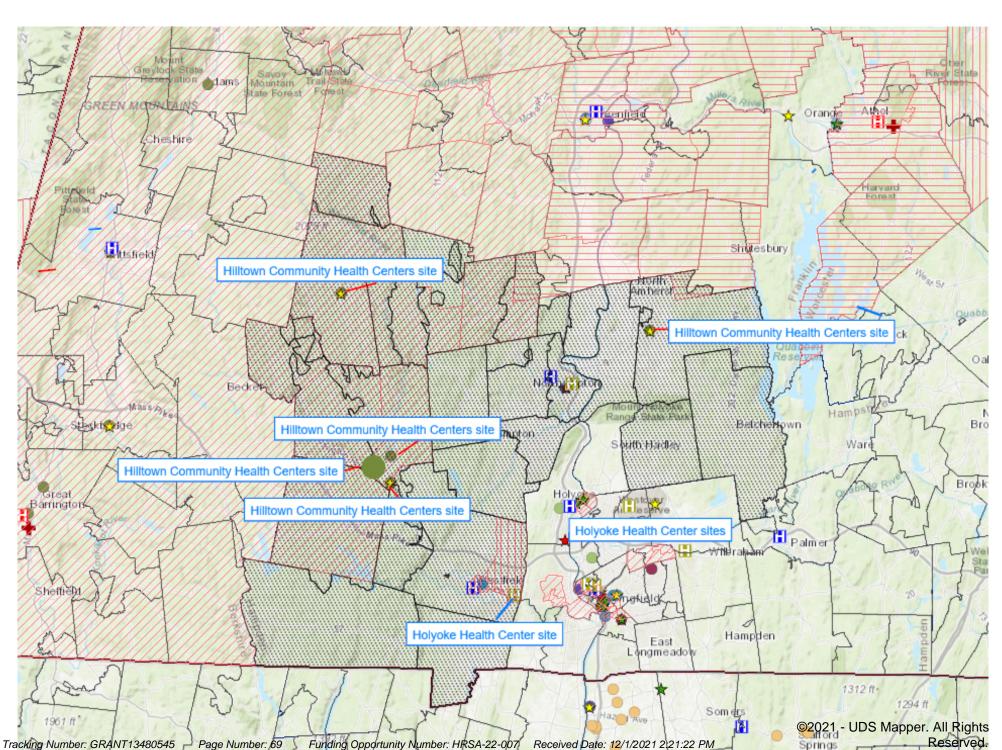
OMB Approval No. 0348-0046 Expiration Date 12/31/2013

* Type of Federal Action:		3. * Report Type:
a. contract	2. * Status of Federal Action:	☐ a. initial filing☐ b. material change
™ b. grant	☐ a. bid/offer/application☐ b. initial award	For Material
c. cooperative	c. post-award	Change
agreement	C. post-award	Year
d. loan		Ouarter
☐ e. loan guarantee ☐ f. loan insurance		Date of Last
i. iodii iiistitaice		Report
Name and Address of Repor	ting Entity:	
Prime SubAwarde	ee Tier If Known:	
Name Hilltown Community Hea	alth Centers, Inc.	
Street 1 58 Old North Rd		
reet 2		
City Worthington	State MA	
Zip 01098-9753	Congressional District, if known:	
If Reporting Entity in No.4 is	s Subawardee, Enter Name and Address of Pri	ime:
. * Federal Department/Agen		Program Name/Description:
J.S Department of Health	Health Center	r Drogram
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EHB Application Number: 198040	Grant Number: 6 H80CS00601-20-01	
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Hilltown Community Health Centers Service Area





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Tracking Number: GRANT13480545

ZCTA	Post Office Name	State	HCP: Health Center Count (Combined) 2020	HCP: Dominant Health Center 2020	Pop: Total (#) 2015-2019	Pop: Low-Income (#) 2015-2019	HCP: Total Patients (#) 2020	HCP: Penetration of Low-Income (%)	HCP: Penetration of Total Population (%)
Summary:					191,568	39,574	7,858	19.86 %	4.10 %
01011	Chester	MA	2	HILLTOWN COMMUNITY HEALTH CENTER, INC.	1,430	341	553	162.17 %	38.67 %
01012	Chesterfield	MA	1	HILLTOWN COMMUNITY HEALTH CENTER, INC.	585	103	117	113.59 %	20.00 %
01026	Cummington	MA	2	HILLTOWN COMMUNITY HEALTH CENTER, INC.	933	303	328	108.25 %	35.16 %
01027	Easthampton	MA	3	HOLYOKE HEALTH CENTER, INC.	17,818	3,319	407	12.26 %	2.28 %
01032	Goshen	MA	1	HILLTOWN COMMUNITY HEALTH CENTER, INC.	495	93	42	45.16 %	8.48 %
01033	Granby	MA	1	HOLYOKE HEALTH CENTER, INC.	6,322	755	50	6.62 %	0.79 %
01034	Granville	MA	2	HILLTOWN COMMUNITY HEALTH CENTER, INC.	2,186	350	96	27.43 %	4.39 %
01035	Hadley	MA	4	HILLTOWN COMMUNITY HEALTH CENTER, INC.	5,319	1,173	160	13.64 %	3.01 %
01038	Hatfield	MA	3	COMM HLTH CNTR OF FRANKLIN COUNTY, INC.	2,734	355	35	9.86 %	1.28 %
01039	Haydenville	MA	1	HILLTOWN COMMUNITY HEALTH CENTER, INC.	1,207	142	50	35.21 %	4.14 %
01050	Huntington	MA	2	HILLTOWN COMMUNITY HEALTH CENTER, INC.	2,438	563	1,236	219.54 %	50.70 %
01053	Leeds	MA	2	COMMUNITY HEALTH PROGRAMS, INC.	1,593	422	22	5.21 %	1.38 %
01060	Northampton	MA	7	HOLYOKE HEALTH CENTER, INC.	15,948	3,957	524	13.24 %	3.29 %
01062	Florence	MA	4	HILLTOWN COMMUNITY HEALTH CENTER, INC.	10,364	1,952	185	9.48 %	1.79 %
01070	Plainfield	MA	2	HILLTOWN COMMUNITY HEALTH CENTER, INC.	648	142	116	81.69 %	17.90 %
01071	Russell	MA	1	HILLTOWN COMMUNITY HEALTH CENTER, INC.	1,318	198	242	122.22 %	18.36 %
01073	Southampton	MA	2	HILLTOWN COMMUNITY HEALTH CENTER, INC.	6,144	712	102	14.33 %	1.66 %

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ZCTA	Post Office Name	State	HCP: Health Center Count (Combined) 2020	HCP: Dominant Health Center 2020	Pop: Total (#) 2015-2019	Pop: Low-Income (#) 2015-2019	HCP: Total Patients (#) 2020	HCP: Penetration of Low-Income (%)	HCP: Penetration of Total Population (%)
01077	Southwick	MA	4	HILLTOWN COMMUNITY HEALTH CENTER, INC.	9,720	1,883	152	8.07 %	1.56 %
01084	West Chesterfield	MA	1	HILLTOWN COMMUNITY HEALTH CENTER, INC.	168	24	45	187.50 %	26.79 %
01085	Westfield	MA	6	HOLYOKE HEALTH CENTER, INC.	41,780	9,006	1,420	15.77 %	3.40 %
01086	Westfield	MA	1	HILLTOWN COMMUNITY HEALTH CENTER, INC.	363	0	37	0.00 %	10.19 %
01088	West Hatfield	MA	0		509	133	0	0.00 %	0.00 %
01096	Williamsburg	MA	1	HILLTOWN COMMUNITY HEALTH CENTER, INC.	2,443	371	233	62.80 %	9.54 %
01097	Woronoco	MA	1	HILLTOWN COMMUNITY HEALTH CENTER, INC.	56	40	32	80.00 %	57.14 %
01098	Worthington	MA	1	HILLTOWN COMMUNITY HEALTH CENTER, INC.	1,263	207	464	224.15 %	36.74 %
01243	Middlefield	MA	2	HILLTOWN COMMUNITY HEALTH CENTER, INC.	268	46	95	206.52 %	35.45 %
01002	Amherst	MA	7	HILLTOWN COMMUNITY HEALTH CENTER, INC.	30,014	10,834	663	6.12 %	2.21 %
01003	Amherst	MA	0		11,357	70	0	0.00 %	0.00 %
01007	Belchertown	MA	3	HOLYOKE HEALTH CENTER, INC.	15,005	1,911	134	7.01 %	0.89 %
01008	Blandford	MA	1	HILLTOWN COMMUNITY HEALTH CENTER, INC.	1,140	169	318	188.17 %	27.89 %

EHB Application Number: 198040

BYLAWS

of

HILLTOWN COMMUNITY HEALTH CENTERS, INC.

As Amended Effective

August 8, 2019

Tracking Number: GRANT13480545

Funding Opportunity Number: HRSA-22-007 Received Date: 12/1/2021 2:21:22 PM

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BYLAWS OF

HILLTOWN COMMUNITY HEALTH CENTERS, INC.

As Amended Effective August 8, 2019

ARTICLE I Name and Purposes

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

Section 1.2 <u>Mission Statement</u>. Hilltown Community Health Center's mission is "Creating access to high quality integrated health care and promoting well-being for individuals, families, and our communities."

ARTICLE II No Members

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

ARTICLE III Board of Directors

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

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

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

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

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

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

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

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

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

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

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

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

ARTICLE IV Committees

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

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

The Treasurer shall serve as the chair of the Finance Committee. The Finance Committee shall provide advice and recommendations to the Board in all matters pertaining to the fiscal affairs of the Corporation, including the annual budget. The Corporate Compliance Committee shall consist of the same individuals serving on the Executive Committee, and shall provide advice and recommendations to the Board in all matters pertaining to corporate compliance. The Quality Improvement Committee shall assure that quality care is given in all clinical areas through peer review, dashboard metric review, and patient complaint review and ensures that the Corporation is compliant with federal and state data reporting requirements with regard to quality of care.

ARTICLE V Officers

Section 5.1 Election. The officers of the Corporation shall consist of a Chair, Vice-Chair, Treasurer, Clerk and such other officers as the Board of Directors may determine. All

officers shall have one year terms and shall be eligible for reelection. All officers shall be elected by the directors at the annual meeting of the directors, or at any meeting of the directors called for that purpose, and shall serve at the pleasure of the directors. Vacancies in any office shall be filled by the directors.

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

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

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

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

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

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

ARTICLE VI Distribution Upon Dissolution

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

accordance with Chapter 180 of the General Laws of the Commonwealth of Massachusetts.

ARTICLE VII Fiscal Year

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

ARTICLE VIII Indemnification

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

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

determining whether to provide indemnification under this paragraph, the Corporation may consider, among other factors, whether and to what extent insurance is or was available to the person seeking indemnification and whether and to what extent insurance is available to the Corporation for such indemnification.

ARTICLE IX Conflicts

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

ARTICLE X Amendments

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

ARTICLE XI Anti-Discrimination

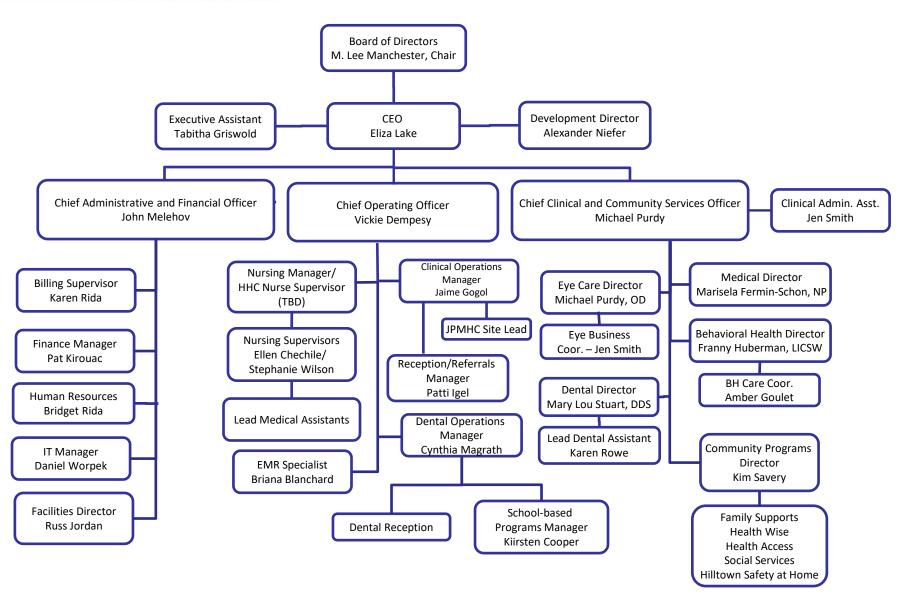
Section 11.1 Anti-Discrimination. In all matters of its operation including, without limitation, treatment of patients, selecting and dealing with employees and contractors and selecting members, directors and officers, the Corporation shall not discriminate against any person or the basis of race, religion,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

I hereby certify that these By-laws of Hilltown Community Health Centers, Inc. are a complete and accurate copy of the original documents as adopted on Aug. 8, 2019.

Signature of Clerk



Management Organizational Chart





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

Position Descriptions of Key Management Staff

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CEO, Eliza Lake	2
CFO, John Melehov	3
CCCSO, Michael Purdy	4
Medical Director, Marisela Fermin-Schon	5
COO, Vickie Dempesy	6



JOB DESCRIPTION

TITLE: CHIEF EXECUTIVE OFFICER

LINE OF RESPONSIBILITY: The Chief Executive Officer (CEO) is directly responsible to the Board of Directors (BOD) of the Hilltown Community Health Centers for overseeing all administrative and clinical functions of the organization. The CEO directly supervises the Chief Operating Officer (COO), Chief Clinical and Community Services Officer (CCCSO), and the Chief Financial Officer (CFO).

PURPOSE: The CEO is responsible for developing and facilitating and organization that is dynamic, adaptable, sustainable, and efficient in meeting the health needs of western Massachusetts; to function as the HCHC's CEO; to oversee all clinical services including medical, dental, optometry, behavioral health, health education, community outreach, financial and administrative operations of the organization within the management structure; to provide sound fiscal oversight; to function as the liaison between the BOD and the staff; to provide guidance around strategic planning, corporate compliance, and to act as the liaison to federal, state, and community organizations.

RESPONSIBILITIES:

- 1. Oversee the hiring and supervision of all components of the Health Center staff, including clinical support and operations functions;
- 2. Oversee development and documentation of procedures and systems which ensure effective internal operations and maximize efficiency;
- 3. Ensure that HCHC is in compliance with regulations and requirements associated with federal and state funding, licensing, and regulatory agencies;
- 4. Oversee sound fiscal management functions, including working with CFO on risk management, the annual budget, and on monitoring and revising the organization's fiscal plan, all with a goal of balancing the budget each year;
- 5. Represent the organization to and perform liaison work with funding sources, government agencies, other agencies, community organizations, and individuals within the community;
- 6. Evaluate and bring to the BOD for approval all contracts or agreements that result in significant expenditures or new program initiatives;
- 7. Oversee staff and professional development, ensuring all requirements are met, and provide guidance with annual written job performance evaluations to those in direct line of command;
- 8. Assure the provision of quality service through the development of a continuous quality improvement plan and evaluation of ongoing services and programs;
- 9. Identify grant and funding opportunities, and assist/advise grant writer as required;
- 10. Attend Board of Directors' Meetings and
 - a. Provide accurate, relevant information for board decision-making;
 - b. Make recommendations to the BOD regarding new policies or revisions to existing policies, and to oversee their implementation;
 - C. With the BOD, review and determine HCHC's goals, direction and quality improvement plans in keeping with its stated mission and strategic plan;
 - d. Assist the BOD in carrying out the mission;
 - e. Recommend and arrange BOD education opportunities;
 - f. Perform other duties as the BOD may request;

QUALIFICATIONS: A minimum of 3-5 years of progressive management experience, including three years of experience as a senior manager of a non-profit or government entity. The CEO must possess considerable knowledge of organization administration and fiscal management, and ideally will be familiar with all federal and state regulations applicable to a health center. Proven effective communication and writing skills are essential.

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JOB DESCRIPTION

Title: Chief Financial Officer

Line of Responsibility: The Chief Financial Officer is directly responsible to the Executive Director for overseeing all financial functions of the organization.

Purpose: The main responsibility of the Chief Financial Officer is to oversee the financial operation of the organization. This includes supervision of the Financial and Billing departments, preparation and monitoring of the organization's annual operating budget, cash management and representing the fiscal interests of the organization in external business relationships. The CFO is also responsible for shepherding, as a member of the Senior Management team, organizational strategic planning and site expansion implementation.

Responsibilities:

- 1. Maintain General Ledger and subsidiary ledgers.
- 2. Prepare monthly financial reports and other analyses (i.e. aging, stats, cash flow)
- 3. Maintain all cash accounts and their use; ensure proper procedures for all receipts and disbursements.
- 4. Monitor and utilize the line of credit as needed.
- 5. Ensure coordination and integration of financial services across all organization departments.
- 6. Develop, maintain and revise accounting and billing policies and procedures as required; train all staff in proper procedures.
- 7. Develop, maintain and monitor monthly budgets, including contracts, grants and the annual organizational operating budget.
- 8. Maintain the organization's physical inventories.
- 9. Assist the Senior Management team and the Executive Director with reviewing, evaluating, determining, and implementing organizational goals and objectives, including expansion and new program development.
- 10. Develop organizational capabilities for changing health care financing environment, including options for alternative payment methodologies/global payment.
- 11. Present monthly financial statements and related documentation to the Finance Committee of the Board of Directors.
- 12. Prepare external reports for various funding agencies (Medicare Cost Report, Medicaid Cost Report, Uniform Financial Report (UFR) and the Uniform Data System Report (UDS).
- 13. Oversee the annual audit with the organization's auditing firm.
- 14. Perform other related duties as assigned by the Executive Director. Minimum Qualifications: Master's Degree in Accounting or Business Administration, with a minimum of five years' experience in non-profit finance. CPA experience highly desirable.

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JOB DESCRIPTION

TITLE: Chief Clinical and Community Services Officer (CCCSO)

LINE OF RESPONSIBILITY: The Chief Clinical and Community Services Officer reports directly to the Executive Director.

PURPOSE: To ensure quality integrated care is delivered to the patients of Hilltown Community Health Center through coordination of care, consistent policies and procedures, data collection and analysis, and collaboration.

RESPONSIBILITIES:

- Guide, review, and approve clinical policies across departments to insure a seamless patient experience when receiving services from multiple departments
- Implement and monitor integration of patient and client information across departments
- In conjunction with department heads, insure that all practices and policies at the health center are compliant with all regulatory requirements as well as certifying bodies such as the National Committee on Quality Accreditation
- Insure patient services are delivered in a culturally sensitive manner with a strong awareness of socio-economic and culturally diverse background of the patients and clients served
- Promote interdepartmental quality improvement projects that serve to simultaneously improve organizational financial sustainability and improved outcomes
- Meet regularly with department directors/team leaders to understand needs, promote provider retention, communicate and hold them accountable according to health center policies
- Develop and recommend patient-centered training and education across departments
- Contributes patient services-focused feasibility recommendations to strategic initiatives
- In conjunction with the department directors and human resources, develop provider contracts
- Participate in expansion of services/clinical liaison on collaborating with outside organizations
- Departments included: Medical, Dental, Optometry, Behavioral Health and Community Services

QUALIFICATIONS: Must be a Medical, Dental, or Eye Care provider, licensed and in good standing with the state of Massachusetts, with a minimum of five years of post-certification practice experience. Must have minimum of 3 years appropriate management experience and/or training. Must be committed to community health and have a working knowledge of clinical and community services and needs. Must also have a strong commitment to the mission of the organization. Good interpersonal skills also necessary.



JOB DESCRIPTION

TITLE: MEDICAL DIRECTOR

LINE OF RESPONSIBILITY: The Medical Director reports to the Chief Clinical and Community Service Officer.

PURPOSE: The Medical Director is responsible for the coordination and oversight of all health center medical activities and is broadly responsible for patient safety.

RESPONSIBILITY:

- 1. Provides leadership to the medical group with respect to aligning the department activities with the organization's strategic vision.
- 2. Must work collaboratively with Chief Clinical and Community Service Officer to insure efficient clinical operations.
- Provides quality, direct medical care to patients of the organization as outlined in the MD/NP job description.
- 4. Functions as the primary liaison between the Medical Department and the Chief Clinical and Community Service Officer and other Department Directors and represent the Medical Department to the Board of Directors, as appropriate.
- 5. In conjunction with the Chief Clinical and Community Service Officer, hires and terminates medical staff.
- 6. Responsible for annual performance reviews of providers within the Medical Department.
- 7. Resolves provider performance issues identified through peer review, patient and organizational feedback
- 8. In conjunction with Chief Operations Officer, addresses clinical personnel issues affecting patient satisfaction and/or operational efficiency.
- 9. In conjunction with the Executive Director, Board of Directors, Chief Clinical and Community Service Officer, Chief Operations Officer and other Department Directors, the Medical Director develops, monitors, and revises the agency's strategic plan.
- 10. In conjunction with the QI Director, the Medical Director develops, implements, monitors, and regularly revises a Continuous Quality Improvement Plan.
- 11. Performs other related duties as assigned by the Chief Clinical and Community Service Officer.

QUALIFICATIONS: Must be a Massachusetts board-certified Physician or Nurse Practitioner, with a minimum of five years of post-certification practice experience. Must have appropriate management experience and/or training. Must be committed to community health and have a working knowledge of rural services and needs. Must also have a strong commitment to the mission of the organization. Good interpersonal skills also necessary.

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JOB DESCRIPTION

TITLE: Chief Operations Officer

LINE OF RESPONSIBILITY: The Chief Operations Officer (COO) reports directly to the Chief Executive Officer. The COO is part of the senior management team and works closely with the Chief Clinical and Community Services Officer, Chief Financial Officer and CEO. The COO supervises the Practice Manager, EMR Specialist, Nurse Manager, School-Based Health Center Manager, and Dental Operations Manager.

PURPOSE: The COO is broadly responsible for health center operations across all departments including all aspects of patient flow. The scope of these duties is intended to ensure that health center services can be conducted in accordance with the organization's strategic plan and mission.

RESPONSIBILITIES:

- Develop operations policies that are consistent across all departments including hours of health center operations
- Oversees Emergency Preparedness initiatives and Risk Management.
- Oversees support staff scheduling ensuring continuity of care and patient access
- Manage all reporting needs and data requirements for programs as needed
- Develop outside relationships with vendors for equipment and supply needs
- Oversees administrative management of all non-clinical, non-financial services staff
- Identify need(s) for and implement employee training and development programs
- Contributes operational feasibility recommendations to strategic initiatives
- Contributes patient services-focused feasibility recommendations to strategic initiatives
- Manages EMR/Dental software experts and support
- Participate in expansion of services/clinical liaison on collaborating with outside organizations

QUALIFICATIONS:

Bachelor's degree in Business, Management or Health Care Operations required. At least five years progressive management experience is required. Project Management experience in a medical setting is highly desirable. Employee must have a knowledge of policy writing and be current with basic Information Technology to include reporting and data management. Experience in strategic planning and budgeting is highly desirable.



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

Biographical Sketches of Key Management Staff

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Eliza B. Lake

481 Kinnebrook Road ♦ Worthington, MA 01098

617) 413-8604 (cell) ◆ eliza@elizalake.net

EDUCATION

Boston University, School of Social Work, Boston, MA

Master of Social Work. Policy Concentration. Louis Lowy Certificate in Gerontological Studies. (1998) Doctoral Candidate, PhD in Social Work/Sociology. Coursework completed, no degree. (2003-2005)

Syracuse University, Division of International Study Abroad, Syracuse, NY (1998)

Comparative Health Policy and Law Program. Firsthand study of health care in the United Kingdom, Netherlands, and Switzerland, as well as health programs at the World Health Organization.

Harvard University, Cambridge, MA (1992)

Bachelor of Arts, Cum Laude in Social Anthropology.

Hilltown Community Health Center, Worthington, MA (2012-present)

Chief Executive Officer (2014-present)

Oversee and manage all aspects of federally-qualified community health center in rural Western Massachusetts that provides medical, dental, behavioral health, and eyes care services, as well as myriad community services. Responsible for community and governmental relations, development, financial oversight, and clinical operations oversight. Supervise financial, clinical, and operational officers, as well as development officer. Reports directly to HCHC Board of Directors monthly on programmatic and strategic initiatives, and on financial health of organization.

Director of Community Programs (2012-2014)

Managed community programs, and wrote and manage grants. Programs included visiting nurses for frail elders, family and parent education and school readiness programs, community health workers, and aid for individuals seeking health insurance, housing, and job seeking assistance. Member of Senior Management team responsible for strategic planning, budget development, and oversight of agency-wide operations.

Executive Office of Elder Affairs, Boston MA (1999 to 2003)

Director of Community Support Services (2001 to 2003)

Coordinator of Alzheimer's/Health Programs (1999 to 2001)

District Aide, Office of State Representative Stephen Kulik. Turners Falls, MA (1994 to 1996)

Eliza Lake Consulting Services (2003-2014)

Consultant services for state agencies and private organizations. Areas of expertise included communitybased long-term supports and services (LTSS), LTSS financing, strategic planning, grant writing, community collaboration and facilitation, and project management.

Clients included:

Commonwealth Medicine, UMass Medical, Shrewsbury, MA (2011 to 2013)

Eliza Lake, page 1

- Center for Human Development, Health Care Innovation Grant, Springfield, MA (2012)
- MassAging, Creating The Future of Aging Services, Newton, MA (2011-2012)
- Highland Valley Elder Services, Elder Affairs Procurement Support, Northampton, MA (2010-11)
- JEN Associates, Real Choice Systems Transformation Grant Evaluation, Cambridge, MA (2010-2011)
- Center for Health Law and Economics, UMass Medical, Money Follows the Person, Boston (2010)
- Office of Long-Term Support Studies, UMass Medical, Systems Transformation Grant, Shrewsbury, MA
 - Project Manager, EOHHS/Elder Affairs Long-Term Care Financing Advisory Committee (2008 to 2010)
 - Lead Facilitator, Alternative Financing and Diversion Subcommittee (2005 to 2010)
- Jewish Geriatric Services, Future Trends in MA Long-Term Care Policy, East Longmeadow, MA (2007)
- Mass Home Care, Family Circle Initiative, Burlington, MA (2004)
- Executive Office of Elder Affairs, Aging and Disability Resource Center Grant, Boston, MA (2003)

BOARD MEMBERSHIPS

Mass Budget and Policy Center, Boston, MA (2021-present)

Massachusetts League of Community Health Centers, Boston, MA (2018-present)

Community Care Cooperative, Inc., Boston, MA (2017-present)

Cooley Dickinson Health Care, Inc., Northampton, MA (2015-present)

Massachusetts Gerontology Association Executive Committee, Boston, MA (2002 to 2005, 2011 to 2013)

Wyomissing Foundation, Wyomissing, PA (2008 to 2013)

Hilltown Community Health Center, Worthington, MA (2010 to 2012)

Treehouse Foundation, Easthampton, MA (2008 to 2009)

All Out Adventures, Easthampton, MA (2001 to 2003)

AWARDS/PRIZES

Commission on the Status of Women. 2021 class of Commonwealth Heroines. June 2021.

Commonwealth of Massachusetts. Citation for Outstanding Public Service. October 2002.

Boston University School of Social Work. Ralph L. Kolodny Prize for outstanding achievement in field education and academics. May 1998.

Massachusetts Gerontology Association. Student Essay Contest, Second Place. Memo to the Speaker of the House Regarding Long-Term Care in the Commonwealth. May 1998.

Harvard University. John Harvard and Elizabeth Cary Agassiz Scholarships for academic achievement of highest distinction. 1990-1992 Academic Years.

Eliza Lake, page 2

John V. Melehov, CPA

389 Sterling Rd, Jefferson, MA 01522 Cell: (978) 815-8457 Home: (978) 668-5127 JohnMelehov@gmail.com

SUMMARY OF QUALIFICATIONS

- 20 years of experience overseeing personnel and finances
- Certified Public Accountant, licensed in Massachusetts
- Taxation, auditing, and financial statement preparation in accordance with GAAP
- Financial controls following the COSO Internal Control Integrated Framework
- Contract negotiation with federal & state agencies, insurance companies, commercial clients & vendors
- Complete revenue cycle management with practical hands-on experience in medical billing
- Electronic Health Record, Practice Management, and Accounting Information Systems administration
- Project manager for companywide IT deployments aimed at increasing efficiency and revenue
- Strategic planning, multi-year cash forecasting, and familiarity with board level reporting

EXPERIENCE

Hilltown Community Health Centers, Worthington MA – FQHC, 120 FTE, \$9M Annual Revenue Chief Financial Officer

2020 - Present

Overseeing Finance, Billing, IT, Maintenance, and HR and working closely with the CEO to execute the strategic vision of the Health Center.

- Fund accounting and grant oversight
- Workflow and revenue optimization
- Payor and vendor contract review and renegotiation
- Risk assessment and cash control implementation
- Federal, state, and grant specific reporting
- Implementation of Risk Model of patient care

Acton Medical Associates PC, Acton MA – *Independent Group Practice, 400 FTE, \$50M Annual Revenue*Chief Financial Officer

2017 – 2020

Working closely with the COO, CEO, and Board of Directors to advance the strategic vision of the practice. Responsible for monthly financial reports and shareholder presentation. Creation and control of a \$49M operating budget. 10 direct reports at the Director or Senior Manager level spanning 5 locations while maintaining a companywide presence and accessibility to all.

- Oversight of Accounting, Payroll, Patient Accounts, HR, IT, & Maintenance
- Financial, operational, & IT controls creation and monitoring following the COSO model
- Payor and vendor contract negotiation (capitated and FFS payors)
- Revenue cycle, cash management, and long-term planning/forecasting
- Capital project and satellite expansion management
- IT administration and project management
- Physician compensation, budgeting, financial and operational reporting

ReveNew Plus, Westminster, MA – Public Accounting Firm operated off hours for select clients

Principle Consultant

2016 - Present

Working primarily for small business owners as a consultant. Performing efficiency audits, tax advisory services, and other assorted accounting functions.

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- Professional accounting and tax services
- Revenue cycle management and financial controls compliance

NEO Virtus Engineering, Littleton, MA – *Electrical Engineering and Technology, 100 FTE, \$25M Annual Revenue*Controller and Director of Finance

2013 – 2017

In partnership with President/CEO created control over a rapidly growing and strategically diverse company. Managed project finances and operational metrics for headquarters in MA and CA. Dealt with foreign regulation and legal issues on international work. Creation and control of \$20M operating budget. 7 direct reports and interim CEO duties in his absence.

- Developed, enforced, and maintained financial controls
- Managed AR/revenue cycle, AP, payroll, employee benefits, and profit sharing
- Led strategic planning sessions, financial forecasting, and alternative action projection analysis
- Developed metrics-based managerial performance reporting to augment operations
- Performed project cost analysis and contract negotiation
- Information System

MedStar, Worcester, MA – Medical Transportation, 250 FTE, \$40M Annual Revenue

Controller 2003 - 2013 Responsible for the creation of in-house medical billing department and implementation of both PM and EHR

software. Creation and control of \$32M operating budget. Pioneered performance reporting and service type cost benefit analysis. 5 direct reports. Maintained a companywide presence as the applications administrator and technical resource.

- Served as the Director of Revenue Cycle Management
- Developed and enforced controls to secure deposits in a high volume environment
- Managed accounts receivable, medical billing, and collections operations
- Performed service cost analysis and contract negotiation, evaluated and refined fee schedules
- Audited and maintained financial records in accordance with GAAP

MedStar, Leominster, MA

Analyst/Compliance Officer

2000 - 2003

- Analyzed trends and compiled statistics
- Reviewed clinical records to ensure compliance and uphold the standard of care
- Performed employee remediation and issued disciplinary notices

EDUCATION

- Master of Business Administration in Accounting Fitchburg State University, Fitchburg, MA
- Bachelor of Science in Engineering Worcester Polytechnic Institute, Worcester, MA

CERTIFICATIONS

• Certified Public Accountant (CPA), Licensed in Massachusetts

ADDITIONAL INFORMATION

Member of the American Institute of Certified Public Accountants (AICPA)

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Michael A. Purdy, O.D., MPH

409 Main St. Wilbraham, MA 01095 937-243-3148 michaelapurdy@hotmail.com

Education

- Jan. 2017- May 2019 University of Massachusetts, Amherst MA

 Masters of Public Health
- Jan. 2017-Dec. 2018 **University of Massachusetts**, Amherst MA *Certificate in Global Health*
- July 2004-June 2005 **Dimock Community Health Center**, Roxbury MA *Residency in Family Practice Optometry*
- Sept. 1999-May 2003 **The New England College of Optometry,** Boston, MA Doctorate of Optometry
- Sept. 1995-May 1999 **Mount Vernon Nazarene College,** Mount Vernon, OH *Bachelor of Science, Cum Laude*

Professional Experience

- Sept. 2013-Present: Hilltown Community Health Center, Huntington, MA Chief Clinical and Community Service Officer
- April 2013-June 2014: **MCPHS University**, Worcester, MA *Adjunct Faculty, Chief of Community Health*
- May 2012-April 2013: **MCPHS University**, Worcester, MA *Consultant, Community Health Advisor*
- Sept. 2010-Present: Hilltown Community Health Centers, Huntington, MA Director of Eye Care Services
- Feb. 2009-Sept. 2010: Indian Health Service, Colorado River Service Unit,
 Parker, AZ
 Chief of Optometry
- Nov. 2007-Feb. 2009: **Jefferson Community Health Care Center**, Marrero, LA *Founding Director of Eye Care Services*
- July 2005-Nov. 2007: **Dimock Community Health Center**, Roxbury, MA *Attending Staff Optometrist*
- July 2005-Nov. 2007: **New England College of Optometry,** Boston, MA *Adjunct Faculty*

Oct. 2005-Nov. 2007: Urban Eye MD Associates, Boston, MA Staff Optometrist

July 2005-Jan. 2006: **Upham's Corner Health Center,** Dorchester, MA *Staff Optometrist*

June 2005-Oct. 2005: Whittier Street Health Center, Roxbury, MA Interim Clinical Director of the Eye Care Service

July 2003-July 2004: Independent Doctor of Optometry, Wetumpka, AL

Professional Affiliations

Community Action Pioneer Valley Head Start and Early Learning Programs

Health Advisory Committee

Massachusetts League of Community Health Centers

Member of the Clinical Issues Committee

Co-founder and Co-chair of the Eye Care Forum

New England College of Optometry **Alumni Association**

Publications and Presentations

- 2004 POSTER PRESENTATION: Anomalous Congenital Development of the Optic Disk Leading to Pseudopapilledema. Purdy M, Sewell J; American Optometric Association Congress
- 2006 PRESENTATION: Embracing Advanced Technology to Eliminate Ocular Health Disparities. Michael Purdy, O.D., Kristen Brown, O.D., Purvi Patel, O.D., Jeanette Sewell, O.D.; New England Regional Minority Health Conference, Mashantucket, CT
- 2008 POSTER PRESENTATION: Increasing Access to Eye Care in the Greater New Orleans Area: A collaborative Effort Between Jefferson community Health Care Centers, Inc. and the Eye, Ear, Nose, and throat foundation of New Orleans. Purdy M; National Association of Community Health Centers, New Orleans, LA
- 2018 PRESENTATION: *Eye Care Service Integration*. Michael Purdy, O.D., Luis Carabello, Psy. D, Nandini Sengupta, MD, MPH; Massachusetts League of Community Health Centers' Eye Care Summit, Westborough, MA

MARISELA FERMÍN-SCHON, RN, MSN, FNP-C

55 Lincoln Ave • Northampton, MA 01060 917-748-7132 • sela.fermin@gmail.com

EDUCATION

Harvard Center for Primary Care, Cambridge, MA

Oct 2021

Medical Director Leadership Institute

Yale University School of Nursing, New Haven, CT

May 2014

Master of Science in Nursing (MSN): Family Nurse Practitioner (FNP) Specialty

Bates College, Lewiston, ME

May 2008

Bachelor of Arts in Rhetoric

LICENSURE AND CERTIFICATION

FNP Certification (AANP, MA: RN2289000); NPI (1568871325)

MA Controlled Substance (Will provide if requested)

Federal DEA Controlled Substance (Will provide if requested)

Certified Medical Examiner for the Department of Transportation (2490434723)

RN licensure (CT: 110161, MA: RN2289000) BLS AED/CPR for Healthcare Providers

AWARDS & HONORS

YALE SCHOOL OF NURSING, NEW HAVEN, CT

Sigma Theta Tau International Honor Society of Nursing, Delta Mu Chapter

BATES COLLEGE, Lewiston, ME

- Academic Scholarship, 2006 2008
- Dean's List: 2005-2008; Cum Laude

PROFESSIONAL EXPERIENCE

Hilltown Community Health Center, Huntington, MA

Mar. 2021 – Present

Medical Director

- Provides medical direction and administration by developing and refining clinical practice guidelines.
- Member of the infection control and vaccine committees in which guidelines for COVID-19 guidelines have been drafted and implemented, and unvaccinated populations have been targeted through planned outreach and clinics.
- Supervising physicians and mid-levels; performing quality assurance monitoring. Hiring and training providers.
- Serving as a liaison, communicating the needs of the medical staff to Clinic Leadership and Senior Leadership.
- Establishing linkage with optometry, dental care, community services, and behavioral health to improve and expand services.

Hilltown Community Health Center, Huntington, MA

Oct. 2014 - Present

Family Nurse Practitioner

- Provided comprehensive primary care throughout the lifespan from same day urgent visits to management of multiple chronic conditions in the community clinic setting.
- Thrived in a fast moving community health clinic. Refined my ability to make intelligent, on-the-spot decisions in a dynamic, intellectually challenging environment.
- Provided compassionate care with emotional and psychological support to patients. Anticipated patient anxieties and
 answered questions and concerns. Possess high level listening and counseling skills. Resolved patient problems and
 concerns by utilizing multidisciplinary team strategies.
- Promoted patient independence by teaching patients and their families to understand treatment plans and medications.
- Participated in weekend and holiday rotations and on-call responsibilities.
- Provide comprehensive women's health services including contraception counseling, management of STI testing and treatment regimens, pap smear collection, wet mount preparation, and IUD and Nexplanon insertion and removal.
- Special interest in dermatology. Educate and counsel patients on skin protection. Perform punch and shave biopsies, lance and treat abscesses, cryotherapy of warts and Actinic Keratosis. Enjoys identifying and treating rashes.

PUBLICATIONS

Fermin-Schon, M.A. (2013). *Aortic Aneurysm*. MaGills Encyclopedia of Science.

Fermin-Schon, M.A. (2013). Hospice Care. MaGills Encyclopedia of Science.

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VICTORIA DEMPESY

8 Hockanum Road, Unit 3 phone: 413-575-8113

Northampton MA 01060 Email: vdempesy@yahoo.com

PROFESSIONAL SKILLS AND STRENGTHS:

- Passion, Organization, Confidence, Conflict Management, Always Learning, Approachable
- Exceptional interpersonal skills to encourage collaboration and commitment of staff to the overall good and success of programs; both in communication and listening
- Manage all aspects of provider and staff management; including administration, supervision, recruitment, site management, data integrity, budget, and policy/procedures' interpretation
- Proven abilities to improve practice efficiencies via revenue cycle attention, time study methodology, providing staff a voice in decisions, communication and collaboration with physicians and administrative leadership
- Well-versed in all payment methodologies, including DRG, Capitation, Case Rate and percent of charges

PROFESSIONAL EXPERIENCE:

August 202- to current:

Chief Operations Officer, Hilltown Community Health Center, Inc., Worthington MA

- Responsible for health center operations across all departments including all aspects of patient flow
- Team member: Diversity, Equity and Inclusion Task Force
- Develop operations policies that are consistent across all departments including hours of health center operations
- Oversees Emergency Preparedness initiatives and Risk Management.
- Oversees support staff scheduling ensuring continuity of care and patient access
- Manage all reporting needs and data requirements for programs as needed
- Develop outside relationships with vendors for equipment and supply needs
- Oversees administrative management of all non-clinical, non-financial services staff
- Identify need(s) for and implement employee training and development programs
- Contributes operational feasibility recommendations to strategic initiatives
- Contributes patient services-focused feasibility recommendations to strategic initiatives
- Manages EMR/Dental software experts and support
- ❖ Participate in expansion of services/clinical liaison on collaborating with outside organizations

June 2015 to August 2020:

Director of Outpatient Services, Shriners Hospitals for Children, Springfield MA

- ❖ Plan, organize and oversee the overall management of the Outpatient Clinic, Registration, Outreach and Intake services in a high reliability culture
- Specific responsibilities include:
 - Strategic Planning contribute to overall strategies for improvement
 - Ensuring efficient and high quality clinical, fiscal, personnel (payroll, employee counseling, performance plans) management.
 - o Responsible for performance improvement and implementation of change
 - Supervision of all departmental staff to ensure best business practices
 - o Promote an environment for teamwork and group achievement among team of care givers
 - Leading dynamic performance improvement projects
 - Team leader; adapts to changes in the environment in a positive, proactive manner, in 4.5 years, we assimilated 12 new providers from various disciplines and rolled out 6 new, successful clinics

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December 2010 to 2015

Regional Manager of Provider Relations, BMC HealthNet Plan, Springfield MA

- Oversee administration of department operations, and directly supervised a team of Provider Relations professional for the Central and Western regions of the State.
- Specific responsibilities include:
 - managing programs for provider recruitment, credentialing, orientation, and education, thereby ensuring excellent provider satisfaction
 - Policies/procedures
 - Project Manager for state-wide Provider Manual
- Team lead, Springfield Office Diversity, Equity and Inclusion initiative for organization

April 2004 to November 2010

Practice Manager, Cooley Dickinson Practice Associates, Cooley Dickinson Hospital, Northampton MA

- ❖ Managed all administrative aspects for 6 physician primary care and specialty practices, including surgical, psychiatry, and infectious diseases.
- Specific tasks included:
 - Compliance, budget development, facilities management
- Led the transition to electronic medical records, including hospital-wide training
- Managed all aspects of hiring, training and evaluation of administrative and clinical staff

September 1999 to April 2004

Provider Recruiter, Network Management, Aetna, Inc., Waltham MA

- Managed all recruitment and servicing aspects of providers in Western MA territory
- Led successful contracting effort with new provider network in Berkshire County

April 1997 to July 1999

Practice Manager, Contract Manager, Hampden County Physician Associates, Springfield MA

- Supported multiple practices, both primary care and specialty, in day to day operations, overseeing practice managers and directing recruitment
- Developed and implemented credentialing program, risk contracting protocol

September 1993 to July 1996

Contract Administrator, M-CARE HMO, University of Michigan, Ann Arbor, MI

- Successfully managed a highly effective team recruitment effort, resulting in enhanced network of quality providers
- Developed and implemented a formal physician education program (CEU/DME accredited); How to Work with Managed Care

August 1988 to June 1993

Operations and Contract Manager, Blue Cross Blue Shield MA, Leominster, MA

- Managed all operational aspects for BCBS MA mid-state region, including administration of regional office and supervision of staff.
- Responsible for successful operation of managed care products, physician/hospital relations, billing and claims payments, and physician quality incentive programs

EDUCATION: B.A. in Education. 1980, University of Massachusetts, Amherst

Graduate Studies in Health Administration. 1986 – 1988, Southern Connecticut State University, North Haven CT

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230 Maple Street, P.O. Box 6260 Holyoke, MA 01041-6260 P: (413) 420-2200 F: (413) 534-5416 TTY: (413) 534-9472

www.hhcinc.org

November 24, 2021

Eliza B. Lake, Chief Executive Officer Hilltown Community Health Centers, Inc. 58 Old North Road Worthington, MA 01098

Dear Ms. Lake,

Holyoke Health Center values and supports the work of the Hilltown Community Health Center. As the CEO of the Holyoke Health Center in Holyoke, Massachusetts, I am pleased to provide a letter of support for the Hilltown Community Health Centers' grant application for the 2022 Service Area Competition (HRSA-22-007) under the Health Resources and Services Administration (HRSA) section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b).

Hilltown Community Health Centers' provision of comprehensive primary and preventative medical, dental, eye, and behavioral health care is critical to the low-income residents in the underserved areas of Hampshire and Hampden counties, as well as surrounding communities. As a part of the larger health and human services system in the region, I understand the importance of coordinated and ready access to services and recognize HCHC's decades of experience in making an integrated health care system a reality.

Holyoke Health Center is similarly committed to those services and issues that are at the core of your organizations mission and operations. While we are almost exclusively serving a low-income population, ours is largely an urban perspective, in contrast with the more rural issues your organization and population must confront on a regular basis. Each of our organizations seeks solutions to the obstacles our patients face in meeting the crucial health and social supports to meet the daily and routine needs for their families. In Holyoke, for example, we have created a sophisticated pharmacy program to not only provide affordable and accessible medications to patients, but a system to fully integrate pharmacy into our medical programing, providing education and support for patients through our pharmacy staff that complements our medical staff efforts. Overall, this has led to reductions in ED visits, improvements in health status and efficiencies in managing and supporting the full range of clinical services our patients require. Partnering with HCHC in our C-3 ACO, these innovations are shared among partner agencies and together, all our organizations continue to assess options and improve service delivery.

This gives me a very clear understanding of the efforts and accomplishments your organization is focused on, and I support your request for continuation of support from HRSA.



505 Front Street, Chicopee, MA 01013 P: (413) 420-2222 F: (413) 592-2324 TTY: (413) 534-9472

230 Maple Street, P.O. Box 6260 Holyoke, MA 01041-6260 P: (413) 420-2200 F: (413) 534-5416 TTY: (413) 534-9472

www.hhcinc.org

Holyoke Health Center, in summary, recognizes the need for affordable, accessible health care for the region's low-income and underserved populations, particularly those who face rural isolation and/or cultural or linguistic barriers to care. We commit to collaborating with Hilltown Community Health Center to maintain and improve a system of comprehensive and high-quality health care and related services to the low income and uninsured in western Massachusetts.

Sincerely

Jay Bre

Chief Executive Officer

Holyoke Health Center



505 Front Street, Chicopee, MA 01013 P: (413) 420-2222 F: (413) 592-2324 TTY: (413) 534-9472



November 11, 2021

Eliza B. Lake, Chief Executive Officer Hilltown Community Health Centers, Inc. 58 Old North Road Worthington, MA 01098

Dear Ms. Lake,

As the CEO of Community Health Programs in Gt. Barrington, Massachusetts, I am pleased to provide a letter of support for the Hilltown Community Health Centers' grant application for the 2022 Service Area Competition (HRSA-22-007) under the Health Resources and Services Administration (HRSA) section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b).

Hilltown Community Health Centers' provision of comprehensive primary and preventative medical, dental, eye, and behavioral health care is critical to the low-income residents in the underserved areas of Hampshire and Hampden counties, as well as surrounding communities. As a part of the larger health and human services system in the region, I understand the importance of coordinated and ready access to services and recognize HCHC's decades of experience in making an integrated health care system a reality.

Community Health Programs is an FQHC located in Berkshire County that fosters well-being in the lives of our patients and our communities by providing responsive, compassionate, comprehensive medical, dental, and behavioral health care services focusing on the whole person, without financial or social discrimination.

Community Health Programs recognizes the need for affordable, accessible health care for the region's low-income and underserved populations, particularly those who face rural isolation and/or cultural or linguistic barriers to care. We commit to collaborating with Hilltown Community Health Center to maintain and improve a system of comprehensive and high-quality health care and related services to the low income and uninsured in western Massachusetts.

Sincerely,

Amelia J Spiliotes

Chief Executive Officer

CARING HEALTH CENTER

November 15, 2021

Eliza B. Lake, Chief Executive Officer Hilltown Community Health Centers, Inc. 58 Old North Road Worthington, MA 01098

Dear Ms. Lake,

As the President/CEO of Caring Health Center (CHC) in Springfield Massachusetts, I am pleased to provide a letter of support for the Hilltown Community Health Centers' grant application for the 2022 Service Area Competition (HRSA-22-007) under the Health Resources and Services Administration (HRSA) section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b).

Hilltown Community Health Centers' provision of comprehensive primary and preventative medical, dental, eye, and behavioral health care is critical to the low-income residents in the underserved area of Hampshire county, as well as surrounding communities. As a part of the larger health and human services system in the region, I understand the importance of coordinated and ready access to services and recognize HCHC's decades of experience in making an integrated health care system a reality.

CHC has three clinical sites within Hampden County. CHC provides a complete range of primary care, pediatric care, behavioral health, WIC, family planning, pharmacy, translation, and dental services to more than 19,500 low-income patients each year, including persons living with chronic disease, non-English speakers, recent immigrants, and refugees.

As the largest Refugee Health Assessment provider in the Western Massachusetts, CHC recognizes the need for affordable, accessible health care for the region's low-income and underserved populations, particularly those who face rural isolation and/or cultural or linguistic barriers to care. We commit to collaborating with Hilltown Community Health Center to maintain and improve a system of comprehensive and high-quality health care and related services to the low income and uninsured in Western Massachusetts.

Sincerely,

Tania M. Barber, MBA

Taus M. Bal

President/CEO

Caring Health Center



November 15, 2021

Eliza B. Lake, Chief Executive Officer Hilltown Community Health Centers, Inc. 58 Old North Road Worthington, MA 01098

Dear Ms. Lake,

As the Chief Executive Officer of the Community Health Center of Franklin County in Greenfield and in Orange, Massachusetts, I am pleased to provide a letter of support for the Hilltown Community Health Centers' grant application for the 2022 Service Area Competition (HRSA-22-007) under the Health Resources and Services Administration (HRSA) section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b).

Hilltown Community Health Centers' provision of comprehensive primary and preventative medical, dental, eye, and behavioral health care is critical to the low-income residents in the underserved areas of Hampshire and Hampden counties, as well as surrounding communities. As a part of the larger health and human services system in the region, I understand the importance of coordinated and ready access to services and recognize HCHC's decades of experience in making an integrated health care system a reality.

Community Health Center of Franklin County was founded in 1997 and serves patients is Massachusetts' Franklin County and North Quabbin area. We break down barriers to care and provide primary care, dental care, and behavioral health care services to patients at our offices in Orange and Greenfield, totaling more than 30,000 visits per year. We have long considered Hilltown Community Health Center to be an important neighbor, partner, and collaborator.

CHC of Franklin County recognizes the need for affordable, accessible health care for the region's low-income and underserved populations, particularly those who face rural isolation and/or cultural or linguistic barriers to care. We commit to collaborating with Hilltown Community Health Center to maintain and improve a system of comprehensive and high-quality health care and related services to the low income and uninsured in western Massachusetts.

Sincerely,

Allison van der Velden, DMD, MPA

CEO

Greenfield Medical & Dental 102 Main Street Greenfield, MA 01301

Tel: (413) 325 - 8500

Urgent Dental Care 164 High Street Greenfield, MA 01301

Tel: (413) 325 - 8700

Orange Medical & Dental 119 New Athol Rd Orange, MA 01364

Tel: (978) 544 - 7800

Helen R. Caulton-Harris, Commissioner



November 29, 2021

311 State Street Springfield, MA 01105 Phone: 413.787.6740 Fax: 413.787.6458

www.springfield-ma.gov

Eliza B. Lake, Chief Executive Officer Hilltown Community Health Centers, Inc. 58 Old North Road Worthington, MA 01098

Dear Ms. Lake,

As the Commissioner/CEO of the Springfield Department of Health and Human Services, Health Services for the Homeless Health Center, a federally-funded community health center with an approved scope that spans the three counties in western Massachusetts (Hampden, Hampshire, Franklin), I am pleased to provide a letter of support for the Hilltown Community Health Centers grant application for the 2022 Service Area Competition (HRSA-22-007) under the Health Resources and Services Administration (HRSA) section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b).

Hilltown Community Health Centers' provision of comprehensive primary and preventive medical, dental, and behavioral health care is critical to the low-income residents in the underserved areas of Hampshire and Hampden counties, as well as surrounding communities. As a part of the larger health and human services system in the region, we understand the importance of coordinated and ready access to services and recognize HCHC's decades of experience in making an integrated health care system a reality.

The Health Services for the Homeless Health Center's serves individuals and families experiencing homelessness as well as persons who have difficulty accessing primary healthcare and support services because of economic, cultural, and linguistic barriers. We contract with Trinity Health of New England/Mercy Medical Center and Open Door Social Services to provide primary healthcare, behavioral health, outreach, enabling services. We operate two dental clinics in Springfield. And, we partner with community organizations throughout our 3-county service area to provide primary health care and enabling services.

The Health Services for the Homeless Health Center recognizes the need for affordable, accessible health care for the region's low-income and underserved populations, particularly those who face rural isolation and/or cultural or linguistic barriers to care. We commit to collaborating with Hilltown Community Health Center to maintain and improve a system of comprehensive and high-quality health care and related services to the low income and uninsured in western Massachusetts.

Sincerely,

Helen Caulton-Harris
Commissioner/CEO

WORKING WITH YOU FOR A HEALTHIER COMMUNITY



Lynnette M. Watkins, MD, MBAOffice of the President
30 Locust St.
Northampton, Ma 01060

Tel: 413-582-2212 cooleydickinson.org

November 11, 2021

Eliza B. Lake, Chief Executive Officer Hilltown Community Health Centers, Inc. 58 Old North Road Worthington, MA 01098

Dear Ms. Lake,

As the President and CEO of Cooley Dickinson Health Care in Northampton, Massachusetts, I am pleased to provide a letter of support for the Hilltown Community Health Centers' grant application for the 2022 Service Area Competition (HRSA-22-007) under the Health Resources and Services Administration (HRSA) section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b).

Hilltown Community Health Centers' provision of comprehensive primary and preventative medical, dental, eye, and behavioral health care is critical to the low-income residents in the underserved areas of Hampshire and Hampden Counties, as well as surrounding communities. As a part of the larger health and human services system in the region, I understand the importance of coordinated and ready access to services and recognize HCHC's decades of experience in making an integrated health care system a reality.

Cooley Dickinson Health Care, a member of Mass General Brigham, is an acute care health care system that serves Hampshire and southern Franklin Counties, Holyoke, and the Hilltowns of western Massachusetts. We offer community-based health care services. 24-hour emergency care; services including medical/surgical; orthopedic; obstetric/gynecologic; psychiatric; rehab, lab, and imaging/radiology; and the Mass General Cancer Center at Cooley Dickinson. The VNA & Hospice provides home health and hospice nursing and rehab visits. The Cooley Dickinson Medical Group offers an extensive network of primary and specialty care providers throughout our service area.

Cooley Dickinson Health Care recognizes the need for affordable, accessible health care for the region's low-income and underserved populations, particularly those who face rural isolation and/or cultural or linguistic barriers to care. We commit to collaborating with Hilltown Community Health Center to maintain and improve a system of comprehensive and high-quality health care and related services to the low income and uninsured in western Massachusetts.

Sincerely,

Lymette M. Watkins, MD, MBA

President and CEO

Baystate Noble Hospital

November 15, 2021

Eliza B. Lake, Chief Executive Officer Hilltown Community Health Centers, Inc. 58 Old North Road Worthington, MA 01098

Dear Ms. Lake,

As the President of Baystate Noble Hospital in Westfield, Massachusetts, I am pleased to provide a letter of support for the Hilltown Community Health Centers' grant application for the 2022 Service Area Competition (HRSA-22-007) under the Health Resources and Services Administration (HRSA) section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b).

Hilltown Community Health Centers' provision of comprehensive primary and preventative medical, dental, eye, and behavioral health care is critical to the low-income residents in the underserved areas of Hampshire and Hampden counties, as well as surrounding communities. As a part of the larger health and human services system in the region, I understand the importance of coordinated and ready access to services and recognize HCHC's decades of experience in making an integrated health care system a reality.

Baystate Noble Hospital (Baystate Noble) is an 85-bed acute care community hospital caring for people in the Greater Westfield, MA community. We offer direct access to world-class technology, diagnostics, and specialists. We provide access to exceptional healthcare, close to home. Our skilled and compassionate nurses and medical support staff offer an ideal combination of "high tech" and "high touch," complementing an outstanding team of doctors. Services include 24/7 emergency care, women's health, including comprehensive breast and gynecology care, cardiology, gastroenterology, cardiac rehabilitation and wellness, laboratory, surgery, cardiopulmonary services and rehab, nephrology, behavioral health, urology, inpatient rehabilitation, and diagnostic imaging including 3D mammography.

Baystate Noble Hospital recognizes the need for affordable, accessible health care for the region's low-income and underserved populations, particularly those who face rural isolation and/or cultural or linguistic barriers to care. We commit to collaborating with Hilltown Community Health Center to maintain and improve a system of comprehensive and highquality health care and related services to the low income and uninsured in western Massachusetts.

Sincerely,

Ronald Bryant

Almale Byant

President

SUPERINTENDENT OF SCHOOLS GATEWAY REGIONAL SCHOOL DISTRICT

Blandford Chester Huntington Middlefield Montgomery Russell

November 15, 2021

Eliza B. Lake, Chief Executive Officer Hilltown Community Health Centers, Inc. 58 Old North Road Worthington, MA 01098

Dear Ms. Lake,

As the Superintendent of the Gateway Regional School District which serves the towns of Blandford, Chester, Huntington, Middlefield, Montgomery, and Russell, Massachusetts, I am pleased to provide a letter of support for the Hilltown Community Health Centers' grant application for the 2022 Service Area Competition (HRSA-22-007) under the Health Resources and Services Administration (HRSA) section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b).

Hilltown Community Health Centers' provision of comprehensive primary and preventative medical, dental, eye, and behavioral health care is critical to the low-income residents in the underserved areas of Hampshire and Hampden counties, as well as surrounding communities. As a part of the larger health and human services system in the region, I understand the importance of coordinated and ready access to services and recognize HCHC's decades of experience in making an integrated health care system a reality.

Specifically, the Hilltown Community Health Center provides direct services to our students within our own school building. This means that families without transportation or who may not otherwise be able to access healthcare services are able to obtain a first-class level of care without even leaving their own school. The Gateway Regional School District's partnership with the Hilltown Community Health Center is invaluable to our students' physical and mental well being due to this partnership. Students take full advantage of the wellness, optometry, dental, and mental health services offered. Families are so appreciative of this service, and it is vital that it continues.

Gateway Regional recognizes the need for affordable, accessible health care for the region's low-income and underserved populations, particularly those who face rural isolation and/or cultural or linguistic barriers to care. We commit to collaborating with Hilltown Community Health Center to maintain and improve a system of comprehensive and high-quality health care and related services to the low income and uninsured in western Massachusetts.

Thank you!

Kristen Smidy

Superintendent of Schools

HAMPSHIRE AND CHESTERFIELD-GOSHEN REGIONAL SCHOOL DISTRICTS

AND THE PUBLIC SCHOOL DISTRICTS OF

SOUTHAMPTON WESTHAMPTON WILLIAMSBURG

Office of the Superintendent 19 Stage Road, Westhampton, MA 01027-9655 Phone: 413. 527. 7200 Fax: 413. 529. 9497 Web: www.hr-k12.org

Eliza B. Lake, Chief Executive Officer Hilltown Community Health Centers, Inc. 58 Old North Road Worthington, MA 01098

November 12, 2021

Dear Ms. Lake,

As the Superintendent of the Hampshire Regional School District in Westhampton, Massachusetts, I am pleased to provide a letter of support for the Hilltown Community Health Centers' grant application for the 2022 Service Area Competition (HRSA-22-007) under the Health Resources and Services Administration (HRSA) section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b).

Hilltown Community Health Centers' provision of comprehensive primary and preventative medical, dental, eye, and behavioral health care is critical to the low-income residents in the underserved areas of Hampshire and Hampden counties, as well as surrounding communities. As a part of the larger health and human services system in the region, I understand the importance of coordinated and ready access to services and recognize HCHC's decades of experience in making an integrated health care system a reality.

Hampshire Regional School District is a small rural district, comprised of five individual school districts servicing students from Westampton, Southampton, Chesterfield-Goshen and Williamsburg. Worthington students, grades 7-12, also attend our high school. Our 1,700 students are provided nursing support, as well as mental health support from our guidance counselors. Transportation is difficult for some of our hilltown families, therefore it is advantageous and beneficial to our families to collaborate with HCHC.

The Hampshire Regional School District recognizes the need for affordable, accessible health care for the region's low-income and underserved populations, particularly those who face rural isolation and/or cultural or linguistic barriers to care. We commit to collaborating with Hilltown Community Health Center to maintain and improve a system of comprehensive and high-quality health care and related services to the low-income and uninsured in western Massachusetts.

Sincerely,

Diana Bonneville, Ph.D.

Superintendent

Five Towns, One K-12 Community



Office of the Town Manager Phone: (413) 259-3002 townmanager@amherstma.gov

November 10, 2021

Eliza B. Lake, Chief Executive Officer Hilltown Community Health Centers, Inc. 58 Old North Road Worthington, MA 01098

Dear Ms. Lake,

As the Town Manager for the Town of Amherst, Massachusetts, I am pleased to provide a letter of support for the Hilltown Community Health Centers' grant application for the 2022 Service Area Competition (HRSA-22-007) under the Health Resources and Services Administration (HRSA) section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b).

Hilltown Community Health Centers' provision of comprehensive primary and preventative medical, dental, eye, and behavioral health care is critical to the low-income residents in the underserved areas of Hampshire and Hampden counties, as well as surrounding communities. As a part of the larger health and human services system in the region, I understand the importance of coordinated and ready access to services and recognize HCHC's decades of experience in making an integrated health care system a reality.

The Amherst population blossoms during the academic year and many individuals find the care they need at the Musante Health Center (located at the Bangs Community Center). The ready access to the Center's care and the proximity to major bus routes has made the Center a viable option for our Residents who need additional help navigating the health care system and seek regular care.

The Town of Amherst recognizes the need for affordable, accessible health care for the region's low-income and underserved populations, particularly those who face cultural or linguistic barriers to care. We commit to collaborating with Hilltown Community Health Center to maintain and improve a system of comprehensive and high-quality health care and related services to the low income and uninsured in western Massachusetts.

Paul Bockelman Town Manager

Tracking Number: GRANT13480545



November 18, 2021

Eliza B. Lake, Chief Executive Officer Hilltown Community Health Centers, Inc. 58 Old North Road Worthington, MA 01098

Dear Ms. Lake,

As the Executive Director of Center for New Americans in Northampton, Massachusetts, I am pleased to provide a letter of support for the Hilltown Community Health Centers' grant application for the 2022 Service Area Competition (HRSA-22-007) under the Health Resources and Services Administration (HRSA) section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b).

Hilltown Community Health Centers' provision of comprehensive primary and preventative medical, dental, eye, and behavioral health care is critical to the low-income residents in the underserved areas of Hampshire and Hampden counties, as well as surrounding communities. As a part of the larger health and human services system in the region, I understand the importance of coordinated and ready access to services and recognize HCHC's decades of experience in making an integrated health care system a reality.

Center for New Americans welcomes and serves immigrants, refugees, migrants, and now Afghan evacuees. We have program sites in Northampton, Amherst, and Greenfield, and we serve immigrants from throughout Hampshire and Hampden Counties. We offer free classes in English for Speakers of Other Languages (ESOL), career preparation support, and immigration legal services. We collaborate closely with the Health Center, inviting the Community Health Worker and the Health Navigator into our classes, both in-person and online, to help our students to access Health Center services.

Center for New Americans is committed to the need for affordable, accessible health care for the region's low-income and underserved populations, particularly those who face rural isolation and/or cultural or linguistic barriers to care. We commit to collaborating with Hilltown Community Health Center to maintain and improve a system of comprehensive and high-quality health care and related services to the low income and uninsured in western Massachusetts.

Sincerely,

Laurie Millman

Executive Director

Saurie Millman

Tracking Number: GRANT13480545 Page Number: 113 Funding Opportunity Number: HRSA-22-007 Received Date: 12/1/2021 2:21:22 PM



11/18/21

Eliza B. Lake, Chief Executive Officer Hilltown Community Health Centers, Inc. 58 Old North Road Worthington, MA 01098

Dear Ms. Lake,

As the Executive Director of the Amherst Survival Center in Amherst, Massachusetts, I am pleased to provide a letter of support for the Hilltown Community Health Centers' grant application for the 2022 Service Area Competition (HRSA-22-007) under the Health Resources and Services Administration (HRSA) section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b).

Hilltown Community Health Centers' provision of comprehensive primary and preventative medical, dental, eye, and behavioral health care is critical to the low-income residents in the underserved areas of Hampshire and Hampden counties, as well as surrounding communities. As a part of the larger health and human services system in the region, I understand the importance of coordinated and ready access to services and recognize HCHC's decades of experience in making an integrated health care system a reality.

Founded in 1976, the Amherst Survival Center addresses social determinants of health in Western Massachusetts through a community center that helps area residents meet their basic needs. We are the only organization of its kind locally to provide free meals, free groceries, free clothing and housewares, a free walk-in medical clinic, access to community resources, community activities, and specialized services for individuals experiencing homelessness, all under one roof. We serve a broad swath of individuals living with low incomes: including seniors, students, low wage workers, refugees, individuals experiencing homelessness, farmers, parents and families, people with disabilities, and those experiencing mental health crises.

The Amherst Survival Center recognizes the need for affordable, accessible health care for the region's low-income and underserved populations, particularly those who face rural isolation and/or cultural or linguistic barriers to care. We commit to collaborating with Hilltown Community Health Center to maintain and improve a system of comprehensive and high-quality health care and related services to the low income and uninsured in western Massachusetts.

. . .

Sincerely,

Executive Director

138 Sunderland Road

P.O. Box 9629

North Amherst, MA 01059

Tel. 413-549-3968

Fax. 413-549-5860

www.amherstsurvival.org

HILLTOWN COMMUNITY HEALTH CENTER SLIDING FEE DISCOUNT SCHEDULE

2021 FEDERAL INCOME POVERTY GUIDELINES

		Coverable by Federal Grant			
	Resources *				
		125%	150%	175%	200%
	100%	101-125%	126-150%	151- 175%	176-200%
	Slide A	Slide B	Slide C	Slide D	Slide E
SIZE OF FAMILY UNIT	Maximum A	Annual Income	e Level Sliding	g Fee Disco	unt Program
1	\$12,880	\$16,100	\$19,320	\$22,540	\$25,760
2	\$17,420	\$21,775	\$26,130	\$30,485	\$34,840
3	\$21,960	\$27,450	\$32,940	\$38,430	\$43,920
4	\$26,500	\$33,125	\$39,750	\$46,375	\$53,000
5	\$31,040	\$38,800	\$46,560	\$54,320	\$62,080
6	\$35,580	\$44,475	\$53,370	\$62,265	\$71,160
7	\$40,120	\$50,150	\$60,180	\$70,210	\$80,240
8	\$44,660	\$55,825	\$66,990	\$78,155	\$89,320
For each additional	\$4,540	\$5,675	\$6,810	\$7,945	\$9,080
person , add			. ,		
Discount Allowed	100%	80%	60%	40%	20%
Charge to Patient	\$0.00	20%	40%	60%	80%

Coverable by State Health Safety Net (HSN)**

	HSN Primary &	HSN Primary & Secondary		
	Secondary	Partial		
	up to 150%	150.1% to 300%		
SIZE OF	Maximum Annual Income			
FAMILY UNIT	Level HSN			
1	\$19,320	\$38,640		
2	\$26,130	\$52,260		
3	\$32,940	\$65,880		
4	\$39,750	\$79,500		
5	\$46,560	\$93,120		
6	\$53,370	\$106,740		
7	\$60,180	\$120,360		
8	\$66,990	\$133,980		
For each additional	\$6.810	\$13.620		
For each	\$6,810	\$13,620		

Policy and Procedure:

- * "Sliding Fee Scale" (SFS) is used by the federal Section 330 program to allow for discounts to patients with incomes below or at 200% of the Federal Poverty Level(FPL). The Sliding Fee Discount Program applies to all required and additional health services within the HRSA approved scope of project delivered at HCHC facilities. Costs for items done outside the health centers (eg. 3rd party dental and optometry lab charges) are exempt from the sliding fee discounts and the actual cost will be charged to the patient (even patients at/below 100% FPG).
- ** MA Health Safety Net Office (HSN) for discounts to eligible patients with incomes below or at 300% of the FPL. [per 101 CMR 613.00 (formerly 114.6 CMR 13.00) and 101 CMR 614.00 (formerly 114.6 CMR 14.00)]

Internal Revenue Service

Date: August 1, 2001

Hilltown Community Health Centers, Inc. 58 Old North Road Worthington, MA 01098-9753

Department of the Treasury

P. O. Box 2508 Cincinnati, OH 45201

Person to Contact:

Kathy Masters #31-04015 Customer Service Representative

Toll Free Telephone Number:

8:00 a.m. to 9:30 p.m. EST 877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

04-2161484

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in May 1968 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(2).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

-2-

Hilltown Community Health Centers, Inc. 04-2161484

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

This letter affirms your organization's exempt status.

Sincerely.

John E. Ricketts, Director, TE/GE Customer Account Services

John & Fighto

Tracking Number: GRANT13480545

Form 1A - General Information Worksheet

▼ 00198040: Hilltown Community Health Ce	Due Date: 12/01/2021 (Due In: 0 Days	
Announcement Number: HRSA-22-007	Announcement Name: Service Area Competition	Application Type: Competing Continuation

Grant Number: H80CS00601 Target Population: Community Health Centers

▼ Resources 🗹

As of 12/01/2021 02:22:04 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

▼ 1. Applicant Information	
Applicant Name	Hilltown Community Health Centers, Inc.
Fiscal Year End Date	December 31
Application Type	Competing Continuation
Grant Number	H80CS00601
Business Entity (Select one option that aligns with the type entered in SAM.gov)	[_] Tribal [_] Urban Indian [X] Private, non-profit (non-Tribal or Urban Indian) [_] Public (non-Tribal or Urban Indian)
Organization Type (Select all that apply)	[_] Faith based [_] Hospital [_] State government [_] City/County/Local Government or Municipality [_] University [X] Community based organization [_] Other If 'Other' please specify:

▼ 2. Proposed Service Area

2a. Service Area Designation

Select MUA/MUP

(Each ID must be 5 to 12 digits. Use commas to separate multiple IDs, without spaces)

Find an MUA/MUP

2b. Service Area Type

[X] Medically Underserved Area (MUA) ID# 01520	
[_] Medically Underserved Population (MUP) ID #	
[_] Medically Underserved Area Application Pending ID #	
[_] Medically Underserved Population Application Pending ID #	

[_] Sparsely Populated - Specify population density by providing the number of people per square mile: 0.00

2c. Patients and Visits

Unduplicated Patients and Visits by Population Type

How many unduplicated patients are projected to be served by December 31, 2023? (This projection is for calendar year 2023.)

8802

Population Type	pulation Type UDS / Baseline Value		Projected by December 31, 2023 (January 1 - December 31, 20	
	Patients	Visits	Patients	Visits
Total	7011	20089	8802	20156
General Underserved Community (i) (Include all patients/visits not reported in the rows below)	6550	18769	8223	18832
Migratory and Seasonal Agricultural Workers and Families	349	1000	438	1003
Public Housing Residents	0	0	0	0
People Experiencing Homelessness	112	320	141	321
Patients and Visits by Service Type				

Service Type	UDS / Base	eline Value	Projected by December 31, 2023	(January 1 - December 31, 2023)
	Patients	Visits	Patients	Visits
Total Medical Services	5302	14224	6656	10432
Total Dental Services	2447	7663	3072	4815
Behavioral Health Services				
Total Mental Health Services	999	3951	1254	1966
Total Substance Use Disorder Services	0	0	0	0
Total Vision Services	989	1499	1243	1946
Total Enabling Services	507	1802	637	997

Form 1C - Documents On File

▼ 00198040: Hilltown Community Health Centers, Inc.

Announcement Number: HRSA-22-007 Announcement Name: Service Area Competition

Grant Number: H80CS00601 Target Population: Community Health Centers

Application Type: Competing Continuation

Due Date: 12/01/2021 (Due In: 0 Days)

Resources

lanagement 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.	12/10/2020	
Procurement procedures.	01/14/2021	
Standards of Conduct/Conflict of Interest policies/procedures.	11/11/2021	
Financial Management/Accounting and Internal Control policies and/or procedures to ensure awarded Health Center Program federal funds are not expended for restricted activities.	01/14/2021	
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. (Only applicable if your organization provides syringe exchange services or is otherwise engaged in syringe service programs; otherwise, indicate as N/A).	01/14/2021	[_]
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).	01/14/2021	[_]
Billing and Collections policies/procedures, including those regarding waivers or fee reductions and refusal to pay.	03/11/2021	
Services	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Credentialing/Privileging operating procedures.	10/08/2020	
Coverage for Medical Emergencies During and After Hours operating procedures.	09/09/2021	
Continuity of Care/Hospital Admitting operating procedures.	11/11/2021	
Sliding Fee Discount Program policies, operating procedures, and sliding fee schedule.	03/11/2021	
Quality Improvement/Assurance Program policies and operating procedures that address clinical services and management, patient safety, and confidentiality of patient records.	05/13/2021	
Governance	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Governing Board Bylaws.	08/08/2019	
Co-Applicant Agreement (Only applicable to public entity health centers; otherwise, ndicate as N/A.)		[x]
Evidence of Nonprofit or Public Center Status	08/01/2001	

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Form 4 - Community Characteristics

▼ 00198040: Hilltown Community Health Centers, Inc.

Announcement Number: HRSA-22-007 Announcement Name: Service Area Competition

Grant Number: H80CS00601 Target Population: Community Health Centers Application Type: Competing Continuation

Due Date: 12/01/2021 (Due In: 0 Days)

Resources

		OME	As 3 Number: 0915-0285 OME	of 12/01/2021 02:22:25 B Expiration Date: 3/31/20
Race	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Asian	8937	4.72%	4469	9.99%
Native Hawaiian	100	0.05%	100	0.22%
Other Pacific Islanders	109	0.06%	109	0.24%
Black/African American	4471	2.36%	2500	5.59%
American Indian/Alaska Native	392	0.21%	392	0.88%
White	170302	89.94%	35487	79.32%
More than One Race	5048	2.67%	1682	3.76%
Unreported/Refused to Report	0	0%	0	0%
Total	189359	100%	44739	100%
Hispanic or Latino Ethnicity	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Hispanic or Latino	9801	5.18%	9801	21.91%
Non-Hispanic or Latino	145106	76.63%	34938	78.09%
Unreported/Refused to Report	34452	18.19%	0	0%
Total	189359	100%	44739	100%
Income as a Percent of Poverty Guideline	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
100% and below	24873	13.14%	24873	55.6%
101-200%	11972	6.32%	11972	26.76%
Over 200%	152514	80.54%	7894	17.64%
Total	189359	100%	44739	100%
Principal Third Party Medical Insurance	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Medicaid	32380	17.1%	32380	72.38%
Medicare	14203	7.5%	2840	6.35%
Other Public Insurance	7198	3.8%	721	1.61%
Private Insurance	130655	69%	3875	8.66%
None/Uninsured	4923	2.6%	4923	11%
Total	189359	100%	44739	100%
Special Populations and Select Population Characteristics	Service Area Number	Service Area Percentage	Target Population Number	Target Population Percentage
Migratory/Seasonal Agricultural Workers and Families	1407	0.74%	1407	3.14%
People Experiencing Homelessness	946	0.5%	946	

Residents of Public Housing	5908	3.12%	4431	9.9%
School Age Children	16961	8.96%	4240	9.48%
Veterans	10044	5.3%	1674	3.74%
Lesbian, Gay, Bisexual and Transgender	9468	5%	3156	7.05%
People Living with HIV	258	0.14%	258	0.58%
Individuals Best Served in a Language Other Than English	1325	0.7%	1325	2.96%
Other	0	0%	0	0%

Form 2 - Staffing Profile

▼ 00198040: Hilltown Community Health Centers, Inc.

Announcement Number: HRSA-22-007 Announcement Name: Service Area Competition

Grant Number: H80CS00601 Target Population: Community Health Centers

Application Type: Competing Continuation

Due Date: 12/01/2021 (Due In: 0 Days)

▼ Resources 🗹

As of 12/01/2021 02:22:34 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

▼ Key Management Staff/Administration				
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs		
Project Director/Chief Executive Officer (CEO)	1.00	NO		
Finance Director/Chief Financial Officer (CFO)	1.00	NO		
Chief Operations Officer (COO)	1.00	NO		
Chief Information Officer (CIO)	0.00	NO		
Clinical Director/Chief Medical Officer (CMO)	1.00	NO		
Administrative Support Staff	1.00	NO		

▼ Facility and Non-Clinical Support Staff				
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs		
Management and Support Staff	4.50	NO		
Fiscal and Billing Staff	8.00	NO		
IT Staff	1.00	NO		
Facility Staff	1.00	NO		
Patient Support Staff	13.50	NO		

▼ Physicians				
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs		
Family Physicians	0.00	NO		
General Practitioners	1.40	NO		
Internists	0.00	NO		
Obstetricians/Gynecologists	0.00	NO		
Pediatricians	0.00	NO		
Other Specialty Physicians	0.00	NO		

▼ Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives				
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs		
Nurse Practitioners	6.25	NO		
Physician Assistants	1.00	NO		
Certified Nurse Midwives	0.00	NO		

▼ Medical					
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs			
Nurses	4.00	NO			
Other Medical Personnel (e.g. Medical Assistants, Nurse Aides) - Medical Assistants	12.32	NO			
Laboratory Personnel	0.00	NO			

X-Ray Personnel	0.00	NO
▼ Dental		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Dentists	4.50	NO
Dental Hygienists	5.50	NO
Dental Therapists	0.00	NO
Other Dental Personnel - Dental Assistants	5.50	NO
▼ Behavioral Health (Mental Health and Substance Use Disorder Services)		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Psychiatrists	0.00	NO
Licensed Clinical Psychologists	0.00	NO
Licensed Clinical Social Workers	9.00	NO
Other Licensed Mental Health Providers	0.00	NO
Other Mental Health Staff - Care Coordinator	1.00	NO
Substance Use Disorder Providers	0.00	NO
▼ Professional Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Other Professional Health Services - Nutritionist	1.00	NO
▼ Vision Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Ophthalmologists	0.00	NO
Optometrists	2.25	NO
Other Vision Care Staff - Ophthalmic Technician	1.00	NO
▼ Pharmacy Personnel		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Pharmacy Personnel	0.00	NO NO
▼ Enabling Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Case Managers	0.00	NO
Patient/Community Education Specialists	0.00	NO
Outreach Workers	3.00	NO
Transportation Staff	0.00	NO
Eligibility Assistance Workers	2.00	NO
Interpretation Staff	0.00	NO
Community Health Workers	6.00	NO
Other Enabling Services - Family Center Coordinator	1.00	NO
▼ Other Programs and Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Quality Improvement Staff	1.10	NO
y P		

▼ Total FTEs		
Totals	Direct Hire FTEs	Contract/Agreement FTEs
Totals	100.82	N/A

Form 3 - Income Analysis

▼ 00198040: Hilltown Community Health Centers, Inc.

Announcement Number: HRSA-22-007 Announcement Name: Service Area Competition

Grant Number: H80CS00601 Target Population: Community Health Centers Application Type: Competing Continuation

Resources

As of 12/01/2021 02:22:48 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Due Date: 12/01/2021 (Due In: 0 Days)

Payer Category	Patients By Primary Medical Insurance (a)	Billable Visits (b)	Income Per Visit (c)	Projected Income (d)	Prior FY Income (e)
Part 1: Patient Service Revenue - Program Income	.,				
1. Medicaid	3037.00	20156.00	\$115.53	\$2,328,688.21	\$2,312,639.62
2. Medicare	1848.00	5083.00	\$122.89	\$624,657.82	\$620,352.87
3. Other Public	176.00	972.00	\$73.86	\$71,792.59	\$71,297.82
4. Private	3521.00	16802.00	\$96.96	\$1,629,133.75	\$1,617,906.27
5. Self Pay	220.00	1475.00	\$74.39	\$109,727.63	\$108,971.42
6. Total (Lines 1 to 5)	8802	44488	N/A	\$4,764,000.00	\$4,731,168.00
Part 2: Other Income - Other Federal, State, Local and	Other Income				
7. Other Federal	N/A	N/A	N/A	\$0.00	\$0.00
8. State Government	N/A	N/A	N/A	\$550,121.00	\$550,121.00
9. Local Government	N/A	N/A	N/A	\$8,000.00	\$8,000.00
10. Private Grants/Contracts	N/A	N/A	N/A	\$110,000.00	\$115,015.00
11. Contributions	N/A	N/A	N/A	\$50,000.00	\$107,162.00
12. Other	N/A	N/A	N/A	\$787,906.00	\$840,744.00
13. Applicant (Retained Earnings)	N/A	N/A	N/A	\$0.00	\$0.00
14. Total Other (Lines 7 to 13)	N/A	N/A	N/A	\$1,506,027.00	\$1,621,042.00
Total Non-Federal (Non-Health Center Program) Incom	e (Program Income Plus Othe	er)			
15. Total Non-Federal Income (Lines 6+14)	N/A	N/A	N/A	\$6,270,027.00	\$6,352,210.00

differences created by rounding are minor

Form 5A - Required Services Provided

▼ 00198040: Hilltown Community Health Centers, Inc.

Announcement Number: HRSA-22-007

Announcement Name: Service Area Competition

Due Date: 12/01/2021 (Due In: 0 Days)

Grant Number: H80CS00601

Target Population: Community Health Centers

Application Type: Competing Continuation

Resources

As of 12/01/2021 02:23:02 PM OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

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

▼ 00198040: Hilltown Community Health Centers, Inc.

Announcement Number: HRSA-22-007

Announcement Name: Service Area Competition

Target Population: Community Health Centers

Application Type: Competing Continuation

Grant Number: H80CS00601 Resources

As of 12/01/2021 02:23:10 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Due Date: 12/01/2021 (Due In: 0 Days)

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]	[_]	[_1

Form 5A - Specialty Services Provided

▼ 00198040: Hilltown Community Health Centers, Inc.

Announcement Number: HRSA-22-007

Grant Number: H80CS00601

Announcement Name: Service Area Competition

Target Population: Community Health Centers

Application Type: Competing Continuation

Resources

As of 12/01/2021 02:23:19 PM

Due Date: 12/01/2021 (Due In: 0 Days)

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

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	[_]	[_1	[_]
Advanced Diagnostic Radiology	[_1	[_1	[_]

Form 5B - Service Sites

▼ 00198040: Hilltown Community Health Centers, Inc.

Announcement Number: HRSA-22-007 Announcement Name: Service Area Competition

Grant Number: H80CS00601 Target Population: Community Health Centers

Application Type: Competing Continuation

▼ Resources 🗹

As of 12/01/2021 02:23:27 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Due Date: 12/01/2021 (Due In: 0 Days)

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 Sco				
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	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Contract Service Delivery		Number of Intermittent Sites	0	

Organization Information

Locations

Site Operated by

No Organization Added

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

Grantee

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John P. Musante Health Center (BPS-H80			
Site Name	John P. Musante Health Center	Physical Site Address	70 Boltwood Walk, Amherst, MA 01002 2271
Site Type	Service Delivery Site	Site Phone Number	(413) 835-4980
Web URL	www.hchcweb.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	9/30/2015	Site Operational By	6/11/2018
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	221949
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	40
Months of Operation	January, February, March, April, May, June,	July, August, September, October, November	, December
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		
Organization Information			
-	No Organiz	zation Added	
Service Area Zip Codes	01096, 01008, 01060, 01002, 01062, 0104 01007	40, 01004, 01330, 01085, 01070, 01375, 013 ⁻	73, 01098, 01027, 01050, 01035, 01075,
WORTHINGTON HEALTH CENTER (BPS-H	80-003922)		Action Status: Picked from Sc
Site Name	WORTHINGTON HEALTH CENTER	Physical Site Address	58 Old North Rd, Worthington, MA 010 9753
Site Type	Service Delivery Site	Site Phone Number	(413) 238-5511
Web URL	www.hchcweb.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	1/7/1976	Site Operational By	1/7/1976
FQHC Site Medicare Billing Number Status	This site has a Medicare billing number	FQHC Site Medicare Billing Number	221809
FQHC Site National Provider Identification (NPI) Number	1740268051	Total Hours of Operation	50
Months of Operation	May, June, July, August, January, February	, March, April, September, October, December	, November
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		
Organization Information			
-	No Organiz	zation Added	
Service Area Zip Codes		50, 01201, 01098, 01270, 01096, 01011, 012	
Hilltown Community Center (BPS-H80-01	17990)		Action Status: Picked from Sc
Site Name	Hilltown Community Center	Physical Site Address	9 Russell Rd, Huntington, MA 01050- 9774
Site Type	Administrative	Site Phone Number	(413) 667-2203
Web URL	www.hchcweb.org		
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	5/23/2016	Site Operational By	

EHB Application Number: 198040	Grant Number: 6 H80CS00601-20-01		
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, I	December
Number of Contract Service Delivery Locations		Number of Intermittent Sites	0
Site Operated by	Grantee		
Organization Information			
	No Organiz	ation Added	
Service Area Zip Codes			

Form 5C - Other Activities/Locations

▼ 00198040: Hilltown Community Health Centers, Inc.

Announcement Number: HRSA-22-007 Announcement Name: Service Area Competition

Grant Number: H80CS00601 Target Population: Community Health Centers Application Type: Competing Continuation

Due Date: 12/01/2021 (Due In: 0 Days)

Resources

As of 12/01/2021 02:23:41 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

	Owid Number: 0910-0200 Owid Expiration Date: 0/01/20
Activity/Location Information	
Type of Activity	Immunizations
Frequency of Activity	HCHC is planning to provide COVID-19 vaccination clinics in the community on a weekly basis for the length of the declared Public Health Emergency.
Description of Activity	HCHC will be providing COVID-19 immunizations according to Massachusetts' Department of Public Health prioritization guidance.
Type of Location(s) where Activity is Conducted	This activity will occur in our clinics as well as in temporary clinics in the community se up for the purposes of increasing access.
Activity/Location Information	
Type of Activity	Portable Clinical Care
Frequency of Activity	The health center has mobile clinic services that are provided about about once/week during the school year, depending on the service,. Portable clinical services - 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.
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 includ the consumers' homes or workplaces, community venues, or one of HCHC's sites.

Form 6A - Current Board Member Characteristics

▼ 00198040: Hilltown Community Health Centers, Inc.

Announcement Number: HRSA-22-007 Announcement Name: Service Area Competition

Grant Number: H80CS00601 Target Population: Community Health Centers Application Type: Competing Continuation

Resources

As of 12/01/2021 02:23:50 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Due Date: 12/01/2021 (Due In: 0 Days)

List of All Board N	/lember(s)					
Name	Current Board Office Position Held	Area of Expertise	10% of income from health industry	Health Center Patient	Live or Work in Service Area	Special Population Representative
John Follet	Treasurer	MD Psychiatrist	No	Yes	Live	No
Wendy Long		Grant Writer	No	Yes	Live	No
Lee Manchester	Chair	Program Manager	No	No	Live	No
Matthew Bannist er		Marketing Financial Services	No	No	Live	No
Alan Gaitenby		Professor	No	Yes	Live	No
Seth Gemme		Emergency Room MD	Yes	No	Live	No
Carole Bergeron		Nursing	No	No	Live	No
Nancy Brenner		Social Work Mental Health	Yes	Yes	Live	No
Kathryn Jensen	Clerk	Psychotherapist	Yes	Yes	Live	No
Jenicca Gallagh er		Finance	No	No	Live, Work	No
Elizabeth Zucker man		Legal	No	Yes	Live, Work	No

Patient Board Member(s) Classification	
Gender	Number of Patient Board Members
Male	5
Female	6
Unreported/Refused to Report	0
Ethnicity	Number of Patient Board Members
Hispanic or Latino	0
Non-Hispanic or Latino	11
Unreported/Declined to Report	0
Race	Number of Patient Board Members
Native Hawaiian	0
Other Pacific Islanders	0
A.A.	
Asian	0
Black/African American	0
Black/African American	0
Black/African American American Indian/Alaska Native	0

If you are a public organization/center, do the board members listed above represent a co-applicant board?

€ Yes € No € N/A

Tracking Number: GRANT13480545

Form 6B - Request for Waiver of Board Member Requirements

▼ 00198040: Hilltown Community Health Centers, Inc.

Announcement Number: HRSA-22-007 Announ

Grant Number: H80CS00601

Announcement Name: Service Area Competition

Target Population: Community Health Centers

Due Date: 12/01/2021 (Due In: 0 Days)

Application Type: Competing Continuation

As of 12/01/2021 02:24:00 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Alert:

Resources

This form is not applicable to you, since you are currently receiving or applying to receive **Community Health Centers (CHC)** funding and/or you have selected **'Tribal'** or **'Urban Indian'** as the Business Entity in Form 1A.

EHB Application Number: 198040 Grant Number: 6 H80CS00601-20-01 Form 8 - Health Center Agreements ▼ 00198040: Hilltown Community Health Centers, Inc. Due Date: 12/01/2021 (Due In: 0 Days) Announcement Number: HRSA-22-007 Announcement Name: Service Area Competition Application Type: Competing Continuation Grant Number: H80CS00601 Target Population: Community Health Centers Resources [7] As of 12/01/2021 02:24:08 PM OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023 **PART I: Health Center Agreements** 1. Does your organization have a parent, affiliate, or subsidiary organization? [] Yes [X] No 2. Do you currently have, or plan to utilize: a) Contract(s) with another organization to perform substantive programmatic work with a single entity for the majority of health care providers. b) Subawards to carry out a portion of the proposed scope of project. The purpose of a subaward is to carry out a portion of the Federal award and creates a Federal [] Yes [X] No assistance relationship with the subrecipient. Note(s): • Subawards or contracts made to related organizations such as a parent, affiliate, or subsidiary must be addressed in this form. The acquisition of supplies, material, equipment, or general support services (e.g., janitorial services, contracts with individual providers) is not considered programmatic work.

Part II: Attachments

All contracts or subawards, including those which involve a parent, affiliate, or subsidiary organization referenced in Part I must be uploaded in full. Uploaded documents

within the proposed scope of project? For the purposes of the Health Center Program, contracting for substantive programmatic work applies to contracting

If Yes, indicate the number of each agreement by type in 2a and/or 2b below and complete Part II. If No, Part II is Not Applicable.

2a. Number of contracts with another organization to perform substantive programmatic work within the proposed scope of project.

2b. Number of subawards made to subrecipients to carry out a portion of the proposed scope of project.

2c. Total number of contracts and/or subawards for a substantial portion of the proposed scope of project.

will NOT count against the page limit.

0

Form 12 - Organization Contacts

▼ 00198040: Hilltown Community Health Centers, Inc.

Announcement Number: HRSA-22-007 Announcement Name: Service Area Competition

Grant Number: H80CS00601 Target Population: Community Health Centers Application Type: Competing Continuation

Due Date: 12/01/2021 (Due In: 0 Days)

Resources

As of 12/01/2021 02:24:19 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

			OND Number: 0915-0205 OM	Expiration Buto. 6/6 1/2020
Contact Information				
Chief Executive Officer	Name	Highest Degree	Email	Phone Number
Chief Executive Officer	Ms. Eliza B Lake	MSW	elake@hchcweb.org	(413) 238-4128
Contact Person	Name	Highest Degree	Email	Phone Number
Grant Writer	Alex Niefer		aniefer@hchcweb.org	(413) 238-4111
Chief Medical Officer	Name	Highest Degree	Email	Phone Number
Chief Medical Officer	Marisela Fermin Schon		mfermin@hchcweb.org	(413) 667-3009 Ext. 215
Dental Director	Name	Highest Degree	Email	Phone Number
Dental Director	Mary Lou Stuart	DDS	mstuart@hchcweb.org	(413) 238-4109
Behavioral Health Director	Name	Highest Degree	Email	Phone Number
Behavioral Health Director	Franny Huberman		fhuberman@hchcweb.org	(413) 667-3009 Ext. 204

Summary Page

00198040: Hilltown Community Health Centers, Inc.

Announcement Number: HRSA-22-007 Announcement Name: Service Area Competition

Grant Number: H80CS00601 Target Population: Community Health Centers

Service Area Competition Application Type: Competing Continuation

Resources I

As of 12/01/2021 02:24:27 PM

OMB Number: 0915-0285 OMB Expiration Date: 3/31/2023

Due Date: 12/01/2021 (Due In: 0 Days)

Service Area				
I. What is the Service Area Announcement Table (SAAT) identifying information for the service area hat you are proposing to serve?	Service Area ID #:	329		
	Service Area City:	Worthington		
		Massachussetts (MA)		

Patient Projection	
2. What is the total unduplicated patient projection for calendar year 2023? Note: If changes are required, revisit Form 1A [4].	8802
3. What is the Patient Target from the Service Area Announcement Table (SAAT) for the proposed service area?	9265
4. Percent of the service area Patient Target proposed to be served in calendar year 2023. Note: The value must be at least 75 percent for the application to be considered eligible for funding.	95.00%

5. [X] By checking this box, I acknowledge that in addition to the total unduplicated patient projection made on Form 1A [3] (see item 2 above), HRSA will track progress made toward the additional patient projections for any other funding awarded within my period of performance that can be monitored by December 31, 2023 (i.e., patient commitments from awarded applications, if any).

Federal Request for Health Center Program Funding

6. I am requesting the following types of Health Center funding:

Funding Type	Fund Requested
Community Health Centers – CHC-330(e)	\$1,853,699.00
Health Care for the Homeless – HCH-330(h)	\$0.00
Migrant Health Centers – MHC-330(g)	\$0.00
Public Housing Primary Care – PHPC-330(i)	\$0.00
Total	\$1,853,699.00

Note: Ensure this value does not exceed the Total Funding listed in the Service Area Announcement Table (SAAT) for the service area. If a funding reduction is required based on the patient projection (value between 75 and 94.9 percent in item 4 above), this figure should be lower than the value in the SAAT. See the Summary of Funding section of the NOFO for details.

Scope of Project: Sites and Services

7. I am proposing the following site(s): (New applicants or competing supplement applicants only)

This section is not applicable to you, since you are submitting a Competing Continuation application.

8. Sites Certification (New or competing supplement applicants only)

This section is not applicable to you, since you are submitting a Competing Continuation application.

9. Scope of Project Certification - Services (Competing continuation applicants only) - select only one option below

- [X] By checking this option, I certify that I have reviewed my Form 5A: Services Provided 🗗 and it accurately reflects all services and service delivery methods included in my current approved scope of project.
- [_] By checking this option, I certify that I have reviewed my Form 5A: Services Provided 🗗 and it requires changes that I have submitted through the change in scope process.

10. Scope of Project Certification - Sites (Competing continuation applicants only) - select only one option below

- [X] By checking this option, I certify that I have reviewed my Form 5B: Service Sites 🗹 and it accurately reflects all sites included in my current approved scope of project.
- [_] By checking this option, I certify that I have reviewed my Form 5B: Service Sites 🖸 and it requires changes that I have submitted through the change in scope process.

11. 120 Day Compliance Achievement Plan Certification

[X] By checking this box, I certify that if my organization is noncompliant with any Health Center Program requirements, in accordance with Section 330(e)(1)(B), I will submit for HRSA's approval within 120 days of release of the Notice of Award (NoA) a Compliance Achievement Plan to come into compliance. I acknowledge that areas of noncompliance

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will be documented through the carryover of any unresolved, existing condition(s) from the current period of performance and/or the placement of new condition(s) on the award based on the review of this application. I also acknowledge that all conditions on my award must be addressed within the timeframes and by the due dates specified on my Health Center Program NoA(s) and that the Compliance Achievement Plan I submit must align with such timelines.

12. Uniform Data System (UDS) Report Certification

[X] By checking this box, I certify that I have reviewed the UDS Resources 🖒, including the most recent UDS Manual and understand that my organization will be required to report data on patients, services, staffing, and financing annually. I also acknowledge that failure to submit a complete report by the specified deadline may result in conditions or restrictions being placed on the Health Center Program award.

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