

# MOBILE MEDICAL UNIT ADVISORY COUNCIL

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HHS|HRSA – PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS  
HEALTH CARE FOR THE HOMELESS GRANT | #H80CS00024

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## MEETING AGENDA

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MAY 5, 2015 | 3:00 PM – 4:30 PM  
PINELLAS HOPE, 5726 126TH AVE N, CLEARWATER, FL 33760  
CONFERENCE CALL-IN: DIAL 1-727-582-2255; PASSCODE: 718007

### Welcome | Introductions

#### 1. Chairman's Report

- i) Appointment of New Members
- ii) Approval of Minutes, February 3, 2014

#### 2. Governance/Operations

- i) Board Member Orientation
- ii) Co-Applicant Agreement/Bylaws
- iii) MMU Calendar for May
- iv) Site Visit Compliance Update

#### 3. Fiscal

- i) Notice of Awards

#### 4. Clinical

- i) Safe Harbor Clinic Update
- ii) March MMU Client Trend Report
- iii) UDS 2014 Review
- iv) Patient Centered Medical Home, Technical Assistance Update

#### 5. Other Updates

- i) Bayside Clinic Update

**Adjournment | Next Meeting: June 2, 2015, 3:00 pm, Pinellas Hope**

TAB 1

## MOBILE MEDICAL UNIT ADVISORY COUNCIL

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HHS|HRSA – PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS  
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### **Nominees for Mobile Medical Unit Advisory Council:**

- 1) **Sgt. Zachary Haisch**, Pinellas County Sheriff's Office (Safe Harbor)
- 2) **Mark Dufva**, Executive Director, Catholic Charities Diocese of St. Petersburg
- 3) **Judy Murry**, Catholic Charities Diocese of St. Petersburg
- 4) **Rhonda Abbott**, President and CEO, Homeless Leadership Board
- 5) **Tom Wedekind**, CEO, PEMHS
- 6) **Dianne Clark**, COO, Operation PAR

### **Co-Applicant Board Composition Requirements**

- Board must be composed of individuals, a majority of whom are being served by the center and, this majority as a group, must represent the individuals being served by the center in terms of demographic factors such as race, ethnicity, and sex.
- Board must have at least 9 but no more than 25 members, as appropriate for the complexity of the organization,
- No more than two (2) MMU Advisory Council members may be Pinellas County Board of County Commission members,
- The remaining non-consumer members of the board shall be representative of the community in which the center's service are is located and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community;
- No more than one half (50% - for CHCs) of the non-consumer board members may derive more than 10% of their annual income from the health care industry.
- No employee or immediate family member of an employee of the public agency, or the co-applicant may serve as a member of the co-applicant board.

**Pinellas County Human Services**  
**Minutes of the Monthly Meeting of the Mobile Medical Unit Advisory**  
**Committee (MMUAC)**  
**February 2, 2015**  
**3:30 P.M.**

**Location of Meeting:**

Pinellas Safe Harbor  
14840 49<sup>th</sup> St. N.  
Clearwater, FL. 33762

**Present at Meeting:** Natalie Jackson, Dale Williams, Don Dean (Chairman) and Judy Murray

The regular meeting of the Mobile Medical Unit Advisory Committee (MMUAC) of Pinellas County Human Services was called to order at 3:35 p.m. on February 2, 2015 at Pinellas Safe Harbor by Done Dean.

**I. Approval of Agenda**

The agenda for the meeting was distributed and unanimously approved.

**II. Review of Previous Minutes**

The minutes of the previous meeting were reviewed and unanimously approved.

**III. Consideration of Open Issues**

**1. Identification and Retention of Committee Members**

Don Dean

The MMUAC Board has had a long standing issue with identifying and retaining board members. Discussion was held regarding dwindling board membership and limited current involvement by the 10 new board members established over the past 6 months.

**2. Client Satisfaction Surveys**

Dale Williams

Discussion held regarding Client Satisfaction Surveys not being done for the previous month, January 2015, and the need to be more diligent in getting them completed.

**3. Bed Bug Prevention Measures**

Natalie Jackson

Regarding Pest Control Report recommendations, Mrs. Jackson provided the board with a status update as follows: Mrs. Jackson discussed the original thought concerning bed bug infestation prevention being the purchase of a heating device to be installed on the van, etc. Patient personal belongings go into the heating device, bed bugs destroyed. This would be a change from already instituted policy of not allowing patients to bring their personal belongings on the van. However, the Pest Control Report informed us that because no one sleeps on the van, there's no food supply to allow for reproduction. Additionally, the size of the heating apparatus made installation prohibitive. Natalie agreed to send the Pest Control Report to everyone involved.

**4. No Smoking Signs**

Don Dean

Discussion held regarding the abandoned idea of purchasing a free standing No Smoking sign for Pinellas Hope to inform patients and visitors there's no smoking allowed within 50 feet of the van. Dale Williams advised the board that the MMU Team looked into purchasing a sign but were unable to locate a free standing sign sturdy enough and light enough for MMU staff to bring on and off the van. We discussed briefly the possibility of purchasing a magnetic sign No Smoking sign but no consensus reached. Don agreed to reach out to Pinellas Hope management to request assistance with enforcement.

**5. Pneumonia Shots**

Discussion held regarding the availability of flu shots and the desire of the board for MMU staff to do more advertising and/or marketing about the availability of same to MMU patients.

**6. Specialty Care Referrals**

Don Dean

According to feedback from patients, Specialty Care referrals are taking longer and are becoming even more difficult to obtain. Discussion held regarding change of business process, i.e. DOH taking over Specialty Care referral processing, and that we expect improvement going forward.

**7. Portable Hand Sanitizer**

Don Dean

Discussion held by the group regarding the fact that the MMU team has been unable to locate a dispensing apparatus which can be easily transported on the van and set up at the various sites. The board agreed that hand sanitizer available on the van is sufficient.

**8. Status of Bayside Clinic**

Natalie Jackson

Discussion held regarding the downsizing of the project from a 16,000 square feet facility to a 3,000 square foot facility. Mrs. Jackson informed the board that with this downsizing of the physical space there will be a related downsizing of service provision as well. Natalie clarified to the board that the Safe Harbor inside clinic is the temporary Bayside Clinic, etc. and the Bayside Clinic facility will be a separate building from Safe Harbor. Mrs. Jackson also suggested construction will be well under way by April 2016.

**9. Pharmacy**

Natalie Jackson

Winn Dixie has taken over Rx coverage for MMU and can only deliver x2 per week. Mrs. Jackson clarified that delivery is not a core benefit of the program and patients will need to make arrangement to work within the delivery capacity of Winn Dixie.

**IV. Consideration of New Business**

**1. New Service Location Brought to Vote**

Don Dean/Natalie Jackson

Discussion held regarding adding a new service location to the MMU rotation, specifically, St. Vincent De Paul Center of Hope 401 15th Street N St. Petersburg, FL. 33713. The board voted to begin servicing this new location. Mrs. Jackson to confirm parking agreement there and clear with Pinellas County Risk Management and Michael Raposa, Executive Director of St. Vincent De Paul Center of Hope. MMU will keep basically the same schedule in place; however, begin servicing this new site on Tuesday March 31, 2015 and every other Tuesday thereafter, instead of Pinellas Hope.

**2. Pinellas Hope Inside Clinic**

Dale Williams

On days that the van is unavailable for clinic at Pinellas due to repair work being done, etc., MMU staff have been conducting clinic within the library at Pinellas Hope. However, a new location must be identified because it has been determined that the library is too open and isn't HIPPA compliant enough. Don made the suggestion to approach Pinellas Hope to get permission to use the Respite Center instead on these days. Agreement reached and Natalie is to contact Pinellas Hope about this.

**V. Agenda and Time of Next Meeting**

The next meeting will be held at 5:30 p.m. on March 2, 20015 at:

Pinellas Hope  
5726 126<sup>th</sup> Avenue N  
Clearwater, FL. 33760

Agenda for the next meeting is as follows:

1. Discuss strategies for increasing board membership
2. Status of new service location
3. 1<sup>st</sup> Quarter Productivity Report
4. Pharmacy
5. New Human Services Director

TAB 2

## Mobile Medical Unit Advisory Council

Healthcare for the Homeless



## MMU Overview

- Mobile Van operational for over 20 years
- In last 3 years, MMU has served over 4000 homeless individuals
- Services include primary/preventive care, specialty care, dental, and pharmacy
- Grant support from HRSA has steadily increased year over year; Recently awarded \$194k for expanded services
- Budget/Project Period runs from November 1<sup>st</sup> through October 31<sup>st</sup>





## Bayside Health Clinic

- Capital Grant awarded to County in 2012 - \$5 million
- 3,078 square foot, one-story, free-standing facility with exam rooms, dental and offices for confidential counseling.
- The total revised project budget for the grant is \$2,052,828 which is inclusive of equipment and furniture.
- On February 11, 2015, HRSA approved a one-year, extension for an end date of April 30, 2016.
- Groundbreaking: Early July 2015



## MMU Advisory Council | Overview

- Provides leadership and guidance in support of health center's mission (Day-to-day direction and management responsibility must rest with staff under direction of the Project Director)
- Legally responsible for ensuring the health center's financial stability and operations in accordance with applicable federal, state and local laws.
- Establishment and approval of policies and procedures
- Develop and engage in short and long term goals for the strategic direction



### **MMU Advisory Council | Responsibilities**

- Hold monthly meetings and maintain records/minutes
- Approve applications including grants/designation and/or other scope of project requests
- Approve annual budget and audit
- Long-term strategic planning (including updating the center's mission, goals, and plans)
- Evaluate the health center's progress in meeting its annual and long-term goals



### **MMU Advisory Council | Responsibilities**

- Selecting services beyond those required in law to be provided by the health center, as well as the location and mode of delivery of those services.
- Determining the hours during which services are provided that are appropriate and responsive to the community's needs
- Approving the selection/dismissal and evaluating the performance of the Center's Project Director
- Establishing general policies and procedures consistent with the program and grants management requirements

## **MMU Advisory Council | Composition**

- Majority of individuals must be consumers served by the health center
- Have at least 9 members, no more than 25
- No more than 2 BCC members
- Non-consumers shall be representative of the community served and have expertise in community affairs, finance, legal, or social service for example.
- Nor more than ½ of non-consumers may derive more than 10% of annual income from the healthcare industry.
- No employee or immediate family member of an employee of the public agency, or the co-applicant may serve as a member

## **MMU Advisory Council | Recruitment**

- On an annual basis, the MMUAC shall nominate between one(1) and three (3) individuals for each vacant seat for consideration and appointment
- Nominations may come from the community, current or former consumers, persons who are currently or formerly homeless, and other interested individuals
- The BCC shall make appointments from the slate of nominees presented by the MMUAC
- Vacancies: The Chairperson shall nominate an interim appointment to fill the remainder of the term of members.

## MMU Advisory Council | Meetings

- Meetings will be held the first Tuesday of each month at 3:00 pm @ Pinellas Hope
- Meeting notices and agenda will be sent at least 2 days in advance of the meeting.
- All materials will be provided on-site.
- A call-in conference line will be available for all meetings.
- Your participation is vital...please make every effort to attend.

## MMU Advisory Council | Key Contacts

### Pinellas County Human Services

#### Lourdes Benedict

Director

[LBenedict@pinellascounty.org](mailto:LBenedict@pinellascounty.org)

#### Tim Burns

Planning & Contracts Division Director

[TBurns@pinellascounty.org](mailto:TBurns@pinellascounty.org)

#### Elisa DeGregorio

Grants Manager

[EDegregorio@pinellascounty.org](mailto:EDegregorio@pinellascounty.org)

### Florida Department of Health in Pinellas County

#### Dr. Chitra Ravindra

Medical Director

[Chitra.Ravindra@flhealth.gov](mailto:Chitra.Ravindra@flhealth.gov)

#### Drew Wagoner

Public Health Services Manager

[Andrew.Wagner@flhealth.gov](mailto:Andrew.Wagner@flhealth.gov)



## **MMU Advisory Council | Looking Ahead**

- Board Orientations – Review different elements/requirements of the health center program
- Bayside Clinic Groundbreaking
- Site Visit Conditions – Review and Approve changes requested
- New Grant Application – this summer
- Patient Centered Medical Home



## Mobile Medical Unit Advisory Council & Pinellas County Board of County Commissioners **Co-Applicant Agreement**

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*Revised based on feedback from HRSA / Review by MMUAC May 5<sup>th</sup>, Approval June 2, Submitted to BCC in July*

*The Mobile Medical Unit Advisory Council (MMUAC)(Co-Applicant Board) serves as the patient/community-based governing board to set health center policy for the Healthcare for the Homeless Program on behalf of the Pinellas County Board of County Commissioners. As a public center, the MMUAC includes a representative majority of consumer/patient representatives, meets monthly and fulfills all the required authorities of a governing board. The purpose of the co-applicant arrangement is for the co-applicant board to oversee the implementation of the Section 330 grant and the operation of the Healthcare for the Homeless Program via the Mobile Medical Unit operated by the Pinellas County Health & Community Services Department in accordance with the terms of this Agreement and*

## **CO-APPLICANT AGREEMENT**

### **BETWEEN**

**Mobile Medical Unit Advisory Council (MMUAC)**

### **AND**

**Pinellas County Board of County Commissioners (BCC)**

This Co-Applicant Agreement (hereinafter referred to as “Agreement”) is entered into this November 4, 2014, by and between the Mobile Medical Unit Advisory Council (MMUAC) and the Pinellas County Board of County Commissioners (BCC), herein represented by MMUAC and BCC, defined below, shall be collectively referred to as the “Parties”).

### **Recitals**

**Whereas**, the MMUAC was established to serve as an advocate for consumers of the Mobile Medical Unit and per HRSA governance requirements, to oversee operations of the Healthcare for the Homeless program in Pinellas County; and

**Whereas**, The MMUAC will assist the Pinellas County Health and Community Services (PCHCS) department to implement health services for homeless residents of Pinellas County. These services represent a significant effort by the PCHCS to assure that homeless residents have access to an organized system of health care; and

**Whereas**, The MMUAC shall review budgets that are included as part of the 330(h) initial and renewal applications; and

**Whereas**, The MMUAC shall participate in the planning of the grant application to the U.S. Department of Health and Community Services (HHS), Health Resources and Services Administration, Bureau of Primary Health Care, under Section 330(h) of the Public Health Services Act for operation of a Federally Qualified Health Center; and

**Whereas**, pursuant to such funding by the HHS, the BCC and the MMUAC must set forth the responsibilities of each party; and

**Whereas**, the BCC wishes to give support to the MMUAC, and recognizes the powers, privileges, and functions of each party as contained herein.

**NOW, THEREFORE**, in consideration of the promises and the mutual covenants set forth in this Agreement, the receipt and adequacy of which are acknowledged by the Parties to this Agreement, MMUAC and the BCC hereby agree as follows:

#### **1. MMUAC’s Role.**

##### **1.1. MMUAC Purpose:**

The MMUAC shall oversee the implementation of the Section 330 grant and the operation of the Healthcare for the Homeless Program via the Mobile Medical Unit

operated by the Pinellas County Health & Community Services Department in accordance with the terms of this Agreement and the Bylaws as adopted by the BCC and MMUAC. The Bylaws are incorporated herein by reference and attached as Exhibit A. The MMUAC will provide guidance and assist the BCC and the PCHCS Department to implement health services for Pinellas County homeless residents through the Mobile Medical Unit operated by PCHCS. These services shall provide assurance that homeless Pinellas County residents have access to an organized system of health care, and shall assure that County residents have adequate access to categorical public health programs. The MMUAC, BCC and PCHCS Department shall be particularly committed to meeting the needs of the homeless population in the county.

1.2. Composition of and Appointments to the MMUAC.

The MMUAC shall present nominations for vacancies on the MMUAC to the BCC for consideration and appointment consistent with its bylaws. Both the MMUAC and the BCC shall work to maintain the same ratio of consumer members, provider members and community members as set out in the Board Composition section of the MMUAC Bylaws and required by Section 330 policies and guidelines.

1.3. Joint Application

The BCC and MMUAC will take such actions as are required to make application for the Section 330 grant. They shall also take the steps necessary to name Pinellas County and the MMUAC as co-applicants in these actions.

1.4. Governance Authorities and Responsibilities for Operation of the Health Center.

The MMUAC shall exercise the following authorities and responsibilities of a co-applicant as set forth in Section 330, its implementing regulations and related BCC policies. These authorities and responsibilities include:

1.4.1. Access to Care: To increase the accessibility of primary care services to the homeless population which experiences a shortage of primary care.

1.4.2. Program Evaluation: Evaluating the MMU achievements at least annually and utilizing the knowledge gained thereby to revise the MMU goals, objectives, plan and budget as necessary and appropriate, including providing advise regarding the establishment of linkages with other health care providers and/or health care programs;

1.4.3. Evaluation of Project Director: The HCS's Project Director shall be primarily responsible for the management and operation of the Mobile Medical Unit. The MMUAC shall have the authority to suspend, remove, appoint and/or reappoint a person the position of Project Director in accordance with the Pinellas County personnel rules and other procedures and policies of the Board of County Commissioners. The MMUAC shall participate in the annual performance evaluation of the Project Director, to be conducted in accordance with HHS Health Resources and Services Administration's Bureau of Primary Health Care's Program Requirements and Pinellas County personnel policies. The

Comment [S1]: Added, per the direct language of the requirement for authorities



~~BCC shall have final responsibility for selection, evaluation, and dismissal of the health center director.~~

**Comment [S2]:** The MMUAC has authority, not the BCC – though the BCC may choose to retain the employee in another role within the county.

- 1.4.4. **Personnel Policies:** Personnel policies and procedures of the health center shall be those adopted by the Board of County Commissioners for Pinellas County employees (See Section 2.1.6 below). The MMUAC may make recommendations to the BCC regarding the terms and conditions of those agreements as might benefit the operation of the Mobile Medical Unit.

**Comment [S3]:** Added, to emphasize the BCC's policies – restated below in more detail.

- 1.4.5. **Compliance:** Evaluating itself periodically for efficiency, effectiveness, and compliance with all requirements imposed upon community health centers, as set forth in Section 330 of the Public Health Service Act, 42 U.S.C. § 254b;

In conjunction with Health and Community Services, assuring that the MMU is operated in compliance with applicable Federal, State and local laws and regulations; and

- 1.4.6. Subject to Section 2.1 of this Agreement, performing all other authorities and responsibilities that are required by Section 330 and its implementing regulations and policies to be vested in a Section 330-compliant governing Board.

- 1.4.7. **Financial Plan and Budget:** The Project Director, in collaboration with the finance department, shall prepare a budget and financial plan for each fiscal year, in accordance with Pinellas County policies and procedures. The MMUAC shall annually review and approve the budget prepared by PCHCS for the operation of the Mobile Medical Unit and recommend this budget to the BCC. The MMUAC and BCC shall jointly approve the annual Section 330 budget submitted to the Bureau of Primary Health Care.

**Comment [S4]:** Same language as in BCC section below – copied here for MMUAC

- 1.4.8. **Amendments to the Budget:** Pinellas County budget policies and procedures will be utilized for all amendments to the jointly adopted Mobile Medical Unit budget. Amendments requiring full approval of the BCC shall also require approval of the MMUAC. MMUAC approval shall either be obtained prior to the submission of the adjustment to the BCC or the action of the BCC shall be contingent upon the concurrence of the MMUAC.

**Comment [S5]:** Added – similar to Ingham County

- 1.4.9. **Strategic Planning:** The MMUAC shall participate in the strategic planning process based on (i) an assessment of the health care needs of the community served by the MMU, (ii) the scope and capabilities of other health care providers in the community, (iii) the resources available to the MMU; and (iv) any policy changes that may be required to comply with such strategic plan.

**Comment [S6]:** Moved up from below

#### ~~1.5. Operational Responsibilities:~~

~~The MMUAC shall participate in the strategic planning process based on (i) an assessment of the health care needs of the community served by the MMU, (ii) the scope and capabilities of other health care providers in the community, (iii) the resources available to the MMU; and (iv) any policy changes that may be required to comply with such strategic plan.~~

## **2. The BCC's Role.**

### **2.1. Governance Authorities and Responsibilities for the Health Center.**

The BCC shall exercise certain governance responsibilities and authorities with respect to the MMU. These authorities and responsibilities include:

- 2.1.1. Access to Care: To arrange for the provision of comprehensive primary care services to the homeless residents of the Medically Underserved Areas(MUAs)/Medically Underserved Populations (MUPs) of Pinellas County;
- 2.1.2. Financial Management: Developing, adopting, and periodically updating policies for financial management practices, including a system to assure accountability for Health Center resources, and long-range financial planning in conjunction with MMUAC;
- 2.1.3. Internal Controls: Developing, adopting, and periodically updating internal control procedures to ensure sound financial management procedures as well as purchasing policies and standards;
- 2.1.4. Personnel Policies: Developing, adopting, and periodically updating personnel policies and procedures that shall be applicable to all County employees. Policies and procedures shall set forth selection, performance review/evaluations, and dismissal procedures, employee compensation, including wage and salary scales and benefit packages, position descriptions and classification, employee grievance procedures, and which shall meet all Federal and/or State employment requirements including, but not limited to, equal employment opportunity, drug free workplace, and non-discrimination laws.
- 2.1.5. Strategic Planning: In conjunction with the MMUAC, developing and adopting an annual strategic plan; and
- 2.1.6. Compliance: In conjunction with the MMUAC, assuring that the MMU is operated in compliance with applicable Federal, State and local laws and regulations.

### **2.2. Operational Responsibilities.**

The BCC shall fulfill the following obligations with respect to MMU:

- 2.2.1. Applying for and maintaining all licenses, permits, certifications, and other approvals necessary for the operation of the MMU;
- 2.2.2. Budget: The Project Director, in collaboration with the finance department, shall prepare a budget and financial plan for each fiscal year, in accordance with Pinellas County policies and procedures. The MMUAC shall annually review the budget prepared by PCHCS for the operation of the Mobile

Medical Unit. The MMUAC shall review and approve the annual Section 330 grant budget and recommend this budget to the BCC. The MMUAC and BCC shall jointly approve the annual Section 330 budget submitted to the Bureau of Primary Health Care.

- 2.2.3. **Amendments to the Budget:** Pinellas County budget policies and procedures will be utilized for all amendments to the jointly adopted Mobile Medical Unit budget. Amendments requiring full approval of the BCC shall also require approval of the MMUAC. MMUAC approval shall either be obtained prior to the submission of the adjustment to the BCC or the action of the BCC shall be contingent upon the concurrence of the MMUAC.
- 2.2.4. In accordance with Federal Section 330 regulations, receiving, managing and disbursing MMU revenues, if any, consistent with the MMU budget approved and Federal Program Requirements in accordance with this Agreement. MMUAC shall not be required to disburse funds for any expenditure not authorized by a budget approved in accordance with this Agreement. BCC shall advise in writing to the MMUAC before implementing any material change in the MMU approved budget.
- 2.2.5. Directly employing or contracting for all MMU personnel (including the Project Director, other key management, and all clinical, administrative, and support staff) as may be necessary to operate the MMU and to furnish, or arrange for the provision of, the full range of primary, preventive, and supplemental health care services required by Section 330. Clinicians hired by the MMU shall meet the credentialing requirements and qualifications established by the BCC.
- 2.2.6. Developing and establishing management and control systems for the MMU that are in accordance with sound financial management procedures, including:
- 2.2.6.1. The establishment of billing and collection systems pursuant to which MMU shall make every reasonable effort to bill and collect payment from patients in accordance with the fee schedule and schedule of discounts established in accordance with 42 CFR §51c.303 and other billing and collection policies developed in consultation with the BCC, as well as make reasonable efforts to bill and collect payments without application of any discounts from public and private third party payors; and
- 2.2.7. On behalf of the BCC, PCHCS is responsible for preparing monthly financial and operational reports for the MMUAC, and any other reports reasonably requested by the MMUAC in order to enable the MMUAC to fulfill its responsibilities for the MMU;
- 2.2.8. Under the direction of the MMU's Project Director, managing the day-to-day business affairs of the MMU. Such management functions may include, but are not limited to:
- 2.2.8.1. Developing clinical protocols, medical standards, productivity

**Comment [S7]:** Same as above since both have responsibility

standards, and quality assurance programs designed to meet the health care policies and procedures established by the MMUAC, as well as standards imposed by appropriate funding sources, government agencies, and certifying agencies; and

- 2.2.8.2. Providing all necessary management, administrative or financial expertise and personnel as shall be necessary to assure high level technical expertise in areas relevant to the MMU operations.

### **3. Mutual Obligations.**

- 3.1. The MMUAC Chair (or his/her duly authorized designee), on behalf of MMU, and the Health Center's Project Director (or his/her duly authorized designee), on behalf of the BCC, shall coordinate the Parties' efforts to meet their respective obligations under this Agreement and shall cooperate to communicate and resolve any issues between the Parties. Each shall be reasonably accessible and available for (i) consultations regarding day-to-day operations of the MMU; (ii) when requested, meetings of the Parties' respective governing boards; and (iii) otherwise as is reasonably necessary.
- 3.2. The Parties shall collaborate to provide orientation and training to MMUAC members, in conjunction with MMU staff, in order to educate MMUAC members regarding their legal duties and obligations vis-à-vis the MMU.
- 3.3. The Parties agree that Section 330 grant funds and grant-related income (including fees, premiums, and third-party reimbursements) and State, local and other operational funds which may be collected, shall be utilized to reimburse the Parties for costs incurred in carrying out each Party's obligations consistent with the approved MMU's annual budget.
- 3.4. Record Keeping and Reporting.
  - 3.4.1. Each Party shall maintain records so as to enable the Parties to meet all grant-related reporting requirements. Specifically, MMUAC shall assist the BCC, as requested, in the preparation of those portions of the financial report ("FFR"), as well as other reports, which pertain to the operation of the MMU.
  - 3.4.2. The Parties shall maintain financial records and reports, supporting documents, statistical records, and all other books, documents, papers or other records related and pertinent to this Agreement for a period of four (4) years from the date this Agreement expires or is terminated. If an audit, litigation, or other action involving the records is started before the end of the four (4) year period, the Parties agrees to maintain the records until the end of the four (4) year period or until the audit, litigation, or other action is completed, whichever is later. The Parties shall make available to each other, DHHS and the Comptroller General of the United States, or any of their duly authorized representatives, upon appropriate notice, such financial systems, records, reports, books, documents, and papers as may be necessary for audit, examination, excerpt, transcription, and copy purposes,

for as long as such systems, records, reports, books, documents, and papers are retained.

- 3.4.3. The Parties agree that the BCC shall retain ownership of all medical records established and maintained relating to diagnosis and treatment of patients served by the MMU.

### 3.5. Insurance.

- 3.5.1. Professional Liability Insurance. To the extent permitted by Federal law, in lieu of the professional liability insurance coverage specified, the Parties agree to apply for and secure, on behalf of the MMU, the BCC and all personnel employed (and, in certain circumstances, contracted) by the public entity to provide services on behalf of the Health Center, Federal Tort Claims Act (FTCA) coverage for professional liability actions, claims, or proceedings arising out of any and all negligent acts or omissions committed in the course of providing health services at the MMU to MMU patients.
- 3.5.2. Workers' Compensation Insurance. Subject to any applicable sovereign immunity exemption which may be invoked by the BCC, the BCC shall provide, at its sole cost and expense, throughout the term of this Agreement, worker's compensation insurance or self insurance for its employees and such other persons as required by law, as the same may be from time to time amended. The BCC shall require its subcontractors to provide Worker's Compensation Insurance for its employees in accordance with applicable law.
- 3.5.3. Liability and Property Damage Insurance. Subject to any applicable sovereign immunity exemption which may be invoked by the BCC, the BCC shall provide, at its sole cost and expense, general liability insurance or self insurance (including but not limited to automobile and broad form contractual coverage) against bodily injury or death of any person, as well as insurance or self insurance against liability for property damages, related to the MMU.
- 3.5.4. Directors and Officers Insurance. Subject to any applicable sovereign immunity exemption which may be invoked by the BCC, each Party shall provide, at its sole cost and expense, throughout the term of this Agreement, directors and officers insurance or self insurance consistent with prevailing standards.
- 3.5.5. Policy Type. If any policy required by this section is written in a "claims made", as opposed to an "occurrence" form, the policyholder agrees to purchase, self insure or otherwise make arrangements for a "tail" or extended disclosure period policy for all activities so insured during the course of this Agreement.
- 3.5.6. Proof of Insurance. Each Party agrees to provide the other Party with a minimum of thirty (30) days' prior written notice in the event any of the insurance policies or self-insurance funds required are canceled, or

materially changed or materially amended. Each Party shall, from time to time, upon reasonable request of the other Party, furnish such Party with written evidence that the policies of insurance required hereunder are in full force and effect and valid and existing in accordance with the provisions of this Agreement.

3.6. Indemnification.

3.6.1. Each Party agrees to hold harmless the other Party and its directors, officers, employees and agents from any and all claims or losses resulting to the other Party and/or any third parties, including attorneys' fees, costs and expenses, arising out of the indemnifying Party's performance or failure to fully perform any of its obligations under this Agreement.

3.7. Ownership of Property and Equipment Acquired with Grant Funds.

3.7.1. The provisions of 45 C.F.R. § 74.40 et seq. apply to real property and equipment acquired under this Agreement. The Parties agree that the BCC shall be the title holder to all property purchased with grant funds.

3.8. Copyrightable Material.

3.8.1. If any copyrightable material is developed under this Agreement, the BCC shall hold all right, title and interest to such material, and BCC shall have a royalty-free, non-exclusive and irrevocable right to reproduce, publish, authorize others or otherwise use such material.

3.9. Survival of Article. Sections 3.3, 3.4, 3.5, and 3.6 of this Article shall survive the termination of this Agreement without regard to the cause for termination.

3.10. Sovereign Immunity. Nothing in this Agreement shall limit, or shall be deemed to limit, the BCC's right to the protections and limitations provided by statutes designed to protect and limit the exposure and liability of the BCC as an instrumentality of the State of Florida.

**4. Third Party Affiliations.**

Neither Party shall execute a merger, consolidation, or comprehensive affiliation with a third party that affects, or may affect, the MMU without the written consent of the other Party, which consent shall not be unreasonably withheld.

**5. Governing Law.**

**5.1. Applicable Federal Laws, Regulations and Policies.**

This Agreement shall be governed and construed in accordance with applicable Federal laws, regulations, and policies, including but not limited to: Section 330, its implementing regulations at 42 C.F.R. Part 51c, applicable BPHC policies (including, but not limited to, BPHC Program Expectations), the Public Health Service Grants Policy Statement in effect as of the date the Agreement is executed, DHHS administrative regulations set forth in 45 C.F.R Part 74, and relevant Office of Management and Budget Circulars.

**5.2. Compliance with State and Local Law.**

This Agreement is governed by the laws of the State of Florida. Each Party covenants to comply with all applicable laws, ordinances and codes of the State of Florida and local governments in the performance of the Agreement, including all licensing standards and applicable accreditation standards.

**5.3. New BPHC Directives.**

The MMU Division Director shall submit promptly to each Party any additional directives that are received from the BPHC pertinent to the Section 330 grant, and the Parties shall comply with such additional directives, as applicable.

**5.4. Non-Discrimination.**

Each Party agrees that it and its subcontractors, if any, will not discriminate against any employee or applicant for employment to be employed in the performance of this Agreement with respect to his hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment, because of his or her race, religion, color, sex, disability, national origin or ancestry.

**6. Term.**

This Agreement shall remain in effect during the project period of any Section 330 award the BCC receives with MMUAC as its co-applicant Board, unless terminated at an earlier date in accordance with the terms of Section 7 of this Agreement.

**7. Termination.**

**7.1. Immediate Termination.**

This Agreement shall terminate immediately upon the effective date of non-renewal

or termination of the Section 330 grant, or upon the loss of any license, permit or other authorization required by law or regulation for operation of the MMU.

7.2. For Cause Termination.

Either Party may terminate this Agreement for cause in the event that the other Party fails to meet any material obligation under this Agreement, subject to Section 7.4 of this Agreement. Such for cause termination shall require sixty (60) days' prior written notice of intent to terminate during which period the Party that has allegedly failed to meet a material obligation may cure such failure or demonstrate that no such failure has occurred. Any dispute between the Parties regarding whether a breach of a material obligation has occurred, or that such a breach has been satisfactorily cured, will be resolved in accordance with Section 8 of this Agreement.

7.3. Termination for Mutual Convenience.

This Agreement may be terminated upon the mutual written consent of the Parties, subject to Section 7.4 of this Agreement.

7.4. Termination Contingent upon Bureau of Primary Health Care (BPHC) Approval.

For cause termination or termination for mutual convenience shall not become effective unless and until BPHC issues its written approval of such termination, if such approval is necessary.

**8. Dispute Resolution.**

The Parties shall first attempt to resolve any dispute arising under this Agreement by informal discussions between the liaison designated by BCC and the liaison designated by the MMUAC. In the event the Parties are unable to resolve the dispute through informal negotiations within a reasonable period of time after commencement of such discussions (not to exceed thirty [30] days), the Parties may pursue formal mediation, if they mutually agree to do so. If, after mediation (or in the absence of mutual consent to mediate), the Parties are still unable to resolve the dispute, either Party may thereafter pursue any remedy available at law.

**9. Proprietary Information and Confidentiality.**

- 9.1. The Parties (and their directors, officers, employees, agents, and contractors) shall maintain the privacy and confidentiality of all information regarding the personal facts and circumstances of the patients receiving care provided by the MMU, in accordance with all applicable State and Federal laws and regulations and the Parties' policies and procedures regarding the privacy and confidentiality of such information. The Parties (and their directors, officers, employees, agents, and contractors) shall not divulge such information to any third parties without the patient's written consent, except as may be required by law or as may be necessary to provide service to such patient.



- 9.2. Except as is necessary in the performance of this Agreement, or as authorized in writing by a Party or by law, neither Party (nor its directors, officers, employees, agents, and contractors) shall disclose to any person, institution, entity, company, or any other party, any information which is directly or indirectly related to the other Party that it (or its directors, officers, employees, agents, and contractors) receives in any form (including, but not limited to, written, oral, or contained on video tapes, audio tapes or computer diskettes) as a result of performing obligations under this Agreement, or of which it is otherwise aware. The Parties (and their directors, officers, employees, agents, and contractors) also agree not to disclose, except to each other, any proprietary information, professional secrets or other information obtained in any form (including, but not limited to, written, oral, or contained on video tapes, audio tapes or computer diskettes) during the course of carrying out the responsibilities under this Agreement, unless the disclosing Party receives prior written authorization to do so from the other Party or as authorized by law.
- 9.3. Each Party shall retain title and all rights to the confidential and proprietary information which has been disclosed to the other Party. Upon expiration or termination of this Agreement, or upon request of a Party for any reason, each Party agrees to return promptly to the other Party all confidential and proprietary information in any physical form whatsoever (including, but not limited to, writings, audio tapes, video tapes, and computer diskettes). Further, each Party agrees: (i) to turn over promptly to the other Party any memoranda, notes, records, and/or other documents created by it which contain references to such other Party's confidential or proprietary information; and (ii) that it will not retain any copies, extracts or other reproductions, in whole or in part, of such returned confidential or proprietary information or any memoranda, notes, records and/or other documents related to such information.
- 9.4. The Parties agree that their obligations and representations regarding all confidential and proprietary information shall be in effect during the term of this Agreement and shall survive the expiration or termination (regardless of the cause of termination) of this Agreement.
- 9.5. The Parties shall ensure that their respective directors, officers, employees, agents, and contractors are aware of and shall comply with the aforementioned obligations.

#### **10. Notices.**

All notices permitted or required by this Agreement shall be deemed given when in writing and delivered personally or deposited in the United States Mail, postage prepaid, Certified and Return Receipt Requested, addressed to the other Party at the address set forth below, or such other address as the Party may designate in writing:

For MMUAC: Mobile Medical Unit Advisory Council  
Attn: Chairman  
Care of: Pinellas County Health & Community Services  
2189 Cleveland Street, Suite #230  
Clearwater, FL 33765

For BCC: Pinellas County Health & Community Services  
Attn. Natalie Jackson, Division Dir.  
2189 Cleveland Street, Suite #230  
Clearwater, FL 33765

The foregoing addresses may be changed and/or additional persons may be added thereto by notifying the other Party hereto in writing and in the manner hereinafter set forth. All notices shall be effective upon receipt.

**11. Assignment.**

This Agreement shall be binding upon and shall inure to the benefit of the Parties hereto and their respective transferees, successors and assigns; provided that neither Party shall have the right to assign, delegate or transfer this Agreement, or its rights and obligations hereunder, without the express prior written consent of the other Party provided prior to such action.

**12. Non-Severability.**

The provisions of this Agreement are not severable. In the event that any one or more provisions of this Agreement are deemed null, void, illegal or unenforceable, or should any part of this Agreement, as determined by DHHS or any other governmental authority, cause BCC and the MMUAC (as co-applicants) not to comply with Section 330, the Parties agree to attempt to amend this Agreement as shall reasonably necessary to achieve compliance. In the event that the Parties reach such an agreement, this Agreement shall be construed in all respects as if such invalid or unenforceable provisions have been omitted. In the event that no such amendments or agreements for amendments can reasonably be made, this Agreement shall immediately terminate.

**13. Amendments.**

Any amendment to this Agreement shall be in writing and signed by both Parties. Except for the specific provision of this Agreement which thereby may be amended, this Agreement shall remain in full force and effect after such amendment.

**14. Descriptive Headings.**

The descriptive headings in this Agreement are for convenience only, and shall be of no force or effect in construing the interpreting any of the provisions of this Agreement.

**15. Waiver.**

No provision of this Agreement shall be waived by any act, omission or knowledge of a Party or its agents or employees except by an instrument in writing expressly waiving such provision and signed by a duly authorized officer of the waiving Party.

**16. Agency.**

Neither Party is, nor shall be deemed to be, an employee, agent, co-venturer or legal representative of the other Party for any purpose. Neither Party shall be entitled to enter into any contracts in the name of, or on behalf of the other Party, nor shall either Party be entitled

to pledge the credit of the other Party in any way or hold itself out as having the authority to do so.

**17. Third-Party Beneficiaries.**

None of the provisions of this Agreement shall be for the benefit of or enforceable by any third party, including, without limitation, any creditor of either Party. No third party shall obtain any right under any provision of this Agreement or shall by reason of any provisions make any claim relating to any debt, liability, and obligation or otherwise against any Party to this Agreement.

**18. Entire Agreement.**

This Agreement constitutes the entire agreement of the Parties with respect to the Parties' joint operation of the MMU as a public health center receiving funds pursuant to Section 330 of the Public Health Service Act, and supersedes all prior oral and unsigned agreements.

**IN WITNESS WHEREOF**, the Parties have caused this Agreement to be executed by their duly authorized representatives.

Mobile Medical Unit Advisory Council

By: \_\_\_\_\_

Title: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

Pinellas County Board of County Commissioners

By: \_\_\_\_\_

Title: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_



# Mobile Medical Unit Advisory Council BYLAWS

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*Revised based on feedback from HRSA / Review by MMUAC May 5<sup>th</sup>, Approval June 2, Submitted to BCC in July*

*The Mobile Medical Unit Advisory Council (MMUAC)(Co-Applicant Board) serves as the patient/community-based governing board to set health center policy for the Healthcare for the Homeless Program on behalf of the Pinellas County Board of County Commissioners. As a public center, the MMUAC includes a representative majority of consumer/patient representatives, meets monthly and fulfills all the required authorities of a governing board. The purpose of the co-applicant arrangement is for the co-applicant board to oversee the implementation of the Section 330 grant and the operation of the Healthcare for the Homeless Program via the Mobile Medical Unit operated by the Pinellas County Health & Community Services Department in accordance with the terms of this Agreement and the Bylaws as adopted by the BCC and MMUAC.*

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## **BYLAWS**

### **ARTICLE I – NAME**

This organization shall be known as the Mobile Medical Unit (MMU) Advisory Council.

### **ARTICLE II – MISSION**

To bring community services and resources together to provide the best care possible for those in need.

### **ARTICLE III – GOALS**

1. The MMU Advisory Council will assist the Pinellas County Health and Community Services (PCHS) department to implement health services for residents of Pinellas County. These services represent a significant effort by the PCHS to assure that low-income residents have access to an organized system of health care. The MMU Advisory Council and PCHS shall be particularly committed to meeting the health care needs of at-risk indigent populations.
2. The MMU Advisory Council shall review budgets that are included as part of the 330(h) initial and review application.
3. The MMU Advisory Council will serve as an advocate for consumers of the MMU.
4. The MMU Advisory Council will strive to improve communication between the MMU Advisory Council and other service providers.
5. The MMU Advisory Council shall participate in the planning of the grant application to the U.S. Department of Health and Community Services, Health Resources and Services Administration, Bureau of Primary Health Care, under Section 330(h) of the Public Health Services Act for operation of a Federally Qualified Health Center.

### **ARTICLE IV – OBJECTIVES**

1. To increase the accessibility of primary care services to uninsured/underinsured population groups which experience a shortage of primary care.
2. To assure that the MMU provides high quality primary care services.

### **ARTICLE V – SIZE AND COMPOSITION**

#### **A. Size**

The MMU Advisory Council shall consist of not less than nine (9) and not more than 25 members.

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## **B. Composition**

1. A majority (at least 51%) of the MMU Advisory Council members shall be individuals who are a currently registered patient and must have accessed the health center in the past 24 months to receive at least one or more in-scope services that generated a health center visit. As a group, represent the individuals being serviced or to be served in terms of demographic factors, such as race, ethnicity and gender.
2. No more than one-half of the remaining members of the MMU Advisory Council may be individuals who derive more than ten percent (10%) of their annual income from the health care industry.
3. The remaining MMU Advisory Council members shall be representatives of the community, in which the catchment area is located and shall be selected for their expertise in community affairs, local government, finance, and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social services agencies within the community.
4. No Council member shall be an employee of the Pinellas County or the spouse or child, parent, brother or sister by blood or marriage of such an employee.
5. No more than two (2) MMU Advisory Council members may be Pinellas County Board of County Commission members.
6. Conflicts of interest, as defined by FLORIDA law, or the appearance of conflicts of interest, shall be prohibited.
7. PCHS shall provide logistical and managerial assistance to the MMU Advisory Council.

## **ARTICLE VI – MEMBERSHIP AND TERMS OF OFFICE**

### **A. Recruitment/Appointment**

On an annual or as needed basis, the MMU Advisory Council shall nominate between one (1) and three (3) individuals to the MMU Advisory Council for each vacant council seat for consideration and appointment. The MMU Advisory Council may solicit nominations from the community, current or former consumers of the MMU, persons who are currently or formerly homeless, and other interested individuals who are committed and interested in the delivery of services of the Mobile Medical Unit. The Board of County Commissioners shall make appointments from the slate of nominees presented by the MMU Advisory Council. The MMU Advisory Council and the Board of County Commissioners will use their best efforts to maintain the same ration of consumer members, provider members and consumers-at-large as set out in Article V above.

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## **B. Terms of Office**

Members shall be appointed for terms of two (2) years and shall serve until his/her successor is appointed and qualified. Members may serve no more than three (3) consecutive full terms of office.

## **C. Removal**

Any member of the Council may be removed for unexcused absences, inappropriate behavior or unfavorable representation of the MMU Advisory Council, contingent upon a 2/3 vote of the Council, after notice and an opportunity to be heard. An unexcused absence is defined as an absence of which the chair and/or staff coordinator was not notified in advance for the meeting. Not more than three consecutive unexcused absences from board meetings or failure to attend 75% of the meetings in any calendar year will be allowed.

## **D. Vacancies and Resignations**

On an annual basis, vacancies occurring on the Council shall be filled in the same manner as previous appointments were made, following the guidance in Section A. In the process of filling vacancies, the Advisory Council shall extend their best efforts to maintain the Council's composition of consumer members, provider members and consumers-at-large. Any Council member appointed to fill a vacancy shall be appointed for the unexpired term of her/his predecessor in office.

All resignations must be in writing and submitted to the MMU Advisory Council Chairperson thirty (30) days prior to effective date.

The MMU Advisory Council Chairperson shall nominate an interim appointment to fill the remainder of the term of members removed pursuant to Sections C and D. A member appointed by the Chairperson shall serve as a full member of the Advisory Council pending confirmation by the Board of County Commissioners. The Chairperson in making interim appointments shall use best efforts to maintain the same ratio of consumer members, provider members and consumers-at-large as set out in Article V above.

## **E. Compensation**

Members of the Council shall serve without compensation. However, members may be reimbursed for reasonable expenses actually incurred related to their service on the MMU Advisory Council.

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## **ARTICLE VII – MEETINGS AND VOTING**

### **A. Annual Meeting**

The MMU Advisory Council shall hold an annual meeting during the second quarter of each year. The date and time are to be decided by the Council members.

### **B. Regular and Special Meetings**

Regular meetings of the MMU Advisory Council shall be monthly at a time and place to be decided by the Council. The agenda of each meeting will be distributed to the membership not later than two (2) business days prior to each meeting. Notices of meetings will be included on the Mobile Medical Unit monthly calendar. The agenda may be modified by a majority vote of the members present. All meetings of the Mobile Medical Unit Advisory Council shall be open to the public.

Where geography or other circumstances make monthly, in person participation in board meetings burdensome, monthly meetings may be conducted by telephone or other means of electronic communication where all parties can both listen and speak to all other parties.

Special meetings may be called by the Council Chairperson or by four (4) members of the MMU Advisory Council, at such time and place as may be deemed necessary.

### **C. Notice of Special Meetings**

Council members shall be notified of the time, place and purpose of all special meetings of the MMU Advisory Council at least two (2) days prior by email, facsimile, correspondence, or hand delivery in person. Notices of special meetings of the MMU Advisory Council shall specify the business to be transacted at the special meeting and no other business except that specified shall be considered at the special meeting.

### **D. Quorum**

A majority of the MMU Advisory Council members appointed and serving shall constitute a quorum for the transaction of business. Council officers can act in absence of quorum.

### **E. Voting**

All members shall be deemed as equal members and a simple vote is all that is required. A minimum of three members must be present to solidify a vote, except as may be provided by statute or these bylaws.

### **F. Recording, Distribution and Storage of Minutes**

The MMUAC shall keep a record of its proceedings and shall be custodian of all books, documents, and papers filed with it. All meetings of the MMUAC, as well as all records, books, documents, and papers, shall be open and available to the public in accordance with F.S. § 286.011.



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## **ARTICLE VIII -- OFFICERS AND STAFF ASSISTANCE**

### **A. Officers**

The officers of the Council shall be the Chairperson, Vice-Chairperson, and Secretary.

### **B. Election and Terms of Office**

The officers shall be elected by the Council during the annual meeting and shall take office immediately thereafter. Terms of office shall be for two (2) years or until their successors are elected. Officers shall be elected at the first meeting of the MMU Advisory Council and shall serve until the second annual meeting thereafter.

### **C. Removal**

Any officer elected by the Council may be removed by two-thirds majority vote after notice and an opportunity to be heard.

### **D. Vacancy**

The unexpired term of an officer not completing his or her term shall be filled by a majority vote of the MMU Advisory Council at the next regular meeting after the vacancy or at a special meeting called for that purpose. A majority vote of the total MMU Advisory Council membership shall be necessary to elect an officer.

### **E. Chairperson**

The Chairperson shall be elected by a majority of the MMU Advisory Council membership and shall preside at all meetings of the MMU Advisory Council. The Chairperson shall make appointments to Councils, with approval of a majority of MMU Advisory Council members. The Chairperson shall arbitrate disputes between these Councils. The Chairperson shall be kept advised of the affairs of PCHS and ensure that all directives and policies are carried into effect. The Chairperson shall fill unexpired terms of Advisory Council members. The Chairperson shall perform other duties as may be assigned by the Council.

### **F. Vice-Chairperson**

The Vice-Chairperson shall perform the duties of the Chairperson in the absence of the Chairperson and shall perform such other duties as from time to time may be assigned by the MMU Advisory Council.

### **G. Secretary**

The Secretary shall keep the minutes of all meetings of the MMU Advisory Council. The Secretary shall give notices of all meetings of the MMU Advisory Council in accordance with the provisions of these bylaws or as required by statute or resolution. The Secretary shall perform other duties as assigned by the MMU Advisory Council.

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## **H. Staff Assistance**

PCHS STAFF shall ensure that secretarial and/or stenographic assistance and staff assistance, if appropriate, is provided to the MMU Advisory Council meetings and to the Chairperson in the performance of his/her MMU authorized duties, as may be reasonably requested.

## **ARTICLE IX – COUNCIL(S)**

### **A. Ad-hoc Committees**

The Council may establish ad-hoc Committees as it deems necessary to carry out the purpose and objectives of the MMU. The Chairperson, with the consent of a majority of MMU Advisory Council members, may appoint MMU members to these Committees. Ad-hoc Committees shall be advisory in nature.

### **B. Standing Committees**

The Chairperson of the MMU Advisory Council shall, from among Council members, appoint with the concurrence of a majority of MMU Advisory Council members, the following standing Committees:

1. A Planning and Development Committee composed of four to five (4 -5) Advisory Council members shall be responsible for developing the goals and objectives of the MMU for monitoring and evaluating their implementation and progress, and for reviewing the MMU's by-laws. Additionally, this Committee will monitor local, state, and federal issues regularly informing the Board of these issues.
2. A Clinical Operations Committee composed of four to five (4 -5) council members shall work with PCHS on establishing all policies and procedures, except for personnel and fiscal policies and procedures (retained by Pinellas County Board of County Commissioners). This Council recommends the approval of the annual quality assurance/quality improvement plan to the full council, monitors the plan's implementation and results. This Council will meet at least quarterly.

The function of the standing Committees is advisory in nature. Any action or decision must be approved by the FULL MMU Advisory Council. No Council or individual member may decide any matter or action without specific Council approval. The PCHS Project Director shall be a non-voting member of all Committees.

### **C. General Committee Procedures**

1. Term: Each standing Committee, except the Nominating Committee, shall be appointed at the annual meeting of the Advisory Council and shall serve for the ensuing year. Council chairpersons shall also serve for the ensuing year.

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2. Meeting Procedure: Every meeting of a standing Committee of the Advisory Council shall be called by its chairperson or by a majority of Council members. At the first meeting of a standing Council, a meeting schedule shall be determined. In the event that a special meeting is necessary, Council members shall be notified of the time, place and purpose of the special Council meeting at least two (2) business days prior by facsimile, correspondence, or hand delivery in person. A quorum for the conduct of Council business shall require the presence of a majority of the Council members.
  3. Membership: Only Council members may be appointed to standing Committees of the MMU Advisory Council. The Council may request that non-Council members attend MMU Advisory Council meetings to provide assistance or information.
  4. Voting: When a Council meets and votes on an issue, only members of that Council may vote. Advisory Council members who are present and who are not members of the Council may not vote. MMU Advisory Council is advisory in nature and all actions shall be forwarded for review and action/inaction to the full Board of County Commissioners.

## **ARTICLE X -- RESPONSIBILITIES OF THE COUNCIL**

### **A. Personnel Policies and Procedures**

The MMU Advisory Council, through its Cooperative Agreement, shall be bound by the Pinellas County personnel policies and procedures. These agreements and policies include selection and dismissal procedures, performance appraisal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity and non-discrimination practices as established by the Pinellas County Board of County Commissioners.

### **B. Financial Management**

The MMU Advisory Council shall annually review the budget prepared by the PCHS Department for the operation of the MMU. The MMU Advisory Council shall advise the Pinellas County Board of County Commissioners regarding this budget. The MMU Advisory Council shall review and approve the annual Section 330 grant budget and recommend this budget to the Board of County Commissioners. The MMU Advisory Council and Board of County Commissioners shall jointly approve the annual Section 330 budget submitted to the Bureau of Primary Health Care.

The MMU Advisory Council shall review management reports to support the PCHS and the Board of County Commissioners in the operation of the MMU. The MMU Advisory Council shall provide assurance to the Federal Bureau of Primary Care that the MMU shall operate within the adopted budget. The MMU Advisory Council shall set a fee schedule for the services provided through the MMU and shall recommend to the Board of County Commissioners policies for discounting fees (i.e. sliding fee scale) based on patient/family size and income.

Audits, as required by law for the 300 Grant Agreement shall be performed by an independent auditor. The audits may be performed in conjunction with other Pinellas County audits.

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### **C. Evaluate Health Center Activities**

The Council shall evaluate utilization patterns, productivity, patient satisfaction, and achievement of project objectives of the MMU, and shall develop and implement a process for hearing and resolving patient grievances.

The Council shall evaluate the MMU achievements at least annually and utilizing the knowledge gained thereby to revise the MMU goals, objectives, plan and budget as necessary and appropriate, including providing advice regarding the establishment of linkages with other health care providers and/or health care programs.

The Council shall evaluate itself periodically for efficiency, effectiveness, and compliance with all requirements imposed upon community health centers, as set forth in Section 330 of the Public Health Service Act, 42 U.S.C. § 254b.

### **D. Compliance with Laws**

The Council shall assure that the MMU is operated in compliance with applicable Federal, State and local laws and regulations.

### **E. Health Care Policies**

The Council shall work with the MMU clinical staff to establish policies for health care delivery, including those dealing with the scope, availability and types of services, location and hours of services, and quality of care audit procedures.

### **F. Grants**

The Advisory Council shall work with the PCHS to identify and make application for grant opportunities.

### **G. Administrative Assistance**

The PCHS shall provide the administrative assistance necessary to fulfill the Council's responsibilities.

### **H. Conflict of Interest**

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

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## **ARTICLE XI -- FISCAL YEAR**

The fiscal year of the Council shall be November 1 through October 31.

## **ARTICLE XII -- ORDER OF BUSINESS**

The order of business of the Council at its regular and annual meetings, unless changed by a majority vote of its members, shall be as follows:

### Regular Meeting

1. Welcome and Call to Order
2. Approval of Minutes
3. Guest Speaker, if applicable
4. Community Input (limited to 3 minutes unless extended by the Chairperson)
5. Staff Reports (Governance, Fiscal, Clinical)
6. Committee Reports, if any
7. Other
8. Adjournment

### Annual Meeting

1. Welcome, and Call to Order
2. Approval of Minutes
3. Community Input (limited to 3 minutes unless extended by the Chairperson)
4. Chairperson's Annual Report
5. Election of Board Officers
6. Unfinished Business
7. New Business
8. Board Announcements
9. Adjournment

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### **ARTICLE XIII—AMENDMENTS**

These bylaws may be amended at a regular meeting of the Council by a two-thirds vote of the entire membership of the MMU Advisory Council, only after the proposed change has been presented and discussed at a previous regular meeting. Amendments to the bylaws do not become effective until voted and approved by the Board of County Commissioners.

### **ARTICLE XIV -- PROXY**

An absent MMU Advisory Council member shall not be allowed to vote by proxy.

### **ARTICLE XV -- PARLIAMENTARY AUTHORITY**

The Parliamentary Authority of the Council shall be Robert's Rules of Order.

### **CONCLUSION**

To the extent that any of the MMU Advisory Council By-laws are contrary to statutory requirements or the PCHS' authorization, they shall be of no force or effect.

### ***ADOPTED -***

Approved by MMU Advisory Council 11/04/2014

Updated Draft as of 4/10/2015 per feedback from HRSA on 3/30/2015

**May 2015**

# Mobile Medical Unit Calendar

(VAN Maintenance Every Monday 3:30 – 5:00)

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

|   |   |   |  |   |
|---|---|---|--|---|
|   |   |   |  | <b>1 <u>St. Petersburg</u></b><br>Salvation Army<br>One Stop<br>1400 4 <sup>th</sup> St. South<br><b>8:30am – 4:00pm</b>  |
| <b>4 <u>Clearwater</u></b><br>SVDP Soup Kitchen<br>1340 Pierce Street<br><b>8:30am – 12:30pm</b><br><br><b><u>Pilot Project</u></b><br><b>12:30 pm – 3:30 pm</b>  | <b>5 <u>Clearwater</u></b><br>Pinellas Hope<br>5726 126 <sup>th</sup> Ave. North<br><b>8:30am – 5:00pm</b><br>(Van located in back parking area)  | <b>6 <u>No Services</u></b><br><br><b><u>Staff Training</u></b>   | <b>7 <u>St. Petersburg</u></b><br>Salvation Army ARC<br>5885 66 <sup>th</sup> St No<br><b>8:30am – 5:00pm</b>  | <b>8 <u>St. Petersburg</u></b><br>Salvation Army<br>One Stop<br>1400 4 <sup>th</sup> St. South<br><b>8:30am – 4:00pm</b>  |
| <b>11 <u>Clearwater</u></b><br>SVDP Soup Kitchen<br>1340 Pierce Street<br><b>8:30am – 12:30pm</b><br><br><b><u>Pilot Project</u></b><br><b>12:30 pm – 3:30 pm</b> | <b>12 <u>St Petersburg</u></b><br>SVDP Center of Hope<br>401 15th Street N<br>St Petersburg, FL 33713<br><b>8:30am – 5:00pm</b>                   | <b>13 <u>Clearwater</u></b><br>Pinellas Hope<br>5726 126 <sup>th</sup> Ave. North<br><b>8:30am – 5:00pm</b><br>(Van located in back parking area) | <b>14 <u>St. Petersburg</u></b><br>Salvation Army ARC<br>5885 66 <sup>th</sup> St No<br><b>8:30am – 5:00pm</b> | <b>15 <u>St. Petersburg</u></b><br>Salvation Army<br>One Stop<br>1400 4 <sup>th</sup> St. South<br><b>8:30am – 4:00pm</b> |
| <b>18 <u>Clearwater</u></b><br>SVDP Soup Kitchen<br>1340 Pierce Street<br><b>8:30am – 12:30pm</b><br><br><b><u>Staff Meeting</u></b><br><b>12:30 – 3:30 pm</b>    | <b>19 <u>Clearwater</u></b><br>Pinellas Hope<br>5726 126 <sup>th</sup> Ave. North<br><b>8:30am – 5:00pm</b><br>(Van located in back parking area) | <b>20 <u>Clearwater</u></b><br>Pinellas Hope<br>5726 126 <sup>th</sup> Ave. North<br><b>8:30am – 5:00pm</b><br>(Van located in back parking area) | <b>21 <u>St. Petersburg</u></b><br>Salvation Army ARC<br>5885 66 <sup>th</sup> St No<br><b>8:30am – 5:00pm</b> | <b>22 <u>St. Petersburg</u></b><br>Salvation Army<br>One Stop<br>1400 4 <sup>th</sup> St. South<br><b>8:30am – 4:00pm</b> |
| <b>25 <u>No Services</u></b><br><br><b><u>Memorial Day</u></b>  | <b>26 <u>St Petersburg</u></b><br>SVDP Center of Hope<br>401 15th Street N<br>St Petersburg, FL 33713<br><b>8:30am – 5:00pm</b>                   | <b>27 <u>Clearwater</u></b><br>Pinellas Hope<br>5726 126 <sup>th</sup> Ave. North<br><b>8:30am – 5:00pm</b><br>(Van located in back parking area) | <b>28 <u>St. Petersburg</u></b><br>Salvation Army ARC<br>5885 66 <sup>th</sup> St No<br><b>8:30am – 5:00pm</b> | <b>29 <u>St. Petersburg</u></b><br>Salvation Army<br>One Stop<br>1400 4 <sup>th</sup> St. South<br><b>8:30am – 4:00pm</b> |

*\*\*No Appointment Necessary--Walk-ups*

*Preferred\*\** **[www.pinellascounty.org/humanservices](http://www.pinellascounty.org/humanservices)** 727-453-7866

# May 2015

## Safe Harbor Calendar

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  | <b>1</b> <u><b>Clearwater</b></u><br>Safe Harbor<br>14840 49 <sup>th</sup> St. No.<br>8:30am – 5:00pm  |
| <b>4</b> <u><b>Clearwater</b></u><br>Safe Harbor<br>14840 49 <sup>th</sup> St. No.<br>8:30am – 5:00pm  | <b>5</b> <u><b>Clearwater</b></u><br>Safe Harbor<br>14840 49 <sup>th</sup> St. No.<br>8:30am – 5:00pm  | <b>6</b> <u><b>No Services</b></u><br><br><u><b>Staff Training</b></u>                                 | <b>7</b> <u><b>Clearwater</b></u><br>Safe Harbor<br>14840 49 <sup>th</sup> St. No.<br>8:30am – 5:00pm  | <b>8</b> <u><b>Clearwater</b></u><br>Safe Harbor<br>14840 49 <sup>th</sup> St. No.<br>8:30am – 5:00pm  |
| <b>11</b> <u><b>Clearwater</b></u><br>Safe Harbor<br>14840 49 <sup>th</sup> St. No.<br>8:30am – 5:00pm   | <b>12</b> <u><b>Clearwater</b></u><br>Safe Harbor<br>14840 49 <sup>th</sup> St. No.<br>8:30am – 5:00pm | <b>13</b> <u><b>Clearwater</b></u><br>Safe Harbor<br>14840 49 <sup>th</sup> St. No.<br>8:30am – 5:00pm | <b>14</b> <u><b>Clearwater</b></u><br>Safe Harbor<br>14840 49 <sup>th</sup> St. No.<br>8:30am – 5:00pm | <b>15</b> <u><b>Clearwater</b></u><br>Safe Harbor<br>14840 49 <sup>th</sup> St. No.<br>8:30am – 5:00pm |
| <b>18</b> <u><b>Clearwater</b></u><br>Safe Harbor<br>14840 49 <sup>th</sup> St. No.<br>8:30am – 12:30 pm<br><u><b>Staff Meeting</b></u><br><b>12:30 – 3:30pm</b> | <b>19</b> <u><b>Clearwater</b></u><br>Safe Harbor<br>14840 49 <sup>th</sup> St. No.<br>8:30am – 5:00pm | <b>20</b> <u><b>Clearwater</b></u><br>Safe Harbor<br>14840 49 <sup>th</sup> St. No.<br>8:30am – 5:00pm | <b>21</b> <u><b>Clearwater</b></u><br>Safe Harbor<br>14840 49 <sup>th</sup> St. No.<br>8:30am – 5:00pm | <b>22</b> <u><b>Clearwater</b></u><br>Safe Harbor<br>14840 49 <sup>th</sup> St. No.<br>8:30am – 5:00pm |
| <b>25</b> <u><b>No Services</b></u><br><br><u><b>Memorial Day</b></u>  | <b>26</b> <u><b>Clearwater</b></u><br>Safe Harbor<br>14840 49 <sup>th</sup> St. No.<br>8:30am – 5:00pm | <b>27</b> <u><b>Clearwater</b></u><br>Safe Harbor<br>14840 49 <sup>th</sup> St. No.<br>8:30am – 5:00pm | <b>28</b> <u><b>Clearwater</b></u><br>Safe Harbor<br>14840 49 <sup>th</sup> St. No.<br>8:30am – 5:00pm | <b>29</b> <u><b>Clearwater</b></u><br>Safe Harbor<br>14840 49 <sup>th</sup> St. No.<br>8:30am – 5:00pm |

*\*\*No Appointment Necessary--Walk-ups*

*Preferred\*\** [www.pinellascounty.org/humanservices](http://www.pinellascounty.org/humanservices) 727-453-7866





College of Medicine  
Area Health Education Centers Program  
<http://flahec.org>

2750 NW 43 Street Ste 102  
Gainesville, FL 32606-7486  
352-273-8530  
352-392-1022 Fax

Dear Community Health Administrator or Provider,

Please accept this invitation for you and your team to attend the upcoming training, *Evidence-Based Team Approach for Managing Patients with Diabetes, Heart Disease and Depression*. This program will be convened on **May 28-29th** in **Orlando** at the **Caribe Royale** at 8101 World Center Drive.

We are excited to bring back the TEAMcare trainers from the University of Washington to share this comprehensive, cost-effective program, which is designed to treat the whole person with multiple medical and behavioral health conditions. TEAMcare is already being successfully implemented in over 30 health care settings throughout North America and serves as a ready-to-implement model for Patient Centered Medical Home and Accountable Care Organizations. In partnership with the Florida Department of Health and with funding support from the Centers for Disease Control and Prevention, we are able to offer this program to you and your team at no cost and with support for your hotel stay.

The TEAMcare program :

- Focuses on teaching patients the self-care skills necessary to optimally control chronic disease;
- Is delivered in the patient's primary care clinic and by telephone;
- Takes a team-based approach involving nurses, a mental health provider, a primary care physician, and medical providers;
- Aims to increase behaviors that enhance a quality of life and decrease depressive systems;
- Breaks down costly care silos in addressing patients with diabetes, heart disease and depression;
- Allows primary care systems to meet 8 of the 10 NCQA requirements for certification for the level 3 patient center medical home.

We encourage you to come as a team from your health care organization. All participants must register in advance for this training at <https://www.eventbrite.com/e/evidence-based-team-approach-for-managing-patients-with-diabetes-heart-disease-depression-tickets-16109806866> and use the invitation code **teamcare2015**. Hotel reservations can also be made through the registration site. Although you will need to enter a credit card for incidentals, the rooms for those traveling from outside of the Orlando region will be put on a master account and covered with the funding support for this training.

Our goal is to have this training be an opportunity for your team to interact and learn from the TEAMcare trainers as well as from the other participants. Please consider this opportunity to bring your team to this valuable training and register online as soon as possible. There are a limited number of slots available.

If you have any questions about the training, please do not hesitate to call me at 352 273-8530 or email me at [berich@ufl.edu](mailto:berich@ufl.edu).

Sincerely,

A handwritten signature in blue ink that reads 'Barbara E. Richardson'.

Barbara E. Richardson, PhD, RN

*The Foundation for The Gator Nation*

An Equal Opportunity Institution

# Evidence-Based Team Approach for Managing Patients with Diabetes, Heart Disease and Depression

**Training Xchange**  
University of Washington  
CoMotion

**Florida Department of Health**  
**University of Florida AHEC**  
**Program**



May 28-29, 2015 • Orlando, Florida  
Caribe Royale, 8101 World Center Drive



## Course Description

The most difficult and costly patients often have multiple comorbid conditions. Care for these patients with complex conditions is compounded by psychological and behavioral impairment—such as depression, unhealthy lifestyles, and poor adherence to treatment. Research has shown a bidirectional link between depression, diabetes, and coronary heart disease. Additionally, only 50% of patients with depression and diabetes/coronary heart disease have their depression accurately diagnosed in primary care.

TEAMcare is a highly effective program that improves disease control in patients with diabetes and/or cardiovascular disease who also have depression. The TEAMcare program:

- Focuses on teaching patients self-care skills to control illnesses
- Is delivered in the patient's primary care clinic and by phone
- Takes a team-based approach
- Increases behaviors that enhance quality of life.

TEAMcare is an evidence-based, patient-centered approach that enhances the primary care team's ability to provide optimal care. Using the Chronic Care and Collaborative Depression Care models, TEAMcare provides comprehensive care for diabetes, coronary heart disease and depression simultaneously. Compared to usual care, the TEAMcare intervention significantly improved both medical disease control and depression.\*

## Course Objectives

This two-day training is designed to give both clinicians and administrators all the skills and knowledge they need to implement the TEAMcare Program. Training participants will be able to:

- Describe the interaction between depression and diabetes and/or coronary heart disease
- Effectively assess depressed individuals and recommend steps to improve their mental and physical health and enhance quality of life
- Describe an integrated team approach to improving glucose, blood pressure, and lipid control, and to reducing depression using a Treat-to-Target strategy
- Discuss the importance and use of a registry to track key outcomes
- Describe key elements of this comprehensive, multi-component depression and health care program
- Describe the evidence base supporting the effectiveness of the TEAMcare treatment approach
- Demonstrate practical skills—such as motivational interviewing, problem solving, and behavioral activation
- Discuss the key elements and personnel required to effectively implement TEAMcare in their communities

**Course Location:**  
**Caribe Royale**  
**8101 World Center Drive, Orlando, FL 32821**

## Course Schedule

**Day 1: Thursday, May 28, 2015** **8:30 AM - 4:45 PM**

**Sign-in and breakfast available at 8:00 AM**

- Overview of TEAMcare
- TEAMcare intervention components
- Overview of algorithms for depression, diabetes, blood pressure and lipid treatment
- Care manager role
- Key components of TEAMcare supervision
- TEAMcare project administration and implementation issues
- Caseload
- Integration into primary care
- Communication issues

**Day 2: Friday, May 29, 2015** **8:30 AM - 4:00 PM**

**Sign-in and breakfast available at 8:00 AM**

- Review of TEAMcare core elements
- Behavioral skills for care managers
- Motivational interviewing
- Behavioral activation
- Problem solving therapy
- Addressing safety concerns
- Tracking systems
- Troubleshooting implementation problems in complex systems

**BREAKFAST AND LUNCH WILL BE PROVIDED BOTH DAYS**

## Registration Information

|                            |  |
|----------------------------|--|
| <b>Fee</b>                 | There is no fee for attending this program. The workshop is supported through a CDC grant awarded to the Florida Department of Health.   |
| <b>Online Registration</b> | All participants will need to register for this program online at <a href="https://www.eventbrite.com/e/teamcare-tickets-16109806866">https://www.eventbrite.com/e/teamcare-tickets-16109806866</a> . The invitation code is teamcare2015. |
| <b>Hotel</b>               | Up to 2 nights at the host hotel will be provided to participants traveling more than 30 miles one way.  |
| <b>Cancellation Policy</b> | Please let us know at least 3 days in advance if you will not be able to attend the training.  |

## TEAMcare Trainers

### Erik Vanderlip, MD, MPH

Trainer, CoMotion, University of Washington  
Assistant Professor, Psychiatry & Medical Informatics, University of Oklahoma School of Community Medicine

### Diana Griffith, RN

Trainer, CoMotion, University of Washington  
Planned Care Manager, Virginia Mason Medical Center

### Eddie Edmondson, LICSW

Trainer, CoMotion, University of Washington

## Planning Committee

### Training Xchange, University of Washington

Eric Vanderlip, MD, MPH  
Diana Griffith, RN  
Eddie Edmondson, LICSW

### Florida Department of Health

Sarah Cawthon  
Dan Washburn, LCSW  
Bureau of Chronic Disease Prevention

### University of Florida Area Health Education Centers (AHEC) Program

Barbara Richardson, PhD, RN

## Hotel Information

Hotel rooms are available at the Caribe Royale. To make your reservations in the room block at the Caribe, use the following link:

[Suwannee River Education Center](#)

## Professional Credits

### Continuing Medical Education

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint providership of the Florida AHEC Network and the University of Florida AHEC and Florida Department of Health. The Florida AHEC Network is accredited by the Florida Medical Association to provide continuing medical education to physicians.

The Florida AHEC Network designates this live activity for a maximum of 11.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



### Continuing Education

Suwannee River Area Health Education Center, Inc. is a Florida Board of Nursing and Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling approved provider of continuing education. CE Broker Provider ID #50-1922. This program meets the requirements for up to **11.5** contact hours.



## Sponsor and Co-Provider Information



The original TEAMcare research was supported by grants MH041739 and MH069741 from the National Institute of Mental Health Services Division and by institutional support from Group Health Cooperative. Researchers and clinicians from Group Health Research Institute, Group Health Cooperative, and University of Washington contributed significantly to the development of this training.

For more information on TEAMcare please visit [www.teamcarehealth.org](http://www.teamcarehealth.org).

This Florida training is supported by the cooperative agreement number 1U58DP004800-01 from the Centers for Disease Control and Prevention (CDC) and the Florida Department of Health, Bureau of Chronic Disease Prevention (DOH). Its contents are solely the responsibility of the presenter's and do not necessarily represent the official views of the CDC or DOH.

## Talking Points about TEAMcare Conference

- This conference focuses on improving the care of patients with heart disease, diabetes and depression using an **evidence-based model** developed at the University of Washington. The model is based on a **team approach to primary care** and is consistent with the integration of behavioral health although it focuses specifically on depression, which is so common, but often overlooked, in patients with chronic disease.
- This is **not a typical conference** for health professionals to attend as individuals. Instead, it is **designed for you to bring a team from your clinical facility**, including: at least one administrator; providers including physicians, nurse practitioners, physician assistants, nurses, and social workers; and, clinic support staff that have direct interaction with patients. It would be preferable to have 4-8 participants from a site, because it would be hard to implement change if only 2-3 participants came from a site, or if at least one top-level administrator is not included.
- The conference is supported with CDC funds that have been awarded to the Florida Department of Health. The funding enables the University of Florida AHEC to provide this conference with **no registration fee** and with limited support to cover **up to two hotel nights** for those traveling from outside of the Orlando area.
- Because of the grant funding, UF AHEC will be doing a **pre-assessment** of the current practices at the site, as well as **follow-up calls** within several months post-conference to see if any changes have been implemented as a result of the training. UF AHEC will also be inquiring about the interest of sites in piloting implementation of the model.
- The TEAMcare conference was provided in Tallahassee last May with over a hundred participants from 19 different health center sites or systems. The **evaluations from participants were very positive** and this year, three sites have received additional support for their participation in the IHI collaborative, *Optimize Primary Care Teams to Meet Patients' Medical AND Behavioral Needs*.
- There are several **resources available** to learn more about TEAMcare. Visit TEAMcare's website at [www.teamcarehealth.org](http://www.teamcarehealth.org) or sign-up to complete a 3-hour online CE program on this model. The usual individual cost for the online training is \$150, but UF AHEC has secured a limited number of slots that allow you to take it at no cost to you. To access this training, contact Cynthia Freeman at UF AHEC at 352 273-8530 or [cfreeman@ufl.edu](mailto:cfreeman@ufl.edu). If you sign up for one of these 12 available "free" slots, we ask that you complete the full 3-hour course to get the certificate for our deliverables and for awarding Florida-based CE credits for completion.
- The **2014 NCQA criteria for level 3 medical home** will require primary care clinics to demonstrate quality improvement efforts for three disorders, one of which is a behavioral disorder such as depression. The TEAMcare program can help you meet this NCQA requirement.

**Site Visit: May 6-8, 2014**

- Last site visit conducted in 2008
- 19 requirements expected of health center program grantees
- Each requirement must be compliant “in whole” to be met...no partial credit
- Pinellas County compliant on 12/19 requirements

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**Site Visit: May 6-8, 2014**

- Areas for Improvement
  - Five policies and procedures that needed updating or created new
  - Two Required Services needed stronger contract language/new service added
  - Board Governance
  - Patient Capacity

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**Site Visit Conditions Update – May 2015**

- One condition LIFTED (*Sliding Scale Fee*)
- One condition in 120 day Implementation Period (*Credentialing & Privileging*)
- Two conditions where feedback has been provided; waiting on NOA to start clock on 120 day implementation (*Governance & Inpatient Hospital Tracking*)
- Three conditions where we are still waiting on feedback. (*After Hours, Mental Health, OB/GYN*)

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PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS  
HEALTH & COMMUNITY SERVICES DEPARTMENT

HEALTH CENTERS | MOBILE MEDICAL UNIT | #H80CS00024  
SITE VISIT MAY 6-8, 2014 | STATUS OF CONDITIONS

**CONDITION #1: ARRANGEMENTS FOR HOSPITAL ADMITTING AND CONTINUITY OF CARE**

**R.4.1 Arrangements for Hospital Admitting and Continuity of Care:** Health center physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care. In cases where hospital arrangements (including admitting privileges and membership) are not possible, the health center must firmly establish arrangements for hospitalization, discharge planning, and patient tracking. (Section 330(k)(3)(L) of the PHS Act)

**Submission Requirement:** Within 90 days, provide a plan for obtaining admitting privileges and/or for developing other firmly established arrangements for health center patients that require hospitalization and which ensures continuity of care in accordance with program requirements OR provide board approved documentation that compliance with this requirement has been implemented.

**CONDITION #1 | INPATIENT HOSPITAL TRACKING POLICY AND PROCEDURE**

| Final Draft Completed (reviewed by DOH/HCS) | Final PLAN Submitted to HRSA via EHB | Approved by HRSA for Implementation within 120 days | BCC or MMUAC Review & Approval | Approved Documentation Submitted to HRSA         | HRSA lifts condition on grant |
|---|--------------------------------------|---|--------------------------------|--|-------------------------------|
| 09/16/14                                    | 09/18/14                             | Feedback received 4/10/15                           | MMUAC Approved at Mtg- 11/4/14 | Waiting on NOA to move to 120 day implementation |                               |

**CONDITION #2: AFTER HOURS COVERAGE**

**R.2.2 After Hours Coverage:** Health center provides professional coverage for medical emergencies during hours when the center is closed. (Section 330(k)(3)(A) of the PHS Act and 42 CFR Part 51c.102(h)(4)).

**Submission Requirement:** Within 90 days, provide a plan for after hours coverage in accordance with program requirements OR provide board approved documentation that compliance with this requirement has been implemented.

**CONDITION #2 | AFTER HOURS COVERAGE POLICY & PROCEDURE**

| Final Draft Completed (reviewed by DOH/HCS) | Final PLAN Submitted to HRSA via EHB | Approved by HRSA for Implementation within 120 days | BCC or MMUAC Review & Approval  | Approved Documentation Submitted to HRSA | HRSA lifts condition on grant |
|---|--------------------------------------|---|---------------------------------|--|-------------------------------|
| 09/16/14                                    | 09/18/14                             | Feedback provided on 10/28/14                       | MMUAC Approved at Mtg - 11/4/14 | Resubmitted to HRSA on 11/12             |                               |

### CONDITION #3: SUBSTANCE ABUSE SERVICES

**R.2.3 Substance Abuse Services (Health Care for Homeless):** Health center provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals. (Section 330(a) of the PHS Act) Health centers requesting funding to serve homeless individuals and their families must provide substance abuse services among their required services. (Section 330(h)(2) of the PHS Act) Based upon a recent review, substance abuse services are not currently being offered either directly or through an appropriate established written arrangement or referral.

**Submission Requirement:** Within 90 days, provide a plan to offer substance abuse services in accordance with program requirements OR provide board approved documentation that compliance with this requirement has been implemented.

#### CONDITION #3 | MENTAL HEALTH/SUBSTANCE ABUSE SUB-CONTRACT W/FLORIDA DEPT OF HEALTH

| Final Draft Completed (reviewed by DOH/HCS) | Final PLAN Submitted to HRSA via EHB | Approved by HRSA for Implementation within 120 days | BCC or MMUAC Review & Approval | Approved Documentation Submitted to HRSA  | HRSA lifts condition on grant |
|---|--------------------------------------|---|--------------------------------|---|-------------------------------|
| 10/7/14                                     | 10/22/14                             | Pending   | BCC Approved at 10/21 Mtg      | Waiting on feedback from 10/22 submission |                               |

#### CONDITION #3 | MENTAL HEALTH/SUBSTANCE ABUSE POLICY & PROCEDURE

| Final Draft Completed (reviewed by DOH/HCS) | Final PLAN Submitted to HRSA via EHB | Approved by HRSA for Implementation within 120 days | BCC or MMUAC Review & Approval  | Approved Documentation Submitted to HRSA  | HRSA lifts condition on grant |
|---|--------------------------------------|---|---------------------------------|---|-------------------------------|
| 9/16/14                                     | 10/22/14                             | Pending   | MMUAC Approved at Mtg - 11/4/14 | Waiting on feedback from 10/22 submission |                               |

### CONDITION #4: SLIDING FEE DISCOUNT PROGRAM

**R.2.4 Sliding Fee Discount Program:** Health center has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay. This system must provide a full discount to individuals and families with annual incomes at or below 100% of the Federal poverty guidelines (only nominal fees may be charged) and for those with incomes between 100% and 200% of poverty, fees must be charged in accordance with a sliding discount policy based on family size and income. No discounts may be provided to patients with incomes over 200 percent of the Federal poverty guidelines. No patient will be denied health care services due to an individual's inability to pay for services by the health center, assuring that any fees or payments required by the health center for such services will be reduced or waived. (Section 330(k)(3)(G) of the PHS Act, 42 CFR Part 51c.303(f)) and 42 CFR Part 51c.303(u).

**Submission Requirement:** Within 90 days, provide a plan for a sliding fee discount program, including updating the schedule of discounts if appropriate, in accordance with program requirements OR provide board approved documentation that compliance with this requirement has been implemented.



**CONDITION #4 | SLIDING SCALE FEE ASSESSMENT & BILLING PROCEDURES POLICY & PROCEDURE**

| Final Draft Completed (reviewed by DOH/HCS) | Final PLAN Submitted to HRSA via EHB | Approved by HRSA for Implementation within 120 days | BCC or MMUAC Review & Approval  | Approved Documentation Submitted to HRSA | HRSA lifts condition on grant |
|---|--------------------------------------|---|---------------------------------|--|-------------------------------|
| 9/16/14                                     | 9/18/14                              | Feedback provided on 10/28/14                       | MMUAC Approved at Mtg - 11/4/14 | Resubmitted to HRSA on 11/12             | 3/5/2014                      |

**CONDITION #5: CREDENTIALING & PRIVILEGING**

*Health center maintains a core staff as necessary to carry out all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established arrangements and referrals. Staff must be appropriately licensed, credentialed and privileged (Section 330(a)(1), (b)(1)(2), (k)(3)(C), and (k)(3)(I) of the PHS Act).*

**Submission Requirement:** Within 90 days, provide a plan for developing credentialing and privileging policies and procedures that meet the requirements articulated by the Health Resources and Services Administration (HRSA) in Policy Information Notices (PIN) 2002-22 and 2001-16 and if applicable, documentation that demonstrates that all providers are appropriately credentialed and privileged to perform the activities and procedures detailed within the health center's approved scope of project OR provide board approved documentation that compliance with this requirement has been implemented. The plan must:

- Include a description of health center processes to ensure all health center providers are appropriately licensed, credentialed and privileged to perform the activities and procedures detailed within the health center's approved scope of project. This plan must also
- Ensure policies and procedures will address credentialing and privileging for all licensed or certified health center practitioners, employed or contracted, volunteers and locum tenens, currently providing services at the health center sites or locations in accordance with the requirements of Policy Information Notices (PIN) 2002-22 and 2001-16.
- Have appropriate documentation of credentialing and privileging and include written confirmation of credentialing and privileging (i.e., primary source copies of the health center's provider files that document provider licensure, registration, or certification; education, training, current competence, and health fitness, among other things) for all licensed or certified health center practitioners, employed or contracted, volunteers and locum tenens, currently providing services at all health center sites or locations in accordance with the requirements of PINs 2002-22 and 2001-16.

Please note that the Federally Supported Health Centers Assistance Act (FSHCAA), section 224 of the PHS Act (42 U.S.C. 233(g)(n)), as a condition of health center eligibility for deemed federal employment, requires that health centers demonstrate implementation of appropriate policies and procedures to reduce the risk of medical malpractice and associated lawsuits, and review and verification of the professional credentials, fitness, and license status, among other items, of its licensed or certified health care practitioners. Review PIN 2002-22 and PIN 2001-16 for additional guidance on the credentialing and privileging requirements for health center providers.

**CONDITION #5 | CREDENTIALING & PRIVILEGING POLICY & PROCEDURE**

| Final Draft Completed (reviewed by DOH/HCS) | Final PLAN Submitted to HRSA via EHB | Approved by HRSA for Implementation within 120 days | BCC or MMUAC Review & Approval | Approved Documentation Submitted to HRSA | HRSA lifts condition on grant |
|---|--------------------------------------|---|--------------------------------|--|-------------------------------|
| 9/16/14                                     | 9/18/14                              | Feedback issued 4/10/15<br>NOA Issued 2/3/2015      | MMUAC Approved - Mtg 11/4/14   | Due June 3, 2015                         |                               |

## CONDITION #6: REQUIRED OR ADDITIONAL SERVICES

**R.2.3 Required or Additional Services:** Health center provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals. (Section 330(a) of the PHS Act). Based upon a recent review, one or more required or additional service is not currently being offered either directly or through an appropriate established written arrangement or referral.

**Submission Requirement:** Within 90 days, provide a plan to offer these services in accordance with program requirements OR provide board approved documentation that compliance with this requirement has been implemented.

### CONDITION #6 | FLORIDA DEPT OF HEALTH CONTRACT AMENDMENT for OB/GYN SERVICES

| Final Draft Completed (reviewed by DOH/HCS) | Final PLAN Submitted to HRSA via EHB | Approved by HRSA for Implementation within 120 days | BCC or MMUAC Review & Approval | Approved Documentation Submitted to HRSA  | HRSA lifts condition on grant |
|---|--------------------------------------|---|--------------------------------|---|-------------------------------|
| 10/7/14                                     | 10/22/14                             | Pending   | BCC Approved at 10/21 Mtg      | Waiting on feedback from 10/22 submission |                               |

### CONDITION #6 | OB/PRE-NATAL TRACKING & REFERRAL POLICY & PROCEDURE

| Final Draft Completed (reviewed by DOH/HCS) | Final PLAN Submitted to HRSA via EHB | Approved by HRSA for Implementation within 120 days | BCC or MMUAC Review & Approval  | Approved Documentation Submitted to HRSA  | HRSA lifts condition on grant |
|---|--------------------------------------|---|---------------------------------|---|-------------------------------|
| 9/16/14                                     | 10/22/14                             | Pending   | MMUAC Approved at Mtg - 11/4/14 | Waiting on feedback from 10/22 submission |                               |

## CONDITION #7: BOARD AUTHORITY

**R.7.1 Board Authority:** Health center governing board maintains appropriate authority to oversee the operations of the center, including:

- holding monthly meetings;
- approval of the health center grant application and budget;
- selection/dismissal and performance evaluation of the health center CEO;
- selection of services to be provided and the health center hours of operations;
- measuring and evaluating the organization's progress in meeting its annual and long term programmatic and financial goals and developing plans for the long range viability of the organization by engaging in strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient satisfaction, and monitoring organizational assets and performance; and establishment of general policies for the health center. (Section 330(k)(3)(H) of the PHS Act and 42 CFR Part 51c.304)

**Note:** In the case of public centers (also referred to as public entities) with co-applicant governing boards, the public center is permitted to retain authority for establishing general policies (fiscal and personnel policies) for the health center (Section 330(k)(3)(H) of the PHS Act and 42 CFR 51c.304(d)(iii) and (iv)).

**Submission Requirement:** Within 90 days, provide a plan to address all applicable board authority issues in accordance with program requirements OR provide board approved documentation that compliance with this requirement has been implemented.

| CONDITION #7   CO-APPLICANT AGREEMENT       |                                      |  |   |  |                               |
|---|--------------------------------------|--|---|--|-------------------------------|
| Final Draft Completed (reviewed by DOH/HCS) | Final PLAN Submitted to HRSA via EHB | Approved by HRSA for Implementation within 120 days  | BCC or MMUAC Review & Approval                | Approved Documentation Submitted to HRSA | HRSA lifts condition on grant |
| 10/21/22                                    | 11/12/14                             | Feedback provided by email from HRSA PO on 2/26/2015 | MMUAC Approved at Mtg 11/4<br><br>BCC Mtg TBD |  |                               |

| CONDITION #7   NOTICE OF AWARDS/GRANT APPLICATIONS & BUDGET |                                      |   |   |   |                               |
|---|--------------------------------------|---|---|---|-------------------------------|
| Final Draft Completed (reviewed by DOH/HCS)                 | Final PLAN Submitted to HRSA via EHB | Approved by HRSA for Implementation within 120 days | BCC or MMUAC Review & Approval                            | Approved Documentation Submitted to HRSA  | HRSA lifts condition on grant |
| 10/7/14   | 11/12/14                             | Pending   | BCC Approved – Mtg 10/21<br><br>MMUAC Approved Mtg - 11/4 | Waiting on feedback from 11/12 submission |                               |

| CONDITION #7   MMUAC SCHEDULE OF MEETINGS & MEETING MINUTES |                                      |  |                                |   |                               |
|---|--------------------------------------|--|--------------------------------|---|-------------------------------|
| Final Draft Completed (reviewed by DOH/HCS)                 | Final PLAN Submitted to HRSA via EHB | Approved by HRSA for Implementation within 120 days  | BCC or MMUAC Review & Approval | Approved Documentation Submitted to HRSA  | HRSA lifts condition on grant |
| Need 9/2/14 minutes and 10/7/14 minutes                     | 11/12/14                             | Feedback provided by email from HRSA PO on 3/30/2015 | MMUAC Approved - Mtg 11/4/14   | Waiting on feedback from 11/12 submission |                               |

| CONDITION #7   MMUAC BY-LAWS                |                                      |  |                                |   |                               |
|---|--------------------------------------|--|--------------------------------|---|-------------------------------|
| Final Draft Completed (reviewed by DOH/HCS) | Final PLAN Submitted to HRSA via EHB | Approved by HRSA for Implementation within 120 days  | BCC or MMUAC Review & Approval | Approved Documentation Submitted to HRSA  | HRSA lifts condition on grant |
| 9/16/14                                     | 11/12/14                             | Feedback provided by email from HRSA PO on 3/30/2015 | MMUAC Approved - Mtg 11/4/14   | Waiting on feedback from 11/12 submission |                               |

| CONDITION #7   2014-2015 ANNUAL WORK PLAN   |                                      |   |                                |   |                               |
|---|--------------------------------------|---|--------------------------------|---|-------------------------------|
| Final Draft Completed (reviewed by DOH/HCS) | Final PLAN Submitted to HRSA via EHB | Approved by HRSA for Implementation within 120 days | BCC or MMUAC Review & Approval | Approved Documentation Submitted to HRSA  | HRSA lifts condition on grant |
| 9/24/14                                     | 11/12/14                             | Pending   | MMUAC Approved - Mtg 11/4/14   | Waiting on feedback from 11/12 submission |                               |

TAB 3

| <b>1. DATE ISSUED:</b><br>10/15/2014   |             | <b>2. PROGRAM CFDA:</b> 93.224      |                        |  <p><b>U.S. Department of Health and Human Services</b><br/> <b>HRSA</b><br/> Health Resources and Services Administration</p> <p><b>NOTICE OF AWARD</b><br/> AUTHORIZATION (Legislation/Regulation)<br/> Public Health Service Act, Title III, Section 330<br/> Public Health Service Act, Section 330, 42 U.S.C. 254b<br/> Affordable Care Act, Section 10503</p> |                         |                         |   |             |                |  |
|--|-------------|-------------------------------------|------------------------|--|-------------------------|-------------------------|---|-------------|----------------|--|
| <b>3. SUPERSEDES AWARD NOTICE dated:</b><br>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.   |             |                                     |                        |  |                         |                         |   |             |                |  |
| <b>4a. AWARD NO.:</b><br>5 H80CS00024-14-00  |             | <b>4b. GRANT NO.:</b><br>H80CS00024 |                        |  |                         |                         | <b>5. FORMER GRANT NO.:</b><br>H66CS00382 |             |                |  |
| <b>6. PROJECT PERIOD:</b><br><b>FROM:</b> 11/01/2001 <b>THROUGH:</b> 10/31/2015  |             |                                     |                        |  |                         |                         |   |             |                |  |
| <b>7. BUDGET PERIOD:</b><br><b>FROM:</b> 11/01/2014 <b>THROUGH:</b> 10/31/2015   |             |                                     |                        |  |                         |                         |   |             |                |  |
| <b>8. TITLE OF PROJECT (OR PROGRAM):</b> HEALTH CENTER CLUSTER   |             |                                     |                        |  |                         |                         |   |             |                |  |
| <b>9. GRANTEE NAME AND ADDRESS:</b><br>Pinellas County Board of County Commissioners<br>315 Court Street<br>Clearwater, FL 33756-5165<br><b>DUNS NUMBER:</b><br>055200216<br>BHCNIS # 042040   |             |                                     |                        | <b>10. DIRECTOR:</b> (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)<br>Maureen Freaney<br>Pinellas County Board of County Commissioners<br>2189 Cleveland Street<br>Clearwater, FL 33765-3242   |                         |                         |   |             |                |  |
| <b>11. APPROVED BUDGET:</b> (Excludes Direct Assistance)<br><input type="checkbox"/> Grant Funds Only<br><input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation   |             |                                     |                        | <b>12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b><br>a. Authorized Financial Assistance This Period <b>\$581,256.00</b><br>b. Less Unobligated Balance from Prior Budget Periods<br>i. Additional Authority \$0.00<br>ii. Offset \$0.00<br>c. Unawarded Balance of Current Year's Funds \$242,190.00<br>d. Less Cumulative Prior Awards(s) This Budget Period \$0.00<br>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION <b>\$339,066.00</b>         |                         |                         |   |             |                |  |
| a. Salaries and Wages : \$0.00<br>b. Fringe Benefits : \$0.00<br>c. Total Personnel Costs : \$0.00<br>d. Consultant Costs : \$0.00<br>e. Equipment : \$0.00<br>f. Supplies : \$0.00<br>g. Travel : \$0.00<br>h. Construction/Alteration and Renovation : \$0.00<br>i. Other : \$581,256.00<br>j. Consortium/Contractual Costs : \$0.00<br>k. Trainee Related Expenses : \$0.00<br>l. Trainee Stipends : \$0.00<br>m. Trainee Tuition and Fees : \$0.00<br>n. Trainee Travel : \$0.00<br>o. TOTAL DIRECT COSTS : \$581,256.00<br>p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00<br>q. TOTAL APPROVED BUDGET : \$581,256.00<br>i. Less Non-Federal Share: \$0.00<br>ii. Federal Share: \$581,256.00  |             |                                     |                        | <b>13. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)<br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Not applicable</td> </tr> </tbody> </table>  |                         |                         | YEAR                                      | TOTAL COSTS | Not applicable |  |
| YEAR   | TOTAL COSTS |                                     |                        |  |                         |                         |   |             |                |  |
| Not applicable   |             |                                     |                        |  |                         |                         |   |             |                |  |
|  |             |                                     |                        | <b>14. APPROVED DIRECT ASSISTANCE BUDGET:</b> (In lieu of cash)<br>a. Amount of Direct Assistance \$0.00<br>b. Less Unawarded Balance of Current Year's Funds \$0.00<br>c. Less Cumulative Prior Awards(s) This Budget Period \$0.00<br>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION <b>\$0.00</b>   |                         |                         |   |             |                |  |
| <b>15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b><br><b>A=Addition B=Deduction C=Cost Sharing or Matching D=Other</b> <span style="float: right;"><b>[D]</b></span><br>Estimated Program Income: \$0.00   |             |                                     |                        |  |                         |                         |   |             |                |  |
| <b>16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:</b><br><small>a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.</small> |             |                                     |                        |  |                         |                         |   |             |                |  |
| <b>REMARKS:</b> (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)  |             |                                     |                        |  |                         |                         |   |             |                |  |
| <i>Electronically signed by Helen Harpold , Grants Management Officer on : 10/15/2014</i>  |             |                                     |                        |  |                         |                         |   |             |                |  |
| <b>17. OBJ. CLASS:</b> 41.51   |             | <b>18. CRS-EIN:</b> 1596000800A2    |                        | <b>19. FUTURE RECOMMENDED FUNDING:</b> \$581,256.00  |                         |                         |   |             |                |  |
| <b>FY-CAN</b>  | <b>CFDA</b> | <b>DOCUMENT NO.</b>                 | <b>AMT. FIN. ASST.</b> | <b>AMT. DIR. ASST.</b>   | <b>SUB PROGRAM CODE</b> | <b>SUB ACCOUNT CODE</b> |   |             |                |  |
| 15 - 3980879   | 93.224      | 15H80CS00024                        | \$110,483.00           | \$0.00   | HCH                     | HealthCareCenters_15    |   |             |                |  |
| 15 - 398879E   | 93.527      | 15H80CS00024                        | \$228,583.00           | \$0.00   | HCH                     | HealthCareCenters_15    |   |             |                |  |

## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants.hrsa.gov/webexternal/login.asp> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

## Terms and Conditions

**Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.**

### Grant Specific Condition(s)

#### 1. Due Date: Within 30 Days of Award Issue Date

Submit a revised SF 424A, Line Item Budget, and Budget Narrative Justification for the Federal award of \$581,256.00. The Federal amount refers to only the Federal section 330 Health Center Program grant funding for this award, not all Federal grant funding that an applicant receives. Also include the budget breakdown for non-Federal resources. (Refer to budget requirements in the Service Area Funding Opportunity Announcement or Budget Period Renewal Non-Competing Continuation guidance for budget format.)

The budget justification must detail the costs of each line item within each object class category. For the Personnel line item, you must include the following for each employee supported by funds from this award: name of employee; base salary; % FTE on the grant; and amount of Federal funds (wages and % of fringe benefits) to be paid for the budget year. This personnel information requirement also applies to subawards/subcontracts supported by Federal funds from this grant.

Federal grant funds may not be used to pay the salary of an individual at a rate in excess of Federal Executive Level II of the Federal Executive Pay scale (currently \$181,500). This amount reflects an individual's base salary exclusive of fringe benefits and income that an individual may be permitted to earn outside of the duties to the applicant organization (i.e., rate limitation only limits the amount that may be awarded and charged to HRSA grants.)

Please contact your Grants Management Specialist for specific submission instructions.

### Program Specific Condition(s)

#### 1. Due Date: 11/13/2014

As of 10/10/2014, HRSA has not received the submission for the condition stated below which was originally issued in Notice of Award# 6 H80CS00024-13-05. This condition is being transferred from the previous budget period (11/01/2013 - 10/31/2014) to the new budget period (11/01/2014 - 10/31/2015). **The due date for the related submission is 11/13/2014.**

"

**R.2.3 Substance Abuse Services (Health Care for Homeless):** Health center provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals. (Section 330(a) of the PHS Act) Health centers requesting funding to serve homeless individuals and their families must provide substance abuse services among their required services. (Section 330(h)(2) of the PHS Act) Based upon a recent review, substance abuse services are not currently being offered either directly or through an appropriate established written arrangement or referral. Within 90 days, provide a plan to offer substance abuse services in accordance with program requirements OR provide board approved documentation that compliance with this requirement has been implemented. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR Part 74.62(a))

"

#### 2. Due Date: 11/13/2014

As of 10/10/2014, HRSA has not received the submission for the condition stated below which was originally issued in Notice of Award# 6 H80CS00024-13-05. This condition is being transferred from the previous budget period (11/01/2013 - 10/31/2014) to the new budget period (11/01/2014 - 10/31/2015). **The due date for the related submission is 11/13/2014.**

"

**R.7.1 Board Authority:** Health center governing board maintains appropriate authority to oversee the operations of the center, including:

- holding monthly meetings;
- approval of the health center grant application and budget;

- selection/dismissal and performance evaluation of the health center CEO;
- selection of services to be provided and the health center hours of operations;
- measuring and evaluating the organization's progress in meeting its annual and long-term programmatic and financial goals and developing plans for the long-range viability of the organization by engaging in strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient satisfaction, and monitoring organizational assets and performance; and
- establishment of general policies for the health center.

(Section 330(k)(3)(H) of the PHS Act and 42 CFR Part 51c.304)

Note: In the case of public centers (also referred to as public entities) with co-applicant governing boards, the public center is permitted to retain authority for establishing general policies (fiscal and personnel policies) for the health center (Section 330(k)(3)(H) of the PHS Act and 42 CFR 51c.304(d)(iii) and (iv)). Within 90 days, provide a plan to address all applicable board authority issues in accordance with program requirements OR provide board approved documentation that compliance with this requirement has been implemented. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR Part 74.62(a))

"

### 3. Due Date: 11/13/2014

As of 10/10/2014, HRSA has not received the submission for the condition stated below which was originally issued in Notice of Award# 6 H80CS00024-13-05 . This condition is being transferred from the previous budget period (11/01/2013 - 10/31/2014) to the new budget period (11/01/2014 - 10/31/2015). **The due date for the related submission is 11/13/2014.**

"

**R.2.3 Required or Additional Services:** Health center provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals. (Section 330(a) of the PHS Act). Based upon a recent review, one or more required or additional service is not currently being offered either directly or through an appropriate established written arrangement or referral. Within 90 days, provide a plan to offer these services in accordance with program requirements OR provide board approved documentation that compliance with this requirement has been implemented. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR Part 74.62(a))

"

## Grant Specific Term(s)

1. This Notice of Award is issued based on HRSA's approval of the Non-Competing Continuation (NCC) Progress Report. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement:  
<http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>
2. This action approves the FY 2015 Budget Period Progress Report or Service Area Competition application and awards prorated support through May 31, 2015 based on the grantee's target FY 2015 funding under the Health Center Program (HCP). The HCP is currently operating under a Continuing Resolution since there is not a final FY 2015 appropriation for the program. A revised Notice of Award (NoA) will be issued later in the budget period after the final FY 2015 appropriation action is taken; the revised NoA will provide the remaining balance of grant support for the budget period that is consistent with the final appropriation for the HCP.
3. FY 2015 outreach and enrollment (O/E) funding has been included with the ongoing level of funding to support continued O/E assistance activities funded initially in FY 2013. The grantee will be required to continue to report on O/E progress via a quarterly progress report (QPR) to be submitted through the HRSA Electronic Handbook (EHB). HRSA will provide additional guidance regarding future funding and reporting requirements.
4. Health centers are expected to recognize any same-sex marriage legally entered into in a U.S. jurisdiction that recognizes their marriage, including one of the 50 states, the District of Columbia, or a U.S. territory, or in a foreign country so long as that marriage would also be recognized by a U.S. jurisdiction. This applies regardless of whether or not the couple lives in a jurisdiction that recognizes same-sex marriage. However, this does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. Accordingly, health centers must review and revise, as needed, internal health center policies and procedures that include references to familial relationships, such as "spouse," "husband," "wife," "marriage," or other terms related to the recognition of a marriage and/or family, to reflect this recognition. In addition, HRSA will apply pertinent Health Center Program requirements, including those relating to sliding fee scale and conflict of interest, consistent with this interpretation.
5. The grantee is advised that funding under the Health Care for the Homeless program (Section 330h) requires the following: a) substance abuse services must be provided, in addition to the required primary care services; b) the user-majority Governing Board must include representation from your homeless population. (See BPHC Policy Information Notice 98-12); and c) the annual BPHC Uniform Data System



(UDS) submissions must include separate Tables 3, 4, and 6 for your Health Care for the Homeless patients in addition to the data you submit for your entire health center program.

6. The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. If your organization previously received a grant under this program, it was in a G type (cash pooled) account designated by a PMS Account Number ending in G or G1. Now that this grant is sub accounted the PMS Account Number will be changed to reflect either P or P1. For example, if the prior year grant was in payee account number 2AAG it will now be in 2AAP. Similarly, if the prior year grant was in payee account 2AAG1, the grant will be in payee account 2AAP1. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds.

You may use your existing PMS username and password to check your organizations P account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: [http://www.dpm.psc.gov/grant\\_recipient/grantee\\_forms.aspx](http://www.dpm.psc.gov/grant_recipient/grantee_forms.aspx) and send it to the fax number indicated on the bottom of the form. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <http://www.dpm.psc.gov/contacts/contacts.aspx?explorer.event=true>

## Program Specific Term(s)

1. If Federal funds have been used toward the costs of acquiring a building, including the costs of amortizing the principal of, or paying interest on mortgages, you must notify the HRSA Grants Management Contact listed on this Notice of Award for assistance regarding Federal Interest in the property within 60 days of the issue date of this award.
2. All HRSA grantees that receive discretionary funding issued under Section 330, Community Health Cluster Programs (H80), must ensure that all Federal funds used in support of this project adhere to the applicable cost principles identifiable to your type of organization (i.e., OMB Circular A-122, Cost Principles for Non-Profit Organizations and OMB Circular A-87, Cost Principles for State, Local and Indian Tribal Governments). Special attention is called to Sections 11 and 15 within Attachment B of both OMB Circulars A-122 and A-87, regarding the cost treatment of depreciation and equipment and other capital expenditures.  
Be advised if Federal funds from this grant are used to pay for equipment, which meets the Federal equipment definition as defined in Title 45 CFR Parts 74.2 and 92.3 as appropriate, and in the applicable cost principles, your organization will be required to provide a list of the equipment item(s) that are to be purchased and the cost per item. This information MUST be submitted to the Division of Grants Management Operations (DGMO) within 30 days of receipt of this Notice of Award (NoA). If we do not receive this information, our records and your subsequent annual award will reflect that only non-Federal resources were used to support these costs. Should you have any concerns regarding the allowability of Federal costs please contact DGMO prior to expending funds on any questionable items.
3. Program income (item 15(d)) - Non-grant funds (State, local, and other operational funding and fees, premiums, and third-party reimbursements which the project may reasonably be expected to receive, including any such funds in excess of those originally expected), shall be used as permitted under the law and may be used for such other purposes as are not specifically prohibited under the law if such use further the objectives of the project.
4. An independent annual financial audit of any books, accounts, financial records, files, and other papers and property which relate to the disposition or use of the funds received under this grant and such other funds received by or allocated to the project for which such grant was made is required by the authorizing legislation. The due date for all audits is within 30 days of receipt of the audit from the auditor or within 9 months of the end of the corporate fiscal year, whichever is earlier. OMB Circular A-133 requires that an A-133 audit (total Federal funds expended in the corporate fiscal year must be \$500,000 or more) must be conducted for the entity named in block 9 of this Notice of Award and that a copy of the audit must be sent to the Federal Audit Clearinghouse designated by OMB (Federal Audit Clearinghouse Bureau of the Census, 1201 East 10th Street Jefferson, IN 47132, PHONE: (310) 457-1551, (800)253-0696 (toll free), email: <http://harvester.census.gov/sac/facconta.htm>.  
In addition, section 330(q) of the Public Health Service Act also requires that entities funded under section 330 be audited. For this reason, a copy of the A-133 audit must also be submitted to the HRSA through the electronic handbooks. The A-133 audit reporting package submitted to HRSA must include:  
Evidence that the audit included a review and opinion on the compliance standards for the Health Centers program (CFDA 93.224) contained in the applicable A-133 Compliance Supplement. If not required by OMB Circular A-133 (Total Expenditure of Federal funds is less than \$500,000), per section 330(g) of the Public Health Service Act, the audit, must be completed in accordance with generally accepted accounting principles and must evaluate:  
A. The entity's implementation of cost accounting requirements,  
B. The processes used by the entity to meet the financial and program reporting requirements; and,  
C. The billing and collection procedures of the entity and the relation of the procedures to its fee schedule and schedule of discounts and to the availability of health insurance and public programs to pay for the health services it provides.  
D. The audit must include the Auditor's report (including the auditor opinion, financial statements, auditor's notes and required communication from the auditor. In addition, the audit must include any management letters issued by the auditor. The non-A133 audit must be submitted to



the HRSA through the electronic handbooks.

5. Consistent with Departmental guidance, HRSA grantees that purchase, are reimbursed or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for the grantee organization and its patients. Eligible health care organizations/covered entities that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at [www.hrsa.gov/opa](http://www.hrsa.gov/opa).
6. Uniform Data System (UDS) report is due in accordance with specific instructions from the Program Office.
7. Pursuant to existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using Federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered).
8. Grantees are reminded that separate Medicare enrollment applications must be submitted for each "permanent unit" at which they provide services. This includes units considered both "permanent sites" and "seasonal sites" under their HRSA scope of project. (For the definition of permanent and seasonal sites under the scope of project, see Section III of Program Information Notice 2008-01, Defining Scope of Project and Policy for Requesting Changes at <http://bphc.hrsa.gov/policy/pin0801/definingscope.htm>) Therefore, for Medicare purposes, a single health center organization may consist of two or more FQHCs, each of which must be separately enrolled in Medicare and submit bills using its unique Medicare Billing Number.

The Medicare enrollment application can be located at <http://www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf>. To identify the address where the package should be mailed, please refer to [http://www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact\\_list.pdf](http://www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf). The appropriate Medicare contractor is listed next to "Fiscal Intermediary."

Successful enrollment in Medicare as an FQHC does **not** automatically qualify a health center for payment as an FQHC under its State Medicaid program. Health centers should contact their State Medicaid office directly to determine the process and timeline for becoming eligible for payment as an FQHC under Medicaid.

## Standard Term(s)

1. Recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions outlined in applicable Department of Health and Human Services (HHS) Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.
2. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.
3. The HHS Appropriations Act requires that when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds, including but not limited to State and local governments, shall clearly state the percentage of the total costs of the program or project which will be financed with Federal money, the dollar amount of Federal funds for the project or program, and percentage and a dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.
4. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item ....For which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.
5. Items that require prior approval from the awarding office as indicated in 45 CFR Part 74.25 [Note: 74.25 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] or 45 CFR Part 92.30 must be submitted in writing to the Grants Management Officer (GMO). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.

In addition to the prior approval requirements identified in Part 74.25, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds \$100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or \$250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is \$200,000, if the total approved budget is \$300,000, cumulative changes within that budget period exceeding \$75,000 would require prior approval). For recipients subject to 45 CFR Part 92, this requirement is in lieu of that in 45 CFR 92.30(c)(1)(ii) which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding \$25,000 (if not included in the approved application) or other prior approval action identified in Parts 74.25 and 92.30 unless HRSA has specifically exempted the grantee from the requirement(s).]

6. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or [PMSSupport@psc.hhs.gov](mailto:PMSSupport@psc.hhs.gov). For additional information please visit the Division of Payment Management Website at [www.DPM.PSC.GOV](http://www.DPM.PSC.GOV).
7. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: [Https@os.dhhs.gov](mailto:Https@os.dhhs.gov) or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
8. Submit audits, if required, in accordance with OMB Circular A-133, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800)253-0696 toll free <http://harvester.census.gov/sac/facconta.htm>
9. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at <http://www.hhs.gov/ocr/lep/revisedlep.html>.
10. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.htm>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.
11. The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. HRSA funds may not be used to pay the salary of an individual at a rate in excess of \$181,500 (the Executive Level II salary of the Federal Executive Pay scale). This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts for substantive work under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with institutional policy. **Your award amount will not necessarily be recalculated to adjust for necessary reductions in salaries included in your proposal. However, none of the funds in this award shall be used to pay the salary of an individual at a rate in excess of the salary limitation.** [It is important to note that an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements.]
12. To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/ocr/civilrights/understanding/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P. L. 88-352, as amended and 45 CFR Part 80). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.
13. Important Notice: The Central Contractor registry (CCR) has been replaced. The General Services Administration has moved the CCR to the System for Award Management (SAM) on July 30, 2012. To learn more about SAM please visit <https://www.sam.gov>.

It is incumbent that you, as the recipient, maintain the accuracy/currency of your information in the SAM at all times during which your entity has an active award or an application or plan under consideration by HRSA, unless your entity is exempt from this requirement under 2 CFR 25.110. Additionally, this term requires your entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information. This requirement flows down to subrecipients. Note: SAM information must be

updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. It is advisable that you do not wait until the last minute to register in SAM or update your information. According to the SAM Quick Guide for Grantees ([https://www.sam.gov/sam/transcript/SAM\\_Quick\\_Guide\\_Grants\\_Registrations-v1.6.pdf](https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf)), an entity's registration will become active after 3-5 days. Therefore, check for active registration well before the application deadline.

## Reporting Requirement(s)

### 1. Due Date: Annually (Calendar Year) Beginning: 01/01/2015 Ending: Project End Date, due 46 days after end of reporting period.

The Uniform Data System (UDS) is a core set of information appropriate for reviewing the operation and performance of health centers. The UDS tracks a variety of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues. It is reviewed to ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report overall program accomplishments. The data help to identify trends over time, enabling HRSA to establish or expand targeted programs and identify effective services and interventions to improve the health of underserved communities and vulnerable populations. UDS data are compared with national data to review differences between the U.S. population at large and those individuals and families who rely on the health care safety net for primary care. UDS data also inform Health Center programs, partners, and communities about the patients served by Health Centers. Health centers must report annually in the first quarter of the year. The UDS submission deadline is February 15 every year. Please consult the Program Office for additional instructions. Reporting technical assistance can be found at <http://bphc.hrsa.gov/healthcenterdatastatistics/reporting/index.html>.

### 2. Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.

The grantee must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs). The FFR due dates have been aligned with the Payment Management System quarterly report due dates, and will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR:

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

**Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.**

## Contacts

### NoA Email Address(es):

| Name             | Role                                   | Email                       |
|------------------|--|-----------------------------|
| Natalie Jackson  | Authorizing Official, Point of Contact | njackson@pinellascounty.org |
| Frederick L Dean | Business Official                      | fdean@co.pinellas.fl.us     |
| Maureen Freaney  | Program Director                       | njackson@co.pinellas.fl.us  |

Note: NoA emailed to these address(es)

### Program Contact:

For assistance on programmatic issues, please contact Dalana Johnson at:  
MailStop Code: 17-89  
Central Southeast Division  
5600 Fishers Ln

Rockville, MD, 20852-1750  
Email: djohnson1@hrsa.gov  
Phone: (301) 443-7182

**Division of Grants Management Operations:**

For assistance on grant administration issues, please contact Bryan Rivera at:

MailStop Code: 11-03  
5600 Fishers Ln  
Rockville, MD, 20852-1750  
Email: brivera@hrsa.gov  
Phone: (301) 443-8094  
Fax: (301) 443-9810

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| <b>1. DATE ISSUED:</b><br>12/04/2014  |                     | <b>2. PROGRAM CFDA:</b> 93.224      |                        |  <p><b>U.S. Department of Health and Human Services</b><br/> <b>HRSA</b><br/> Health Resources and Services Administration</p> <p><b>NOTICE OF AWARD</b><br/> AUTHORIZATION (Legislation/Regulation)<br/> Public Health Service Act, Title III, Section 330<br/> Public Health Service Act, Section 330, 42 U.S.C. 254b<br/> Affordable Care Act, Section 10503</p>  |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
|---|---------------------|-------------------------------------|------------------------|---|-------------------------|---|--|---|---|--|-------------------------|----------------|------------|---------------|--|--------------|---|---|---|-------------------|--------------|-----------------------------------|--------|-------------------------------|--------|-----------------------|--------|-------------------------------|--------|---------------------|--------|-------------------------|--------------|---|--------|----------------------------|--------------|----------------------------|--------|--------------------|--------------|---|--|--|------|-------------|----------------|--|
| <b>3. SUPERSEDES AWARD NOTICE dated:</b> 10/15/2014<br>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.   |                     |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| <b>4a. AWARD NO.:</b><br>6 H80CS00024-14-01   |                     | <b>4b. GRANT NO.:</b><br>H80CS00024 |                        |   |                         |   | <b>5. FORMER GRANT NO.:</b><br>H66CS00382      |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| <b>6. PROJECT PERIOD:</b><br><b>FROM:</b> 11/01/2001 <b>THROUGH:</b> 10/31/2015   |                     |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| <b>7. BUDGET PERIOD:</b><br><b>FROM:</b> 11/01/2014 <b>THROUGH:</b> 10/31/2015  |                     |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| <b>8. TITLE OF PROJECT (OR PROGRAM):</b> HEALTH CENTER CLUSTER  |                     |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| <b>9. GRANTEE NAME AND ADDRESS:</b><br>Pinellas County Board of County Commissioners<br>315 Court Street<br>Clearwater, FL 33756-5165<br><b>DUNS NUMBER:</b><br>055200216<br>BHCMS # 042040   |                     |                                     |                        | <b>10. DIRECTOR:</b> (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)<br>Maureen Freaney<br>Pinellas County Board of County Commissioners<br>2189 Cleveland Street<br>Clearwater, FL 33765-3242  |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| <b>11. APPROVED BUDGET:</b> (Excludes Direct Assistance)<br><input type="checkbox"/> Grant Funds Only<br><input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation  |                     |                                     |                        | <b>12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">a. Authorized Financial Assistance This Period</td> <td style="width:20%; text-align: right;"><b>\$584,386.00</b></td> </tr> <tr> <td>b. Less Unobligated Balance from Prior Budget Periods</td> <td></td> </tr> <tr> <td>    i. Additional Authority</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>    ii. Offset</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>c. Unawarded Balance of Current Year's Funds</td> <td style="text-align: right;">\$242,190.00</td> </tr> <tr> <td>d. Less Cumulative Prior Awards(s) This Budget Period</td> <td style="text-align: right;">\$339,066.00</td> </tr> <tr> <td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td> <td style="text-align: right;"><b>\$3,130.00</b></td> </tr> </table> |                         |   | a. Authorized Financial Assistance This Period | <b>\$584,386.00</b>                                   | b. Less Unobligated Balance from Prior Budget Periods |  | i. Additional Authority | \$0.00         | ii. Offset | \$0.00        | c. Unawarded Balance of Current Year's Funds | \$242,190.00 | d. Less Cumulative Prior Awards(s) This Budget Period | \$339,066.00                                | e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION | <b>\$3,130.00</b> |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| a. Authorized Financial Assistance This Period  | <b>\$584,386.00</b> |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| b. Less Unobligated Balance from Prior Budget Periods   |                     |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| i. Additional Authority   | \$0.00              |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| ii. Offset  | \$0.00              |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| c. Unawarded Balance of Current Year's Funds  | \$242,190.00        |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| d. Less Cumulative Prior Awards(s) This Budget Period   | \$339,066.00        |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION   | <b>\$3,130.00</b>   |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">a. Salaries and Wages :</td> <td style="width:20%; text-align: right;">\$0.00</td> </tr> <tr> <td>b. Fringe Benefits :</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>c. Total Personnel Costs :</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>d. Consultant Costs :</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>e. Equipment :</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>f. Supplies :</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>g. Travel :</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>h. Construction/Alteration and Renovation :</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>i. Other :</td> <td style="text-align: right;">\$584,386.00</td> </tr> <tr> <td>j. Consortium/Contractual Costs :</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>k. Trainee Related Expenses :</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>l. Trainee Stipends :</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>m. Trainee Tuition and Fees :</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>n. Trainee Travel :</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>o. TOTAL DIRECT COSTS :</td> <td style="text-align: right;">\$584,386.00</td> </tr> <tr> <td>p. INDIRECT COSTS (Rate: % of S&amp;W/TADC) :</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>q. TOTAL APPROVED BUDGET :</td> <td style="text-align: right;">\$584,386.00</td> </tr> <tr> <td>    i. Less Non-Federal Share:</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>    ii. Federal Share:</td> <td style="text-align: right;">\$584,386.00</td> </tr> </table> |                     |                                     |                        | a. Salaries and Wages :   | \$0.00                  | b. Fringe Benefits :                              | \$0.00   | c. Total Personnel Costs :                            | \$0.00  | d. Consultant Costs :                      | \$0.00                  | e. Equipment : | \$0.00     | f. Supplies : | \$0.00                                       | g. Travel :  | \$0.00  | h. Construction/Alteration and Renovation : | \$0.00  | i. Other :        | \$584,386.00 | j. Consortium/Contractual Costs : | \$0.00 | k. Trainee Related Expenses : | \$0.00 | l. Trainee Stipends : | \$0.00 | m. Trainee Tuition and Fees : | \$0.00 | n. Trainee Travel : | \$0.00 | o. TOTAL DIRECT COSTS : | \$584,386.00 | p. INDIRECT COSTS (Rate: % of S&W/TADC) : | \$0.00 | q. TOTAL APPROVED BUDGET : | \$584,386.00 | i. Less Non-Federal Share: | \$0.00 | ii. Federal Share: | \$584,386.00 | <b>13. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project) <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width:30%;">YEAR</th> <th style="width:70%;">TOTAL COSTS</th> </tr> <tr> <td colspan="2" style="text-align: center;">Not applicable</td> </tr> </table> |  |  | YEAR | TOTAL COSTS | Not applicable |  |
| a. Salaries and Wages :   | \$0.00              |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| b. Fringe Benefits :  | \$0.00              |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| c. Total Personnel Costs :  | \$0.00              |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| d. Consultant Costs :   | \$0.00              |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| e. Equipment :  | \$0.00              |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| f. Supplies :   | \$0.00              |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| g. Travel :   | \$0.00              |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| h. Construction/Alteration and Renovation :   | \$0.00              |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| i. Other :  | \$584,386.00        |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| j. Consortium/Contractual Costs :   | \$0.00              |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| k. Trainee Related Expenses :   | \$0.00              |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| l. Trainee Stipends :   | \$0.00              |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| m. Trainee Tuition and Fees :   | \$0.00              |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| n. Trainee Travel :   | \$0.00              |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| o. TOTAL DIRECT COSTS :   | \$584,386.00        |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| p. INDIRECT COSTS (Rate: % of S&W/TADC) :   | \$0.00              |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| q. TOTAL APPROVED BUDGET :  | \$584,386.00        |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| i. Less Non-Federal Share:  | \$0.00              |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| ii. Federal Share:  | \$584,386.00        |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| YEAR  | TOTAL COSTS         |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| Not applicable  |                     |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| <b>14. APPROVED DIRECT ASSISTANCE BUDGET:</b> (In lieu of cash) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">a. Amount of Direct Assistance</td> <td style="width:20%; text-align: right;">\$0.00</td> </tr> <tr> <td>b. Less Unawarded Balance of Current Year's Funds</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>c. Less Cumulative Prior Awards(s) This Budget Period</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION</td> <td style="text-align: right;"><b>\$0.00</b></td> </tr> </table>  |                     |                                     |                        | a. Amount of Direct Assistance  | \$0.00                  | b. Less Unawarded Balance of Current Year's Funds | \$0.00   | c. Less Cumulative Prior Awards(s) This Budget Period | \$0.00  | d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION | <b>\$0.00</b>           |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| a. Amount of Direct Assistance  | \$0.00              |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| b. Less Unawarded Balance of Current Year's Funds   | \$0.00              |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| c. Less Cumulative Prior Awards(s) This Budget Period   | \$0.00              |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION  | <b>\$0.00</b>       |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| <b>15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b><br><b>A=Addition B=Deduction C=Cost Sharing or Matching D=Other</b> <span style="float: right;"><b>[D]</b></span><br>Estimated Program Income: \$0.00  |                     |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| <b>16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:</b><br><small>a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.</small>  |                     |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| <b>REMARKS:</b> (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)   |                     |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| <i>Electronically signed by Helen Harpold , Grants Management Officer on : 12/04/2014</i>   |                     |                                     |                        |   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| <b>17. OBJ. CLASS:</b> 41.51  |                     | <b>18. CRS-EIN:</b> 1596000800A2    |                        | <b>19. FUTURE RECOMMENDED FUNDING:</b> \$581,256.00   |                         |   |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| <b>FY-CAN</b>   | <b>CFDA</b>         | <b>DOCUMENT NO.</b>                 | <b>AMT. FIN. ASST.</b> | <b>AMT. DIR. ASST.</b>  | <b>SUB PROGRAM CODE</b> | <b>SUB ACCOUNT CODE</b>                           |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |
| 15 - 398879E  | 93.527              | 15H80CS00024                        | \$3,130.00             | \$0.00  | HCH                     | HealthCareCenters_15                              |  |   |   |  |                         |                |            |               |  |              |   |   |   |                   |              |                                   |        |                               |        |                       |        |                               |        |                     |        |                         |              |   |        |                            |              |                            |        |                    |              |   |  |  |      |             |                |  |

## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants.hrsa.gov/webexternal/login.asp> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

## Terms and Conditions

**Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.**

### Grant Specific Term(s)

1.

Purpose - The purpose of the Fiscal Year (FY) 2015 Health Center Quality Improvement (QI) Fund one-time grant supplement is to: (1) recognize health centers that displayed high levels of quality performance in Calendar Year 2013 Uniform Data System reporting and/or significantly improved quality of care from 2012 to 2013; and (2) provide support for those health centers to continue to strengthen quality improvement activities.

Fund Use of Funds - This supplement must be used:

- Within 12 months of receipt of funds to support QI activities.
- Consistent with federal cost principles at 2 CFR Part 230.

In addition to costs typically unallowable under the H80 grant, this supplement may not be used:

- To supplant existing resources.
- To support bonuses or other staff incentives.
- For moveable equipment individually valued at \$5,000 or greater (except equipment related to Health Information Technology and certified Electronic Health Record systems).
- For construction costs (including minor alterations and renovation and fixed equipment).

Fund Activities - Health centers must use these funds for QI activities, which include but are not limited to:

- Developing and improving health center QI systems and infrastructure: training staff; developing policies and procedures; enhancing health information technology, certified electronic health record, and data systems; data analysis; implementing targeted QI activities (including hiring consultants).
- Developing and improving care delivery systems: supplies to support care coordination, case management, and medication management; developing contracts and formal agreements with other providers; laboratory reporting and tracking; training and workflow redesign to support team-based care; clinical integration of behavioral health, oral health, HIV care, and other services; patient engagement activities.

Reporting - Health centers will be required to provide information on the QI activities supported through this one-time supplement via their FY 2016 Service Area Competition (SAC) application or FY 2016 Budget Period Renewal (BPR) progress report. More information will be provided as part of the SAC/BPR instructions.

Funding Period - This award provides one time funding for use during the period of December 1, 2014, through November 30, 2015. If funds are not fully expended by the end of your current budget period, you must request carryover to use the remaining funds in your next budget period. In order to use this funding in the upcoming budget period, the appropriate amount must be shown as un-obligated (UOB) on line 10.h of the Annual Federal Financial Report (FFR), SF-425. In addition, a Prior Approval Request to carry over these funds must be submitted through EHB immediately following the FFR submission. Please consult the Grants Management Specialist for questions regarding submission of the FFR and/or Prior Approval Requests to carry over UOB funds.

All prior terms and conditions remain in effect unless specifically removed.

## Contacts

### NoA Email Address(es):

| Name              | Role                                   | Email                       |
|-------------------|--|-----------------------------|
| Frederick L. Dean | Business Official                      | fdean@co.pinellas.fl.us     |
| Maureen Freaney   | Program Director                       | njackson@co.pinellas.fl.us  |
| Natalie Jackson   | Authorizing Official, Point of Contact | njackson@pinellascounty.org |

Note: NoA emailed to these address(es)

### Program Contact:

For assistance on programmatic issues, please contact Dalana Johnson at:

MailStop Code: 17-89  
Central Southeast Division  
5600 Fishers Ln  
Rockville, MD, 20852-1750  
Email: djohnson1@hrsa.gov  
Phone: (301) 443-7182

### Division of Grants Management Operations:

For assistance on grant administration issues, please contact Bryan Rivera at:

MailStop Code: 11-03  
5600 Fishers Ln  
Rockville, MD, 20852-1750  
Email: brivera@hrsa.gov  
Phone: (301) 443-8094  
Fax: (301) 443-9810



| 1. DATE ISSUED:<br>12/23/2014   |             | 2. PROGRAM CFDA: 93.224      |                 | <br><b>U.S. Department of Health and Human Services</b><br><b>HRSA</b><br>Health Resources and Services Administration<br><br><b>NOTICE OF AWARD</b><br>AUTHORIZATION (Legislation/Regulation)<br>Public Health Service Act, Title III, Section 330<br>Public Health Service Act, Section 330, 42 U.S.C. 254b<br>Affordable Care Act, Section 10503 |                  |                      |                                    |             |                |  |
|---|-------------|------------------------------|-----------------|--|------------------|----------------------|------------------------------------|-------------|----------------|--|
| 3. SUPERSEDES AWARD NOTICE dated: 12/04/2014<br><small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small>   |             |                              |                 |  |                  |                      |                                    |             |                |  |
| 4a. AWARD NO.:<br>6 H80CS00024-14-02  |             | 4b. GRANT NO.:<br>H80CS00024 |                 |  |                  |                      | 5. FORMER GRANT NO.:<br>H66CS00382 |             |                |  |
| 6. PROJECT PERIOD:<br>FROM: 11/01/2001 THROUGH: 10/31/2015  |             |                              |                 |  |                  |                      |                                    |             |                |  |
| 7. BUDGET PERIOD:<br>FROM: 11/01/2014 THROUGH: 10/31/2015   |             |                              |                 |  |                  |                      |                                    |             |                |  |
| 8. TITLE OF PROJECT (OR PROGRAM): HEALTH CENTER CLUSTER   |             |                              |                 |  |                  |                      |                                    |             |                |  |
| 9. GRANTEE NAME AND ADDRESS:<br>Pinellas County Board of County Commissioners<br>315 Court Street<br>Clearwater, FL 33756-5165<br>DUNS NUMBER:<br>055200216<br>BHCNIS # 042040  |             |                              |                 | 10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)<br>Maureen Freaney<br>Pinellas County Board of County Commissioners<br>2189 Cleveland Street<br>Clearwater, FL 33765-3242  |                  |                      |                                    |             |                |  |
| 11. APPROVED BUDGET: (Excludes Direct Assistance)<br>[ ] Grant Funds Only<br>[X] Total project costs including grant funds and all other financial participation  |             |                              |                 | 12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:  |                  |                      |                                    |             |                |  |
| a. Salaries and Wages : \$42,832.00<br>b. Fringe Benefits : \$18,723.00<br>c. Total Personnel Costs : \$61,555.00<br>d. Consultant Costs : \$0.00<br>e. Equipment : \$0.00<br>f. Supplies : \$0.00<br>g. Travel : \$1,439.00<br>h. Construction/Alteration and Renovation : \$0.00<br>i. Other : \$51,394.00<br>j. Consortium/Contractual Costs : \$893,927.00<br>k. Trainee Related Expenses : \$0.00<br>l. Trainee Stipends : \$0.00<br>m. Trainee Tuition and Fees : \$0.00<br>n. Trainee Travel : \$0.00<br>o. TOTAL DIRECT COSTS : \$1,008,315.00<br>p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00<br>q. TOTAL APPROVED BUDGET : \$1,008,315.00<br>i. Less Non-Federal Share: \$423,929.00<br>ii. Federal Share: \$584,386.00   |             |                              |                 | a. Authorized Financial Assistance This Period <b>\$584,386.00</b><br>b. Less Unobligated Balance from Prior Budget Periods<br>i. Additional Authority \$0.00<br>ii. Offset \$0.00<br>c. Unawarded Balance of Current Year's Funds \$242,190.00<br>d. Less Cumulative Prior Awards(s) This Budget Period \$342,196.00<br>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION <b>\$0.00</b>   |                  |                      |                                    |             |                |  |
|   |             |                              |                 | 13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)  |                  |                      |                                    |             |                |  |
|   |             |                              |                 | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Not applicable</td> </tr> </tbody> </table>   |                  |                      | YEAR                               | TOTAL COSTS | Not applicable |  |
| YEAR  | TOTAL COSTS |                              |                 |  |                  |                      |                                    |             |                |  |
| Not applicable  |             |                              |                 |  |                  |                      |                                    |             |                |  |
|   |             |                              |                 | 14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)   |                  |                      |                                    |             |                |  |
|   |             |                              |                 | a. Amount of Direct Assistance \$0.00<br>b. Less Unawarded Balance of Current Year's Funds \$0.00<br>c. Less Cumulative Prior Awards(s) This Budget Period \$0.00<br>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION <b>\$0.00</b>  |                  |                      |                                    |             |                |  |
| 15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:<br>A=Addition B=Deduction C=Cost Sharing or Matching D=Other <span style="float: right;">[D]</span><br>Estimated Program Income: \$1,764.00   |             |                              |                 |  |                  |                      |                                    |             |                |  |
| 16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:<br><small>a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.</small> |             |                              |                 |  |                  |                      |                                    |             |                |  |
| REMARKS: (Other Terms and Conditions Attached [X]Yes [ ]No)<br>This NoA is issued to remove one or more Grant Conditions imposed on projects.   |             |                              |                 |  |                  |                      |                                    |             |                |  |
| Electronically signed by Sarah Hammond , Grants Management Officer on : 12/23/2014  |             |                              |                 |  |                  |                      |                                    |             |                |  |
| 17. OBJ. CLASS: 41.51   |             | 18. CRS-EIN: 1596000800A2    |                 | 19. FUTURE RECOMMENDED FUNDING: \$581,256.00   |                  |                      |                                    |             |                |  |
| FY-CAN  | CFDA        | DOCUMENT NO.                 | AMT. FIN. ASST. | AMT. DIR. ASST.  | SUB PROGRAM CODE | SUB ACCOUNT CODE     |                                    |             |                |  |
| 15 - 3980879  | 93.224      | 15H80CS00024                 | \$0.00          | \$0.00   | HCH              | HealthCareCenters_15 |                                    |             |                |  |
| 15 - 398879E  | 93.527      | 15H80CS00024                 | \$0.00          | \$0.00   | HCH              | HealthCareCenters_15 |                                    |             |                |  |



## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants.hrsa.gov/webexternal/login.asp> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

## Terms and Conditions

**Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.**

### Grant Specific Term(s)

1. The grant condition stated below on NoA 5 H80CS00024-14-00 is hereby lifted.

Submit a revised SF 424A, Line Item Budget, and Budget Narrative Justification for the Federal award of \$581,256.00. The Federal amount refers to only the Federal section 330 Health Center Program grant funding for this award, not all Federal grant funding that an applicant receives. Also include the budget breakdown for non-Federal resources. (Refer to budget requirements in the Service Area Funding Opportunity Announcement or Budget Period Renewal Non-Competing Continuation guidance for budget format.)

The budget justification must detail the costs of each line item within each object class category. For the Personnel line item, you must include the following for each employee supported by funds from this award: name of employee; base salary; % FTE on the grant; and amount of Federal funds (wages and % of fringe benefits) to be paid for the budget year. This personnel information requirement also applies to subawards/subcontracts supported by Federal funds from this grant.

Federal grant funds may not be used to pay the salary of an individual at a rate in excess of Federal Executive Level II of the Federal Executive Pay scale (currently \$181,500). This amount reflects an individual's base salary exclusive of fringe benefits and income that an individual may be permitted to earn outside of the duties to the applicant organization (i.e., rate limitation only limits the amount that may be awarded and charged to HRSA grants.)

Please contact your Grants Management Specialist for specific submission instructions.

All prior terms and conditions remain in effect unless specifically removed.

## Contacts

### NoA Email Address(es):

| Name             | Role                                   | Email                       |
|------------------|--|-----------------------------|
| Maureen Freaney  | Program Director                       | njackson@co.pinellas.fl.us  |
| Natalie Jackson  | Point of Contact, Authorizing Official | njackson@pinellascounty.org |
| Frederick L Dean | Business Official                      | fdean@co.pinellas.fl.us     |

Note: NoA emailed to these address(es)

### Program Contact:

For assistance on programmatic issues, please contact Dalana Johnson at:  
MailStop Code: 17-89  
Central Southeast Division  
5600 Fishers Ln  
Rockville, MD, 20852-1750  
Email: [djohnson1@hrsa.gov](mailto:djohnson1@hrsa.gov)  
Phone: (301) 443-7182

### Division of Grants Management Operations:

For assistance on grant administration issues, please contact Bryan Rivera at:  
MailStop Code: 11-03  
5600 Fishers Ln  
Rockville, MD, 20852-1750  
Email: [brivera@hrsa.gov](mailto:brivera@hrsa.gov)

| <b>1. DATE ISSUED:</b><br>02/03/2015  |             | <b>2. PROGRAM CFDA:</b> 93.224      |                        |  <p><b>U.S. Department of Health and Human Services</b><br/> <b>HRSA</b><br/> Health Resources and Services Administration</p> <p><b>NOTICE OF AWARD</b><br/> AUTHORIZATION (Legislation/Regulation)<br/> Public Health Service Act, Title III, Section 330<br/> Public Health Service Act, Section 330, 42 U.S.C. 254b<br/> Affordable Care Act, Section 10503</p> |                         |                         |   |             |                |  |
|---|-------------|-------------------------------------|------------------------|--|-------------------------|-------------------------|---|-------------|----------------|--|
| <b>3. SUPERSEDES AWARD NOTICE dated:</b> 12/23/2014<br>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.   |             |                                     |                        |  |                         |                         |   |             |                |  |
| <b>4a. AWARD NO.:</b><br>6 H80CS00024-14-03   |             | <b>4b. GRANT NO.:</b><br>H80CS00024 |                        |  |                         |                         | <b>5. FORMER GRANT NO.:</b><br>H66CS00382 |             |                |  |
| <b>6. PROJECT PERIOD:</b><br><b>FROM:</b> 11/01/2001 <b>THROUGH:</b> 10/31/2015   |             |                                     |                        |  |                         |                         |   |             |                |  |
| <b>7. BUDGET PERIOD:</b><br><b>FROM:</b> 11/01/2014 <b>THROUGH:</b> 10/31/2015  |             |                                     |                        |  |                         |                         |   |             |                |  |
| <b>8. TITLE OF PROJECT (OR PROGRAM):</b> HEALTH CENTER CLUSTER  |             |                                     |                        |  |                         |                         |   |             |                |  |
| <b>9. GRANTEE NAME AND ADDRESS:</b><br>Pinellas County Board of County Commissioners<br>315 Court Street<br>Clearwater, FL 33756-5165<br><b>DUNS NUMBER:</b><br>055200216<br>BHCMS # 042040   |             |                                     |                        | <b>10. DIRECTOR:</b> (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)<br>Maureen Freaney<br>Pinellas County Board of County Commissioners<br>2189 Cleveland Street<br>Clearwater, FL 33765-3242   |                         |                         |   |             |                |  |
| <b>11. APPROVED BUDGET:</b> (Excludes Direct Assistance)<br><input type="checkbox"/> Grant Funds Only<br><input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation  |             |                                     |                        | <b>12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b><br>a. Authorized Financial Assistance This Period <b>\$584,386.00</b><br>b. Less Unobligated Balance from Prior Budget Periods<br>i. Additional Authority \$0.00<br>ii. Offset \$0.00<br>c. Unawarded Balance of Current Year's Funds \$242,190.00<br>d. Less Cumulative Prior Awards(s) This Budget Period \$342,196.00<br>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION <b>\$0.00</b>         |                         |                         |   |             |                |  |
| a. Salaries and Wages : \$42,832.00<br>b. Fringe Benefits : \$18,723.00<br>c. Total Personnel Costs : \$61,555.00<br>d. Consultant Costs : \$0.00<br>e. Equipment : \$0.00<br>f. Supplies : \$0.00<br>g. Travel : \$1,439.00<br>h. Construction/Alteration and Renovation : \$0.00<br>i. Other : \$51,394.00<br>j. Consortium/Contractual Costs : \$893,927.00<br>k. Trainee Related Expenses : \$0.00<br>l. Trainee Stipends : \$0.00<br>m. Trainee Tuition and Fees : \$0.00<br>n. Trainee Travel : \$0.00<br>o. TOTAL DIRECT COSTS : \$1,008,315.00<br>p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00<br>q. TOTAL APPROVED BUDGET : \$1,008,315.00<br>i. Less Non-Federal Share: \$423,929.00<br>ii. Federal Share: \$584,386.00                     |             |                                     |                        | <b>13. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)<br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Not applicable</td> </tr> </tbody> </table>  |                         |                         | YEAR                                      | TOTAL COSTS | Not applicable |  |
| YEAR  | TOTAL COSTS |                                     |                        |  |                         |                         |   |             |                |  |
| Not applicable  |             |                                     |                        |  |                         |                         |   |             |                |  |
|   |             |                                     |                        | <b>14. APPROVED DIRECT ASSISTANCE BUDGET:</b> (In lieu of cash)<br>a. Amount of Direct Assistance \$0.00<br>b. Less Unawarded Balance of Current Year's Funds \$0.00<br>c. Less Cumulative Prior Awards(s) This Budget Period \$0.00<br>d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION <b>\$0.00</b>   |                         |                         |   |             |                |  |
| <b>15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b><br><b>A=Addition B=Deduction C=Cost Sharing or Matching D=Other</b> <span style="float: right;"><b>[D]</b></span><br>Estimated Program Income: \$1,764.00  |             |                                     |                        |  |                         |                         |   |             |                |  |
| <b>16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:</b><br>a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system. |             |                                     |                        |  |                         |                         |   |             |                |  |
| <b>REMARKS:</b> (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)<br>This NoA is issued to remove one or more Grant Conditions imposed on projects.   |             |                                     |                        |  |                         |                         |   |             |                |  |
| <b>Electronically signed by Bryan Rivera , Grants Management Officer on :</b> 02/03/2015  |             |                                     |                        |  |                         |                         |   |             |                |  |
| <b>17. OBJ. CLASS:</b> 41.51  |             | <b>18. CRS-EIN:</b> 1596000800A2    |                        | <b>19. FUTURE RECOMMENDED FUNDING:</b> \$581,256.00  |                         |                         |   |             |                |  |
| <b>FY-CAN</b>   | <b>CFDA</b> | <b>DOCUMENT NO.</b>                 | <b>AMT. FIN. ASST.</b> | <b>AMT. DIR. ASST.</b>   | <b>SUB PROGRAM CODE</b> | <b>SUB ACCOUNT CODE</b> |   |             |                |  |
| 15 - 3980879  | 93.224      | 15H80CS00024                        | \$0.00                 | \$0.00   | HCH                     | HealthCareCenters_15    |   |             |                |  |
| 15 - 398879E  | 93.527      | 15H80CS00024                        | \$0.00                 | \$0.00   | HCH                     | HealthCareCenters_15    |   |             |                |  |

## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants.hrsa.gov/webexternal/login.asp> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

## Terms and Conditions

**Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.**

### Program Specific Condition(s)

#### 1. Due Date: Within 120 Days of Award Issue Date

**R.5.3.120 Credentialing and Privileging Policies, Procedures and Documentation:** Health centers are expected to comply with all applicable statutory and regulatory requirements. In your most recent Notice of Award (NoA), you organization was required to provide a plan for developing credentialing and privileging policies and procedures that meet the requirements articulated by the Health Resources and Services Administration (HRSA) in Policy Information Notices (PIN) 2002-22 and 2001-16 and if applicable, documentation that demonstrates that all providers are appropriately credentialed and privileged to perform the activities and procedures detailed within the health center's approved scope of project OR provide board approved documentation that compliance with this requirement has been implemented. (Section 330(a)(1), (b)(1)-(2), (k)(3)(C), and (k)(3)(I) of the PHS Act). Based upon a review of the required response, HRSA has approved your plan. Within 120 days, provide board approved documentation that compliance with this requirement has been implemented, per the HRSA approved, time-phased plan. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR Part 74.14 and 45 CFR Part 74.62(a))

### Grant Specific Term(s)

1. The grant condition stated below on NGA (6 H80CS00024-13-05 ) is hereby lifted and will be replaced by the grant condition stated above. Health center maintains a core staff as necessary to carry out all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established arrangements and referrals. Staff must be appropriately licensed, credentialed and privileged (Section 330(a)(1), (b)(1)-(2), (k)(3)(C), and (k)(3)(I) of the PHS Act).

Within 90 days, provide a plan for developing credentialing and privileging policies and procedures that meet the requirements articulated by the Health Resources and Services Administration (HRSA) in Policy Information Notices (PIN) 2002-22 and 2001-16 and if applicable, documentation that demonstrates that all providers are appropriately credentialed and privileged to perform the activities and procedures detailed within the health center's approved scope of project OR provide board approved documentation that compliance with this requirement has been implemented.

- The plan must include a description of health center processes to ensure all health center providers are appropriately licensed, credentialed and privileged to perform the activities and procedures detailed within the health center's approved scope of project. This plan must also ensure policies and procedures will address credentialing and privileging for all licensed or certified health center practitioners, employed or contracted, volunteers and locum tenens, currently providing services at the health center sites or locations in accordance with the requirements of Policy Information Notices (PIN) 2002-22 and 2001-16.
- Appropriate documentation of credentialing and privileging must include written confirmation of credentialing and privileging (i.e., primary source copies of the health center's provider files that document provider licensure, registration, or certification; education, training, current competence, and health fitness, among other things) for all licensed or certified health center practitioners, employed or contracted, volunteers and locum tenens, currently providing services at all health center sites or locations in accordance with the requirements of PINs 2002-22 and 2001-16.

Please note that the Federally Supported Health Centers Assistance Act (FSHCAA), section 224 of the PHS Act (42 U.S.C. 233(g)-(n)), as a condition of health center eligibility for deemed federal employment, requires that health centers demonstrate implementation of appropriate policies and procedures to reduce the risk of medical malpractice and associated lawsuits, and review and verification of the professional credentials, fitness, and license status, among other items, of its licensed or certified health care practitioners.

Review PIN 2002-22 and PIN 2001-16 for additional guidance on the credentialing and privileging requirements for health center providers. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR Part 74.62(a))

All prior terms and conditions remain in effect unless specifically removed.

## Contacts

### NoA Email Address(es):

| Name             | Role                                   | Email                       |
|------------------|--|-----------------------------|
| Natalie Jackson  | Point of Contact, Authorizing Official | njackson@pinellascounty.org |
| Frederick L Dean | Business Official                      | fdean@co.pinellas.fl.us     |
| Maureen Freaney  | Program Director                       | njackson@co.pinellas.fl.us  |

Note: NoA emailed to these address(es)

### Program Contact:

For assistance on programmatic issues, please contact Dalana Johnson at:  
MailStop Code: 17-89  
Central Southeast Division  
5600 Fishers Ln  
Rockville, MD, 20852-1750  
Email: djohnson1@hrsa.gov  
Phone: (301) 443-7182

### Division of Grants Management Operations:

For assistance on grant administration issues, please contact Bryan Rivera at:  
MailStop Code: 11-03  
5600 Fishers Ln  
Rockville, MD, 20852-1750  
Email: brivera@hrsa.gov  
Phone: (301) 443-8094  
Fax: (301) 443-9810

TAB 4

# MMU 2014-2015 Trend Report for Unduplicated Patients & Qualified Medical Encounters by RM O'Brien

Data source: NextGen EPM 4/1/15 @ 9:00AM; and 2014-2015 Trend Reports

## Unduplicated Patients

| Calendar Month for 2015 | 2015 Totals                            |                  |                                      |
|-------------------------|--|------------------|--------------------------------------|
|                         | Monthly (all sites except Safe Harbor) | Safe Harbor ONLY | Cumulative including expanded clinic |
| January                 | 272                                    | 135              | 407                                  |
| February                | 388                                    | 194              | 582                                  |
| March                   | 553                                    | 286              | 839                                  |
| April                   |  |                  |                                      |
| May                     |  |                  |                                      |
| June                    |  |                  |                                      |
| July                    |  |                  |                                      |
| August                  |  |                  |                                      |
| September               |  |                  |                                      |
| October                 |  |                  |                                      |
| November                |  |                  |                                      |
| December                |  |                  |                                      |
| Total for year          |  |                  | 839                                  |

## Qualified Medical Encounters

| Calendar Month for 2015 | 2014 Totals                            |                  |            |
|-------------------------|--|------------------|------------|
|                         | Monthly (all sites except Safe Harbor) | Safe Harbor ONLY | Cumulative |
| January                 | 316                                    | 189              | 505        |
| February                | 641                                    | 350              | 991        |
| March                   | 968                                    | 574              | 1542       |
| April                   |  |                  |            |
| May                     |  |                  |            |
| June                    |  |                  |            |
| July                    |  |                  |            |
| August                  |  |                  |            |
| September               |  |                  |            |
| October                 |  |                  |            |
| November                |  |                  |            |
| December                |  |                  |            |
| Total for year          |  |                  | 1542       |

## Unduplicated Patients

| 2014 Totals |  |                              |   |                                     |                                      |
|-------------|--|------------------------------|---|-------------------------------------|--------------------------------------|
| Monthly     | Expanded clinic started 7/15/14: Tues/Sat. | Safe Harbor starting 10/1/14 | Monthly total including expanded clinic | Monthly total including Safe Harbor | Cumulative including expanded clinic |
| 255         |  |                              |   |                                     | 255                                  |
| 166         |  |                              |   |                                     | 421                                  |
| 138         |  |                              |   |                                     | 559                                  |
| 118         |  |                              |   |                                     | 677                                  |
| 122         |  |                              |   |                                     | 799                                  |
| 116         |  |                              |   |                                     | 915                                  |
| 144         | 24   |                              | 168                                     |                                     | 1083                                 |
| 100         | 24   |                              | 124                                     |                                     | 1207                                 |
| 98          | 19   |                              | 117                                     |                                     | 1324                                 |
| 112         |  | 71                           |   | 183                                 | 1507                                 |
| 90          |  | 46                           |   | 136                                 | 1643                                 |
| 107         |  | 40                           |   | 147                                 | 1790                                 |

## Qualified Medical Encounters

| 2014 Totals |  |                              |   |                                     |            |
|-------------|--|------------------------------|---|-------------------------------------|------------|
| Monthly     | Expanded clinic started 7/15/14: Tues/Sat. | Safe Harbor starting 10/1/14 | Monthly total including expanded clinic | Monthly total including Safe Harbor | Cumulative |
| 363         |  |                              |   |                                     | 363        |
| 387         |  |                              |   |                                     | 750        |
| 348         |  |                              |   |                                     | 1098       |
| 360         |  |                              |   |                                     | 1458       |
| 379         |  |                              |   |                                     | 1837       |
| 383         |  |                              |   |                                     | 2220       |
| 421         | 55   |                              | 476                                     |                                     | 2696       |
| 301         | 52   |                              | 353                                     |                                     | 3049       |
| 286         | 48   |                              | 334                                     |                                     | 3383       |
| 348         |  | 152                          |   | 500                                 | 3883       |
| 273         |  | 128                          |   | 401                                 | 4284       |
| 344         |  | 177                          |   | 521                                 | 4805       |

MMU Unduplicated Patients report for 1/1/15-3/31/15 by RM O'Brien

Data source: NextGen EPM 4/1/15 @ 9:00AM

| Location/Site                          | 2015 Totals                                   |  |
|--|---|--|
|  | Unduplicated Patient Count for 1/1/15-3/31/15 | Percentage of Total Unduplicated Patient Count |
| Ex Offender Showcase                   | 0   | 0%   |
| Pinellas Hope                          | 182   | 22%  |
| Safe Harbor                            | 286   | 34%  |
| Salvation Army ARC                     | 147   | 18%  |
| Salvation Army 1-Stop (St. Petersburg) | 120   | 14%  |
| St. Vincent DePaul (Clearwater)        | 68  | 8%   |
| St. Vincent DePaul (St. Petersburg)    | 36  | 4%   |
| Totals (839)                           | 839   | 100%   |

MMU Qualified Medical Encounter Report for 1/1/15-3/31/15 by RM O'Brien  
 Data source: NextGen EPM 4/1/15 @ 9:00AM

| Location/Site                          | 2015 Totals                      |  |   |                                      |
|--|----------------------------------|--|---|--------------------------------------|
|  | New<br>Encounter:<br>99201-99205 | Established<br>Encounter:<br>99211-99215 | Total of New &<br>Established<br>Encounters:<br>99201-99215 | Percentage of<br>Total<br>Encounters |
| ExOffender Showcase                    | 1                                | 0  | 1   | 0%                                   |
| Pinellas Hope                          | 69                               | 269                                      | 338   | 22%                                  |
| Safe Harbor                            | 136                              | 438                                      | 574   | 37%                                  |
| Salvation Army ARC                     | 47                               | 226                                      | 273   | 18%                                  |
| Salvation Army 1-Stop (St. Petersburg) | 35                               | 187                                      | 222   | 14%                                  |
| St. Vincent DePaul (Clearwater)        | 27                               | 68                                       | 95  | 6%                                   |
| St. Vincent DePaul (St. Petersburg)    | 12                               | 27                                       | 39  | 3%                                   |
| Totals (1542)                          | 327                              | 1215                                     | 1542  | 100%                                 |



BHCNIS ID: 042040 - PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS, Clearwater, FL

Date Requested: 03/26/2015 09:53 AM EST

Program Name: Health Center 330

Date of Last Report Refreshed: 03/26/2015 09:53 AM EST

Submission Status: Review In Progress

**UDS Report - 2014**  
**Center / Health Center Profile**

| Title             | Name                | Phone          | Fax            | Email                          |
|-------------------|---------------------|----------------|----------------|--------------------------------|
| UDS Contact       | Elisa DeGregorio    | (727) 464-8434 | Not Available  | edegregorio@pinellascounty.org |
| Project Director  | Maureen Freaney     | (727) 582-7595 | (727) 582-7228 | njackson@co.pinellas.fl.us     |
| CEO               | Not Available       | Not Available  | Not Available  | Not Available                  |
| Chairperson       | Not Available       | Not Available  | Not Available  | Not Available                  |
| Clinical Director | Chitra Ravindra, MD | (727) 582-7507 | Not Available  | Not Available                  |

BHCMS ID: 042040 - PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS, Clearwater, FL

Date Requested: 03/26/2015 09:53 AM EST

Date of Last Report Refreshed: 03/26/2015 09:53 AM EST

Program Name: Health Center 330

Submission Status: Review In Progress

**UDS Report - 2014**  
**Patients by ZIP Code**

| ZIP Code<br>(a)                      | None/Uninsured<br>(b) | Medicaid/CHIP/Other<br>Public<br>(c) | Medicare<br>(d) | Private Insurance<br>(e) | Total Patients<br>(f) |
|--------------------------------------|-----------------------|--------------------------------------|-----------------|--------------------------|-----------------------|
| 33701                                | 191                   | 6                                    |                 |                          | 197                   |
| 33702                                | 64                    |                                      |                 |                          | 64                    |
| 33705                                | 132                   | 2                                    |                 |                          | 134                   |
| 33707                                | 16                    |                                      |                 |                          | 16                    |
| 33709                                | 136                   | 2                                    |                 |                          | 138                   |
| 33710                                | 12                    | 2                                    |                 |                          | 14                    |
| 33711                                | 14                    |                                      |                 |                          | 14                    |
| 33712                                | 36                    |                                      |                 |                          | 36                    |
| 33713                                | 91                    | 1                                    |                 |                          | 92                    |
| 33714                                | 51                    | 1                                    |                 |                          | 52                    |
| 33755                                | 49                    | 1                                    |                 |                          | 50                    |
| 33756                                | 59                    | 2                                    |                 |                          | 61                    |
| 33760                                | 193                   | 6                                    |                 |                          | 199                   |
| 33762                                | 424                   | 17                                   | 1               |                          | 442                   |
| 33763                                | 12                    |                                      |                 |                          | 12                    |
| 33764                                | 14                    |                                      |                 |                          | 14                    |
| 33765                                | 0                     |                                      |                 |                          | 0                     |
| 33770                                | 0                     |                                      |                 |                          | 0                     |
| 33771                                | 19                    |                                      |                 |                          | 19                    |
| 33781                                | 26                    |                                      |                 |                          | 26                    |
| 33782                                | 12                    |                                      |                 |                          | 12                    |
| 34689                                | 0                     |                                      |                 |                          | 0                     |
| 34698                                | 11                    |                                      |                 |                          | 11                    |
| Other ZIP Codes<br>Unknown Residence | 186                   | 1                                    |                 |                          | 187                   |
| Grand Total                          | 1748                  | 41                                   | 1               |                          | 1790                  |

BHCMS ID: 042040 - PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS, Clearwater, FL

Date Requested: 03/26/2015 09:53 AM EST

Date of Last Report Refreshed: 03/26/2015 09:53 AM EST

Program Name: Health Center 330

Submission Status: Review In Progress

## UDS Report - 2014

Table 3A: Patients By Age and Gender - Universal

| S.No                                       | Age Groups  | Male Patients<br>(a) | Female Patients<br>(b) |
|--|-------------|----------------------|------------------------|
| 1.   | Under Age 1 | 0                    | 0                      |
| 2.   | Age 1       | 0                    | 0                      |
| 3.   | Age 2       | 0                    | 0                      |
| 4.   | Age 3       | 0                    | 0                      |
| 5.   | Age 4       | 0                    | 0                      |
| 6.   | Age 5       | 0                    | 0                      |
| 7.   | Age 6       | 0                    | 0                      |
| 8.   | Age 7       | 0                    | 0                      |
| 9.   | Age 8       | 0                    | 0                      |
| 10.  | Age 9       | 0                    | 0                      |
| 11.  | Age 10      | 0                    | 0                      |
| 12.  | Age 11      | 0                    | 0                      |
| 13.  | Age 12      | 0                    | 0                      |
| 14.  | Age 13      | 0                    | 0                      |
| 15.  | Age 14      | 0                    | 0                      |
| 16.  | Age 15      | 0                    | 0                      |
| 17.  | Age 16      | 0                    | 0                      |
| 18.  | Age 17      | 0                    | 0                      |
| <b>Subtotal Patients (Sum lines 1-18)</b>  |             | <b>0</b>             | <b>0</b>               |
| 19.  | Age 18      | 4                    | 1                      |
| 20.  | Age 19      | 5                    | 3                      |
| 21.  | Age 20      | 7                    | 5                      |
| 22.  | Age 21      | 6                    | 6                      |
| 23.  | Age 22      | 14                   | 7                      |
| 24.  | Age 23      | 14                   | 6                      |
| 25.  | Age 24      | 9                    | 8                      |
| 26.  | Ages 25-29  | 92                   | 58                     |
| 27.  | Ages 30-34  | 118                  | 69                     |
| 28.  | Ages 35-39  | 123                  | 65                     |
| 29.  | Ages 40-44  | 136                  | 71                     |
| 30.  | Ages 45-49  | 218                  | 85                     |
| 31.  | Ages 50-54  | 268                  | 96                     |
| 32.  | Ages 55-59  | 168                  | 47                     |
| 33.  | Ages 60-64  | 58                   | 21                     |
| <b>Subtotal Patients (Sum lines 19-33)</b> |             | <b>1,240</b>         | <b>548</b>             |

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Table 3A: Patients By Age and Gender - Universal

| S.No                                | Age Groups                      | Male Patients<br>(a) | Female Patients<br>(b) |
|-------------------------------------|---------------------------------|----------------------|------------------------|
| 34.                                 | Ages 65-69                      | 2                    | 0                      |
| 35.                                 | Ages 70-74                      | 0                    | 0                      |
| 36.                                 | Ages 75-79                      | 0                    | 0                      |
| 37.                                 | Ages 80-84                      | 0                    | 0                      |
| 38.                                 | Age 85 and over                 | 0                    | 0                      |
| Subtotal Patients (Sum lines 34-38) |                                 | 2                    | 0                      |
| 39.                                 | Total Patients (Sum lines 1-38) | 1,242                | 548                    |

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Table 3B - Patients By Hispanic Or Latino Ethnicity / Race / Language - Universal

| S.No      | Patients by Race   | Patients by Hispanic or Latino Ethnicity |                            |  |              |
|-----------|--|--|----------------------------|--|--------------|
|           |  | Hispanic/Latino<br>(a)                   | Non Hispanic/Latino<br>(b) | Unreported/Refused to<br>Report<br>(c) | Total<br>(d) |
| 1.        | Asian  | 0  | 7                          |  | 7            |
| 2a.       | Native Hawaiian  | 0  | 0                          |  | 0            |
| 2b.       | Other Pacific Islander                                   | 5  | 5                          |  | 10           |
| <b>2.</b> | <b>Total Hawaiian/Pacific Islander (Sum lines 2a+2b)</b> | <b>5</b>                                 | <b>5</b>                   |  | <b>10</b>    |
| 3.        | Black/African American                                   | 2  | 318                        |  | 320          |
| 4.        | American Indian/Alaska native                            | 2  | 19                         |  | 21           |
| 5.        | White  | 47                                       | 1,321                      |  | 1,368        |
| 6.        | More than one race                                       | 18                                       | 22                         |  | 40           |
| 7.        | Unreported/Refused to report                             | 6  | 5                          | 13                                     | 24           |
| <b>8.</b> | <b>Total Patients (Sum lines 1+2+3 through 7)</b>        | <b>80</b>                                | <b>1,697</b>               | <b>13</b>                              | <b>1,790</b> |

| S.No | Patients by Language                                  | Number of Patients<br>(a) |
|------|---|---------------------------|
| 12.  | Patients Best Served in a Language other than English | 14                        |

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Table 4 - Selected Patient Characteristics - Universal

| S.No   | Characteristic                                 | Number of Patients<br>(a) |                     |
|--|--|---------------------------|---------------------|
| Income as Percent of Poverty Level             |  |                           |                     |
| 1.   | 100% and below                                 | 1,779                     |                     |
| 2.   | 101 - 150%                                     | 4                         |                     |
| 3.   | 151 - 200%                                     | 1                         |                     |
| 4.   | Over 200%                                      | 0                         |                     |
| 5.   | Unknown  | 6                         |                     |
| 6.   | Total (Sum lines 1-5)                          |                           | 1,790               |
| Principal Third Party Medical Insurance Source |  | 0-17 Years Old<br>(a)     | 18 and Older<br>(b) |
| 7.   | None/Uninsured                                 | 0                         | 1,748               |
| 8a.  | Regular Medicaid (Title XIX)                   | 0                         | 41                  |
| 8b.  | CHIP Medicaid                                  | 0                         | 0                   |
| 8.   | Total Medicaid (Sum lines 8a+8b)               | 0                         | 41                  |
| 9.   | Medicare (Title XVIII)                         | 0                         | 1                   |
| 10a.   | Other Public Insurance non-CHIP<br>(Specify: ) | 0                         | 0                   |
| 10b.   | Other Public Insurance CHIP                    | 0                         | 0                   |
| 10.  | Total Public Insurance (Sum lines 10a+10b)     | 0                         | 0                   |
| 11.  | Private Insurance                              | 0                         | 0                   |
| 12.  | Total (Sum lines 7+8+9+10+11)                  | 0                         | 1,790               |

| <b>Managed Care Utilization</b> |  |                 |                 |  |                |              |
|---------------------------------|--|-----------------|-----------------|--|----------------|--------------|
| S.No                            | Payor Category                                 | Medicaid<br>(a) | Medicare<br>(b) | Other Public<br>Including<br>Non-Medicaid<br>CHIP<br>(c) | Private<br>(d) | Total<br>(e) |
| 13a.                            | Capitated Member months                        | 0               | 0               | 0  | 0              | 0            |
| 13b.                            | Fee-for-service Member months                  | 0               | 0               | 0  | 0              | 0            |
| 13c.                            | <b>Total Member Months (Sum lines 13a+13b)</b> | <b>0</b>        | <b>0</b>        | <b>0</b>   | <b>0</b>       | <b>0</b>     |

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Table 4 - Selected Patient Characteristics - Universal

| S.No | Characteristics - Special Populations  | Number of Patients<br>(a) |
|------|--|---------------------------|
| 14.  | Migratory (330g Health Centers Only)   |                           |
| 15.  | Seasonal (330g Health Centers Only)  |                           |
| 16.  | <b>Total Agricultural Workers or Dependents (All Health Centers Report This Line)</b>  | <b>6</b>                  |
| 17.  | Homeless Shelter (330h Health Centers Only)  | 1,143                     |
| 18.  | Transitional (330h Health Centers Only)  | 309                       |
| 19.  | Doubling Up (330h Health Centers Only)   | 187                       |
| 20.  | Street (330h Health Centers Only)  | 147                       |
| 21.  | Other (330h Health Centers Only)   | 3                         |
| 22.  | Unknown (330h Health Centers Only)   | 1                         |
| 23.  | <b>Total Homeless (All Health Centers Report This Line)</b>                            | <b>1,790</b>              |
| 24.  | <b>Total School Based Health Center Patients (All Health Centers Report This Line)</b> | <b>1</b>                  |
| 25.  | <b>Total Veterans (All Health Centers Report This Line)</b>                            | <b>18</b>                 |
| 26.  | <b>Total Public Housing Patients (All Health Centers Report This Line)</b>             | <b>1</b>                  |

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## UDS Report - 2014

Table 5 - Staffing And Utilization - Universal

| S.No                          | Personnel by Major Service Category               | FTEs<br>(a) | Clinic Visits<br>(b) | Patients<br>(c) |
|-------------------------------|---|-------------|----------------------|-----------------|
| <b>Medical Care Services</b>  |   |             |                      |                 |
| 1.                            | Family Physicians                                 | 0.00        | 0                    |                 |
| 2.                            | General Practitioners                             | 1.00        | 4,365                |                 |
| 3.                            | Internists  | 0.00        | 0                    |                 |
| 4.                            | Obstetrician/Gynecologists                        | 0.00        | 0                    |                 |
| 5.                            | Pediatricians                                     | 0.00        | 0                    |                 |
| 7.                            | Other Specialty Physicians                        | 0.00        | 0                    |                 |
| 8.                            | <b>Total Physicians (Sum lines 1-7)</b>           | <b>1.00</b> | <b>4,365</b>         |                 |
| 9a.                           | Nurse Practitioners                               | 0.00        | 0                    |                 |
| 9b.                           | Physician Assistants                              | 1.00        | 660                  |                 |
| 10.                           | Certified Nurse Midwives                          | 0.00        | 0                    |                 |
| 10a.                          | <b>Total NP, PA, and CNMs (Sum lines 9a - 10)</b> | <b>1.00</b> | <b>660</b>           |                 |
| 11.                           | Nurses  | 3.00        | 3,384                |                 |
| 12.                           | Other Medical Personnel                           | 1.00        |                      |                 |
| 13.                           | Laboratory Personnel                              | 0.00        |                      |                 |
| 14.                           | X-Ray Personnel                                   | 0.00        |                      |                 |
| 15.                           | <b>Total Medical (Sum lines 8+10a through 14)</b> | <b>6.00</b> | <b>8,409</b>         | <b>1,790</b>    |
| <b>Dental Services</b>        |   |             |                      |                 |
| 16.                           | Dentists  | 0.00        | 772                  |                 |
| 17.                           | Dental Hygienists                                 | 0.00        | 8                    |                 |
| 18.                           | Dental Assistants, Aides, Techs                   | 0.00        |                      |                 |
| 19.                           | <b>Total Dental Services (Sum lines 16-18)</b>    | <b>0.00</b> | <b>780</b>           | <b>190</b>      |
| <b>Mental Health Services</b> |   |             |                      |                 |
| 20a.                          | Psychiatrists                                     | 0.25        | 23                   |                 |
| 20a1.                         | Licensed Clinical Psychologists                   | 0.00        | 0                    |                 |
| 20a2.                         | Licensed Clinical Social Workers                  | 0.00        | 0                    |                 |
| 20b.                          | Other Licensed Mental Health Providers            | 0.25        | 110                  |                 |
| 20c.                          | Other Mental Health Staff                         | 0.00        | 0                    |                 |
| 20.                           | <b>Total Mental Health (Sum lines 20a-20c)</b>    | <b>0.50</b> | <b>133</b>           | <b>72</b>       |

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Table 5 - Staffing And Utilization - Universal

| S.No                               | Personnel by Major Service Category              | FTEs<br>(a) | Clinic Visits<br>(b) | Patients<br>(c) |
|------------------------------------|--|-------------|----------------------|-----------------|
| <b>Substance Abuse Services</b>    |  |             |                      |                 |
| 21.                                | Substance Abuse Services                         | 0.00        | 52                   | 52              |
| <b>Other Professional Services</b> |  |             |                      |                 |
| 22.                                | Other Professional Services<br>(Specify: )       | 0.00        | 0                    | 0               |
| <b>Vision Services</b>             |  |             |                      |                 |
| 22a.                               | Ophthalmologists                                 | 0.00        | 0                    |                 |
| 22b.                               | Optometrists                                     | 0.00        | 0                    |                 |
| 22c.                               | Other Vision Care Staff                          | 0.00        |                      |                 |
| 22d.                               | <b>Total Vision Services (Sum lines 22a-22c)</b> | <b>0.00</b> | <b>0</b>             | <b>0</b>        |
| <b>Pharmacy Personnel</b>          |  |             |                      |                 |
| 23.                                | Pharmacy Personnel                               | 0.00        |                      |                 |
| <b>Enabling Services</b>           |  |             |                      |                 |
| 24.                                | Case Managers                                    | 3.00        | 5,711                |                 |
| 25.                                | Patient/Community Education Specialists          | 0.00        | 0                    |                 |
| 26.                                | Outreach Workers                                 | 0.00        |                      |                 |
| 27.                                | Transportation Staff                             | 0.00        |                      |                 |
| 27a.                               | Eligibility Assistance Workers                   | 0.00        |                      |                 |
| 27b.                               | Interpretation Staff                             | 0.00        |                      |                 |
| 28.                                | Other Enabling Services<br>(Specify: )           | 0.00        |                      |                 |
| 29.                                | <b>Total Enabling Services (Sum lines 24-28)</b> | <b>3.00</b> | <b>5,711</b>         | <b>1,790</b>    |

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Table 5 - Staffing And Utilization - Universal

| S.No                        | Personnel by Major Service Category                            | FTEs<br>(a) | Clinic Visits<br>(b) | Patients<br>(c) |
|-----------------------------|--|-------------|----------------------|-----------------|
| Other Programs/Services     |  |             |                      |                 |
| 29a.                        | Other Programs and services<br>(Specify: )                     | 0.00        |                      |                 |
| Administration and Facility |  |             |                      |                 |
| 30a.                        | Management and Support Staff                                   | 1.50        |                      |                 |
| 30b.                        | Fiscal and Billing Staff                                       | 0.00        |                      |                 |
| 30c.                        | IT Staff   | 0.50        |                      |                 |
| 31.                         | Facility Staff   | 0.00        |                      |                 |
| 32.                         | Patient Support Staff  | 1.00        |                      |                 |
| 33.                         | Total Facility and Non-Clinical Support Staff (Lines 30a - 32) | 3.00        |                      |                 |
| Grand Total                 |  |             |                      |                 |
| 34.                         | Grand Total (Sum lines<br>15+19+20+21+22+22d+23+29+29a+33)     | 12.50       | 15,085               |                 |

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Table 5A - Tenure for Health Center Staff

| S.No  | Health Center Staff                    | Full and Part Time |                     | Locum, On-Call, etc |                     |
|-------|--|--------------------|---------------------|---------------------|---------------------|
|       |  | Persons<br>(a)     | Total Months<br>(b) | Persons<br>(c)      | Total Months<br>(d) |
| 1.    | Family Physicians                      | 0                  | 0                   | 0                   | 0                   |
| 2.    | General Practitioners                  | 1                  | 102                 | 0                   | 0                   |
| 3.    | Internists                             | 0                  | 0                   | 0                   | 0                   |
| 4.    | Obstetrician/Gynecologists             | 0                  | 0                   | 0                   | 0                   |
| 5.    | Pediatricians                          | 0                  | 0                   | 0                   | 0                   |
| 7.    | Other Specialty Physicians             | 0                  | 0                   | 0                   | 0                   |
| 9a.   | Nurse Practitioners                    | 0                  | 0                   | 0                   | 0                   |
| 9b.   | Physician Assistants                   | 1                  | 3                   | 0                   | 0                   |
| 10.   | Certified Nurse Midwives               | 0                  | 0                   | 0                   | 0                   |
| 11.   | Nurses                                 | 3                  | 37                  | 0                   | 0                   |
| 16.   | Dentists                               | 0                  | 0                   | 0                   | 0                   |
| 17.   | Dental Hygienists                      | 0                  | 0                   | 0                   | 0                   |
| 20a.  | Psychiatrists                          | 1                  | 12                  | 0                   | 0                   |
| 20a1. | Licensed Clinical Psychologists        | 0                  | 0                   | 0                   | 0                   |
| 20a2. | Licensed Clinical Social Workers       | 0                  | 0                   | 0                   | 0                   |
| 20b.  | Other Licensed Mental Health Providers | 1                  | 12                  | 0                   | 0                   |
| 22a.  | Ophthalmologist                        | 0                  | 0                   | 0                   | 0                   |
| 22b.  | Optometrist                            | 0                  | 0                   | 0                   | 0                   |
| 30a1. | Chief Executive Officer                | 1                  | 6                   | 0                   | 0                   |
| 30a2. | Chief Medical Officer                  | 1                  | 12                  | 0                   | 0                   |
| 30a3. | Chief Financial Officer                | 1                  | 252                 | 0                   | 0                   |
| 30a4. | Chief Information Officer              | 0                  | 0                   | 0                   | 0                   |

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Table 6A - Selected Diagnoses And Services Rendered - Universal

| S.No   | Diagnostic Category   | Applicable ICD-9-CM Code  | Number of Visits by<br>Diagnosis Regardless<br>of Primacy<br>(a) | Number of<br>Patients with<br>Diagnosis<br>Regardless of<br>Primacy<br>(b) |
|--|---|---|--|--|
| <b>Selected Infectious and Parasitic Diseases</b>  |   |   |  |  |
| 1-2.   | Symptomatic HIV, Asymptomatic HIV   | 042, 079.53, V08  | 14   | 11   |
| 1-2a.  | Newly Diagnosed HIV   |   |  | 0  |
| 3.   | Tuberculosis  | 010.xx - 018.xx   | 1  | 1  |
| 4.   | Syphilis and other sexually transmitted infections  | 090.xx - 099.xx   | 5  | 5  |
| 4a.  | Hepatitis B   | 070.20, 070.22, 070.30, 070.32  | 6  | 3  |
| 4b.  | Hepatitis C   | 070.41, 070.44, 070.51, 070.54, 070.70,<br>070.71                         | 296  | 134  |
| <b>Selected Diseases of the Respiratory System</b> |   |   |  |  |
| 5.   | Asthma  | 493.xx  | 180  | 104  |
| 6.   | Chronic bronchitis and Emphysema  | 490.xx - 492.xx   | 23   | 20   |
| <b>Selected Other Medical Conditions</b>           |   |   |  |  |
| 7.   | Abnormal Breast Findings, Female  | 174.xx; 198.81; 233.0x; 238.3; 793.8x                                     | 9  | 3  |
| 8.   | Abnormal Cervical Findings  | 180.xx; 198.82; 233.1x; 795.0x  | 13   | 10   |
| 9.   | Diabetes Mellitus   | 250.xx; 648.0x; 775.1x  | 565  | 175  |
| 10.  | Heart Disease (selected)  | 391.xx - 392.0x<br>410.xx - 429.xx  | 191  | 69   |
| 11.  | Hypertension  | 401.xx - 405.xx;  | 1,274  | 480  |
| 12.  | Contact Dermatitis and other Eczema   | 692.xx  | 57   | 35   |
| 13.  | Dehydration   | 276.5x  | 3  | 3  |
| 14.  | Exposure to Heat or Cold  | 991.xx - 992.xx   | 1  | 1  |
| 14a.   | Overweight and Obesity  | ICD-9: 278.0 - 278.02 or V85.xx<br>excluding V85.0, V85.1, V85.51, V85.52 | 2,785  | 1,087  |
| <b>Selected Childhood Conditions</b>               |   |   |  |  |
| 15.  | Otitis Media and Eustachian Tube Disorders  | 381.xx - 382.xx   | 20   | 18   |
| 16.  | Selected Perinatal Medical Conditions   | 770.xx; 771.xx; 773.xx; 774.xx - 779.xx<br>(Excluding 779.3x)             | 1  | 1  |
| 17.  | Lack of expected normal physiologic development (such as delayed milestone, failure to gain weight, failure to thrive). Does not include sexual or mental development nutritional deficiencies in children only | 260.xx - 269.xx; 779.3x; 783.3x -<br>783.4x;                              | 1  | 1  |

## Sources of codes:

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.

Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.

Current Dental Terminology, (CDT) 2010/2011. American Dental Association.

Note: x in a code denotes any number including the absence of a number in that place.

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Table 6A - Selected Diagnoses And Services Rendered - Universal

| S.No   | Diagnostic Category  | Applicable ICD-9-CM Code  | Number of Visits by<br>Diagnosis Regardless<br>of Primacy<br>(a) | Number of Patients<br>with Diagnosis<br>Regardless of Primacy<br>(b) |
|--|--|---|--|--|
| <b>Selected Mental Health and Substance Abuse Conditions</b> |  |   |  |  |
| 18.  | Alcohol Related Disorders  | 291.xx, 303.xx; 305.0x; 357.5x  | 97   | 69   |
| 19.  | Other Substance Related Disorders (Excluding Tobacco Use Disorders)                        | 292.1x - 292.8x; 304.xx, 305.2x<br>- 305.9x; 357.6x, 648.3x   | 57   | 46   |
| 19a.   | Tobacco use disorder   | 305.1   | 3,668  | 1,407  |
| 20a.   | Depression and Other Mood Disorders  | 296.xx, 300.4, 301.13, 311.xx   | 684  | 387  |
| 20b.   | Anxiety Disorders Including PTSD   | 300.0x, 300.2x, 300.3, 308.3,<br>309.81   | 558  | 326  |
| 20c.   | Attention Deficit and Disruptive Behavior Disorders  | 312.8x, 312.9x, 313.81, 314.xx  | 0  | 0  |
| 20d.   | Other Mental Disorders, Excluding Drug or Alcohol Dependence (includes mental retardation) | 290.xx, 293.xx – 302.xx<br>(excluding 296.xx, 300.0x,<br>300.2x, 300.3, 300.4, 301.13);<br>306.xx - 319.xx<br>(excluding 308.3, 309.81,<br>311.xx, 312.8x,<br>312.9x, 313.81, 314.xx) | 68   | 44   |

| S.No   | Service Category  | Applicable ICD-9-CM or CPT-4<br>Code(s)  | Number of Visits<br>(a) | Number of Patients<br>(b) |
|--|---|--|-------------------------|---------------------------|
| <b>Selected Diagnostic Tests/Screening/Preventive Services</b> |   |  |                         |                           |
| 21.  | HIV Test  | CPT-4: 86689; 86701 - 86703;<br>87390 - 87391  | 7                       | 7                         |
| 21a.   | Hepatitis B Test  | CPT-4: 86704, 86706,<br>87515-17   | 188                     | 187                       |
| 21b.   | Hepatitis C Test  | CPT-4: 86803-04, 87520-22  | 188                     | 187                       |
| 22.  | Mammogram   | CPT-4: 77052, 77057 OR<br>ICD-9: V76.11; V76.12  | 112                     | 104                       |
| 23.  | Pap Test  | CPT-4: 88141-88155;<br>88164-88167, 88174-88175<br>OR ICD-9: V72.3; V72.31;<br>V72.32; V76.2                         | 71                      | 69                        |
| 24.  | Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB),<br>Pneumococcal, Diphtheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps,<br>Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child) | CPT-4: 90633-90634, 90645 –<br>90648; 90670; 90696 – 90702;<br>90704 – 90716; 90718 - 90723;<br>90743 – 90744; 90748 | 19                      | 19                        |
| 24a.   | Seasonal Flu vaccine  | CPT-4: 90654 - 90662,<br>90672-90673, 90685-90688  | 180                     | 179                       |

## Sources of codes:

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.

Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.

Current Dental Terminology, (CDT) 2010/2011. American Dental Association.

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Table 6A - Selected Diagnoses And Services Rendered - Universal

| S.No | Diagnostic Category  | Applicable ICD-9-CM Code             | Number of Visits by<br>Diagnosis Regardless<br>of Primacy<br>(a) | Number of Patients<br>with Diagnosis<br>Regardless of Primacy<br>(b) |
|------|--|--------------------------------------|--|--|
| 25.  | Contraceptive Management   | ICD-9: V25.xx                        | 0  | 0  |
| 26.  | Health Supervision of Infant or Child (ages 0 through 11)        | CPT-4: 99391 - 99393; 99381 - 99383; | 0  | 0  |
| 26a. | Childhood lead test screening (9 to 72 months)                   | CPT-4: 83655                         | 0  | 0  |
| 26b. | Screening, Brief Intervention, and Referral to Treatment (SBIRT) | CPT-4: 99408-99409                   | 0  | 0  |
| 26c. | Smoke and tobacco use cessation counseling                       | CPT-4: 99406 and 99407;<br>S9075     | 3,431  | 1,410  |
| 26d. | Comprehensive and intermediate eye exams                         | CPT-4: 92002, 92004, 92012,<br>92014 | 0  | 0  |

| S.No                            | Service Category   | Applicable ADA Code   | Number of Visits<br>(a) | Number of Patients<br>(b) |
|---------------------------------|--|---|-------------------------|---------------------------|
| <b>Selected Dental Services</b> |  |   |                         |                           |
| 27.                             | I. Emergency Services  | ADA: D9110  | 109                     | 84                        |
| 28.                             | II. Oral Exams   | ADA: D0120, D0140, D0145,<br>D0150, D0160, D0170, D0180   | 419                     | 188                       |
| 29.                             | Prophylaxis - Adult or Child                                 | ADA: D1110, D1120   | 9                       | 8                         |
| 30.                             | Sealants   | ADA: D1351  | 0                       | 0                         |
| 31.                             | Fluoride Treatment - adult or child                          | ADA: D1206, D1208   | 16                      | 16                        |
| 32.                             | III. Restorative Services                                    | ADA: D21xx - D29xx  | 43                      | 19                        |
| 33.                             | IV. Oral Surgery (Extractions and other Surgical Procedures) | ADA: D7111, D7140, D7210,<br>D7220, D7230, D7240, D7241,<br>D7250, D7260, D7261, D7270,<br>D7272, D7280 | 127                     | 87                        |
| 34.                             | V. Rehabilitative services (Endo, Perio, Prostho, Ortho)     | ADA: D3xxx, D4xxx, D5xxx,<br>D6xxx, D8xxx   | 57                      | 30                        |

## Sources of codes:

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM), Volumes 1 and 2, 2010/2012. American Medical Association.

Current Procedural Terminology, (CPT) 2010/2012. American Medical Association.

Current Dental Terminology, (CDT) 2010/2011. American Dental Association.

Note: x in a code denotes any number including the absence of a number in that place.

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Table 6B - Quality Of Care Indicators

| Section A - Age Categories for Prenatal Patients      |                                |                           |  |  |
|---|--------------------------------|---------------------------|--|--|
| Demographic Characteristics of Prenatal Care Patients |                                |                           |  |  |
| S.No  | Age                            | Number of Patients<br>(a) |  |  |
| 1.  | Less than 15 Years             | 0                         |  |  |
| 2.  | Ages 15 - 19                   | 0                         |  |  |
| 3.  | Ages 20 - 24                   | 0                         |  |  |
| 4.  | Ages 25 - 44                   | 0                         |  |  |
| 5.  | Ages 45 and Over               | 0                         |  |  |
| 6.  | Total Patients (Sum lines 1-5) | 0                         |  |  |

| Section B - Trimester of Entry into Prenatal Care |  |   |  |
|---|--|---|--|
| S.No  | Trimester of First Known Visit for Women Receiving Prenatal Care During Reporting Year | Women Having First Visit<br>with Health Center<br>(a) | Women Having First Visit<br>with Another Provider<br>(b) |
| 7.  | First Trimester  | 0   | 0  |
| 8.  | Second Trimester   | 0   | 0  |
| 9.  | Third Trimester  | 0   | 0  |

| Section C - Childhood Immunization |   |   |  |  |
|------------------------------------|---|---|--|--|
| S.No                               | Childhood Immunization  | Total Number of Patients with<br>3rd Birthday During<br>Measurement Year<br>(a) | Number Charts Sampled or<br>EHR Total<br>(b) | Number of Patients<br>Immunized<br>(c) |
| 10.                                | Children who have received age appropriate vaccines prior to reaching their 3rd birthday during measurement year (on or prior to 31 December) | 0   | 0  | 0                                      |

| Section D - Cervical Cancer Screening |   |  |  |                                  |
|---------------------------------------|---|--|--|----------------------------------|
| S.No                                  | Pap Tests   | Total Number of Female<br>Patients 24-64 Years of Age<br>(a) | Number Charts Sampled or<br>EHR Total<br>(b) | Number of Patients Tested<br>(c) |
| 11.                                   | Female patients aged 24-64 who received one or more Pap tests to screen for cervical cancer | 483  | 70   | 33                               |

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**UDS Report - 2014**  
**Table 6B - Quality Of Care Indicators**

| Section E - Weight Assessment and Counseling for Children and Adolescents |   |  |   |  |
|---|---|--|---|--|
| S.No  | Child and Adolescent Weight Assessment and Counseling   | Total Patients Aged 3-17 on December 31<br>(a) | Number Charts Sampled or EHR Total<br>(b) | Number of Patients with Counseling and BMI Documented<br>(c) |
| 12.   | Children and adolescents aged 3 until 17 during measurement year (on or prior to 31 December) with a BMI percentile, and counseling on nutrition and physical activity documented for the current year. | 0  | 0   | 0  |

| Section F - Adult Weight Screening and Follow-Up |   |                                    |   |   |
|--|---|------------------------------------|---|---|
| S.No   | Adult Weight Screening and Follow-Up  | Total Patients 18 and Older<br>(a) | Number Charts Sampled or EHR Total<br>(b) | Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate<br>(c) |
| 13.  | Patients aged 18 and older with (1) BMI charted and (2) follow-up plan documented if patients are overweight or underweight | 1,790                              | 70  | 66  |

| Section G - Tobacco Use Screening and Cessation Intervention |   |   |   |  |
|--|---|---|---|--|
| S.No   | Tobacco Use Screening and Cessation Intervention  | Total Patients Aged 18 and Older<br>(a) | Number Charts Sampled or EHR Total<br>(b) | Number of Patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User<br>(c) |
| 14a.   | Patients aged 18 and older who (1) were screened for tobacco use one or more times in the measurement year or the prior year AND (2) for those found to be a tobacco user, received cessation counseling intervention or medication | 1,209                                   | 70  | 69   |

| Section H - Asthma Pharmacological Therapy |   |  |   |  |
|--|---|--|---|--|
| S.No                                       | Asthma Treatment Plan   | Total Patients Aged 5-40 with Persistent Asthma<br>(a) | Number Charts Sampled or EHR Total<br>(b) | Number of Patients with Acceptable Plan<br>(c) |
| 16.  | Patients aged 5 through 40 diagnosed with persistent asthma who have an acceptable pharmacological treatment plan | 39   | 39  | 39   |

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**Table 6B - Quality Of Care Indicators**

| <b>Section I - Coronary Artery Disease (CAD): Lipid Therapy</b> |  |   |   |   |
|---|--|---|---|---|
| <b>S.No</b>   | <b>Lipid Therapy</b>   | <b>Total Patients 18 and Older with CAD Diagnosis (a)</b> | <b>Number Charts Sampled or EHR Total (b)</b> | <b>Number of Patients Prescribed A Lipid Lowering Therapy (c)</b> |
| 17.   | Patients aged 18 and older with a diagnosis of CAD prescribed a lipid lowering therapy | 30  | 30  | 25  |

| <b>Section J - Ischemic Vascular Disease (IVD): Aspirin or Antithrombotic Therapy</b> |  |   |  |  |
|---|--|---|--|--|
| <b>S.No</b>   | <b>Aspirin or Other Antithrombotic Therapy</b>   | <b>Total Patients 18 and Older with IVD Diagnosis or AMI, CABG, or PTCA Procedure (a)</b> | <b>Charts Sampled or EHR Total (b)</b> | <b>Number of Patients with Aspirin or other Antithrombotic Therapy (c)</b> |
| 18.   | Patients aged 18 and older with a diagnosis of IVD or AMI,CABG, or PTCA procedure with aspirin or another antithrombotic therapy | 39  | 39                                     | 26   |

| <b>Section K - Colorectal Cancer Screening</b> |   |  |  |  |
|--|---|--|--|--|
| <b>S.No</b>                                    | <b>Colorectal Cancer Screening</b>  | <b>Total Patients 51 through 74 Years of Age (a)</b> | <b>Charts Sampled or EHR Total (b)</b> | <b>Number of Patients with Appropriate Screening for Colorectal Cancer (c)</b> |
| 19.  | Patients age 51 through 74 years of age during measurement year (on or prior to 31 December) with appropriate screening for colorectal cancer | 629  | 70                                     | 8  |

| <b>Section L - Newly Identified HIV Cases and Follow-Up</b> |  |  |  |   |
|---|--|--|--|---|
| <b>S.No</b>   | <b>New HIV Cases with Timely Follow-up</b>   | <b>Total Patients First Diagnosed with HIV (a)</b> | <b>Charts Sampled or EHR Total (b)</b> | <b>Number of Patients Seen Within 90 Days of First Diagnosis of HIV (c)</b> |
| 20.   | Patients whose first ever HIV diagnosis was made by health center staff between October 1 and September 30 and who were seen for follow up treatment within 90 days of that first ever diagnosis | 0  | 0                                      | 0   |

| <b>Section M - Patients Screened for Depression and Follow-Up</b> |   |   |  |  |
|---|---|---|--|--|
| <b>S.No</b>   | <b>Patients Screened for Depression and Follow-Up</b>   | <b>Total Patients Aged 12 and Older (a)</b> | <b>Charts Sampled or EHR Total (b)</b> | <b>Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)</b> |
| 21.   | Patients aged 12 and over who were (1) screened for depression with a standardized tool and if screening was positive (2) had a follow-up plan documented if patients were considered depressed | 1,777                                       | 70                                     | 21   |

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Table 7 - Health Outcomes and Disparities

| S.No | Prenatal Services                                | Total (i) |
|------|--|-----------|
| 0    | HIV Positive Pregnant Women                      | 0         |
| 2    | Deliveries Performed by Health Center's Provider | 0         |

| Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity |  |   |                                |                                      |                                   |
|--|--|---|--------------------------------|--------------------------------------|-----------------------------------|
| S.No   | Race & Ethnicity                               | Prenatal Care Patients who Delivered During the Year (1a) | Live Births: < 1500 grams (1b) | Live Births : 1500 - 2499 grams (1c) | Live Births : > = 2500 grams (1d) |
| <b>Hispanic/Latino</b>   |  |   |                                |                                      |                                   |
| 1a.  | Asian  | 0   | 0                              | 0                                    | 0                                 |
| 1b1.   | Native Hawaiian                                | 0   | 0                              | 0                                    | 0                                 |
| 1b2.   | Other Pacific Islander                         | 0   | 0                              | 0                                    | 0                                 |
| 1c.  | Black/African American                         | 0   | 0                              | 0                                    | 0                                 |
| 1d.  | American Indian/Alaska Native                  | 0   | 0                              | 0                                    | 0                                 |
| 1e.  | White  | 0   | 0                              | 0                                    | 0                                 |
| 1f.  | More Than One Race                             | 0   | 0                              | 0                                    | 0                                 |
| 1g.  | Unreported/Refused to Report Race              | 0   | 0                              | 0                                    | 0                                 |
| <b>Subtotal Hispanic/Latino (Sum lines 1a-1g)</b>                            |  | <b>0</b>  | <b>0</b>                       | <b>0</b>                             | <b>0</b>                          |
| <b>Non-Hispanic/Latino</b>   |  |   |                                |                                      |                                   |
| 2a.  | Asian  | 0   | 0                              | 0                                    | 0                                 |
| 2b1.   | Native Hawaiian                                | 0   | 0                              | 0                                    | 0                                 |
| 2b2.   | Other Pacific Islander                         | 0   | 0                              | 0                                    | 0                                 |
| 2c.  | Black/African American                         | 0   | 0                              | 0                                    | 0                                 |
| 2d.  | American Indian/Alaska Native                  | 0   | 0                              | 0                                    | 0                                 |
| 2e.  | White  | 0   | 0                              | 0                                    | 0                                 |
| 2f.  | More Than One Race                             | 0   | 0                              | 0                                    | 0                                 |
| 2g.  | Unreported/Refused to Report Race              | 0   | 0                              | 0                                    | 0                                 |
| <b>Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)</b>                        |  | <b>0</b>  | <b>0</b>                       | <b>0</b>                             | <b>0</b>                          |
| <b>Unreported/Refused to Report Ethnicity</b>                                |  |   |                                |                                      |                                   |
| h.   | Unreported /Refused to Report Race & Ethnicity | 0   | 0                              | 0                                    | 0                                 |
| i.   | <b>Total (Sum lines 1a-h)</b>                  | <b>0</b>  | <b>0</b>                       | <b>0</b>                             | <b>0</b>                          |

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Table 7 - Health Outcomes and Disparities

| Section B: Hypertension by Race and Hispanic/Latino Ethnicity |  |                                     |                                     |                                      |
|---|--|-------------------------------------|-------------------------------------|--------------------------------------|
| S.No  | Race & Ethnicity                               | Total Hypertensive Patients<br>(2a) | Charts Sampled or EHR Total<br>(2b) | Patients with HTN Controlled<br>(2c) |
| <b>Hispanic/Latino</b>  |  |                                     |                                     |                                      |
| 1a.   | Asian  | 0                                   | 0                                   | 0                                    |
| 1b1.  | Native Hawaiian                                | 0                                   | 0                                   | 0                                    |
| 1b2.  | Other Pacific Islander                         | 0                                   | 0                                   | 0                                    |
| 1c.   | Black/African American                         | 0                                   | 0                                   | 0                                    |
| 1d.   | American Indian/Alaska Native                  | 0                                   | 0                                   | 0                                    |
| 1e.   | White  | 9                                   | 0                                   | 0                                    |
| 1f.   | More Than One Race                             | 2                                   | 0                                   | 0                                    |
| 1g.   | Unreported/Refused to Report Race              | 1                                   | 0                                   | 0                                    |
| <b>Subtotal Hispanic/Latino (Sum lines 1a-1g)</b>             |  | <b>12</b>                           | <b>0</b>                            | <b>0</b>                             |
| <b>Non-Hispanic/Latino</b>                                    |  |                                     |                                     |                                      |
| 2a.   | Asian  | 1                                   | 1                                   | 1                                    |
| 2b1.  | Native Hawaiian                                | 0                                   | 0                                   | 0                                    |
| 2b2.  | Other Pacific Islander                         | 1                                   | 0                                   | 0                                    |
| 2c.   | Black/African American                         | 56                                  | 15                                  | 9                                    |
| 2d.   | American Indian/Alaska Native                  | 4                                   | 1                                   | 1                                    |
| 2e.   | White  | 162                                 | 53                                  | 44                                   |
| 2f.   | More Than One Race                             | 0                                   | 0                                   | 0                                    |
| 2g.   | Unreported/Refused to Report Race              | 1                                   | 0                                   | 0                                    |
| <b>Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)</b>         |  | <b>225</b>                          | <b>70</b>                           | <b>55</b>                            |
| <b>Unreported/Refused to Report Ethnicity</b>                 |  |                                     |                                     |                                      |
| h.  | Unreported /Refused to Report Race & Ethnicity | 0                                   | 0                                   | 0                                    |
| i.  | <b>Total (Sum lines 1a-h)</b>                  | <b>237</b>                          | <b>70</b>                           | <b>55</b>                            |

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Table 7 - Health Outcomes and Disparities

| Section C: Diabetes by Race and Hispanic/Latino Ethnicity |  |                                   |                                  |                                |                                     |  |
|---|--|-----------------------------------|----------------------------------|--------------------------------|-------------------------------------|--|
| S.No  | Race & Ethnicity                               | Total Patients with Diabetes (3a) | Charts sampled or EHR Total (3b) | Patients with Hba1c < 8% (3d1) | Patients with 8%<= Hba1c <= 9% (3e) | Patients with Hba1c > 9% or No Test During Year (3f) |
| <b>Hispanic/Latino</b>                                    |  |                                   |                                  |                                |                                     |  |
| 1a.   | Asian  | 0                                 | 0                                | 0                              | 0                                   | 0  |
| 1b1.  | Native Hawaiian                                | 0                                 | 0                                | 0                              | 0                                   | 0  |
| 1b2.  | Other Pacific Islander                         | 0                                 | 0                                | 0                              | 0                                   | 0  |
| 1c.   | Black/African American                         | 0                                 | 0                                | 0                              | 0                                   | 0  |
| 1d.   | American Indian/Alaska Native                  | 0                                 | 0                                | 0                              | 0                                   | 0  |
| 1e.   | White  | 5                                 | 4                                | 2                              | 1                                   | 1  |
| 1f.   | More Than One Race                             | 4                                 | 3                                | 2                              | 1                                   | 0  |
| 1g.   | Unreported/Refused to Report Race              | 0                                 | 0                                | 0                              | 0                                   | 0  |
| <b>Subtotal Hispanic/Latino (Sum lines 1a-1g)</b>         |  | <b>9</b>                          | <b>7</b>                         | <b>4</b>                       | <b>2</b>                            | <b>1</b>   |
| <b>Non-Hispanic/Latino</b>                                |  |                                   |                                  |                                |                                     |  |
| 2a.   | Asian  | 1                                 | 1                                | 1                              | 0                                   | 0  |
| 2b1.  | Native Hawaiian                                | 0                                 | 0                                | 0                              | 0                                   | 0  |
| 2b2.  | Other Pacific Islander                         | 1                                 | 1                                | 1                              | 0                                   | 0  |
| 2c.   | Black/African American                         | 33                                | 18                               | 8                              | 9                                   | 1  |
| 2d.   | American Indian/Alaska Native                  | 3                                 | 2                                | 1                              | 1                                   | 0  |
| 2e.   | White  | 83                                | 40                               | 17                             | 15                                  | 8  |
| 2f.   | More Than One Race                             | 1                                 | 1                                | 0                              | 1                                   | 0  |
| 2g.   | Unreported/Refused to Report Race              | 1                                 | 0                                | 0                              | 0                                   | 0  |
| <b>Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)</b>     |  | <b>123</b>                        | <b>63</b>                        | <b>28</b>                      | <b>26</b>                           | <b>9</b>   |
| <b>Unreported/Refused to Report Ethnicity</b>             |  |                                   |                                  |                                |                                     |  |
| h.  | Unreported /Refused to Report Race & Ethnicity | 1                                 | 0                                | 0                              | 0                                   | 0  |
| i.  | <b>Total (Sum lines 1a-h)</b>                  | <b>133</b>                        | <b>70</b>                        | <b>32</b>                      | <b>28</b>                           | <b>10</b>  |

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**Table 8A - Financial Costs**

| S.No  |   | Accrued Cost<br>(a)<br>\$ | Allocation of Facility and<br>Non-Clinical Support Services<br>(b)<br>\$ | Total Cost after Allocation of Facility<br>and Non-Clinical Support Services<br>(c)<br>\$ |
|---|---|---------------------------|--|---|
| <b>Financial Costs for Medical Care</b>                               |   |                           |  |   |
| 1.  | Medical Staff   | 316,315                   | 78,635   | 394,950   |
| 2.  | Lab and X-ray   | 35,714                    | 8,879  | 44,593  |
| 3.  | Medical/Other Direct  | 0                         | 0  | 0   |
| 4.  | <b>Total Medical Care Services (Sum lines 1-3)</b>                                | <b>352,029</b>            | <b>87,514</b>  | <b>439,543</b>  |
| <b>Financial Costs for Other Clinical Services</b>                    |   |                           |  |   |
| 5.  | Dental  | 9,030                     | 2,245  | 11,275  |
| 6.  | Mental Health   | 100,000                   | 24,860   | 124,860   |
| 7.  | Substance Abuse   | 18,295                    | 4,548  | 22,843  |
| 8a.   | Pharmacy not including pharmaceuticals  | 0                         | 0  | 0   |
| 8b.   | Pharmaceuticals   | 0                         |  | 0   |
| 9.  | Other Professional<br>(Specify: )   | 0                         | 0  | 0   |
| 9a.   | Vision  | 0                         | 0  | 0   |
| 10.   | <b>Total Other Clinical Services (Sum lines 5-9a)</b>                             | <b>127,325</b>            | <b>31,653</b>  | <b>158,978</b>  |
| <b>Financial Costs of Enabling and Other Program Related Services</b> |   |                           |  |   |
| 11a.  | Case Management   | 142,646                   |  | 142,646   |
| 11b.  | Transportation  | 0                         |  | 0   |
| 11c.  | Outreach  | 0                         |  | 0   |
| 11d.  | Patient and Community Education   | 0                         |  | 0   |
| 11e.  | Eligibility Assistance  | 0                         |  | 0   |
| 11f.  | Interpretation Services   | 0                         |  | 0   |
| 11g.  | Other Enabling Services<br>(Specify: )  | 0                         |  | 0   |
| 11.   | <b>Total Enabling Services Cost (Sum lines 11a-11g)</b>                           | <b>142,646</b>            | <b>35,461</b>  | <b>178,107</b>  |
| 12.   | Other Related Services<br>(Specify: )   | 0                         | 0  | 0   |
| 13.   | <b>Total Enabling and Other Services (Sum lines 11-12)</b>                        | <b>142,646</b>            | <b>35,461</b>  | <b>178,107</b>  |
| <b>Facility and Non-Clinical Support Services and Totals</b>          |   |                           |  |   |
| 14.   | Facility  | 49,508                    |  |   |
| 15.   | Non-Clinical Support Services   | 105,120                   |  |   |
| 16.   | <b>Total Facility and Non-Clinical Support Services<br/>(Sum lines 14 and 15)</b> | <b>154,628</b>            |  |   |
| 17.   | <b>Total Accrued Costs (Sum lines 4+10+13+16)</b>                                 | <b>776,628</b>            |  | <b>776,628</b>  |
| 18.   | Value of Donated Facilities, Services and Supplies<br>(Specify: )                 |                           |  | 0   |
| 19.   | <b>Total with Donations (Sum lines 17-18)</b>                                     |                           |  | <b>776,628</b>  |

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Table 9D: Patient Related Revenue (Scope of Project Only)

| S.No | Payor Category  | Full Charges this Period (a)<br>\$ | Amount Collected this Period (b)<br>\$ | Retroactive Settlements, Receipts, and Paybacks (c)               |   |  |                             | Allowances (d)<br>\$ | Sliding Discounts (e)<br>\$ | Bad Debt Write Off (f)<br>\$ |
|------|---|------------------------------------|--|---|---|--|-----------------------------|----------------------|-----------------------------|------------------------------|
|      |   |                                    |  | Collection of Reconciliation/ Wrap around Current Year (c1)<br>\$ | Collection of Reconciliation/ Wrap around Previous Years (c2)<br>\$ | Collection of Other Retroactive Payments including Risk Pool/ Incentive/ Withhold (c3)<br>\$ | Penalty/ Payback (c4)<br>\$ |                      |                             |                              |
| 1.   | Medicaid Non-Managed Care   | 5,000                              | 2,272                                  | 0   | 0   | 0  | 0                           | 2,728                |                             |                              |
| 2a.  | Medicaid Managed Care (Capitated)                                       | 0                                  | 0                                      | 0   | 0   | 0  | 0                           | 0                    |                             |                              |
| 2b.  | Medicaid Managed Care (Fee-for-Service)                                 | 0                                  | 0                                      | 0   | 0   | 0  | 0                           | 0                    |                             |                              |
| 3.   | <b>Total Medicaid (Sum lines 1+2a+2b)</b>                               | <b>5,000</b>                       | <b>2,272</b>                           | <b>0</b>  | <b>0</b>  | <b>0</b>   | <b>0</b>                    | <b>2,728</b>         |                             |                              |
| 4.   | Medicare Non-Managed Care   | 0                                  | 0                                      | 0   | 0   | 0  | 0                           | 0                    |                             |                              |
| 5a.  | Medicare Managed Care (Capitated)                                       | 0                                  | 0                                      | 0   | 0   | 0  | 0                           | 0                    |                             |                              |
| 5b.  | Medicare Managed Care (Fee-for-Service)                                 | 0                                  | 0                                      | 0   | 0   | 0  | 0                           | 0                    |                             |                              |
| 6.   | <b>Total Medicare (Sum lines 4+5a+5b)</b>                               | <b>0</b>                           | <b>0</b>                               | <b>0</b>  | <b>0</b>  | <b>0</b>   | <b>0</b>                    | <b>0</b>             |                             |                              |
| 7.   | Other Public including Non-Medicaid CHIP (Non Managed Care)             | 0                                  | 0                                      | 0   | 0   | 0  | 0                           | 0                    |                             |                              |
| 8a.  | Other Public including Non-Medicaid CHIP (Managed Care Capitated)       | 0                                  | 0                                      | 0   | 0   | 0  | 0                           | 0                    |                             |                              |
| 8b.  | Other Public including Non-Medicaid CHIP (Managed Care Fee-for-Service) | 0                                  | 0                                      | 0   | 0   | 0  | 0                           | 0                    |                             |                              |
| 9.   | <b>Total Other Public (Sum lines 7+8a+8b)</b>                           | <b>0</b>                           | <b>0</b>                               | <b>0</b>  | <b>0</b>  | <b>0</b>   | <b>0</b>                    | <b>0</b>             |                             |                              |
| 10.  | Private Non-Managed Care  | 0                                  | 0                                      |   |   | 0  | 0                           | 0                    |                             |                              |
| 11a. | Private Managed Care (Capitated)  | 0                                  | 0                                      |   |   | 0  | 0                           | 0                    |                             |                              |
| 11b. | Private Managed Care (Fee-for-Service)                                  | 0                                  | 0                                      |   |   | 0  | 0                           | 0                    |                             |                              |
| 12.  | <b>Total Private (Sum lines 10+11a+11b)</b>                             | <b>0</b>                           | <b>0</b>                               |   |   | <b>0</b>   | <b>0</b>                    | <b>0</b>             |                             |                              |
| 13.  | Self Pay  | 1,405,890                          | 0                                      |   |   |  |                             |                      | 1,405,890                   | 0                            |
| 14.  | <b>Total (Sum lines 3+6+9+12+13)</b>                                    | <b>1,410,890</b>                   | <b>2,272</b>                           | <b>0</b>  | <b>0</b>  | <b>0</b>   | <b>0</b>                    | <b>2,728</b>         | <b>1,405,890</b>            | <b>0</b>                     |

OMB Control Number: 0195-0193

BHCMS ID: 042040 - PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS, Clearwater, FL

Date Requested: 03/26/2015 09:53 AM EST  
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Program Name: Health Center 330

Submission Status: Review In Progress

**UDS Report - 2014**  
**Table 9E: Other Revenues**

| S.No   | Source  | Amount<br>(a)<br>\$ |
|--|---|---------------------|
| <b>BPHC Grants (Enter Amount Drawn Down - Consistent with PMS-272)</b> |   |                     |
| 1a.  | Migrant Health Center   | -                   |
| 1b.  | Community Health Center   | -                   |
| 1c.  | Health Care for the Homeless  | 581,256             |
| 1e.  | Public Housing Primary Care   | -                   |
| <b>1g.</b>   | <b>Total Health Center Cluster (Sum lines 1a-1e)</b>  | <b>581,256</b>      |
| 1j.  | Capital Improvement Program Grants (excluding ARRA)   | -                   |
| 1k.  | Affordable Care Act (ACA) Capital Development Grants, including School Based Health Center Capital Grants             | -                   |
| <b>1.</b>  | <b>Total BPHC Grants (Sum lines 1g+1j+1k)</b>   | <b>581,256</b>      |
| <b>Other Federal Grants</b>  |   |                     |
| 2.   | Ryan White Part C HIV Early Intervention  | -                   |
| 3.   | Other Federal Grants<br>Specify:  | 194,476             |
| 3a.  | Medicare and Medicaid EHR Incentive Payments for Eligible Providers   | -                   |
| 4a.  | American Recovery and Reinvestment Act (ARRA) Capital Improvement Project (CIP) and Facility Investment Program (FIP) | -                   |
| <b>5.</b>  | <b>Total Other Federal Grants (Sum lines 2-4a)</b>  | <b>194,476</b>      |
| <b>Non-Federal Grants or Contracts</b>                                 |   |                     |
| 6.   | State Government Grants and Contracts<br>Specify:   | -                   |
| 6a.  | State/Local Indigent Care Programs<br>Specify:  | 565,929             |
| 7.   | Local Government Grants and Contracts<br>Specify:   | -                   |
| 8.   | Foundation/Private Grants and Contracts<br>Specify:   | -                   |
| <b>9.</b>  | <b>Total Non-Federal Grants and Contracts (Sum lines 6+6a+7+8)</b>  | <b>565,929</b>      |
| 10.  | Other Revenue (Non-patient related revenue not reported elsewhere) Specify:   | -                   |
| <b>11.</b>   | <b>Total Revenue (Sum lines 1+5+9+10)</b>   | <b>1,341,661</b>    |

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## UDS Report - 2014

## Electronic Health Record Capabilities and Quality Recognition

|   |  |
|---|--|
| 1. Does your center currently have an Electronic Health Record (EHR) system installed and in use?   | <input checked="" type="checkbox"/> Yes, at all sites and for all providers<br><input type="checkbox"/> Yes, but only at some sites or for some providers<br><input type="checkbox"/> No   |
| 1a. Is your system certified under the Office of the National Coordinator for Health IT(ONC) Health IT Certification Program?   | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| Vendor  | NextGen Healthcare Information Systems, Inc.   |
| Product Name  | NextGen EHR  |
| Version Number  | 5.6 SP1  |
| Certified Health IT Product List Number   | CC-1112-345777-1   |
| 1b. Did you switch to your current EHR from a previous system this year?  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |
| 1c. How many sites have the EHR system in use?  | N/A  |
| 1d. How many providers use the EHR system?  | N/A  |
| 1e. When do you plan to install the EHR system?   | N/A  |
| 2. Does your center send prescriptions to the pharmacy electronically? (Do not include faxing)  | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not Sure  |
| 3. Does your center use computerized, clinical decision support such as alerts for drug allergies, checks for drug-drug interactions, reminders for preventive screening tests, or other similar functions? | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not Sure  |
| 4. Does your center exchange clinical information electronically with other key providers/health care settings such as hospitals, emergency rooms, or subspecialty clinicians?                              | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Not Sure  |
| 5. Does your center engage patients through health IT such as patient portals, kiosks, secure messaging (i.e., secure email) either through the EHR or through other technologies?                          | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Not Sure  |
| 6. Does your center use the EHR or other health IT system to provide patients with electronic summaries of office visits or other clinical information when requested?                                      | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not Sure  |
| 7. How do you collect data for UDS clinical reporting (Tables 6B and 7)?  | <input type="checkbox"/> We use the EHR to extract automated reports<br><input type="checkbox"/> We use the EHR but only to access individual patient charts<br><input checked="" type="checkbox"/> We use the EHR in combination with another data analytic system<br><input type="checkbox"/> We do not use the EHR  |
| 8. Are your eligible providers participating in the Centers for Medicare and Medicaid Services (CMS) EHR Incentive Program commonly known as "Meaningful Use"?  | <input checked="" type="checkbox"/> Yes, all eligible providers at all sites are participating<br><input type="checkbox"/> Yes, some eligible providers at some sites are participating<br><input type="checkbox"/> No, our eligible providers are not yet participating<br><input type="checkbox"/> No, because our providers are not eligible<br><input type="checkbox"/> Not Sure |
| 8a. If yes (a or b), at what stage of Meaningful Use are the majority (more than half) of your participating providers (i.e., what is the stage for which they most recently received incentive payments)?  | <input type="checkbox"/> Adoption, Implementation, or Upgrade (AIU)<br><input checked="" type="checkbox"/> Stage 1<br><input type="checkbox"/> Stage 2<br><input type="checkbox"/> Stage 3<br><input type="checkbox"/> Not Sure  |
| 8b. If no (c only), are your eligible providers planning to participate?  | N/A  |
| 9. Does your center use health IT to coordinate or to provide enabling services such as outreach, language translation, transportation, case management, or other similar services?                         | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |
| If yes, then specify the type(s) of service   | -  |
| 10. Has your health center received or retained patient centered medical home recognition or certification for one or more sites during the measurement year?   | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |



|  |  |
|--|--|
| If yes, which third party organization(s) granted recognition or certification status? (Can identify more than one.) | <input type="checkbox"/> National Committee for Quality Assurance (NCQA)<br><input type="checkbox"/> The Joint Commission (TJC)<br><input type="checkbox"/> Accreditation Association for the Ambulatory Health Care (AAAHC)<br><input type="checkbox"/> State Based Initiative<br><input type="checkbox"/> Private Payer Initiative<br><input type="checkbox"/> Other Recognition Body (Specify: -) |
| 11. Has your health center received accreditation?   | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |
| If yes, which third party organization granted accreditation?  | <input type="checkbox"/> The Joint Commission (TJC)<br><input type="checkbox"/> Accreditation Association for the Ambulatory Health Care (AAAHC)   |
| Comments   |  |

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## UDS Report - 2014

## Data Audit Report

Table 3A-Patients by Age and Gender

**Edit 02160: Patients in Question** - The total number of patients differs substantially from the prior year. Please correct or explain. Current year - (1,790). Prior Year - (1,260).

**Related Tables:** Table 3A(UR)

**Natalie Jackson (Health Center) on 2/14/2015 9:15 AM EST:** The MMU program increased clinical hours and adjusted the site locations by need. The MMU program also received Expansion Services dollars enabling us to hire more staff. The information is accurate.

**Edit 03950: Numbers Questioned For Patients Aged 15 - 44.** - The proportion of Females aged 15-44 (0.36) is outside the typical range when compared to total patients in the same group. Females aged 15-44 (299); Males aged 15-44 (528). Please correct or explain.

**Related Tables:** Table 3A(UR)

**Natalie Jackson (Health Center) on 2/14/2015 9:24 AM EST:** We reviewed the data, the table information is accurate.

Table 5-Staffing and Utilization

**Edit 04139: Inter-year Patients questioned** - On Universal - A large change in Medical patients from the prior year is reported on Line 15 Column C. (PY= Total Medical Patients Patients Line 15 Column c (1,247) , CY = Total Medical Patients Patients Line 15 Column c (1,790) ). Please correct or explain.

**Related Tables:** Table 5(UR)

**Natalie Jackson (Health Center) on 2/14/2015 10:16 AM EST:** We increased our clinical hours, which increased patient appointment availability -positively impacting visits and encounters.

**Edit 04141: Inter-year Patients questioned** - On Universal - A large change in Dental patients from the prior year is reported on Line 19 Column C. (PY = Total Dental Services (Sum lines 16-18) Patients Line 19 Column c (55) , CY = Total Dental Services (Sum lines 16-18) Patients Line 19 Column c (190) ). Please correct or explain.

**Related Tables:** Table 5(UR)

**Natalie Jackson (Health Center) on 2/14/2015 10:18 AM EST:** We have reviewed the data and it is accurate. We also experienced an increase in unduplicated patients.

**Edit 04143: Inter-year Patients questioned** - On Universal - A large change in Mental Health patients from the prior year is reported on Line 20 Column C. (PY = Total Mental Health (Lines 20a-c) Patients Line 20 Column c (127) , CY= Total Mental Health (Lines 20a-c) Patients Line 20 Column c (72) ). Please correct or explain

**Related Tables:** Table 5(UR)

**Elisa DeGregorio (Health Center) on 3/25/2015 5:08 PM EST:** We are improving our tracking and reporting capabilities and we have changed the contract for 2015 with Mental Health providers to pay per service as opposed to paying for providers. This should positively impact and more accurately reflect service delivery.

**Edit 04145: Inter-year Patients questioned** - On Universal - A large change in Substance Abuse Services patients from the prior year is reported on Line 21 Column C. (PY = Substance Abuse Services Patients Line 21 Column c (915) , CY = Substance Abuse Services Patients Line 21 Column c (52) ). Please correct or explain.

**Related Tables:** Table 5(UR)

**Elisa DeGregorio (Health Center) on 3/25/2015 5:08 PM EST:** We have a continuous improvement plan on how to better track our substance abuse services. We work closely with external agencies that provide substance abuse services and use Case Managers to make referrals into these programs. One of our strategies is to overcome the barriers associated with sharing patient information across systems, which will improve the reporting capabilities. We are working on this. The information reported is accurate.

**Edit 04149: Inter-year Patients questioned** - On Universal - A large change in Enabling Services patients from the prior year is reported on Line 29 Column C. (PY = Total Enabling Services (Sum lines 24-28) Patients Line 29 Column c (1,247) , CY = Total Enabling Services (Sum lines 24-28) Patients Line 29 Column c (1,790) ). Please correct or explain.

**Related Tables:** Table 5(UR)

**Natalie Jackson (Health Center) on 2/14/2015 10:37 AM EST:** Table was corrected to reflect 1790 in the enabling visits box.

Table 6A-Selected Diagnoses and Services Rendered

**Edit 02149: Contraceptive Management Patients Questioned** - The number reported on Line 25 Column b (0) on Table 6A appears low when compared to women aged 15-44 (299) reported on Table 3A. If you use an alternate code for contraception management visits, especially Title X visits, add it to the table comments.

**Related Tables:** Table 6A(UR), Table 3A(UR)

**Natalie Jackson (Health Center) on 2/14/2015 9:11 AM EST:** These services are provided by the local County Health Department; it is taken care of outside of the MMU program. We do not need a code for this. The information is accurate.

**Edit 04349: Tobacco Disorder Visits Questioned** - More Tobacco Use Disorder Visits are reported on Table 6A Line 19a Column a (3,668) than total substance abuse visits and a portion of medical visits reported on Table 5 (1,057). Please correct or explain.

**Related Tables:** Table 6A(UR), Table 5(UR)

**Natalie Jackson (Health Center) on 2/14/2015 10:45 AM EST:** We reviewed the data. The tables are accurate.

Table 6B-Quality of Care Indicators

**Edit 05894: Missing Clinical Measure** - The reporting of New HIV Cases with Timely Follow-Up measure appears to be missing. Please report the data on Table 6B Line 20 for this measure or explain.

**Related Tables:** Table 6B, Table 3A(UR)

**Natalie Jackson (Health Center) on 2/14/2015 9:27 AM EST:** The MMU program did not have any new cases of HIV, the information reported is accurate.

**Edit 03391: Prenatal Care in Question** - Zero prenatal patients are reported on Table 6B Line 6 Col a. All women receiving prenatal services, by formal referral or directly at the health center must be included. Please correct or explain.

**Related Tables:** Table 6B

**Natalie Jackson (Health Center) on 2/14/2015 10:59 AM EST:** We reviewed the data, we did not have any prenatal patients or referrals. The information is accurate.

**Edit 05189: Line 12 Compliance Rate Questioned** - A compliance rate of 100% is reported for Line 12. Please review the number of patients reported in Column c in relation to the sample or universe reported in Column b for accuracy. Please correct or explain.

**Related Tables:** Table 6B

**Natalie Jackson (Health Center) on 2/14/2015 11:04 AM EST:** We reviewed the data, the information reported is accurate.

**Edit 05193: Line 16 Compliance Rate Questioned** - A compliance rate of 100% is reported for Line 16. Please review the number of patients reported in Column c in relation to the sample or universe reported in Column b for accuracy. Please correct or explain.

**Related Tables:** Table 6B

**Natalie Jackson (Health Center) on 2/14/2015 11:06 AM EST:** We reviewed the data. The information is accurate.

Table 7-Health Outcomes and Disparities

**Edit 01328: Perinatal Care appears to be in Error** - Total Prenatal Care Patients Who Delivered During the Year Line i Column 1a (0) on Table 7 is equal to or greater than Total Patients Line 6 Column a (0) on Table 6B. Lines 1 to 9 in Table 6B should describe all women served, regardless of whether or not they have delivered by the end of the reporting period. Please correct or explain.

**Related Tables:** Table 7, Table 6B

**Dale Williams (Health Center) on 3/25/2015 5:05 PM EST:** We don't have any patients presenting with this condition.

**Edit 01343: Deliveries in question** - Line 2 Column i (0) , Deliveries performed by Grantee Provider by staff clinicians is equal to Line i Column 1a (0) , Total on Table 7. Please confirm that the center providers are covering deliveries of only patients in their prenatal program. Please correct or explain.

**Related Tables:** Table 7

**Natalie Jackson (Health Center) on 2/14/2015 11:07 AM EST:** We reviewed the data. We did not have any prenatal patients. The information is accurate.

**Edit 01344: Deliveries Missing** - Zero deliveries are reported by health center providers. If health center providers perform deliveries, please report the number of deliveries on Table 7, Line 2. Please correct or explain.

**Related Tables:** Table 7

**Dale Williams (Health Center) on 3/25/2015 5:06 PM EST:** We don't have any patients presenting with this condition or requiring this service.

Table 8A-Financial Costs

**Edit 03948: Cost Per Visit Questioned** - Substance Abuse Cost Per Visit is substantially different than the prior year. Current Year (439.29); Prior Year (11.15). Please correct or explain.

**Related Tables:** Table 8A, Table 5(UR)

**Natalie Jackson (Health Center) on 2/14/2015 9:37 AM EST:** We have a continuous improvement plan on how to track our behavioral health including substance abuse services. We work closely with external agencies that provide substance abuse services and use Case Managers to make referrals into these programs. One of our strategies is to overcome the barriers associated with sharing patient information across systems, which will improve the reporting capabilities and directly impact the way the UDS tool pulls information which appears to inflate the costs for these services. We are working on this. The information reported is accurate.

**Edit 04117: Cost Per Visit Questioned** - Total Medical Care Cost Per Visit is substantially different than the prior year. Current Year (78.6); Prior Year (124.4).

**Related Tables:** Table 8A, Table 5(UR)

|   |
|---|
| <b>Natalie Jackson (Health Center) on 2/14/2015 9:49 AM EST:</b> We increased our clinical hours, which increased patient appointment availability (positively impacting visits and encounters). Efficiencies created a reduction in total Medical Care Costs per visit.  |
| <b>Edit 04125: Cost Per Visit Questioned</b> - Dental Care Cost Per Visit is substantially different than the prior year. Current Year (14.46); Prior Year (97.96).   |
| <b>Related Tables:</b> Table 8A, Table 5(UR)  |
| <b>Natalie Jackson (Health Center) on 2/14/2015 9:58 AM EST:</b> We reviewed the data and it is accurate. We believe there were some additional services last year that were more costly, and we did not have a flat rate per service for the entire year last year.  |
| <b>Edit 04126: Cost Per Visit Questioned</b> - Mental Health Cost Per Visit is substantially different than the prior year. Current Year (938.8); Prior Year (611.23).  |
| <b>Related Tables:</b> Table 8A, Table 5(UR)  |
| <b>Natalie Jackson (Health Center) on 2/14/2015 10:02 AM EST:</b> We are improving our tracking and reporting capabilities and we have changed the contract for 2015 with Mental Health providers to pay per service as opposed to paying for providers. This should positively impact the mental health costs per patient and more accurately reflect service delivery.  |
| <b>Edit 04131: Cost Per Visit Questioned</b> - Total Enabling Services Cost Per Visit is substantially different than the prior year. Current Year (31.19); Previous Year (139.74).   |
| <b>Related Tables:</b> Table 8A, Table 5(UR)  |
| <b>Natalie Jackson (Health Center) on 2/14/2015 10:13 AM EST:</b> We continuously review improvement processes and through one of our strategies to enhance efficiencies, we contracted the delivery of services to the Department of Health which reduced some of the enabling costs as one position is now able to supervise and case manage, and handling some of the support needs without diminishing access to services or quality of care to MMU patients. We will continue to monitor.  |
| <b>Edit 03727: Inter-Year Variance Questioned</b> - Current Year Facility costs vary substantially from last years cost. (Current Year: Facility Accrued Cost Line 14 Column a (49,508) ; Prior Year: Facility Accrued Cost Line 14 Column a (83,299) ). Please correct or explain.   |
| <b>Related Tables:</b> Table 8A   |
| <b>Natalie Jackson (Health Center) on 2/13/2015 6:33 PM EST:</b> The van was out of commission and needed many repairs, some extensive and took several weeks under the warrantee, clinical space was often in the sites where our clients receive other wrap-around services and we are not charged for these spaces. The answer accurate, our costs decreased this year.  |
| <b>Edit 03945: Inter-Year variance questioned</b> - Current Year Administration costs, Line 15 Column a (105,120) varies substantially from cost on the same line last year (163,248) . Please correct or explain.  |
| <b>Related Tables:</b> Table 8A   |
| <b>Natalie Jackson (Health Center) on 2/13/2015 6:21 PM EST:</b> We have sought efficiencies and fully contracted direct services of the MMU to Department of Health. Administrative costs were decreased due to the efficiencies gained.   |
| <b>Edit 05767: Charge to Cost Ratio Questioned</b> - Total charge to cost ratio of (2.45) is reported which suggests that charges are more than costs. Please review the information reported across the tables and correct or explain.   |
| <b>Related Tables:</b> Table 8A, Table 9D   |
| <b>Natalie Jackson (Health Center) on 2/13/2015 6:51 PM EST:</b> The County does not charge clients for services if their income as they self-report is less than 100% of the FPL. If we needed to charge, we would use Medicaid costs for services, averaging \$125 per office visit with an MD. This is how we set up our billing, some of the closeouts for billing had not been completed at the time of this report, however we did run the report on clients previously to see if there were any sliding scales that needed to be applied and there were none as the self-reported income was under 100% FPL. We would be happy to address how we may be entering costs for services to close out the billing record. |

Table 9D-Patient Related Revenue (Scope of Project Only)

|   |
|---|
| <b>Edit 04216: Average Collections</b> - A large change from the prior year in collections per medical+dental+mental health visit is reported. Current Year (0.38); Prior year (0.21). Please review the information and correct or explain.  |
| <b>Related Tables:</b> Table 9D, Table 5(UR)  |
| <b>Natalie Jackson (Health Center) on 2/14/2015 10:38 AM EST:</b> We have reviewed the table, we increased the number of patient visits/encounters this year. The information is accurate. We operate on a sliding scale basis and use a rate of \$125 per visit if we were to charge. Most MMU clients have incomes at or below 100% of the FPL, so no collection was actually available or needed from the clients this year. |
| <b>Edit 01713: Self Pay charges without collections questioned</b> - You report Self Pay Full Charges This Period Line 13 Column a (1,405,890) with no collections in Column b. This generally never occurs. Please correct or explain.   |
| <b>Related Tables:</b> Table 9D   |
| <b>Natalie Jackson (Health Center) on 2/13/2015 6:43 PM EST:</b> The answer is accurate; the MMU clients are all homeless and self-report their income and those reported listed their income at or below 100% of the FPL. We are still working on our billing program in the event we need to bill a client on our sliding scale in the future.  |
| <b>Edit 03980: No Accounts Recievable in question</b> - Table 9D Line 1, Medicaid Non-Managed Care Charges - Collections - Allowances equal zero. It is unusual for non-capitated plans to have no accounts receivable. Please correct or explain.  |
| <b>Related Tables:</b> Table 9D   |
| <b>Natalie Jackson (Health Center) on 2/13/2015 6:38 PM EST:</b> The answer is accurate; the MMU clients are all homeless and self-report their income and those reported listed their income at or below 100% of the FPL. We are still working on our billing program in the event we need to bill a client on our sliding scale in the future.  |
| <b>Edit 03988: No Accounts Recievable in question</b> - Table 9D Line 13, Self Pay Charges - Collections - Sliding Discount - Bad Debt equals zero. It is unusual to have no accounts receivable/balance. Please correct or explain.  |

**Related Tables:** Table 9D

**Natalie Jackson (Health Center) on 2/13/2015 6:26 PM EST:** According to our records, MMU clients that reported income fell within 100% of the FPL. Some may have reported income unknown, but these are self-reporting fields for our clients. The table is accurate based on our data.

Table 9E-Other Revenues

**Edit 04094: Profit and Loss** - When comparing cash income to accrued expenses a large surplus or deficit is reported. Please correct or explain. Surplus or Deficit = (567,305); Percent Surplus or Deficit (73.05). Note: If the value is a surplus it will be distinguished as a number inside a parentheses (Value). If the value is a deficit it will be distinguished as a number with a negative sign inside a parentheses (-Value).

**Related Tables:** Table 9E, Table 8A, Table 9D

**Natalie Jackson (Health Center) on 2/13/2015 6:18 PM EST:** We have sought efficiencies in service delivery and fully contracted the service delivery to the Department of Health which significantly reduced our support services costs as they have fewer individuals providing support services. The supervisor from the Department of Health has multiple roles which include Case Management, Support, Van Driver and providing supervision. We are monitoring this process to ensure there are no measurable decreases in access, effectiveness, and quality of services.

**Edit 03736: Inter-Year variance questioned** - Total income reported on Tables 9D and 9E for this year varies substantially from the prior year. Please note that Table 9E Line 4 is excluded from this calculation. Please correct or explain. Current Year (1,343,933); Prior Year (891,172).

**Related Tables:** Table 9E, Table 9D

**Natalie Jackson (Health Center) on 2/13/2015 6:42 PM EST:** The County received additional funding this year through Affordable Care Act Outreach and Enrollment dollars, Expansion Services dollars, and an increase in the Core Grant. Some service costs such as specialty care, labs and pharmacy saw increased which impacted the overall budget of the program.

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Program Name: Health Center 330

Submission Status: Review In Progress

**UDS Report - 2014**  
**Comments**

## Report Comments

Not Available

## Table 3B Comments

Numbers in Table 7 Section C for ethnicity & race do not exceed numbers in Table 3B for ethnicity & race. NextGen (electronic health record system) is the data source used for pulling data for both tables. They have been cross-referenced.

## Table 5 Comments

These are the actual FTE's and they are reported with two decimal places. We are unaware of the 0.35 FTE's referred to in the above statement. In 2014, we are reporting 0.50 FTE's for Mental Health. For 2014 we are reporting less Mental Health Patients than the prior year 2013 as reported by our contracted Mental Health Provider. We are working closely with our contracted provider for Mental Health and Substance Abuse services to increase access to care and improve our referral tracking and reporting through an integrated data process. We are reporting an increase in total Mental Health clinic visits from 117 to 130 (13 additional clinic visits) based on reporting from our contracted provider. We contract with a vendor to provide Mental Health Services, which includes Substance Abuse services. The FTE's for both Mental Health and Substance Abuse were recorded under Mental Health Services at 0.50 FTE's. As of October 2014, the contract was incorporated into the County's Primary Care contract and changed to pay for services rather than FTEs. We are reporting 52 Substance Abuse Patients for 2014 which is a decrease compared to 2013. The Physician's Assistant was hired in the fall of the reporting year and has 3 months tenure. 660 clinic visits are being reported for the Physician Assistant which represents 3 months of productivity in a new position with 3 additional new staff members: nurse, case manager and medical assistant. If CNM is Certified Nurse Midwives on line 10, for 2014 we are reporting 0.00 FTE's and 0 clinic visits. For the prior year 2013, we reported 0.00 FTE's and 0 clinic visits. For 2014, we are reporting a General Practitioner 1.00 FTE (line 2) who worked the entire reporting year (12 months) and a Physician's Assistant 1.00 FTE (line 9B) who was hired in the fall and worked 3 months (Oct-Dec 2014). A total of 1,790 Unduplicated Medical patients were reported for these 2 providers. In 2013 we reported a General Practitioner 1.00 FTE (line 2) who worked the entire reporting year (12 months). A total of 1,247 Unduplicated Medical patients were reported for this reporting year.

## Table 5A Comments

Line 11 Response: 3 Nurses are reported. Nurse 1 was hired in 2013 with 3 months tenure and remained with the program during 2014, with 12 additional months tenure. Total tenure for Nurse 1 is 15 months. Nurse 2 was hired in 2013 with 8 months tenure and remained with program during 2014, with 12 additional months. Total tenure for Nurse 2 is 20 months. Nurse 3 was hired in 2014 with 2 months tenure. The 3 nurses have a total tenure of 37 months. Line 20a Response: Psychiatrist – We are improving our tracking and reporting capabilities and we have changed the contract for FY2015 with Mental Health providers to pay per service as opposed to paying for providers. This should positively impact and more accurately reflect service delivery. Line 20b Response: Licensed Mental Health Provider - We are improving our tracking and reporting capabilities and we have changed the contract for FY2015 with Mental Health providers to pay per service as opposed to paying for providers. This should positively impact and more accurately reflect service delivery. Line 30a2 Response: Chief Medical Officer- 1 for 12 months tenure. Columns C & D Response: We do not have Locum Health Center staff.

## Table 6A Comments

New Dental Data reports were run for Table 6A and Table 5. The original data provided in the report only captured one quarter of the year. In October, we expanded our dental program and changed the way we were billing and tracking the data. We re-requested the data from our dental provider for the entire calendar year, and then had to query the data for clients of the health center program.

## Table 6B Comments

Line 14a Response: We calculated the universe based on the criteria from the UDS Training Manual for 2014 on page 84. We reviewed our data for this measure with our Medical Director and believe the data to be accurate. Line 21 Response: We recalculated the universe based on the criteria from the UDS Training Manual for 2014 on page 91-92. A new sample was selected and compliance was measured. Changes were made for table 6B Line 21. Column a. 1,777; Column b. 70; Column c. 21.

## Table 7 Comments

We calculated the universe based on the criteria from the UDS Training Manual for 2014 on page 102 - 103. We reviewed our data for this measure with our Medical Director and believe the data to be accurate based on a significant increase in our total unduplicated universe after June 30th 2014.

## Table 8A Comments

The contract with our Mental Health provider is a fixed dollar amount up to a \$100,000 for FY2013 and FY2014. We are improving our tracking and reporting capabilities and we have integrated the contract with our Primary Care contract for FY2015 and changed the contract billing to pay per service as opposed to paying for providers. The decrease in FTEs would be reflective of the new FY2015 contract being in affect for three months of this reporting period. We contract with a vendor to provide Mental Health

services, which includes Substance Abuse services. The FTE's for both Mental Health and Substance Abuse were recorded under Mental Health Services at 0.50 FTE's. We have changed the contract for FY2015 with the Mental Health provider to pay per service as opposed to paying for providers. The decrease in FTEs would be reflective of the new FY2015 contract being in affect for three months of this reporting period. Yes, we did report a slight increase in expenditures for Substance Abuse services in FY2014. The new contract should more clearly capture services provided to clients and the corresponding expenditures. This should positively impact and more accurately reflect service delivery. This is due to staff turnover with starting at entry level salaries and reclassification of job description

#### Table 9E Comments

On 09/04/2014, Pinellas County was awarded an Expanded Services grant from HRSA as part of the our healthcare for the homeless program. The award provides supplemental funding for Expanded Services (ES) activities for the period September 1, 2014 through August 31, 2015.

# PATIENT CENTERED MEDICAL HOME INITIATIVE

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## UNIVERSITY OF CENTRAL FLORIDA: TECHNICAL ASSISTANCE SUMMARY

### **Patient Centered Medical Home**

HRSA continues to support the advancement and acceleration of quality improvement efforts, building on experience with and an ongoing commitment to, quality improvement across the Health Center Program. These efforts represent crucial steps towards sustaining even greater advances in quality of care, health outcomes, and disparity reductions across all health centers.

HRSA encourages and supports health centers to undergo rigorous and comprehensive survey processes and achieve national benchmarks that demonstrate the highest standards of health care quality. Ambulatory health care accreditation and PCMH recognition received from an independent, national review body demonstrates a health center's commitment to providing high quality health care services and improving patient experiences, health outcomes, and safety.

Health centers have three options for receiving accreditation and/or recognition.

### **Accreditation**

Health centers may select either The Joint Commission or the Accreditation Association for Ambulatory Health Care (AAAHHC) to obtain ambulatory health care accreditation under this Initiative. Accreditation is a process that evaluates health center quality and patient safety using established standards focused on quality improvement, quality assurance, risk management, and performance improvement. Key features of the accreditation process include:

- Accreditation options include ambulatory health care, laboratory, and behavioral health services through an on-site survey. A PCMH option is also available.
- Based on the experience of grantees, the average amount of time needed to become accredited is 9 to 12 months following HRSA approval of a NOI.
- Accreditation is awarded at the health center organization level, and the accreditation status remains in effect for 3 years.

### **Recognition**

Health centers can obtain PCMH recognition through the National Committee for Quality Assurance (NCQA) under this Initiative. PCMH recognition is a process that evaluates health center approaches to patient centered care. Health centers can achieve PCMH recognition by meeting national standards for care coordination and communication in primary care settings that improve the patient and provider experience. Key features of the NCQA PCMH recognition process include:

- PCMH recognition surveys are conducted through an online survey tool that includes documentation that the health center has implemented PCMH standards, for each applicable health center site.
- Based on the experience of grantees, the average amount of time needed to become recognized is 3 to 12 months following HRSA approval of a NOI.
- The PCMH recognition status for each health center site recognized remains in effect for 3 years.



### **Technical Assistance: PCMH Assessment**

#### **University of Central Florida, Regional Extension Center, A Division of the College of Medicine**

Pinellas County Health Department's Mobile Medical Unit (MMU) was identified by the Florida Department of Health, due to their status as a Federal Qualified Health Center (FQHC), as an organization eligible to receive PCMH transformation support from the UCF College of Medicine, Regional Extension Center, under the Department of Health and Centers for Disease Control's Patient Centered Medical Home Demonstration Project. The UCF REC PCMH Content Expert Team was tasked with assessing the current state of Pinellas County Health Department's Mobile Medical Unit's care delivery environment in regards to NCQA's 2014 PCMH Standards and Guidelines. The findings and summary of the assessment, completed 2/10/2015 are detailed below.

The PCMH assessment performed which included the following activities: administrative team interview, review of quality performance measures, written policies and reporting capabilities; Pinellas County Health Department's Mobile Medical Unit may be eligible to receive up to 33.125 points. One (1) of the six (6) Must Pass Elements (MPE) are currently assessed as passing, indicating that in combination with the eligible points considered, Pinellas County Health Department's Mobile Medical Unit is not currently eligible for NCQA PCMH recognition.

Due to the unique nature of the clinics varying locations and patient population, the MMU poses its own unique set of challenges. The lack of a brick and mortar structure, means that the use of centralized administration support will be needed to satisfy the requirements of the NCQA 2014 Standards with NCQA's 2014 PCMH Standards.

With the support of the UCF REC's PCMH Content Expert Team, Pinellas County Health Department's Mobile Medical Unit will formalize and implement policies, procedures, and continuous rapid quality improvement cycles (ex: PDSA – Plan, Do, Study, Act) Unit to achieve PCMH recognition within twelve months.

### **Next Meeting(s):**

Monday, May 18, 2015, 1:00 pm, Conference Call

Thurs. - Fri., May 28-29, 2015, TEAMCare Training, Orlando

Thursday, June 24, 2015, Work Session with UCF Staff

TAB 5

May 1, 2015

On December 22, 2014, HRSA approved the revised scale Bayside Clinic. The clinic design is for a 3,078 square foot, one-story, free-standing facility with exam rooms, dental and offices for confidential counseling. The total revised project budget for the grant is \$2,052,828 which is inclusive of equipment and furniture.



**Revised construction timeline:**

|   |  |
|---|--|
| Phase I of Design/Build Contract: ..... | Reprogramming, design and completion of construction docs to 50% |
| April 2015.....                         | Phase II of Design/Build Contract: Contractor Pricing            |
| May – June 2015 .....                   | Internal Contract Review and BCC Approval                        |
| July 2015 – January 2016 .....          | Construction   |
| February – March 2016.....              | Certificate of Occupancy/Grand Opening                           |

Bayside clinic services will be performed within existing grant and encounter funding allocated through the indigent health program. DOH Pinellas anticipates migrating the services performed in the temporary space within Safe Harbor to the new stand-alone clinic.

