

MOBILE MEDICAL UNIT ADVISORY COUNCIL

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

MEETING AGENDA

JULY 2, 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, June 2, 2015
- iii) Unfinished Business/Follow-Up
 - (1) Healthcare Industry Definition
 - (2) Alternative Site for Services at Pinellas Hope when van not available
 - (3) Access by non-MMU (homeless) clients
 - (4) Tent @ Pinellas Hope
- iv) Meeting Date/Time

2. Governance/Operations

- i) Board Member Orientation
- ii) MMU/Safe Harbor Calendar
- iii) Site Visit Compliance Update

3. Fiscal

- i) Notice of Awards
- ii) Expanded Services Grant Application
- iii) Service Area Competition Grant Application

4. Clinical

- i) MMU Client Trend Report
 - (1) St. Vincent de Paul
- ii) Policies and Procedures
 - (1) After Hours Policy
 - (2) Sliding Scale Fee Discount Program
 - (3) Eligibility Requirements
- iii) Patient Centered Medical Home, Technical Assistance Update

5. Other Updates

- i) Bayside Health Clinic Update – Groundbreaking July 28, 2015 @ 10 am
- ii) New Business

Adjournment | Next Meeting: Thursday, August 6, 2015 @ 3:00 pm, Pinellas Hope

MOBILE MEDICAL UNIT ADVISORY COUNCIL

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HEALTH CARE FOR THE HOMELESS GRANT | #H80CS00024

Nominees for Mobile Medical Unit Advisory Council:

- 1) **Sgt. Zachary Haisch**, Pinellas County Sheriff's Office (Safe Harbor)

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.

**Minutes of the Monthly Meeting of the
Mobile Medical Unit Advisory Council (MMUAC)
June 2, 2015 | 3:00 pm**

Location of Meeting:

Pinellas Safe Harbor
14840 49th St. N.
Clearwater, FL. 33762

Present at Meeting: Don Dean* (Chairman), Laurie Lampert, Dianne Clark (phone), Valerie Leonard*, Tom Wedekind, Mark Dufva, and Rhonda Abbott. Staff and community members present: Dr. Chitra Ravindra, Drew Wagner, Dale Williams, Tim Burns, Clark Scott, Juli Kempner (phone) and Elisa DeGregorio. (*Consumer)

The regular meeting of the Mobile Medical Unit Advisory Committee (MMUAC) was called to order at 3:07 p.m. on June 2, 2015 at Pinellas Safe Harbor by Chairman Don Dean.

I. Chairman's Report

- i. Chairman Dean shared with the group that his granddaughter is hospitalized and in serious condition in North Florida. He asked if Valerie Leonard would run the meeting this afternoon on his behalf. The board took a moment in prayer for Don and his family.
- ii. **Appointment of Members to Fill Vacancies on the MMUAC:** Per the Bylaws of the Mobile Medical Unit Advisory Council, Chairman Don Dean appointed the following individuals to fill vacancies on the MMUAC: Laurie Lampert, Medical Respite Manager at Pinellas Hope would serve in place of Judy Murry for the remainder of the term.
- iii. **Approval of Previous Minutes:** A motion to approve the minutes dated May 5, 2015, was made by Don Dean, seconded by Valerie Leonard and **unanimously approved**.
- iv. **Unfinished Business:** In follow-up to last month's meeting, the following items were discussed:
 - a. The Board requested a copy of the overall budget in a future meeting.
Clark Scott, Business & Financial Services Director attended the meeting to present the budget.
 - b. Dianne Clarke asked to clarify the 10% of income from the healthcare industry – define healthcare industry.
The Project Officer at HRSA said the following:

The intent of this requirement is to ensure that non-patient board members are representative of the community currently served by the health center and contribute to the overall expertise of the board by providing a variety of expertise (i.e., not all from the health care industry). Health centers should define in either bylaws or other board-approved policy the term "health care industry" for the purposes of board composition.

Please note: Health centers should plan to provide supporting documentation as to how they have defined (e.g. in bylaws, policy) "health care industry" and how they assess this

aspect of board composition (e.g., through annual disclosure forms, questionnaires for prospective board members) to any site visit team.

Staff would recommend a definition for review by the board at the July meeting.

- c. It was recommended that staff meet with Pinellas Hope staff to come up with a plan, signage, and/or protocol to conduct clinic on-site when the van is not available.

Staff has contacted our communications staff to develop signage and a communications protocol for each site to notify clients in any change of schedule/location.

Laurie Lampert reported that initially, Pinellas Hope was prepared to offer the medical respite center for use by the MMU to conduct clinic onsite if the van was unavailable on the given day. However, due to increased use of the respite center by clients and new student nurses, Laurie Lampert could not guarantee that the center would be available. In addition, there remains concerns that non-residents waiting for MMU services would be loitering in areas of Pinellas Hope closed off to non-residents. **Mark Dufva suggested he would follow-up with Pam and Laurie to find an alternative location rather than cancel MMU services.**

- d. Staff will work with staff at Pinellas Hope to see what else we can do to communicate with residents about the MMU and future Bayside Clinic. We will also continue to discuss transportation alternatives as well.

Staff has contacted our communications staff to develop a communications plan that increases awareness of the healthcare for the homeless program.

- e. The recommendation was brought forth to monitor the numbers for April and May and to schedule an appointment with St. Vincent de Paul to update them on the service levels to see if there is any additional outreach they can assist with before the Council makes any recommended changes to the schedule.

Drew Wagner reported that numbers were up at St. Vincent de Paul and has met with staff there and has spoken with Turning Point and Westcare to encourage them to bring their patients to the MMU on that day. In a meeting with Michael Raposa on Tuesday, June 2nd Tim Burns made him aware of the conversation and invited him to participate in a future meeting.
Review second quarter trend report in July.

- f. Staff would confirm this timeframe and eligibility requirement and get back to the Council.

Each HCH program may set its own definition of transitional housing based on available resources. However, it is the intent of the HCH program to continue services to formerly homeless individuals for up to 12 months after the individual has obtained housing.

(HRSA/Bureau of Primary Health Care, Program Assistance Letter 1999-12) **Discussion continued about the procedures for handling non-MMU clients. Further, written clarification was requested followed by training/orientation of the staff of the MMU and with Pinellas Hope staff.**

II. Governance/Operations

- i. **Board Orientation:** Elisa DeGregorio, Grants Manager, Pinellas County Human Services provided a brief orientation for all board members that covered key requirements of the health center program including key staff and management, scope of project, required services, contractual and collaborative relationships, financial management, budget and the sliding scale fee. Ms.

DeGregorio recommended that next month we would cover clinical care guidelines. A copy of the presentation was included in the meeting packet.

- ii. **Co-Applicant Agreement/Bylaws:** Ms. Leonard introduced the Co-Applicant Agreement and Bylaws (included in the meeting packet) to the members and asked if anyone had any questions since reviewing the documents last meeting. Ms. DeGregorio confirmed that all the changes had been made and the final documents were in their meeting packet. A motion was made by Don Dean and seconded by Valerie Leonard. **The Co-Applicant Agreement and Bylaws were unanimously approved.**
- iii. **MMU Calendar:** The June and July calendars (included in the meeting packet) for the MMU and Safe Harbor were presented to the Council by Andrew Wagner. The Council was reminded that they were to review the calendar and any expected changes, but did not require a vote on changes unless the schedule change was going to be a long-term change that impacted patient services.

Mr. Wagner noted that the MMU would not be in service on June 17th from 1:30 pm – 5:00 pm and on June 19th all day due to training. On June 19th, two staff members seeking to obtain their CDL license would use some of that day to meet the 20 hours of driving needed for certification.

In July, the MMU would be closed on July 3rd which is a scheduled County holiday.

There is no scheduled maintenance of the van at this time.

- iv. **Site Visit Status of Conditions Update:** Elisa DeGregorio, Grants Manager, provided an update on the on-going effort to lift the conditions on the grant that were identified as a result of the site visit in 2014. Seven conditions were placed on the grant, of which one condition has been completely lifted regarding the Sliding Scale Discount Fee Program. As of 6/2/15, all six conditions have been placed into the 120 day implementation period, however HRSA did extend the due dates due to realignment of the grant budget period that recently occurred. The new dates are as follows:
 - i. Credentialing and Privileging – was due June 3, 2015, now due September 19, 2015
 - ii. Hospital Admitting – was due September 2, 2015, now due September 19, 2015
 - iii. Board Authority – was due September 2, 2015, now due September 19, 2015
 - iv. After Hours Coverage- was due September 2, 2015, now due September 19, 2015
 - v. OB/GYN Services - due September 24, 2015
 - vi. Mental Health/Substance Abuse Services) - due September 24, 2015

III. Fiscal

- i. **Budget:** Mr. Clark Scott, Business Services Director, is responsible for the Human Services Department budget and accounting which includes the Healthcare for the Homeless Program. Budget documents were included in the meeting package. Mr. Scott explained that the revenue for the program come from 1) County General Revenue and 2) HHS/HRSA Grant Funding. HRSA Grant Funding totals \$581,256 (not including \$3,130 Q/A Supplement) plus \$423,929 in County match; plus an additional \$194,476 from HRSA and \$191,700 in County match for Expanded Services at Safe Harbor. The total budget for the Health Care for the Homeless Program is \$1,421,751.00 (including \$30,390 in LIP Funding).

Additional funds from the Pinellas County Health Plan cover costs related to Pharmacy, Mental Health, Lab and Specialty Care. Mr. Scott informed the board that the FY16 request was submitted

at \$650,500, which is a cap in the amount of funding the department would have the authority to expend.

- ii. **Notice of Awards:** Two Notice of Awards (NOAs) were provided in the meeting packet received by the Department since the last meeting on May 5, 2015. Ms. DeGregorio walked through each NOA to help familiarize the Council with the format and reason for issuance of each award notice. NOA #H80CS00024-14-05 includes 1) funding to complete the 2014 budget period, and 2) a pro-rated funding amount of \$193,752 for a four month budget period extension which will be forwarded to the Board of County Commission for approval. NOA #H80CS00024-14-06 was issued to notify the health center that two conditions (OB/GYN, and Mental Health/Substance Abuse Services) have been moved into 120 day implementation period with a due date of September 24, 2015 for each item. A motion was made to accept the Notice of Awards (H80CS00024-14-05 and H80CS00024-14-06). **The motion was unanimously approved by the members.**

IV. Clinical

- i. **Trend Report for Patient Counts/Encounters:** The Trend Report for Unduplicated Patients and Qualified Medical Encounters was not available in time for the meeting. Dr. Ravindra explained that there was a discrepancy in the reporting process that was currently being addressed by staff. She apologized and said she would have the updated report for the July meeting.

In follow-up to the previous discussions regarding **St. Vincent de Paul in St. Petersburg**, Drew Wagoner reported an increase in clients at the location and that several discussions had occurred with staff at St. Vincent's and with surrounding providers to increase patient encounters.

The board will review the report by location at the July meeting.

- ii. **Credentialing & Privileging:** Dr. Ravindra informed the board that the staff will bring forward a comprehensive list of providers that will require board approval in accordance with the Credentialing and Privileging Policy and Procedure and Health Center Program Requirements. She notified the board that there is an extensive process to ensure that each provider has the appropriate and current licensing, medical records, credentials, and certifications required to serve health center patients.

The board will review the list and policies at the July meeting.

- iii. **Patient Centered Medical Home:** Dr. Ravindra and Drew Wagoner updated the board on the staff's most recent training in Orlando last month. Six staff members from DOH attended and learned some interesting strategies employed by other health centers. They are currently reviewing these strategies to see if and how they could be implemented locally.

Several staff members who couldn't attend the in-person training in Orlando are now signed up for a webinar offered by the training provider.

V. Other Updates

- i. **Bayside Health Clinic:** The Council was informed that the construction contract for Phase II Design-Build services would be presented to the Board of County Commissioners on June 23, 2015. A ground-breaking event will be planned in July.
- ii. **New Business: Tent:** Chairman Don Dean requested that the County purchase and provide a **tent** for patients waiting for the MMU at Pinellas Hope. Discussion regarding the location and use was

heard and Mark Dufva of Catholic Charities said he would follow-up with the Pinellas Hope Site Director about the feasibility of the tent and location.

Future Meeting Dates/Room Availability: Laurie Lampert informed the board that the room being used to host the MMUAC meetings at Pinellas Hope would no longer be available on Tuesday afternoons at 3:00 pm due to schedule changes on the campus with other classes. She added that the room would be available on Thursdays at 3:00 pm if the board wanted to change the date of future meetings.

The board agreed to change the next meeting in July to the 1st Thursday, July 2nd at 3:00 pm. At that time, the board could decide on the future meeting schedule.

The meeting was adjourned at 5:07 pm.

The next meeting will be held at 3:00 p.m. on July 2, 2015 at Pinellas Hope.

Composition Requirement:

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.

Dianne Clarke asked to clarify the 10% of income from the healthcare industry – define healthcare industry. In contacting our Project Officer at HRSA, we were told the following:

*The intent of this requirement is to ensure that non-patient board members are representative of the community currently served by the health center and contribute to the overall expertise of the board by providing a variety of expertise (i.e., not all from the health care industry). **Health centers should define in either bylaws or other board-approved policy the term "health care industry" for the purposes of board composition.***

Please note: Health centers should plan to provide supporting documentation as to how they have defined (e.g. in bylaws, policy) "health care industry" and how they assess this aspect of board composition (e.g., through annual disclosure forms, questionnaires for prospective board members) to any site visit team.

Research:

The North American Industry Classification System identifies the Health Care and Social Assistance sector as part of the education and health services supersector.

The Health Care and Social Assistance sector comprises establishments providing health care and social assistance for individuals. The industries in this sector are arranged on a continuum starting with those establishments providing medical care exclusively, continuing with those providing health care and social assistance, and finally finishing with those providing only social assistance. The services provided by establishments are delivered by trained professionals. All industries in the sector share this commonality of process, namely, labor inputs of health practitioners or social workers with the requisite expertise. Subsectors include Ambulatory Health Care Services, Hospitals, Nursing and Residential Care Facilities, and Social Assistance (NAICS 621, 622, 623, and 624 respectively).

Recommended Definition:

The MMUAC shall define the "health care industry" is as follows:

The Health Care Industry Sector comprises establishments providing medical care exclusively, continuing with those providing health care assistance for individuals. Subsectors include Ambulatory Health Care Services, Hospitals,, and Nursing and Residential Care Facilities (NAICS 621, 622, and 623 respectively). All industries in the sector share this commonality of process, namely, labor inputs of health practitioners or social workers with the requisite expertise. The definition does not to include those establishments from the Manufacturing (Medical Devices, Pharmaceutical) or Finance and Insurance (Health Insurance) sectors.

Dept. of Labor | North American Industry Classification System

About the Health Care and Social Assistance sector

The health care and social assistance sector (NAICS 62) is part of the [education and health services](#) supersector.

The Health Care and Social Assistance sector comprises establishments providing health care and social assistance for individuals. The sector includes both health care and social assistance because it is sometimes difficult to distinguish between the boundaries of these two activities. The industries in this sector are arranged on a continuum starting with those establishments providing medical care exclusively, continuing with those providing health care and social assistance, and finally finishing with those providing only social assistance. The services provided by establishments in this sector are delivered by trained professionals. All industries in the sector share this commonality of process, namely, labor inputs of health practitioners or social workers with the requisite expertise. Many of the industries in the sector are defined based on the educational degree held by the practitioners included in the industry.

The health care and social assistance sector consists of these subsectors:

- [Ambulatory Health Care Services: NAICS 621](#)
- [Hospitals: NAICS 622](#)
- [Nursing and Residential Care Facilities: NAICS 623](#)
- [Social Assistance: NAICS 624](#)

About the Ambulatory Health Care Services subsector

The ambulatory health care services subsector is part of the [health care and social assistance](#) sector.

Industries in the Ambulatory Health Care Services subsector provide health care services directly or indirectly to ambulatory patients and do not usually provide inpatient services. Health practitioners in this subsector provide outpatient services, with the facilities and equipment not usually being the most significant part of the production process.

The ambulatory health care services subsector consists of these industry groups:

- Offices of Physicians: NAICS 6211
- Offices of Dentists: NAICS 6212
- Offices of Other Health Practitioners: NAICS 6213
- Outpatient Care Centers: NAICS 6214
- Medical and Diagnostic Laboratories: NAICS 6215
- Home Health Care Services: NAICS 6216
- Other Ambulatory Health Care Services: NAICS 6219

About the Hospitals subsector

The hospitals subsector is part of the [health care and social assistance](#) sector.

Industries in the Hospitals subsector provide medical, diagnostic, and treatment services that include physician, nursing, and other health services to inpatients and the specialized accommodation services required by inpatients. Hospitals may also provide outpatient services as a secondary activity. Establishments in the Hospitals subsector provide inpatient health services, many of which can only be provided using the specialized facilities and equipment that form a significant and integral part of the production process.

The hospitals subsector consists of these industry groups:

- General Medical and Surgical Hospitals: NAICS 6221
- Psychiatric and Substance Abuse Hospitals: NAICS 6222
- Specialty (except Psychiatric and Substance Abuse) Hospitals: NAICS 6223

About the Nursing and Residential Care Facilities subsector

The nursing and residential care facilities subsector is part of the [health care and social assistance](#) sector.

Industries in the Nursing and Residential Care Facilities subsector provide residential care combined with either nursing, supervisory, or other types of care as required by the residents. In this subsector, the facilities are a significant part of the production process and the care provided is a mix of health and social services with the health services being largely some level of nursing services.

The nursing and residential care facilities subsector consists of these industry groups:

- Nursing Care Facilities: NAICS 6231
- Residential Mental Retardation, Mental Health and Substance Abuse Facilities: NAICS 6232
- Community Care Facilities for the Elderly: NAICS 6233
- Other Residential Care Facilities: NAICS 6239

About the Social Assistance subsector

The social assistance subsector is part of the [health care and social assistance](#) sector.

Industries in the Social Assistance subsector provide a wide variety of social assistance services directly to their clients. These services do not include residential or accommodation services, except on a short stay basis.

The social assistance subsector consists of these industry groups:

- Individual and Family Services: NAICS 6241
- Community Food and Housing, and Emergency and Other Relief Services: NAICS 6242
- Vocational Rehabilitation Services: NAICS 6243
- Child Day Care Services: NAICS 6244

Mobile Medical Unit Advisory Council

Healthcare for the Homeless



Board Orientation – Part III

- Needs Assessment
- Accessible Hours of Operation/Location
- After Hours Coverage
- Staffing Requirement
- Quality Improvement/Assurance Plan
- Hospital Admitting Privileges and Continuum of Care
- Program Data Reporting Systems



Needs Assessment

- Health Center demonstrates and documents the needs of its target population, updating its service area, when appropriate.



Accessible Hours of Operation/Locations

- Health center provides services at times and locations that assure accessibility and meet the needs of the population served.



After Hours Coverage

- Health center provides professional coverage for medical emergencies during hours when the center is closed.



Staffing Requirement

- 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 for referrals. Staff must be appropriately licensed, credentialed and privileged.

Quality Improvement/Assurance Plan

- Health center has an ongoing Quality Improvement/Quality Assurance (QI/QA) program that includes clinical services and management, and that maintains the confidentiality of patient records. The QI/QA program must include:
 - a clinical director whose focus of responsibility is to support the quality improvement/assurance program and the provision of high quality patient care;
 - periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by the health center

Hospital Admitting Privileges and Continuum 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, health center must firmly establish arrangements for hospitalization, discharge planning, and patient tracking.



Program Data and Reporting

- Health center has systems which accurately collect and organize data for program reporting and which support management decision making.



MMU Advisory Council | Looking Ahead

- August – Part IV: Strategic Planning

July 2015

Mobile Medical Unit Calendar

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

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
		1 <u>Clearwater</u> Pinellas Hope 5726 126 th Ave. North Clearwater, FL 33760 8:30am – 5:00 pm (Van located in back parking area)	2 <u>St. Petersburg</u> Salvation Army ARC 5885 66 th St. North St. Petersburg, FL. 33709 8:30am – 5:00 pm MMUAC Meeting 3:00 pm Pinellas Hope	3 4th of July Holiday No services
6 <u>Clearwater</u> SVDP Soup Kitchen 1340 Pierce Street Clearwater, FL. 33756 8:30am – 12:30 pm 12:30 pm – 3:30 pm *	7 <u>Clearwater</u> Pinellas Hope 5726 126 th Ave. North Clearwater, FL 33760 8:30am – 5:00 pm "Closed" clinic for Pinellas Hope residents only	8 <u>Clearwater</u> Pinellas Hope 5726 126 th Ave. North Clearwater, FL 33760 8:30am – 5:00 pm (Van located in back parking area)	9 <u>St. Petersburg</u> Salvation Army ARC 5885 66 th St. North St. Petersburg, FL. 33709 8:30am – 5:00 pm	10 <u>St. Petersburg</u> Salvation Army One Stop 1400 4 th St. South St. Petersburg, FL. 33701 8:30am – 4:00 pm
13 <u>Clearwater</u> SVDP Soup Kitchen 1340 Pierce Street Clearwater, FL. 33756 8:30am – 12:30 pm 12:30 pm – 3:30 pm *	14 <u>St Petersburg</u> SVDP Center of Hope 401 15th Street North St. Petersburg, Fl 33713 8:30am – 5:00 pm	15 <u>Clearwater</u> Pinellas Hope 5726 126 th Ave. North Clearwater, FL 33760 8:30am – 5:00 pm (Van located in back parking area)	16 <u>St. Petersburg</u> Salvation Army ARC 5885 66 th St. North St. Petersburg, FL. 33709 8:30am – 5:00 pm	17 <u>St. Petersburg</u> Salvation Army One Stop 1400 4 th St. South St. Petersburg, FL. 33701 8:30am – 4:00 pm
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No Appointment Necessary--Walk-ups Preferred

www.pinellascounty.org/humanservices 727-453-7866

*We see Turning Point clients during that time.

July 2015

Safe Harbor Calendar

Monday

Tuesday

Wednesday

Thursday

Friday

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No Appointment Necessary--Walk-ups Preferred

www.pinellascounty.org/humanservices 727-453-7866

August 2015

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

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
3 <u>Clearwater</u> SVDP Soup Kitchen 1340 Pierce Street Clearwater, FL. 33756 8:30am – 12:30 pm 12:30 pm – 3:30 pm *	4 <u>St Petersburg</u> SVDP Center of Hope 401 15th Street North St. Petersburg, FL 33713 8:30am – 5:00 pm	5 <u>Clearwater</u> Pinellas Hope 5726 126 th Ave. North Clearwater, FL 33760 8:30am – 5:00 pm (Van located in back parking area)	6 <u>St. Petersburg</u> Salvation Army ARC 5885 66 th St. North St. Petersburg, FL. 33709 8:30am – 5:00 pm MMUAC Meeting 3:00 pm Pinellas Hope	7 <u>St. Petersburg</u> Salvation Army One Stop 1400 4 th St. South St. Petersburg, FL. 33701 8:30am – 4:00 pm
10 <u>Clearwater</u> SVDP Soup Kitchen 1340 Pierce Street Clearwater, FL. 33756 8:30am – 12:30 pm 12:30 pm – 3:30 pm *	11 <u>Clearwater</u> Pinellas Hope 5726 126 th Ave. North Clearwater, FL 33760 8:30am – 5:00 pm	12 <u>Clearwater</u> Pinellas Hope 5726 126 th Ave. North Clearwater, FL 33760 8:30am – 5:00 pm (Van located in back parking area)	13 <u>St. Petersburg</u> Salvation Army ARC 5885 66 th St. North St. Petersburg, FL. 33709 8:30am – 5:00 pm	14 <u>St. Petersburg</u> Salvation Army One Stop 1400 4 th St. South St. Petersburg, FL. 33701 8:30am – 4:00 pm
17 <u>Clearwater</u> SVDP Soup Kitchen 1340 Pierce Street Clearwater, FL. 33756 8:30am – 12:30 pm 12:30 pm – 3:30 pm *	18 <u>St Petersburg</u> SVDP Center of Hope 401 15th Street North St. Petersburg, FL 33713 8:30am – 5:00 pm	19 <u>Clearwater</u> Pinellas Hope 5726 126 th Ave. North Clearwater, FL 33760 8:30am – 5:00 pm (Van located in back parking area)	20 <u>St. Petersburg</u> Salvation Army ARC 5885 66 th St. North St. Petersburg, FL. 33709 8:30am – 5:00 pm	21 <u>St. Petersburg</u> Salvation Army One Stop 1400 4 th St. South St. Petersburg, FL. 33701 8:30am – 4:00 pm
24 <u>Clearwater</u> SVDP Soup Kitchen 1340 Pierce Street Clearwater, FL. 33756 8:30am – 12:30 pm Staff Meeting 12:30 – 3:30 pm	25 <u>Clearwater</u> Pinellas Hope 5726 126 th Ave. North Clearwater, FL 33760 8:30am – 5:00 pm	26 <u>Clearwater</u> Pinellas Hope 5726 126 th Ave. North Clearwater, FL 33760 8:30am – 5:00 pm (Van located in back parking area)	27 <u>St. Petersburg</u> Salvation Army ARC 5885 66 th St. North St. Petersburg, FL. 33709 8:30am – 5:00 pm	28 <u>St. Petersburg</u> Salvation Army One Stop 1400 4 th St. South St. Petersburg, FL. 33701 8:30am – 4:00 pm
31 <u>Clearwater</u> SVDP Soup Kitchen 1340 Pierce Street Clearwater, FL. 33756 8:30am – 12:30 pm 12:30 pm – 3:30 pm *				

No Appointment Necessary--Walk-ups Preferred

www.pinellascounty.org/humanservices 727-453-7866

*We see Turning Point clients during that time.

August 2015

Safe Harbor Calendar

Monday

Tuesday

Wednesday

Thursday

Friday

3 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 5:00pm	4 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 5:00pm	5 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 5:00pm	6 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 5:00pm	7 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 5:00pm
10 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 5:00pm	11 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 5:00pm Dental Screening 8:30 to 12:00	12 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 1:00 pm – 5:00pm	13 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 5:00pm Nurse Only	14 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 5:00pm Nurse Only
17 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 5:00pm	18 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 5:00pm	19 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 5:00pm	20 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 5:00pm	21 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 5:00pm
24 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 12:30 pm <u>Staff Meeting</u> 12:30 – 3:30pm	25 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 5:00pm	26 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 5:00pm	27 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 5:00pm	28 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 5:00pm
31 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 5:00 pm				

No Appointment Necessary--Walk-ups Preferred

www.pinellascounty.org/humanservices 727-453-7866

NOFA Summary:

Health Center Program: Expanded Services

HHS | Health Resources and Services Administration

HRSA: 15-153 | CFDA No: 93.527

Purpose:

This announcement details the fiscal year (FY) 2015 Expanded Services (ES) supplemental funding opportunity for existing Health Center Program grantees.¹ Expanded Services funding will support increased access to comprehensive primary health care services at existing health center sites through:

- Expanded service hours;
- Increased numbers of staff/providers;
- Increased availability of eligible services; and/or
- Enhanced enabling services.

Note that applicants must propose to expand medical, oral health, behavioral health, pharmacy, and/or vision services with 80 percent or more of the ES annual funding. Applicants may propose to use a maximum of 20 percent of the ES funding amount to increase the availability of new and/or existing enabling services. Based on the maximum amount of ES funding your organization may request annually listed above, you may propose to spend up to \$46,114 of your total ES annual funding amount on enabling service expansion activities.

Eligibility

Organizations receiving Health Center Program operational funds at the time of release of this funding opportunity are eligible to apply for Expanded Services supplemental funding, with the exception of organizations that received initial Health Center Program grant funding as a new start/new grantee in FY 2015 via a New Access Point, Service Area Competition, or Service Area Competition – Additional Area grant award).

Grant Amount

Pinellas County Board of County Commissioners is eligible to request up to \$230,572 in ES funding. HRSA will award approximately \$350 million in ES funding through formula-based supplements, with a base award of \$220,000, plus an extra \$2 per patient and \$4 per uninsured patient (according to 2014 UDS data).

Matching Funds (Cash or In-Kind)

Cost sharing/match is not required in this program.

Deadline

Submission is EHB by 5:00 pm on July 20, 2015

NOFA Summary:

Health Center Program: Service Area Competition

HHS | Health Resources and Services Administration

FOA: HRSA 16-005 | CFDA No: 93.224

Purpose:

The purpose of this grant program is to improve the health of the Nation's underserved communities and vulnerable populations by assuring continued access to comprehensive, culturally competent, quality primary health care services. Health Center Program grants support a variety of community-based and patient-directed public and private nonprofit organizations that provide primary and preventive health care services to the Nation's underserved.

Eligibility

Public or nonprofit private entity, including tribal, faith-based, or community-based organizations that propose to provide comprehensive primary health care services to a service area and its associated population(s) and patients identified in the [Service Area Announcement Table](#) (SAAT)

Grant Amount

This program will provide funding during federal fiscal years 2016-2018. Award amounts will not exceed the total annual Health Center Program funding available for each service area (listed as Total Funding in the Service Area Announcement Table – [SAAT](#)) in any budget year of the proposed three-year project period. The Total Funding amount listed in the [SAAT](#) includes prorated funding to align all past supplemental awards to the announced project/budget period.

Upon release on July 28, 2015, Pinellas County will confirm the funding available for the Service Area.

Matching Funds (Cash or In-Kind)

Cost sharing/match is not required in this program.

Deadline

The application package for submission in Grants.Gov is due by 5:00 pm on September 28, 2015 and Supplemental information must be submitted in EHB by October 14, 2015.

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

Data source: NextGen EPM 5/11/15 @ 8:53AM; and 2014-2015 Trend Reports

Data source: NextGen EPM 6/27/15 @ 8:40AM; and 2014-2015 Trend Reports

Unduplicated Patients				
Calendar Month * April 2015 reports reviewed 6/27/15	2015 Totals			2014 Totals
	Monthly increase, all sites except Safe Harbor	Safe Harbor ONLY monthly increase	Monthly <u>cumulative</u> including expanded clinic, Safe Harbor	Monthly <u>cumulative</u> including expanded clinic
January	276	137	413	255
February	139	74	626	421
March	137	77	840	559
April *	116	68	1024	677
May				799
June				915
July				1083
August				1207
September				1324
October				1507
November				1643
December				
Total for year	<u>668</u>	<u>356</u>	1024	1790

Qualified Medical Encounters				
Calendar Month * April 2015 reports reviewed 6/27/15	2015 Totals			2014 Totals
	Monthly, all sites except Safe Harbor	Safe Harbor ONLY monthly	Monthly <u>cumulative</u> including expanded clinic, Safe Harbor	Monthly <u>cumulative</u> including expanded clinic
January	316	189	505	363
February	325	161	991	750
March	327	224	1542	1098
April*	367	208	2117	1458
May				1837
June				2220
July				2696
August				3049
September				3383
October				3883
November				4284
December				
Total for year	<u>1335</u>	<u>782</u>	2117	4805

MMU Unduplicated Patients report for 1/1/15-4/30/15 by RM O'Brien

Data source: NextGen EPM 5/11/15 @ 8:53AM

Data source: NextGen EPM 6/27/15 @ 8:40AM

Location/Site	2015 Totals for 1/1/15-4/30/15	
	Unduplicated Patient Count	Percentage of Total Unduplicated Patient Count
Ex Offender Showcase	0	0%
Pinellas Hope	235	23%
Safe Harbor	356	35%
Salvation Army ARC	172	17%
Salvation Army 1-Stop (St. Petersburg)	139	14%
St. Vincent DePaul (Clearwater)	70	7%
St. Vincent DePaul (St. Petersburg)	52	5%
Totals (1024)	1024	100%

MMU Qualified Medical Encounter Report for 1/1/15-4/30/15 by RM O'Brien

Data source: NextGen EPM 5/11/15 @ 8:43AM

Data source: NextGen EPM 6/27/15 @ 8:40AM

Location/Site	2015 Totals: Qualified Medical Encounters for 1/1/15-4/30/15			
	New: 99201-99205	Established: 99211-99215, does not include two test patients	Total of New & Established: 99201-99215	Percentage of Total New and Established
ExOffender Showcase	1	0	1	0%
Pinellas Hope	96	384	480	23%
Safe Harbor	183	599	782	37%
Salvation Army ARC	63	309	372	18%
Salvation Army 1-Stop (St. Petersburg)	49	239	288	14%
St. Vincent DePaul (Clearwater)	34	107	141	7%
St. Vincent DePaul (St. Petersburg)	20	33	53	3%
Totals (2117)	446	1671	2117	100%

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

Data source: NextGen EPM 6/27/15 @ 10:00AM; and 2014-2015 Trend Reports

Unduplicated Patients				
Calendar Month * April 2015 reports confirmed 6/27/15	2015 Totals			2014 Totals
	Monthly increase, all sites except Safe Harbor	Safe Harbor ONLY monthly increase	Monthly <u>cumulative</u> including expanded clinic, Safe Harbor	Monthly <u>cumulative</u> including expanded clinic
January	276	137	413	255
February	139	74	626	421
March	137	77	840	559
April *	116	68	1024	677
May	87	54	1165	799
June				915
July				1083
August				1207
September				1324
October				1507
November				1643
December				
Total for year	<u>755</u>	<u>410</u>	1165	1790

Qualified Medical Encounters				
Calendar Month * April 2015 reports confirmed 6/27/15	2015 Totals			2014 Totals
	Monthly increase, all sites except Safe Harbor	Safe Harbor ONLY monthly increase	Monthly <u>cumulative</u> including expanded clinic, Safe Harbor	Monthly <u>cumulative</u> including expanded clinic
January	316	189	505	363
February	325	161	991	750
March	327	224	1542	1098
April*	367	208	2117	1458
May	293	177	2587	1837
June				2220
July				2696
August				3049
September				3383
October				3883
November				4284
December				
Total for year	<u>1628</u>	<u>959</u>	2587	4805

MMU Unduplicated Patients report for 1/1/15-5/31/15 by RM O'Brien

Data source: NextGen EPM 6/27/15 @ 10:00AM

Location/Site	2015 Totals for 1/1/15-5/31/15	
	Unduplicated Patient Count	Percentage of Total Unduplicated Patient Count
Ex Offender Showcase	0	0%
Pinellas Hope	245	21%
Safe Harbor	410	35%
Salvation Army ARC	180	15%
Salvation Army 1-Stop (St. Petersburg)	169	15%
St. Vincent DePaul (Clearwater)	90	8%
St. Vincent DePaul (St. Petersburg)	71	6%
Totals (1165)	1165	100%

MMU Qualified Medical Encounter Report for 1/1/15-5/31/15 by RM O'Brien

Data source: NextGen EPM 6/27/15 @ 10:00AM

Location/Site	2015 Totals: Qualified Medical Encounters for 1/1/15-5/31/15			
	New: 99201-99205	Established: 99211-99215, does not include two test patients	Total of New & Established: 99201-99215	Percentage of Total New and Established
ExOffender Showcase	1	0	1	0%
Pinellas Hope	102	454	556	21%
Safe Harbor	224	735	959	37%
Salvation Army ARC	71	366	437	17%
Salvation Army 1-Stop (St. Petersburg)	66	292	358	14%
St. Vincent DePaul (Clearwater)	50	133	183	7%
St. Vincent DePaul (St. Petersburg)	26	67	93	4%
Totals (2587)	540	2047	2587	100%

2015

MOBILE MEDICAL UNIT POLICIES & PROCEDURE MANUAL

Prepared by:

Pinellas County Human Services in cooperation with the
Florida Department of Health of Pinellas County

Reviewed & Approved by MMU Advisory Council | November 4, 2014

Changes for Review July 2, 2015

- Department Name Change to Human Services
- After Hours Policy – per HRSA feedback, pg 6
- Eligibility Policy, page 9
- Sliding Scale Fee Discount Fee Table – for 2015 FPL Guidelines, pg 12
- Updated Specialty Care Referral List, Appendix D
- Updated Pharmacy List, Appendix P



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I. ADMINISTRATIVE

ABOUT THE MOBILE MEDICAL UNIT PROGRAM

Authorized by Pinellas County Board of County Commissioners, Pinellas County Health & Community Services' Mobile Medical Unit (MMU) provides basic medical care and related services to homeless individuals residing in Pinellas County. These medical services, otherwise known as primary care, shall include treatment of illness or injury as well as preventive care, education, limited prescription coverage and referrals for lab work, specialty care, dental assistance, behavioral-mental health assistance and substance abuse treatment.

This program is funded in part by the Bureau of Primary Health Care, US Department of Health and Human Services, Health Resources and Services Administration and Federally Qualified Health Center (FQHC) specializing in care of the homeless.

Refer to the ~~Health and Community Services~~Human Services website, for more information:
<http://www.pinellascounty.org/humanservices/mobile-medical.htm>

MEDICAL HOME MODEL CONCEPT

The MMU, as part of the Pinellas County Health Program (PCHP), uses the medical home model for care continuity and coordination. Refer to the PCHP Provider and Client Handbooks on the ~~Health and Community Services~~Human Services website, for more information.
<http://www.pinellascounty.org/humanservices/medical-home.htm>

GOVERNANCE

The Pinellas County Board of County Commissioners (BCC), a public agency, is the health center program grantee and has primary oversight for the Mobile Medical Unit. Together, with the Mobile Medical Unit Advisory Board (MMUAC), they meet the governance requirements for health centers and can work collaboratively to implement the approved health center program. A co-applicant agreement between the BCC and MMUAC is available upon request.

MMU SCHEDULE

The MMU travels throughout Pinellas County to serve homeless residents at sites where they may frequent: drop in centers, shelters, soup kitchens, and residential substance abuse treatment facilities. Sites are added or deleted based upon community agencies reported needs and monthly statistical reports encounters conducted by the MMU Program Manager. The Florida Department of Health in Pinellas County is responsible for the Mobile Medical Unit operations, including schedule coordination with community providers. Any changes to the schedule must be approved by Pinellas County ~~Health and Community Services~~Human Services.

Community agencies can receive the MMU calendar via a monthly bulk email. The MMU calendar is posted at the community agencies and can also be found on the County website at:
<http://www.pinellascounty.org/humanservices/mobile-medical.htm>.

AFTER HOURS ACCESS

MMU clients needing medical care after normal operational hours are directed to call the after hours phone number to reach a physician. The phone number is: 727-824-6900. The client's medical card also includes the MMU/After-Hours phone number.

The contract with the Florida Department of Health in Pinellas County maintains after-hours access for MMU clients. After normal operating hours, the phone will be switched over to the answering service that will process all incoming calls.

PHYSICIAN ON-CALL PROCEDURE

Each day the physician shall:

1. Obtain weekly Subject to Call list.
2. Ensure phone and laptop are fully charged.
3. Review all email and phone messages prior to end of workday.
4. Staff are expected to inform on-call physician about client related concerns that might result in after hours calls.
5. Inform answering service if there are any circumstances that might change the primary contact number they have on file.
6. Physicians are expected to remain current with policies and procedures affecting the community public health status.

NOTIFICATION RESPONSE

1. Respond to pager within 15 minutes as indicated by Department of Health guidelines.
2. Identify yourself to answering service, Bay Area Medical Exchange, by name, agency (Pinellas County Health Department) and account number (1630).
3. Courteously educate answering service staff if call is not appropriate. Examples include: adult dental inquiries or Law Enforcement for SAVE Program.
4. Return client call. Provide just enough information to establish correct contact. Notify answering service if you are unable to contact the client. This includes answering machine/voice mail. **Do not leave messages.** Exceptions could include Hospital Infection Control Nurse or Physician's Answering Service.
5. Obtain further information from client, assess and triage as needed to:
 - Nearest emergency room or walk in clinic;
 - Present to Health Department during business hours; or
 - Contact subject matter expert for further instruction.
6. Basic education, anticipatory guidance and/or reassurance may be needed based on the nature of the complaint and information obtained. Normal and usual examples might include: women's health menstrual problems, colposcopy concerns, rashes and discharges.
7. Inform client that we do not provide a diagnosis or prescribe medication without a clinic visit and medical record. Do not call in a prescription, even if the client states that the Health Department provided them this medication and it was lost, spilled or stolen.
8. Please reference manual, literature and books for specific situations. These can be found on the On-Call Physician webpage or in the On-Call public folder

9. Document all calls with time, name of caller, situation, advice given and any references that were made in the On-Call Note (See Appendix A). On-Call Note will be entered into the patient's medical record.
10. The on-call physician does not have access to the MMU patient's electronic health record so they contact the MMU provider via telephone the following business day, and verbally inform the MMU provider of the call details. The on-call physician or designee faxes the On-Call Note to the MMU provider the following business day. Upon receipt of the fax, the MMU provider or designee scans the note into the physician's electronic health record for review and acceptance. The MMU provider accepts the scan via electronic signature, documents a telephone note in the patient's electronic health record which includes the details of the call. If needed, the MMU provider or designee contacts the patient for a follow-up visit.

MAINTENANCE SCHEDULE

After hours, the MMU is co-located in a secure mid-county location. The van receives scheduled servicing through the County's Fleet Department. Other repairs or parts replacements are also handled through the Fleet Department. The MMU Supervisor and County Program Manager are the main contacts for arranging service or repair appointments with the Fleet Department.

Internal cleaning of the van occurs weekly through a company that is contracted by the Department of Health in Pinellas County. Any complaints, concerns, or changes in schedule are handled with the company through the MMU supervisor.

GRANT REPORTING SCHEDULES

Pinellas County has received grant funding from the Bureau of Primary Health Care, US Department of Health and Human Services, Health Resources and Services Administration and Federally Qualified Health Center (FQHC) specializing in care of the homeless.

MMU Grants

- #H80CS00024 (Core Program) Includes Outreach and Enrollment funding
- #C8ACS23732 (Capital Development) 5/1/12 – 4/30/15
- #H8BCS11935 (IDS Program) – Closed out in June 2011, funds were rolled up into #H80CS00024
- #C81CS13834 (CIP, New Van) Completed/Closed out in 2011

Quarterly

- HRSA – HCQR Report, Progress Report for H80CS00024 & C8ACS23732
Generally due 10th day of month following reporting period @ grants.hrsa.gov
- Fed. Cash Report (FFR, Fed. Financial Report) for H80CS00024, C8ACS23732
Generally due 30th day of month following reporting period @ dpm.psc.gov

Monthly

Reimbursement/Disbursements in PMS System for H80CS00024, C8ACS23732 @ dpm.psc.gov

Annually

- HRSA – UDS Report for H80CS00024
Generally due February 15th @ <http://bphc.hrsa.gov/uds/>
- BPHC/HRSA – Continuing or Competing Grant Application for H80CS00024
Generally due in August, depends on Feds notice @ grants.hrsa.gov or grants.gov
- FSR – Annual Federal Cash - Cumulative Report H80CS00024, C8ACS23732
Generally due by January 10th
- CAFR – Financial/Statistics by Countywide Audit for H80CS00024, C8ACS23732 @ grants.hrsa.gov.
Generally due in June.

** Notice of Intent to Apply for Grants and Notice of Grant Awards must be filed through OMB and go before the BCC prior to applying for awards and after receipt of award accordingly. (OMB also requests financial status reports 2x/yr – (September/March))*

***Additional requests for information on reporting items or changes are also completed as requested by the Federal Agencies throughout the year.*

GRANT MANAGEMENT CONTACT INFORMATION

BPHC Project Officer *(Handles programmatic changes, information, issues):*

Dalana Johnson | djohnson1@hrsa.gov | (301)443-7182

BPHC Grants Management Specialist *(Handles funding changes, information, issues):*

Bryan Rivera | brivera@hrsa.gov | (301)443-8094

II. ELIGIBILITY REQUIREMENTS

TARGET POPULATION

Homeless: As a Healthcare for the Homeless Program Grantee (330(h)), the primary population served are homeless individuals residing in Pinellas County. ~~In order to qualify for Mobile Medical Assistance, the individual must be homeless as defined by the Bureau of Primary Health Care – HRSA.~~ The term “homeless,” as defined by the Bureau of Primary Health Care – HRSA, includes an individual without permanent housing who may live on the streets, stay in a shelter, mission, single room occupancy facility, abandoned building or vehicle, or in any other unstable or non-permanent situation. An individual may be considered to be homeless if that person is ‘doubled up,’ a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members. In addition, previously homeless individuals who are to be released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return. Recognition of the instability of an individual's living arrangement is critical to the definition of homelessness.

Non-Homeless: PCHS also provides care for residents of Pinellas County who have a home but are uninsured.

Veterans: If the individual is a veteran, he/she must provide documentation that they do not qualify for medical assistance through Veteran’s Administration. If the individual is eligible for veteran’s benefits, they cannot receive medical assistance or dental assistance but may be eligible for other referrals as deemed appropriate by the Case Management staff.

Clients with the following do not qualify for Mobile Medical Unit services:

- Medicare (including Medicare recipients who fail to purchase Part B)
- Medical insurance providing needed treatment
- HMO/PPO coverage regardless of restrictions
- Workers Compensation for needed treatment
- Veteran’s Administration medical coverage
- Communicable Diseases treated at the Florida Department of Health in Pinellas County (STD, TB, etc.)
- Injuries with active coverage by any type of automobile, homeowners or other insurance
- Any other type of coverage for needed treatment

IDENTIFY VERIFICATION:

It is the policy of the HS to validate the identity of each client who has submitted an application for enrollment into HS programs. Picture identification along with a social security card is the preferred method to verify identity, but is not required to establish a client’s identity. A client is required to provide the following documents to verify their identity:

- Social Security Card or other official document such as a pay stub, tax return, Social Security award letter or proof the client has applied for a duplicate card along with proof of their number from the Social Security Administration AND one of the following:
 - Birth Certificate

- U.S. Passport
- Naturalization Document(s)
- Drivers License
- State Identification Card
- Work Identification Card/Badge
- Student Identification Card/Badge
- Service Point ID Card
- Other legitimate form of ID

Note: When determining eligibility for MMU, verification of identity may be waived, unless questionable.

INCOME VERIFICATION

Clients whose income is within 100% and 200% of the Federal Poverty Guidelines will be subject to a sliding scale fee. Individuals above 200% will not receive any discount.

Clients shall be required to sign a self-declaration statement of income annually, specifying all income available to the client and the number of people dependent upon that income.

The self-declaration statement shall include a signed acknowledgement that the statement is true at the time it is made and that the person making the statement understands that the provider shall attempt to verify the statement.

If the provider is unable to verify wages paid or an employer will not verify wages paid, the self-declaratory statement provided by the applicant must be accepted as accurate.

See Section III: Fee Assessment Policy & Billing Procedures for more information.

HIPAA

The Case Manager must ensure that the Client is aware of HIPAA regulations. The Case Manager must ensure the Client is aware of requested information and that he/she must comply with all referrals by providing written referrals to the Client and noting and dating the case record. (Failure to comply with referrals may result in denial of services). During intake, the Client must sign the HIPAA (Notice of Privacy Practices), Rights & Responsibilities, and Release of Social and Financial Information forms, along with other Intake/application paperwork. Clients are also given an opportunity to sign the Tampa Bay Information Network (TBIN) form.

III. FEE ASSESSMENT POLICY & BILLING PROCEDURES

*The following policies and procedures will be applied uniformly
to ALL patients who qualify for services.*

Medical services will be provided to all eligible clients regardless of ability to pay. While services provided on the Mobile Medical Unit are free of charge for individuals whose income is below 100% of the Federal Poverty, there are instances where a fee assessment is conducted and/or where fees may occur as described below.

FEE ASSESSMENT

Unless otherwise specified in this policy, clients will be charged for medical / clinical services based upon a sliding fee scale based on family size and income. The sliding scale will be based on the current fiscal year's federal poverty level guidelines.

Administrative, gate, flat, and minimum fees are not to be charged to any client receiving services from the Pinellas County Health & Community Services Department Mobile Medical Unit.

All fees for services rendered will be based upon a relative value study of the area's prevailing fees (ex. Ingenix Fee Analyzer). The fee schedule will be reviewed annually by Pinellas County Health & Community Services Mobile Medical Unit administrative/management team and approved by the Pinellas County Board of County Commissioners.

No fee will be charged for the following services:

- Childhood immunizations required for admittance to or attendance in school
- Medicaid reimbursable service to any Pinellas County Health & Community Services Department client / patient who is enrolled in the Medicaid program.
- Benefits for participants in the Women, Infants, and Children (WIC) program
- No charge for the cost of vaccine shall be assessed for any vaccine purchased under federal/state contracts, regardless of funding source. Services with vaccines purchased through federal/state contracts shall not be denied if the client is unable to pay.

No fee will be charged to the following clients:

- Minors (under the age of 18 years) or their parents for services provided to the minor without parental consent
- Clients who receive services for tuberculosis, sexually transmitted diseases, or HIV/AIDS communicable disease control, if unable to pay fee, regardless of income

Charges for laboratory, pharmacy, and radiology services will be billed in addition to clinic visit charge, and assessed on the sliding fee scale.

INCOME VERIFICATION

Clients shall be required to sign a self-declaration statement of income annually, specifying all income available to the client and the number of people dependent upon that income.

The self-declaration statement shall include a signed acknowledgement that the statement is true at the time it is made and that the person making the statement understands that the provider shall attempt to verify the statement.

If the provider is unable to verify wages paid or an employer will not verify wages paid, the self-declaratory statement provided by the applicant must be accepted as accurate.

SLIDING FEE SCALE DISCOUNTS

The following figures are the ~~2014-2015~~ HHS poverty guidelines which were published in the Federal Register on January 22, ~~2014~~2015. Persons below 100% of the Federal Poverty Level will pay no fee. Persons with family incomes between 101 and 200 percent of the Federal Office of Management and Budget poverty guidelines shall be charged a fee on a sliding scale based on family size and income using the following increments:

Family Size	0% 100%		101% - 125%		126% - 150%		151% - 175%		176% 200%	
1	\$0	<u>\$11,770</u>	<u>\$11,888</u>	<u>\$14,713</u>	<u>\$14,830</u>	<u>\$17,655</u>	<u>\$17,773</u>	<u>\$20,598</u>	<u>\$20,715</u>	<u>\$23,540</u>
		\$11,670	\$11,787	\$14,588	\$14,704	\$17,505	\$17,622	\$20,423	\$20,539	\$23,340
2	\$0	<u>\$15,930</u>	<u>\$16,089</u>	<u>\$19,913</u>	<u>\$20,072</u>	<u>\$23,895</u>	<u>\$24,054</u>	<u>\$27,878</u>	<u>\$28,037</u>	<u>\$31,860</u>
		\$15,730	\$15,887	\$19,663	\$19,820	\$23,595	\$23,752	\$27,528	\$27,685	\$31,460
3	\$0	<u>\$20,090</u>	<u>\$20,291</u>	<u>\$25,113</u>	<u>\$25,313</u>	<u>\$30,135</u>	<u>\$30,336</u>	<u>\$35,158</u>	<u>\$35,358</u>	<u>\$40,180</u>
		\$19,790	\$19,988	\$24,738	\$24,935	\$29,685	\$29,883	\$34,633	\$34,830	\$39,580
4	\$0	<u>\$24,250</u>	<u>\$24,493</u>	<u>\$30,313</u>	<u>\$30,555</u>	<u>\$36,375</u>	<u>\$36,618</u>	<u>\$42,438</u>	<u>\$42,680</u>	<u>\$48,500</u>
		\$23,850	\$24,089	\$29,813	\$30,051	\$35,775	\$36,014	\$41,738	\$41,976	\$47,700
5	\$0	<u>\$28,410</u>	<u>\$28,694</u>	<u>\$35,513</u>	<u>\$35,797</u>	<u>\$42,615</u>	<u>\$42,899</u>	<u>\$49,718</u>	<u>\$50,002</u>	<u>\$56,820</u>
		\$27,910	\$28,189	\$34,888	\$35,167	\$41,865	\$42,144	\$48,843	\$49,122	\$55,820
6	\$0	<u>\$32,570</u>	<u>\$32,896</u>	<u>\$40,713</u>	<u>\$41,038</u>	<u>\$48,855</u>	<u>\$49,181</u>	<u>\$56,998</u>	<u>\$57,323</u>	<u>\$65,140</u>
		\$31,970	\$32,290	\$39,963	\$40,282	\$47,955	\$48,275	\$55,948	\$56,267	\$63,940
7	\$0	<u>\$36,730</u>	<u>\$37,097</u>	<u>\$45,913</u>	<u>\$46,280</u>	<u>\$55,095</u>	<u>\$55,462</u>	<u>\$64,278</u>	<u>\$64,645</u>	<u>\$73,460</u>
		\$36,030	\$36,390	\$45,038	\$45,398	\$54,045	\$54,405	\$63,053	\$63,413	\$72,060
8	\$0	<u>\$40,890</u>	<u>\$41,299</u>	<u>\$51,113</u>	<u>\$51,521</u>	<u>\$61,335</u>	<u>\$61,744</u>	<u>\$71,558</u>	<u>\$71,966</u>	<u>\$81,780</u>
		\$40,090	\$40,491	\$50,113	\$50,513	\$60,135	\$60,536	\$70,158	\$70,558	\$80,180
Fee Paid	No Fee		20% of Full Fee		40% of Full Fee		60% of Full Fee		80% of Full Fee	

Signage inside the Mobile Medical Unit, posted in both English and Spanish, announces the availability of the Sliding Scale Fee and Pinellas County's policy of not denying services based on a patient's ability to pay.

WAIVER OF CHARGES

The Pinellas County ~~Health & Community Services Executive~~Human Services Director has the authority to reduce or waive charges in situations where a person with an income of 100 - 200 percent of poverty is unable to pay.

Clients may request a review of their fee charge on the basis that they have severe, unusual, and unavoidable expenses or obligations that substantially reduce their ability to pay and which warrant special consideration.

Clients requesting special consideration must be able to submit receipts, tax records, bills, or certified statements that document their need for special consideration.

LIMITATION OF INCOME ELIGIBILITY

The Pinellas County ~~Health & Community~~Human Services Department has the authority to limit eligibility for medical services for persons with family incomes above 100 percent of the OMB poverty level.

BILLING PROCEDURES

When intake is performed on a client requesting services, he/she will be financially screened. This process will determine the extent of his/her financial responsibility. Self-declaration of their financial status will be acceptable. The final determination from the financial screening process will be documented on the Pinellas County ~~Health & Community~~Human Services Department Universal Intake Form (Appendix B).

If a client has insurance and an authorization is needed, the Mobile Medical Unit staff will obtain it during intake or the Mobile Medical Unit staff will obtain a post authorization during release.

Clients must be informed of their financial obligations clearly and politely. They will not be misled into believing that a service is free, when that may not be the case. Financial matters will only be discussed with the client.

The Billing Form, an electronic form processed through NextGen, will be completed by the conclusion of service delivery by the Mobile Medical Unit medical staff performing the services. All services provided by the medical staff will be updated in NextGen on the Billing Form by marking the appropriate billing code.

If the Billing Form indicates that a Health Insurance Claim Form is necessary, the Mobile Medical Unit staff will prepare a Health Insurance Claim Form. Preparation of the Health Insurance Claim Form will be completed using EZ Claim software. The primary source for information to complete the Health Insurance Claim Form will be the Billing Form completed by the medical staff. The Florida Medicaid Provider Reimbursement Handbook, CMS-1500, Chapter 1 Completing the Claim Form, should be used as a reference for resolving questions in preparing the Health Insurance Claim Form. Documentation

supplied with EZ Claim software including Instructions for Preparing the Health Insurance Claim Form and the Florida Medicaid Provider Reimbursement Handbook, CMS-1500 are considered an integral part of this procedure.

Clients receiving services who are assessed a fee in accordance with this policy, will be invoiced. These would be cases where another entity would be responsible for payment (Medicaid, Medicare, Insurance, Employer, Government Agency, etc., or where the client has arranged an extended payment agreement). All invoices for clinical services will be discrete and will contain no information that is descriptive of the services that have been provided.

Mobile Medical Unit staff will forward a copy of the Billing Form, the original Health Insurance Claim Form, and a copy of the client invoice, if applicable, to the Pinellas County ~~Health & Community~~Human Services Business & Financial Services Division for all encounters for which payment is requested.

It is the responsibility of the Pinellas County ~~Health & Community~~Human Services Department to exercise due diligence in collecting fees. However, services will not be denied for non-payment of fees. Harassment of the client will serve no purpose except to drive them away, only to return later with significantly more serious problems or, in some cases, to pose a potential threat to the population at large. For these reasons, staff will pursue collections in a professional, non-threatening manner. During discussions with clients, it may be necessary to explain that the fee collection system is important because it allows more services to all our clients.

Mobile Medical Unit staff is prohibited from collecting payments for services.

COLLECTION OF THIRD-PARTY ENTITY ACCOUNTS (MEDICAID, MEDICARE, INSURANCE, EMPLOYER, GOVERNMENT AGENCY, ETC.)

The Pinellas County Community Services Fiscal Division will submit the Health Insurance Claim Form to the third-party entity responsible for payment in accordance with the Florida Medicaid Provider Reimbursement Handbook, CMS-1500 or other appropriate guide.

The Pinellas County Community Services Fiscal Division will maintain an accounts receivable aging file for all outstanding claims due from third-party entities. The status of all outstanding claims in the accounts receivable file will be reviewed every ninety days to determine the necessity of follow-up. If follow-up is determined necessary, it will be done in accordance with the Florida Medicaid Provider Reimbursement Handbook, CMS-1500 or other appropriate guide.

COLLECTION OF CLIENT ACCOUNTS

Pinellas County Community Services Fiscal Division will mail an invoice to the client if payment is not received for clinical services within 30 days of the date of service. Pinellas County Community Services Fiscal Division will mail a delinquency notice invoice to the client if payment is not received for clinical services within 60 days of the date of service. Invoices will not be mailed to clients for HIV, STD and TB services, or to teen clients who received services without parental consent.

An extended payment period, not to exceed 6 months, may be arranged through the Pinellas County Community Services Director, if requested by the client.

WRITE-OFF OF UN-COLLECTABLE THIRD-PARTY ENTITY AND CLIENT ACCOUNTS

Pinellas County ~~Health & Community~~Human Services Fiscal Division will refer any third-party entity account to the County Attorney's Office, along with documentation sufficient to determine whether the Pinellas County ~~Health & Community~~Human Services Department should seek enforcement or request authority for write-off if an adequate resolution of the delinquency is not reached within one year of the service date. County Attorney's Office will take appropriate action if it is determined that the Pinellas County ~~Health & Community~~Human Services Department should seek enforcement.

Pinellas County ~~Health & Community~~Human Services Fiscal Division will refer any client account to the County Attorney's Office, along with documentation sufficient to determine whether the Pinellas County Community Services Department should seek enforcement or request authority for write-off if an adequate resolution of the delinquency is not reached within 90 days of the service date. County Attorney's Office will take appropriate action if it is determined that the Pinellas County ~~Health & Community~~Human Services Department should seek enforcement.

Upon receipt of the appropriate authorization from the County Attorney's Office, Pinellas County ~~Health & Community~~Human Services Fiscal Division will make the appropriate entries to write-off the non-collectable account.

IV. CLINICAL SERVICES

CLINICAL PRACTICE GUIDELINES

Types of Clients: Pinellas County ~~Health & Community~~Human Services' Mobile Medical Unit provides basic medical care and related services to homeless individuals residing in Pinellas County.

Types of Services: those known as primary care, including treatment of illness or injury as well as preventive care, education, limited prescription coverage, lab work, specialty care, dental assistance, mental health assistance and substance abuse treatment. Prenatal and postpartum care are provided in the community. Family Planning and Treatment of Sexually Transmitted and Infectious Diseases such as Tuberculosis are referred out to the Florida Department of Health in Pinellas County

Types of Practitioners: Physicians, Physician Assistants and Advanced Registered Nurse Practitioners

Types of Clinical Measures: The MMU medical and nursing staff are expected to be familiar with and follow the national health care guidelines, when such guidelines are defined. Examples include, but are not limited to, Asthma, Chronic Obstructive Lung Disease, Diabetes Mellitus, Heart Failure, Hypertension, Immunizations, Low Back Pain, Pediatrics, and Sexually Transmitted Infections. Selected links for guidelines are included to assist clinicians, provide an analytical framework for a process and propose approaches to a problem, but never to replace their clinical judgment.

Clinical Practice Guidelines are included to assist clinicians:	
American Academy of Family Practice	http://www.aafp.org/patient-care/clinical-recommendations/clinical-practice-guidelines.html
American College of Physicians Clinical Practice Guidelines	http://www.acponline.org/clinical_information/guidelines/guidelines/
American Congress of Obstetricians and Gynecologist	http://www.acog.org/
American Diabetes Association	http://www.diabetes.org/
American Heart Association	http://my.americanheart.org/professional/StatementsGuidelines/ByTopic/TopicsA-C/ACCAHA-Joint-Guidelines_UCM_321694_Article.jsp
Centers for Disease Control – Vaccines and STD Treatment	http://www.cdc.gov/vaccines/ http://www.cdc.gov/std/treatment/
Global Initiative for Chronic Obstructive Pulmonary Disease	http://www.goldcopd.org/guidelines-pocket-guide-to-copd-diagnosis.html
National Health Care for the Homeless Council	http://www.nhchc.org/resources/clinical/adapted-clinical-guidelines/
National Institute of Health	www.nih.gov/
United States Preventive Services Task Force	http://www.uspreventiveservicestaskforce.org/recommendations.htm
Up to Date clinical support	www.uptodate.com

Clinical staff may deviate from national/consensus guidelines and standards where clinically applicable; reasons for such deviation should be documented in the chart. Such reasons may include, but not be limited to, allergies or intolerances to certain medicines, contraindication to certain modes of treatment, etc.

STD (SEXUALLY TRANSMITTED DISEASES)

MMU clients are usually referred to the Florida Department of Health in Pinellas County for screening, testing and treatment.

UpToDate is an evidence based, peer reviewed information resource with a faculty of more than 4,000 leading physicians, peer reviewers, and editors. The topic reviews include a synthesis of the literature, the latest evidence, and specific recommendations for client care. The MMU physician and backup clinicians have annual subscriptions to this online reference.

QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT

UNIFORM DATA SYSTEMS (UDS) AND OTHER BUREAU OF PRIMARY HEALTH CARE REQUIREMENTS

The Program complies with the requirements for 330 grantees as described on the federal website. This includes the annual UDS report, the semi-annual Non Competing Application and the most recent iteration: the Budget Period Progress Report.

PEER REVIEW

The Pinellas County Mobile Medical Unit has no bricks and mortar clinical component and, to our knowledge, is a unique HRSA/BPHC funded model. This Department strives to improve performance using peer review, prior programmatic data and comparison with Uniform Data Systems reports and trends. Peer Review assesses the clinical competency and performance of the MMU medical and nursing staff with an ultimate intent of improving client care through staff education and process changes. Both medical and nursing staff performance will be reviewed.

Areas reviewed for both health and case management staff includes: screening process, assessment and intake intervention methods and measurement outcomes such as utilization management, problem resolution and client satisfaction.

Information collected will be used for 1) performance reviews of individual staff, 2) global educational feedback for all staff and 3) overall improvement in the care and education delivered to the MMU clients.

Medical Peer review will be conducted on a quarterly or as needed basis. Prior formats have mirrored Federally Qualified Health Center audit tools, focusing on Diabetes Mellitus, Hypertension and age-based Preventive Care. In mid-2009, the Performance Improvement/Quality Assurance process moved to include Health Care Effectiveness Data Information Set (HEDIS) related indicators, currently used to audit other Pinellas County Health Program medical homes. HEDIS is the most widely adopted set of performance measures used in the nation. They provide transparency, measurement and accountability; wherever implemented, performance and health care delivery outcomes improve.

GENERIC AUDIT CRITERIA:

- Completeness and accuracy of the history, physical and assessment (S.O.A.)
- Appropriateness of the diagnostic and therapeutic procedures and plans (P of SOAP)
- Extent of progress toward predetermined clinical outcomes
- Appropriateness and effectiveness of the education provided to the clients
- Appropriateness of other services utilized by providers in assessing and treating clients, such as specialty referrals

CHART SELECTION FOR PEER REVIEW, DISTINCT FROM HEDIS OR UDS RELATED

Charts will be randomly selected but based on criteria selected by Pinellas County ~~Health & Community~~ Human Services Planning and Contracts division and the Medical Director; the MMU Program Manager will assist in this process

Charts must meet the criteria for that particular review

Charts should have documentation predominately by the provider under review, unless the solo physician is on extended leave or the position is vacant and backup practitioners are providing coverage.

The Medical Director reviews audit results and corrective actions with the MMU physician and nurses and make management decisions as appropriate, in consultation with the ~~HCSHS~~ Program Manager. Since the MMU is a one physician (and two nurses) program, aggregate data, as such, is not possible except when using the HEDIS measurements, which are common to all PCHP medical homes. Global information, such as Pinellas County Health Program performance data, will be shared at the MMU team meetings.

The 2012 AHRQ HealthCare Quality and Disparities Reports are found at

<http://www.ahrq.gov/research/findings/nhqrdr/nhqr12/index.html>

V. PATIENT TRACKING & REFERRAL

SPECIALTY CARE REFERRALS

Mobile Medical Unit clients are eligible for referrals to specialty care providers based on need as determined by the MMU physician. An overview of PCHP covered and non-covered services is can be found in Appendix C of this document.

Referrals are made to provide specialty services including, but not limited to Radiology referrals. A list of specialty care providers can be found in Appendix D of this document.

This procedure is to ensure that all specialty referrals are consistently and correctly documented in NextGen and CHEDAS, and that any necessary follow-up is completed and documented in a timely manner.

NextGen is a registered, certified electronic health record system used for the MMU clients, and CHEDAS is an independent electronic computer system used to track and document referrals made for clients enrolled in the Pinellas County Health Plan. The CHEDAS system is password protected.

<http://www.ncqa.org/Portals/0/Programs/Recognition/RPtraining/PCMH%202014%20Intro%20Training%20Slides%20Part%202%20-%20Standards%204-6%20rev%207.9.pdf>

RESPONSIBILITY:

Case Manager will:

- Confirms the client's address and telephone number at each visit and updates the demographics screen in NextGen.
- Issue a bus pass to the client if needed for transportation to and from the referral agency.
- Contact clients to schedule follow-up appointments.

Providers:

- Documents referral orders in the client's electronic health record under the assessment and plan, including the ICD-9 code for the referral and supporting documents if needed.
- Reviews and signs paper referral form prepared by the nurse.
- Reviews and signs the master summary note as supporting documentation.
- Accepts specialty report results received in the electronic health record physician's Que, and instructs case manager to schedule a follow-up appointment.
- Reviews results with client in most cases during a follow-up visit, and integrates (documents) results into the patient's plan of care regardless of normal or abnormal results.

Nurses:

- Reviews provider's assessment and plan for referrals, completes paper referral form; and obtains physician's signature approval on the form.
- Explains the referral process to the client. The MMU staff is responsible for tracking the referral in CHEDAS and/or incoming fax from Utilization Management and then notifies the client of the status of the referral and how to make the appointment if approved.
- Uploads the completed, signed referral form and supporting documentation into CHEDAS

- Tracks CHEDAS for referral results and maintains referral tracking log. (Appendix E)
- Prints results and scans results into the electronic health record physician's Que.
- Offers the client a copy of the results at the follow-up visit.

PROCEDURE

Step 1-Documenting the Referral Order

- The provider will document the referral order in the NextGen assessment and plan, and if the referral is Chronic or Acute. The nurse will complete the paper referral form and upload the referral into CHEDAS.

Step 2- Referral Department Review

- The referral department staff will receive and review the referral and post the approval or denial in CHEDAS. The MMU staff will access the approval or denial in CHEDAS and notify the client on how to schedule the appointment, if approved.

Step 3- Specialty Care referral appointment

- The client will schedule their appointment and go to their appointment. The specialty agency will provide the service requested and upload a specialty service report (result) into CHEDAS, or fax the report to the MMU.

Step 4- Specialty Care referral report integrated into the client's plan of care

- The nurse will track the report (result), print and scan the report into the physician's review Que.
- The physician will review and accept the report in the Que, and determine the timeliness of the follow-up visit.
- The physician will review the report with the patient during the follow-up visit regardless of the normal or abnormal result. The nurse will print a copy of the report for the patient.

QUALITY ASSURANCE

Medical Record review occurs quarterly by the Quality Assurance Team. Records are reviewed with corrective action when applicable.

Appendix G (Referral Tracking Audit Form)

LABORATORY SERVICES REFERRALS

The Mobile Medical Unit provides laboratory services to clients when needed. Phlebotomy services are provided by the MMU staff and laboratory specimens are packaged and sent to QUEST Diagnostics. This procedure is to ensure that all laboratory services are consistently and correctly documented in NextGen and that any necessary follow-up is completed and documented in a timely manner.

<http://www.ncqa.org/Portals/0/Programs/Recognition/RPtraining/PCMH%202014%20Intro%20Training%20Slides%20Part%202%20-%20Standards%204-6%20rev%207.9.pdf>

RESPONSIBILITY

Case Manager:

- Confirms the client's address and telephone number at each visit and updates the demographics screen in NextGen.
- Contacts clients to schedule follow-up appointments.

Providers:

- Documents laboratory orders in the client's electronic health record under the laboratory orders module. The order is saved, but not sent as there is no electronic interface with the laboratory vendor QUEST diagnostics.
- Accepts laboratory results received in the electronic health record physician's Que, and instructs case manager to schedule a follow-up appointment.
- Reviews results with client in most cases during a follow-up visit, and integrates (documents) results into the patient's plan of care regardless of normal or abnormal results.

Nurses:

- Reviews the provider's assessment and plan for laboratory orders.
- Completes QUEST diagnostics paper laboratory requisition form(s), and provides phlebotomy services when needed.
- Packages laboratory specimens and routes the specimens to QUEST diagnostics.
- Tracks the laboratory results daily using a manual paper filing system, and Care360, an independent password protected computer system for accessing client laboratory results.
- Maintains laboratory test tracking log (Appendix F).
- Prints results from Care360, and scans results into the electronic health record physician's Que.
- Offers the client a copy of the results at the follow-up visit.

PROCEDURE

Step 1-Documenting the Laboratory Service Order

- The provider will document the laboratory service order in the NextGen laboratory order module.
- The nurse will complete the paper requisition, provide phlebotomy services if needed, and package and route the specimen(s) to QUEST diagnostics.

Step 2- QUEST diagnostics

- The laboratory service will be provided by QUEST diagnostics and available for access via Care 360. There is no electronic interface between NextGen and QUEST diagnostics at this time. The interface is scheduled for completion later this month.

Step 3- Laboratory reports integrated into the client's plan of care

- Critical reports are phoned to providers directly from QUEST diagnostics.
- The nurse will track the report (result) in Care360, print and scan the report into the physician's review Que.
- The physician will review and accept the report in the Que, and determine the timeliness of the follow-up visit.
- The physician will review the report with the patient during the follow-up visit regardless of the normal or abnormal result. The nurse will print a copy of the report for the patient.

QUALITY ASSURANCE

Medical Record review occurs quarterly by the Quality Assurance Team. Each staff member's records are reviewed with corrective action when applicable.

Appendix G (Laboratory Tracking Audit Form)

Laboratory studies will be ordered and completed on the MMU no later than the 2nd MMU encounter. All clients diagnosed with DM will receive a random blood glucose reading at each encounter.

The MMU provides CLIA waived testing on-site. HCSHS contracts with the Florida Department of Health in Pinellas County for all other laboratory services/results. The Florida Department of Health in Pinellas County contracts with Quest Laboratories for processing of labs.

CLIA waived tests provided on MMU van

- UA dip stick
- HCG urine
- Random and fasting glucose testing

MENTAL HEALTH/SUBSTANCE ABUSE REFERRALS

The Mobile Medical Unit provides Behavioral/ Mental Health and Substance Abuse referrals when deemed necessary. This procedure is to ensure that referrals are consistently and correctly documented in NextGen and, and that any necessary follow-up is completed and documented in a timely manner.

NextGen is a registered, certified electronic health record system used for the Mobile Medical Unit Clients.

This policy applies to all Medical Services staff working on the Mobile Medical Unit serving the Mobile Medical Unit clients.

<http://www.ncqa.org/Portals/0/Programs/Recognition/RPtraining/PCMH%202014%20Intro%20Training%20Slides%20Part%202%20-%20Standards%204-6%20rev%207.9.pdf>

RESPONSIBILITY

Case manager:

- Confirms the client's address and telephone number at each visit and updates the demographics screen in NextGen.
- Initiates the Behavioral/Mental Health and Substance Abuse Screening Tool (Appendix I) with each client.
- Issues a bus pass to the client if needed for transportation to and from the referral agency.
- Contacts clients to schedule follow-up appointments.

Providers:

- Documents referral orders in the client's electronic health record under the assessment and plan, including the ICD-9 code for the referral (Appendix K) and supporting documents if needed.
- Reviews Behavioral/Mental Health and Substance Abuse Assessment Tool answers; scores (Appendix J); and then discusses with client.
- Signs the Tool and determines if a referral is needed.
- Reviews and accepts the Tool in the electronic health record physician's Que.
- Reviews and signs the master summary note as supporting documentation.
- Accepts report results received in the electronic health record physician's Que, and instructs case manager to schedule a follow-up appointment.
- Reviews report results with the client in most cases during a follow-up visit, and integrates (documents) report results into the client's plan of care.

Nurses:

- Reviews provider's assessment and plan for referrals, scores the assessment tool.
- Explains the referral process to the client.
- Faxes the referral to the contracted provider.
- Scans the completed tool, and referral if made into the electronic health record physician's Que.
- Tracks referral results and maintains referral tracking log.
- Prints results and scans results into the electronic health record physician's Que.

PROCEDURE

Step 1-Providing Behavioral Health Assessment

- The Case manager confirms the client's address and contact telephone number, and documents in NextGen.
- The Case manager assists each client with taking a written Behavioral/Mental Health and Substance Abuse Assessment, which includes answering questions on a form.

Step 2- Scoring the assessment

- The nurse scores the assessment.

Step 3-Documenting the Assessment and making a referral if needed

- The provider reviews the assessment and scores, and discusses with the client.
- If needed, the provider will document the referral order in the NextGen assessment and plan, and if the referral is routine or URGENT.

Step 4- Making the referral to the contracted provider.

- The nurse will fax the referral to the contracted provider and tracks the referral.
- The nurse scans the completed tool, and referral if made into the electronic health record physician's Que.

Step 5- Scheduling the client an appointment

- The contracted provider will contact the client and schedule an appointment based on the type of referral, routine and/or urgent.

Step 6- Behavioral/Mental Health and Substance Abuse services provided

- The client will present to the contracted provider at the scheduled appointment date(s).
- The contracted provider provides Behavioral/Mental Health and/or Substance Abuse services as needed.
- The contracted provider will fax the service report consult notes, and treatment plans to the MMU provider.

Step 7-

- The nurse will track the report (results), print and scan the report into the physician's review Que. If needed, the nurse will contact the contracted provider requesting the referral consultation notes and treatment plans.
- The physician will review and accept the reports in the Que, and determine the timeliness of the follow-up visit.
- The physician will review the report with the patient during the follow-up visit, and integrate into the patient's plan of care.

QUALITY ASSURANCE

Medical Record review occurs quarterly by the Quality Assurance Team. Records are reviewed with corrective action when applicable.

IN PATIENT HOSPITAL ADMISSION TRACKING

The Mobile Medical Unit client's may need to visit a hospital emergency department or be admitted to a hospital. The MMU, through Pinellas County ~~Health & Community~~Human Services (HS) department has agreements with hospitals in Pinellas County for services to MMU clients. This procedure establishes arrangements for health center clients that require hospitalization and ensures continuity of care in accordance with program requirements.

<http://www.ncqa.org/Portals/0/Programs/Recognition/RPtraining/PCMH%202014%20Intro%20Training%20Slides%20Part%202%20-%20Standards%204-6%20rev%207.9.pdf>

RESPONSIBILITY

Client:

- Client will be responsible for payment of emergency department treatment received at the hospital.
- Client will receive discharge instructions instructing the patient to call their MMU primary care doctor for follow-up, and present a copy to the MMU staff at the follow-up visit.
- Client will contact the MMU to schedule an appointment. The client will specifically request an appointment/visit, with the reason for visit: 1) an Emergency Department discharge or 2) Hospitalization discharge.

Hospital Staff:

- Cooperate with ~~HCSHS~~ staff to enroll potential clients who appear eligible for PCHP based on financial screening done at the hospital sites.
- Provide services consistent with National Treatment guidelines.
- Shall obtain a release of information from the enrolled MMU client and provide discharge summaries to the MMU through the CHEDAS community module, or by fax to the MMU.

Pinellas ~~Health and Community Services~~Human Services and FL DOH Administration/Management:

- Work with hospitals to implement processes for discharge follow-up and patient tracking in order to assure appropriate communication and continuity of care between the hospital and the client's primary care medical home or the mobile medical unit.

Case Manager:

- Schedule the client's appointment in NextGen with reason for visit: 1) an Emergency Department discharge or 2) Hospitalization discharge.
- Initiate the Hospital Referral and Discharge Tracking Log during the check-in process for the visit.
- Scan Hospital discharge summary and/or hospital discharge records into the Physician's PAQ.

Nurse and Physician:

- If the physician requests emergency treatment for a client, the nurse will call 911. Client's current status is given to EMS personnel.
- The nurse will submit the referral via CHEDAS to be reviewed by the ~~HCSHS~~ Utilization Management Unit.
- The nurse will complete a release of information upon client's return.
- The Physician will review for any needed follow up.

- In cases where hospital arrangements (including admitting privileges and membership) are not possible, the MMU clinical staff will (upon learning of a client's discharge from a hospital) contact the hospital to request discharge orders.
- Once received, the paperwork will be reviewed by the MMU physician and scanned into the electronic health record.
- The nurse maintains the Hospital Referral and Discharge Tracking Log (Appendix H).

PROCEDURE

Step 1- Develops the process for hospital referral and discharge follow-up; and tracking.

- Administration/management works with hospitals to implement processes for discharge follow-up and Client tracking.
- Pinellas County Health and Community Services provide training for their staff.
- DOH staff provides training for their staff.
- The client is activated, fully informed regarding the procedure and of their responsibilities.

Step 2- For Physician referrals to the emergency department

- If the physician requests emergency treatment for a client, the nurse will call 911. Client's current status is given to EMS personnel.
- The nurse will submit the referral in CHEDAS to be reviewed by the ~~HCSHS~~ Utilization Management Unit.

Step 3- For Client Follow-up appointments

- Case manager schedules appointment for client in NextGen with reason for visit: 1) an Emergency Department discharge or 2) Hospitalization discharge.
- The Case Manager initiates the Hospital Referral and Tracking Log during the check-in process for the visit, and scans the hospital discharge summary and/or hospital discharge records into the Physician's PAQ.
- The Physician will review for any needed follow up.
- Upon learning of a client's discharge from a hospital, the MMU clinical staff will contact the hospital to request discharge orders.
- Once received, the paperwork will be reviewed by the MMU physician and scanned into the electronic health record.
- The nurse maintains the Hospital Referral and Discharge Tracking Log.

QUALITY ASSURANCE

Medical Record review occurs quarterly by the Quality Assurance Team. Records are reviewed with corrective action when applicable.

WOMEN'S HEALTH SCREENING SERVICES

Cervical Cancer and selected STD screenings are provided on the MMU. Clients needing follow up, other than repeat "Pap" Screening, for abnormal cervical cancer screening results are referred to Gynecological services through the PCHP Specialty Network. STD HIV and Hepatitis Testing is provided at local Florida Department of Health in Pinellas County sites through walk in or referral. Copy of referral retained on chart.

Breast Cancer Screenings, Mammography are provided through the PCHP Specialty Network.

OBSTETRICIAN/PRE-NATAL REFERRALS

The purpose of Obstetrician (OB)/Pre-Natal Referral to the Department of Health is to assure that clients have a streamlined referral process for OB/Pre-Natal Care and Medicaid.

This procedure applies to the Mobile Medical Unit Program and clients presenting with a confirmed pregnancy test.

<http://www.ncqa.org/Portals/0/Programs/Recognition/RPtraining/PCMH%202014%20Intro%20Training%20Slides%20Part%202%20-%20Standards%204-6%20rev%207.9.pdf>

RESPONSIBILITY

Client:

- Presents to the Mobile Medical Unit (MMU) Program.

Case Manager:

- Completes eligibility process, including assessment for Medicaid prior to visit, and during visit for positive pregnancy.

MMU clinical staff:

- Assesses and diagnoses client for positive pregnancy.
- Documents referral to the Department of Health OB/Pre-Natal Clinic in Clearwater
- Processes referral and tracks referral

DOH OB/Pre-Natal Clinic in Clearwater:

- Provides OB/Pre-Natal Care.
- Provides information to MMU confirming the referral completion.

PROCEDURE

Step 1

- Clients presents to MMU clinic.

Step 2

- Case manager completes eligibility process, and assessment for Medicaid eligibility.

Step 3

- Clinical staff assess patient and confirm pregnancy.
- Physician counsels client regarding pregnancy, prescribes Pre-Natal Vitamins and refers client to the DOH OB/Pre-Natal clinic.

- Nurse processes and tracks referral.
- Case manager provides Medicaid eligibility for positive pregnancy.

Step 4

- Client presents to the DOH OB/Pre-Natal clinic for care.

Step 5

- DOH OB/Pre-Natal clinic completes Medicaid eligibility if needed.
- DOH OB/Pre-Natal clinic provides OB/Pre-Natal care to patient, and information to the MMU confirming the referral completion.

QUALITY ASSURANCE

Medical Record review occurs quarterly by the Quality Assurance Team. Records are reviewed with corrective action when applicable.

HEALTH EDUCATION REFERRALS

The Physician, Nurse, or Case Manager determines that the Client could benefit from further nutrition education based on initial intake and/or medical history inquiries or nature of illness.

Referral types include Diabetes Self Education and Management classes and supervised Weight Loss Programs as well as scheduled appointments with a Nutritionist. These are documented as community referrals and tracked by self-declaration when the client returns to the MMU. Handouts or flyers are provided for the client along with a bus pass if needed.

VI. DENTAL

The Mobile Medical Unit provides limited dental treatment referrals (relief of pain) to homeless Pinellas County residents who do not have medical insurance for needed services. MMU clients will be directed to Department of Health in Pinellas County dental offices for contracted treatment.

VII. PHARMACY

Pharmacy services are provided at no cost to PCHP/MMU clients through a County contract with a local pharmacy network and through a Prescription Assistance Program subcontracted to Suncoast Health Council/ MedNet.

Prescription Assistance Program/MedNet: The Medical Home provider is responsible for referring new and current PCHP/MMU clients to be enrolled in the Prescription Assistance Program (PAP) for eligible prescriptions not covered by the PCHP Pharmacy Formulary (e.g., brand name.) Eligible prescriptions are those prescriptions provided by pharmaceutical manufacturers at no cost or discounted prices. See link below for more information.

http://www.healthcouncils.org/html/hc_mednet_benefits.html

The subcontracted PAP provider submits PCHP client data and reports as required by the County, according to the terms of their subcontract.

Contracted Pharmacy Network: The County pharmacy network is currently contracted with Bi-Lo Holdings d/b/a Winn Dixie. A list of PCHP/ MMU participating pharmacies and their hours of operation can be found in Appendix P.

Medications are limited to those medications and generic equivalents listed on the Pharmacy Formulary. The full list of medications in the formulary can be found at the link below. Please note: the formulary changes from time to time.

http://www.pinellascounty.org/humanservices/pdf/PCHP_Formulary.pdf

- County-funded pharmacy services are limited to a maximum of ten (10) prescriptions per month with a 30 day or 90 day supply.
- The generic equivalent form of the drug must be dispensed, if available.
- If no generic equivalent exists, the brand name medication will be covered if it is on the formulary.
- Medications prescribed during the time when a client is transitioning to free medications through the PAP will be covered.
- Temporary emergency authorization of necessary, non-formulary prescriptions may be authorized in life threatening situations. Proper justification must be submitted with the request to substantiate formulary exceptions.
- The current pharmacy provider offers discounted rates (\$4 for 30 day supply; \$10 for 90 day supply) as well as free antibiotics and flu vaccine at participating pharmacies.

PCHP does not provide medications for chronic pain management. Prescriptions for controlled substances will be honored only when written for acute injury /short-term pain relief, pre- or post-surgical events (neither to exceed 30 days), dental relief of pain, or hematology-oncology clients. No controlled substances are maintained on vehicle; no medications are dispensed.

VIII. EMERGENCY

If physician requests emergency treatment for a client the nurse calls 911. Client's current status is given to EMS personnel. Client will be responsible for payment of treatment received at the hospital. The nurse will complete a release of information upon client's return. The Physician will review for any needed follow up.

If urgent specialty care is needed, the physician will alert the MMU team; the Nurse, Case Manager or Support Staff will complete the specialty care form referral and enter it as ACUTE in the CHEDAS system. See Section V for the specialty care referral process.

If MMU is on site without an examiner on board, the nurse will refer clients to ER if necessary or if the client requests that 911 be called. After release of information forms are completed, records will be obtained for any nursing ER referral.

The Florida Department of Health in Pinellas County Emergency Manual is available upon request and a printed copy is onboard.

The MMU physician and nurses maintain CPR and AED certification; a copy of current certification is kept in the employee's personnel file.

IX. INFECTION CONTROL AND SAFETY

The following items are located on the MMU van:

- Hazardous Materials and Waste Plan (Part of the Infection Control Manual)
- Safety syringes
- Biohazard labeling
- Carbon Monoxide monitor
- Fire extinguishers
- Panic button system
- Automated External Defibrillator

Staff are AED and CPR certified.

INFECTION CONTROL PLAN

HCSHS utilizes the Florida Department of Health in Pinellas County Infection Control Manual, which is revised based on need. The Manual, updated in 2013 is incorporated as part of the HCSHS Risk Management Policy QA manual. A copy can be made available upon request and is available on-board the van.

Topics include:

- Universal precautions
- Personal Protective Equipment
- Cleaning and disinfection of work area
- Post Exposure follow-up
- Supply storage and dating
- Disease Transmission precautions
- TB screening

DISASTER PREPAREDNESS

Health & Community Human Services Employee Handbook details the Department's Disaster Preparedness Plan. A copy is available upon request. ~~The Department of Health and Community Human~~ Services and the Florida Department of Health in Pinellas County have established Continuity of Operations Plans (COOP). MMU will assist in the short term disaster recovery by assessing medical and prescription needs and providing medical care or follow-up care as required.

X. CUSTOMER RELATED ISSUES

CLIENT CONCERNS

If Clients have complaints related to the service they receive or pharmacy issues, they may contact the MMU Supervisor or the Program Manager who will hear the complaint and investigate. The MMU Program Manager will alert the Division Director and/or Medical Director depending on the issue and its severity. The MMU Supervisor and/or Program Manager will work to resolve issues, clarify policy for clients, and make corrective actions if necessary.

CLIENT SATISFACTION SURVEYS

Client surveys are offered to all new and on-going clients during one week of every month. Clients complete the surveys after they have received services from the MMU staff. Clients will place completed surveys in a locked box or secure envelope. MMU staff are responsible for bringing the surveys to the office and placing completed forms in the MMU Program Manager's mailbox. The MMU Program Manager reviews the surveys and shares general responses with staff. If there are concerns, the MMU Program Manager will talk with the staff to alleviate those concerns and address any changes that may be needed. If a client shared their name and contact information, the Program Manager may contact the client for further clarification of a noted issue, or to discuss resolution. If changes are warranted and not adhered to, staff may be requested to attend a documented coaching and counseling session with the MMU Program Supervisor or be subject to other disciplinary action.

Refer to Appendix L. The current survey was developed by the Mobile Medical Unit Advisory Council.

XI. SCHEDULING AND COMPLIANCE

Walk in and appointments are available for clients.

MMU clients present many challenges for compliance and follow-up in all areas: appointments, referrals, laboratory and treatment plans. Conventional contact methods – letters and phone calls - have been unsatisfactory. One on one outreach as in pre-visit planning has been problematic but efforts will continue as part of Tracking and Managing Care. Electronic outreach may become an option in the future.

MMU clients are expected to comply with all [HCSHS](#) policies and procedures as described in the manuals referenced throughout this document. See Section V for Patient Tracking & Referral .

XII. WORKFORCE DEVELOPMENT AND CARE CONTINUITY

MOBILE MEDICAL UNIT STAFFING

As of July 1, 2013 the following staff on the MMU are contracted Florida Department of Health in Pinellas County employees.

Physician (1.0 FTE)

The Physician is responsible for medical care of clients including preventive services; medical record documentation and coding; act as leader of the mobile medical team. The Florida Department of Health in Pinellas County employs Board Certified Physicians in Family Practice, Internal Medicine, Pediatrics and Medical Epidemiology. These physicians are available for consultation by the MMU staff.

Nurses (2.0 FTE)

Works on van primarily, responsible for triage process; assists physician as needed; complete medical histories in the electronic health record; education to clients; assessment and administration of vaccines, responsible for client flow; answer medical phone inquiries from clients, pharmacies, agencies; conduct inventory; order medical supplies; responsible for nurse case management notes and computer entries; help coordinate lab work, perform lab services on the MMU van and track laboratory results, assist with specialty care referrals, and general client care. Provide medical record documentation and coding for services provided.

Supervisor/Case Manager/Driver (1.0 FTE)

Is responsible for the intake and case management process; assess additional needs of client; document all pertinent information in charts; facilitating specialty care referrals; conduct behavioral health screenings and referrals; provide bus passes as needed; maintain client sign-in roster and case management supplies; computer entries; follow-up with clients; work on special projects as assigned; drive the van; maintain safety on the van; service the van and deal with van issues through Fleet and Program Manager; complete van cleaning performance forms for vendor; pull records and statistics for program reports; communicate with site contacts to build and maintain rapport; and assist other staff as needed.

Sr. Clerk (Support Staff)/Driver (1.45 FTE)

Answers phone; records management; updates and requests forms needing to be printed; scanning and filing; data entries; maintains phone list; maintains appointment scheduling; supports Specialty Care referral process; drives the van; maintains safety on the van; Provides clerical support to the team.

DEPARTMENT OF ~~HEALTH & COMMUNITY~~HUMAN SERVICES STAFF:

Senior Office Specialist

Responsible for Medicaid billing and maintenance, and Tampa Bay Information Network (TBIN) entries; complies with Medical Records requests that need paper records (created prior to the use of the electronic record) obtained from the County Records Management Department; distributes MMU calendar to community partners.

Program Analyst

The main contact/liaison between the Department of Health in Pinellas County MMU staff and the County ~~Health & Community~~ Human Services Department. Addresses daily operation questions or issues that arise; handles client complaints; provides bus passes for client distribution; assures bus pass log information is entered into the County's CHEDAS computer system; approves monthly calendar for distribution.

Division Director

Office based, responsible for overall program management; monthly statistical reports; periodic program reports (UDS, Grant); mental health contract monitoring; liaison with community agencies; participates in community projects related to homeless issues; building and office safety manager; support to staff; budget management; grant writing; calculates reimbursements bi-weekly for Bureau of Primary Health Care Grant; ensure program compliance with BPHC; program development.

ORIENTATIONS

New Employee Orientation: Nurse

Two Nurses staff the Mobile Medical Unit. The following processes are used for a new employee - all emphasizing education, observation with feedback and ongoing monitoring.

- I. Charting and Direct Service:
The new employee initially shadows the existing nurse, progressing to monitored interactions and then providing services on their own. The existing nurse remains available, on the van, for questions and conducts chart review and provides feedback for improvement, if needed.
- II. Data Entry
The NextGen Electronic Health Record is utilized for all "charting" of client health information. The new employee receives screen print outs, numbered and in order. The Nurse demonstrates data entry for the new employee, focusing on both required and helpful information. New employee entries are monitored until comfort level is established.
- III. Systems
The new employee is educated on processes which include laboratory and -diagnostic tests, hospital and emergency room admissions, pharmacy challenges, release of information and case management. Telephone and fax numbers are provided.
- IV. Triage
The new employee observes nurse triage clients. The triage process is based on medical needs of clients, designed to maximize client access and minimize nurse and physician waiting time for clients. All clients will be provided appropriate attention and either care or referral based on the assessed priority level. Clients may present with signs and symptoms that span more than one priority level. Therefore the triage nurse will use his/her best clinical judgment in determining level of acuity. When doubt exists, the client is assigned to the more acute level. When assessment is ambiguous or questionable, the triage nurse will consult with medical provider.

New Employee Orientation: Physician

The MMU physician is an employee of the Florida Department of Health in Pinellas County and completes all requirements of that agency's New Employee Orientation (NEO). The NEO checklist, mandatory training and supporting documentation is maintained on the Florida Department of Health in Pinellas County website and their Human Resources office.

Clinicians must also successfully complete a probationary evaluation relevant for their technical expertise and interpersonal skills.

The NextGen Electronic Health Record is utilized for all "charting" of client health information. **HCSHS** staff will provide training as needed.

MEETINGS & TRAININGS:

The Florida Department of Health in Pinellas County Primary Care Medical Director conducts quarterly meetings for the Florida Department of Health in Pinellas County Clinical Services staff, including attendance by the MMU physician. The agenda usually includes "in service" training and education on selected, relevant topics of primary care and public health. Teaching methods have included: formal presentations, clinical case studies, guest speakers and journal club round-table discussions. CMEs and CEUs have been provided. Minutes are electronically posted.

The Medical Director and MMU physician attend ad hoc Peer Reviews, conducted by the Primary Care Director for the Florida Department of Health in Pinellas County. These meetings focus on primary care and client centered medical home issues.

The MMU physician, a Florida Department of Health in Pinellas County employee, receives an annual electronic subscription to *UpToDate*, an evidence based peer reviewed information source.

The Florida Department of Health in Pinellas County will arrange for provider coverage to ensure that clients have ongoing access to care during the absence of the MMU physician and coordinate this responsibility with the MMU Program Manager. To facilitate this process, Florida Department of Health in Pinellas County medical staff will receive orientation to the MMU and periodically provide coverage.

MMU MEETINGS

The MMU Supervisor conducts monthly meetings; attendees include the medical examiners, nursing case management and clerical staff and the Medical Director. Minutes are electronically posted.

<http://entsharepoint1/bcc/HCS/Working%20Documents/Forms/AllItems.aspx?RootFolder=%2fbcc%2fHCS%2fWorking%20Documents%2fMMU%2fMeeting%20Minutes&FolderCTID=&View=%7b12DCAF42%2d899F%2d489C%2d974E%2dFC6CB5F736B6%7d>

TRAINING

All MMU staff are encouraged to attend trainings that will enhance job development or performance. Trainings are offered through the Department of Health in Pinellas County and/or **HCSHS**.

The MMU physician provides his/her supervisor an annual CME/ training summary, concurrent with annual evaluations.

The MMU nurse follows Chapters 455 and 456 of the Florida Statutes mandated for certification or licensure.

UTILIZATION MANAGEMENT

Utilization Management (UM) has been defined as the evaluation of the appropriateness, medical need and efficiency of health care services procedures and facilities according to established criteria or guidelines and under the provisions of an applicable health benefits plan. UM is provided contractually by Florida Department of Health in Pinellas County staff. Specialty Care is provided through an internal Network established by the Pinellas County ~~Health & Community~~Human Services Department.

Pharmacy is provided through Pharmacy Benefit Manager.

Hospital and Ambulatory Surgery Centers is provided through contractual reporting.

Detailed reporting is a vital component for the evaluation process. The Medical Director and Health Programs Coordinator conduct ongoing monitoring and review of vendor reports

COST AND PRODUCTIVITY.

The MMU Program Manager, Medical Director, Quality Assurance Coordinator and the Division Director review the Uniform Data Services (UDS) reports, which include grantee information and comparison with state and national averages. The MMU Program Manager evaluates service delivery sites for use/capacity semi-annually and maintains a waiting list of alternative locations.

RISK MANAGEMENT

~~HCSHS~~ has a manual titled Risk Management Policy QA and Procedures, maintained in the office. The items listed below are in the manual.

- Employee Health- updated 2010
- Hepatitis A and B program
- TB screening
- Post- exposure follow-up
- Work restrictions for employees with communicable diseases
- Housekeeping
- Exposure Control Plan- updated 2010- copy in office /on file
- Bloodborne Pathogens- yearly training
- Bio-hazard Waste Plan- 2011
- OSHA Regulations 1910.1030

MMU staff receive annual training for Bloodborne Pathogens, Work Place Violence Prevention, The Right to Know (which addresses chemical exposure and Accident Investigation).

After July 1, 2013, MMU operations staff are employees of-the Florida Department of Health in Pinellas County and comply with their organization's policies and procedures, available upon request.

XIII. CREDENTIALING & PRIVILEGING

The purpose of Credentialing and Privileging of Health Center Practitioners is to assure that all Health Centers assess the credentials of each licensed or certified health care practitioner to determine if they meet Health Center standards. The credentialing process includes assessing and confirming the qualifications of a licensed or certified health care practitioner; and the privileging process includes authorizing a licensed or certified health care practitioner's specific scope and content of patient care services. This is performed in conjunction with an evaluation of an individual's clinical qualifications and/or performance.

CREDENTIALING & PRIVILEGING

This procedure applies to all licensed independent providers employed to work on the Mobile Medical Unit. These individuals include, but are not limited to, physicians, registered nurses and, licensed practical nurses.

<http://bphc.hrsa.gov/policiesregulations/policies/pin200222.html>

RESPONSIBILITY

Applicant:

- Provides documentation for Credentialing and Privileging checklist (Appendix M).

Hiring Manager:

- Initiates checklist for each applicant.
- Routes checklist to Human Resources.

Human Resources:

- Continues checklist and routes checklist to Quality Assurance Coordinator.

Quality Assurance Coordinator

- Prepares the checklist for the Medical Director.
- Routes checklist to Medical Director for final approval authority.

Medical Director:

- Completes the Verification of Fitness (Appendix N & O) for each applicant, if applicant desires.
- Reviews and evaluates checklist and supporting documents, and gives approval authority for Credentialing and Privileging.

Credentialing and Privileging Team:

- Develops the Credentialing and Privileging procedure, and strategies for on-going tracking and monitoring. Meets quarterly.

PROCEDURE

Step 1

- Applicant provides documentation for Credentialing and Privileging to Human Resources.

Step 2

- Hiring Manager or designee initiates the checklist and routes the check-list to Human Resources.

Step 3

- Human Resources continues the checklist and routes the check-list to the Quality Assurance coordinator.

Step 4

- Quality Assurance Coordinator prepares the checklist for the Medical Director.

Step 5

- Medical Director reviews the checklist and evaluates the information to determine the final approval for Credentialing and Privileging. If desired by the applicant, the Medical Director will complete the Verification of Fitness.

QUALITY ASSURANCE

A new Credentialing and Privileging team including the Medical Director, Human Resources Manager, Nursing Director, Quality Assurance Coordinator and designees will be responsible for developing, and overseeing the Credentialing and Privileging. The Quality Assurance Coordinator will lead the team, and schedule quarterly meetings. The Credentialing and Privileging process begins at pre-employment and is tracked manually by the team leader. The Human Resources Manager is working with the People First System, a state of Florida employee computer program utilized for timesheet submission and performance evaluations to monitor and track credentialing: 1) to alert employees and supervisors for upcoming licensure expirations and other upcoming credentialing expirations and 2) run monthly reports for upcoming expirations. In addition, the Human Resources manager who is the administrator of the Data Bank account will run monthly reports which will be reviewed by team members. The Quality Assurance Coordinator and the Medical Director also have user rights to the Data Bank account.

PEER REVIEW

The purpose of the peer review is to determine whether the medical record documentation supports the codes submitted to the insurers, documentation guidelines are accurate, complete and succinct and standard of care of outpatient evaluation and management (E/M) services are reviewed.

The peer review audit provides an opportunity for improving patient outcomes and quality of care.

An internal peer review is a cost effective way to protect the clients, the examiners, the agency and the public against fraud and abuse. It's also a valuable educational tool for examiners to improve their coding and documentation skills. The process is integral to monitoring the accepted standards of care in providing medical services within a contract.

A committee of providers is involved in the review process. After a one-hour training session for the providers to learn the peer-review process, discuss the purpose of the audit and perform a sample chart review, participation in a quarterly review session with a standard tool is completed for 10 records per provider. After review, a group discussion of findings is summarized with the goal of clarification and standardization of documentation and practice guidelines within the contract.

Using Peer Review for Self-Audits of Medical Record Documentation, Ronald W. Bradshaw, MD, CPA, Family Practice Management. 2000 Apr 7(4): 28-32

www.choosingwisely.org | www.abimfoundation.org

RESPONSIBILITY

The committee members will complete 10 medical record reviews on each examiner per quarter using a common audit tool. All Peer Review documents are confidential, and will be treated accordingly. Findings will be submitted to the Program Director within 5 business days. Discussion will follow with the group of examiners. A written summary will be completed and available to the examiners, auditors, insurers and funders within 10 business days.

PROCEDURE

Approved coding and standardized evidenced-based practice and documentation will be recorded in the medical record by examiners. Documentation of Evaluation and Management Services to include laboratory, radiology, pharmacology and referral services will be included and reviewed on the audit tool (Appendix G) once a quarter by the peer review committee.

QUALITY ASSURANCE

A summary of findings and corrective action will be completed following each quarterly review and available in the agency audit filing system. Follow-up of common errors will be completed by an internal audit team quarterly and submitted to the Director.

XIV. HEALTH INFORMATION MANAGEMENT

All health information is available through the NextGen EHR system. Should the system be unavailable by the MMU team, paper forms will be used to record information related to the client visit and later entered into the EHR when the system is available. If necessary, office based clerical support staff can be contacted to print and fax needed information from the EHR to the MMU team for use during the client office visit.

MEDICAL ROOM LOCATION

(FOR RECORDS PRIOR TO IMPLEMENTATION OF THE EHR SYSTEM)

Medical Records created and maintained prior to the implementation of the EHR have been transported to a HIPAA compliant location for storage and are secured by County Records Management Department.

REQUESTS FOR MEDICAL RECORDS

Medical records are requested by fax, in person, or through the mail. The client's signature is needed to release medical information. When a request is received, the ~~HCSHS~~ computer system is checked to verify if this is a client served. The Sr. Office Specialist will print any computer record and copy any paper record to send to the requestor. The record request is documented and a copy of the medical record is faxed or mailed. If the client is not in the system, the requestor is notified. Records are kept of all requests made, scanned into the EHR.

CHARTS ORDER

Since August 2011, the MMU has utilized NextGen, a certified electronic health record for all client documentation.

The charts in existence prior to the EHR were organized and maintained by the Sr. Office Specialist who worked in the Medical Records room. The left side of the chart was for paper work by Case Managers and the right side was for the medical staff. All charts had dividers that were removed before sending to storage.

CHART FILING

All charts prior to implementation of NextGen electronic health records are filed alphabetically and kept organized in the County Records Management storage facility for a minimum of seven years.

STORAGE AND DESTRUCTION

The ~~HCSHS~~ Sr. Office Specialist retrieves charts from storage to copy for agencies requesting medical records. (These charts are returned to storage after copying.)

Files requested from storage arrive in approximately one week and are completely sealed due to HIPAA regulations.

Medical files are kept in storage for seven years and then destroyed within two additional years. Every six months, Records Management sends a “notice of destruction” that is signed by the [HCSHS](#) Assistant Director.

CHART DOCUMENTATION

MMU staff use NextGen, the Electronic Health Record system for medical record documentation, including scheduling appointments and documenting phone call reminders. Notes or other information such as ER discharge summaries received from outside providers are scanned into the electronic record to the Dr.’s PAQ for review and placement into the client file.

In addition, MMU staff use CareScope, the corresponding Information Technology System for client enrollment and to initiate, track and complete Specialty Care referrals.

Client enrollment includes demographic data entry into CareScope which transfers into NextGen.

Compliance with Federal, State and Local Regulations: clients complete all appropriate forms for the above, including Privacy and Confidentiality Statements and Informed Consent

XV. SITE AND EQUIPMENT

Exam Room Preparation - the nurses are responsible for exam room-clinic preparation, item inventory/ordering and restocking.

Equipment necessary to support the following must be available: CLIA waived testing, Ear lavage, EKG, Glucose Screening, Immunizations, phlebotomy supplies, Laceration Repair, Screenings for Cervical Cancer and Sexually Transmitted Diseases, Vital Signs, Visual acuity, and Wound care (minor). Supplies for suturing, incision/drainage are ordered from medical supply companies.

Immunization Storage and Quality Control: nurse orders influenza (seasonally), tetanus, pneumococcal and insulin. A small supply of vaccines carried in a cooler with icepacks is kept in small refrigerator on medical van MMU on a daily basis. The nurse is responsible for monitoring the temperature daily to ensure appropriate temperature for vaccines. Excess vaccines are stored at a Department of Health in Pinellas County office site.

Based on training, the MMU nursing staff may provide the following:

- Intramuscular injection
- Intradermal injection
- Oral or Topical Medication Administration
- Subcutaneous injections

Training may be provided by the existing nurse or through the Florida Department of Health in Pinellas County, which provides didactics and practicums on administration of immunizations.

The reference source for Vaccine Administration is the most recent edition of The Pink Book: Epidemiology and Prevention of Vaccine Preventable Diseases (currently 12th Edition, April 2011)

<http://www.cdc.gov/vaccines/pubs/pinkbook/default.htm>

XVI. CASE MANAGEMENT SERVICES

DOH staff on the MMU provide the following case management services:

- Train/orient new staff on processes
- Provide eligibility and enrollment services
- Process and track referrals
- Provide bus passes
- Perform other duties as needed

Additional Case Management services are also available to MMU clients, provided by Pinellas County ~~Department of Health and Community~~Human Services employees at HCS office sites. Clients are referred by MMU staff to HCS Case Managers for assistance with topics such as housing, employment, long term bus passes or taxi ride needs, disability advocacy services, and other social services issues.

XVII. TECHNOLOGY

MMU staff use laptop computers on the van. Computers are essential for the team to officially input a client into the MMU record system, be able to research client records and history of service on the van as well as for entering eligibility and enrollment information. Entries into the system are made by the Supervisor, Clerical and medical staff.

A scanner, copier, label maker, printer and faxing capability are on board.

~~Health and Community~~Human Services (HCS) implemented an Electronic Health Record (NextGen) in August 2011. The EMR is one part of a new client information system, Community Help and Electronic Data Acquisition System (CHEDAS), phased in during 2012, impacting virtually all ~~Health and Community~~HumanServices business processes including those on the Mobile Medical Unit (MMU).

APPENDIX A: AFTER HOURS ON-CALL NOTE



DATE: _____

TIME: _____ am/pm

Patient Attends (Circle One):

Clearwater

Largo

Pinellas Park

St. Petersburg

Tarpon Springs

Other _____

Origin of Call: (Circle One)

Home/ER _____ /Other _____

Name of Patient: _____

Date of Birth: _____

Guardian: _____

Home Phone#: _____

___ Client asked to contact triage nurse in am

___ Client referred to ER/Walk-in clinic

Problem/Action: _____

Signature: _____

Person completing Form:

Dr. Aoun

Dr. Arboleda

Dr. Mungara

Dr. Smith

Dr. Tabassum

Other _____

Revision 10/14

APPENDIX B – UNIVERSAL INTAKE FORM

Pinellas County ~~Health and Community Services~~ Human Services Application

I. Applicant Information

First Name: _____		Middle Name: _____		Last Name: _____	
Social Security Number: _____				Date of Birth: _____	
Home Phone Number: _____		Cell Phone: _____		Work Phone: _____ Ext: _____	
Your email address: _____					
Physical Address: _____				Apt/Lot Number: _____	
City: _____		State: _____		Zip Code: _____	
Mailing Address: _____				Apt/Lot Number: _____	
City: _____		State: _____		Zip Code: _____	
County: _____					
Emergency Contact Name: _____				Relationship to you: _____	
Physical Address: _____				Apt/Lot Number: _____	
City: _____		State: _____		Zip Code: _____	
Phone Number _____				Cell Phone: _____	
Work Phone: _____				Ext: _____	
Emergency Contact email address: _____					

II. Reason for Visit

What brought you in today? <input type="checkbox"/> Health Care <input type="checkbox"/> Veterans Services <input type="checkbox"/> Disability Services <input type="checkbox"/> Housing <input type="checkbox"/> Other/ Notes: _____
--

III. Demographic Information

(1) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
(2) Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
(3) Race (check all that apply): <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> More than one Race	
(4) Are you Hispanic/Latino/ Latina: <input type="checkbox"/> Yes <input type="checkbox"/> No	
(5) Citizenship Status: <input type="checkbox"/> Born in the U.S. or U.S. territory <input type="checkbox"/> Naturalized Citizen <input type="checkbox"/> Born outside U.S. to U.S. Citizen <input type="checkbox"/> Non-sponsored Legal Permanent Resident <input type="checkbox"/> Sponsored Legal Permanent Resident <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Undocumented <input type="checkbox"/> Other _____	
(6) Is English Your Primary Language? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, preferred language: _____	
(7) Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse of a Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Child of a Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
(8) Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	
(9) Housing: <input type="checkbox"/> Couch Homeless <input type="checkbox"/> Emergency Shelter/Safe House <input type="checkbox"/> Group Home <input type="checkbox"/> Homeless <input type="checkbox"/> Institution <input type="checkbox"/> Living with family/ friends <input type="checkbox"/> Motel <input type="checkbox"/> Shelter <input type="checkbox"/> Owned by Client <input type="checkbox"/> Public Housing <input type="checkbox"/> Rental by Client <input type="checkbox"/> Transitional <input type="checkbox"/> Other _____	
(10) Highest Level of Education: <input type="checkbox"/> Less than High School <input type="checkbox"/> GED <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> Technical School <input type="checkbox"/> Some college <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other _____	

IV. Family / Household Information

Family / Household Members' Names	Relationship to You	DOB	Do they live with you?

V. Assistance

Do you currently receive any type of assistance? ☐ Yes ☐ No

If so, please identify the type of assistance you receive:

☐ Food Assistance (SNAP) \$ _____ ☐ Medicare ☐ Women, Infants, and Children (WIC)
☐ Medicaid ☐ Medically Needy Share of Cost (MNSOC) \$ _____ ☐ Section 8 Housing \$ _____
☐ Temporary Cash Assistance (TCA/ TANF) \$ _____ ☐ Other: _____

VI. Household Income (Including Spouse)

Are you currently employed? ☐ Yes ☐ No

If Yes: Name of Employer: _____

If Yes: ☐ Full Time ☐ Part Time

Are you self-employed? ☐ Yes ☐ No

If yes to either, how much do you make: \$ _____

Paid: ☐ Daily ☐ Weekly ☐ Bi-weekly ☐ Monthly

Is anyone else in your household employed?

☐ Yes ☐ No

If yes, who: _____

If Yes: Name of Employer: _____

If Yes: ☐ Full Time ☐ Part Time

Are they self-employed? ☐ Yes ☐ No

If yes to either, how much do they make: \$ _____

Paid: ☐ Daily ☐ Weekly ☐ Bi-weekly ☐ Monthly

Do you have more than one job? ☐ Yes ☐ No

If Yes: Name of Other Employer: _____

If Yes: ☐ Full Time ☐ Part Time

If yes to either, how much do you make: \$ _____

Paid: ☐ Daily ☐ Weekly ☐ Bi-weekly ☐ Monthly

Does anyone else in your household have more than one job? ☐ Yes ☐ No

If yes, who: _____

If Yes: Name of Employer: _____

If Yes: ☐ Full Time ☐ Part Time

Are they self-employed? ☐ Yes ☐ No

If yes to either, how much do they make: \$ _____

Paid: ☐ Daily ☐ Weekly ☐ Bi-weekly ☐ Monthly

☐ Unemployment Compensation

Bi-weekly Amount: _____

Start Date: _____ Projected End Date: _____

☐ Do you have an **active** application for Social Security benefits? ☐ Yes ☐ No

If **no**, have you **applied** for any Social Security Benefits? ☐ Yes ☐ No

☐ Social Security Retirement

☐ Social Security Disability

☐ Supplemental Social Security Income

☐ Social Security Survivors (Widow) Benefits

Monthly Amount: _____

Start Date: _____ Projected End Date: _____

☐ Child Support/Alimony

Monthly Amount: _____

Start Date: _____ Projected End Date: _____

☐ Pension or Retirement Income

Monthly Amount: _____

Start Date: _____ Projected End Date: _____

☐ Are you a student? ☐ Yes ☐ No

☐ Do you receive financial aid or assistance? ☐ Yes ☐ No

Monthly Amount: _____

Start Date: _____ Projected End Date: _____

☐ Workers' Compensation

Monthly Amount: _____

Start Date: _____ Projected End Date: _____

☐ Veteran Disability Benefits

Monthly Amount: _____

Start Date: _____ Projected End Date: _____

Other sources of income such as:

☐ Contributions/Gifts/Credit Card Advances

☐ Estate & Trust Income

- ☐ Home Equity Line
☐ Interest
☐ Rental Income
☐ Other Income, type: _____

Monthly Amount:

Start Date: _____ Projected End Date: _____

VII. Lawsuit Information

☐ Do you have a pending lawsuit? ☐ Yes ☐ No

☐ Have you received a lawsuit settlement within the past year? ☐ Yes ☐ No

If yes, how much did you receive? \$ _____ Date Received: _____

VIII. Assets

1. Do you own a home? ☐ Yes ☐ No

Monthly mortgage payment: \$ _____

Are you behind on your mortgage? ☐ Yes ☐ No

If yes, how many months are you behind? _____

2. Do you have any other properties? ☐ Yes ☐ No

If yes, where is it located? _____

3. Do you own a car(s)? ☐ Yes ☐ No If yes, how many _____ Current Market Value \$ _____

4. Do you have life insurance with cash value? ☐ Yes ☐ No If yes, current value: _____

5. Do you have an account? ☐ Checking ☐ Savings ☐ Money Market Acct ☐ CD ☐ None ☐ IRA/401K

If you have an account, please provide the following information

Type of Account	Current Balance/Estimated Value	Bank Name

IX. Monthly Expenses (Please fill out your monthly expenses for each of the following categories):

Category	Monthly Cost	Are you behind?
Housing		<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone		<input type="checkbox"/> Yes <input type="checkbox"/> No
Cable/Internet		<input type="checkbox"/> Yes <input type="checkbox"/> No
Electric		<input type="checkbox"/> Yes <input type="checkbox"/> No
Water		<input type="checkbox"/> Yes <input type="checkbox"/> No
Natural Gas		<input type="checkbox"/> Yes <input type="checkbox"/> No
Garbage/Sewer		<input type="checkbox"/> Yes <input type="checkbox"/> No
Food		<input type="checkbox"/> Yes <input type="checkbox"/> No
Gasoline		<input type="checkbox"/> Yes <input type="checkbox"/> No
Car Payment		<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance		<input type="checkbox"/> Yes <input type="checkbox"/> No
Prescriptions		<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other, Specify: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

X. Applicant Declaration

By my signature, I certify that the information I have provided on this application is true and correct. I understand that there is a presumption that any false information provided in this application was done so knowingly and with the intent to improperly obtain benefits from Pinellas County. I understand that failure to provide accurate information on this application will constitute an act of fraud which may result in my eligibility for services being rescinded immediately and disqualify me for future services for a period of three years. I will also be subject to appropriate civil penalties and can be referred to the appropriate law enforcement agency for possible criminal investigation and prosecution. The Pinellas County Department of ~~Health and Community Services~~Human Services collects your social security number in order to process billing and payments on your behalf as a client of the Department. Your social security number is also used as a unique numeric identifier and may be used for search purposes. This notice is provided pursuant to Section 119.071(5) Florida Statutes (2007).

Applicant Name (Print)_____Signature_____

Date____/____/____

APPENDIX C – PCHP COVERED & NON-COVERED SERVICES

(UPDATED 6/30/2015)

SERVICES	PINELLAS COUNTY HEALTH PROGRAM/MMU COVERED and NON-COVERED SERVICES
GENERAL MEDICAL BENEFITS:	<p>Primary care, wellness and prevention to include clinical visits, basic laboratory services and tests, adult immunizations, electrocardiography (EKG) and/or spirometry, wellness screening and prevention, healthy behavior education and nutrition services.</p> <p>Members do not pay a premium or co-pay.</p> <p>Coverage includes services provided in Pinellas County only.</p>
ABORTIONS	No Coverage
ACUPUNCTURE, BIOFEEDBACK, CHELATION THERAPY, CHIROPRACTIC, HYPNOTISM, HERBAL THERAPY, MASSAGE	No Coverage
AMBULATORY SURGERY CENTERS	Procedures must be pre-approved; available only at contracted hospital facilities.
BEHAVIORAL HEALTH, INCLUDING PSYCHIATRIC CARE, ALCOHOL & SUBSTANCE ABUSE TREATMENT	Screening and referral (if indicated) to community behavioral health providers.
CANCER TREATMENT	<p>Covered for primary site only. No coverage for recurrence or metastasis.</p> <p>The Prescription Assistance Program (PAP) will be used for chemotherapy agents, other medications used to treat cancer cells, and medications to counteract the side effects of therapy, such as damage to bone marrow/blood cells, digestive and reproductive tract lining and hair follicles, nausea and vomiting. The PCHP Formulary does not include these medications and the PCHP will not reimburse unless the medication is not available from the PAP.</p> <p>All cancer medications must be pre-authorized.</p> <p>PCHP will reimburse for injectable items such as normal saline, heparin sodium, diphenhydramine HCL, mannitol and selected generic medications.</p> <p>Number of treatments and the total treatments must be pre-approved before starting the cancer therapy.</p>

SERVICES	PINELLAS COUNTY HEALTH PROGRAM/MMU COVERED and NON-COVERED SERVICES
CARDIAC REHABILITATION	Coverage deemed medically necessary care by a specialty or medical home physician. Authorized only at PCHP contracted physician offices or hospitals.
CARDIAC DIAGNOSTIC TESTING	The medical homes provide onsite EKG. Other testing must be pre-authorized and may be approved on a case-by-case basis.
CARPAL OR TARSAL TUNNEL SURGERY	No Coverage
CIRCUMCISIONS	Medically Necessary Only. Must be pre-authorized.
DENTAL	Dental services may include dental exam, x-ray, extraction or restorations and prescriptions. Oral Surgery must be pre-authorized and provided by the PCHP contracted oral surgery provider.
DIALYSIS	No Coverage
DURABLE MEDICAL EQUIPMENT	Limitations and exclusions exist. Contact contracted vendor (BayCare Home Care) at (727) 394-6575
EMERGENCY ROOM	No Coverage
EATING DISORDER TREATMENT	No Coverage
EXPERIMENTAL DRUGS/THERAPY/PROCEDURES	No Coverage
EYE CARE	Medically related vision problems such as diabetic retinopathy, hypertensive retinopathy, eye injuries, or cataracts are covered. Diabetic members may be authorized for annual eye exams. All other requests will be limited to eye injuries, surgeries, and medically related vision problems. Cataract and nonspecific vision problems are not covered. Eye glasses are not a covered benefit.
FERTILITY	No coverage
FLU VACCINES AND OTHER ADULT IMMUNIZATIONS	Provided in medical home based on national guidelines
GENETIC COUNSELING AND TESTING	No Coverage

SERVICES	PINELLAS COUNTY HEALTH PROGRAM/MMU COVERED and NON-COVERED SERVICES
GENDER IDENTIFICATION DISORDERS (includes gender reassignment surgery and medication therapy)	No Coverage.
GYNECOLOGY	Provided via contract with a Specialty Care provider and must be pre-authorized.
HEARING CARE	Routine hearing exams are NOT covered; refer to Deaf Service CTR Authorizations will be made only for medically related hearing problems such as ear infections or injuries to Ear, Nose and Throat.
HEPATITIS C	No Coverage
HOME HEALTH	Limitations and exclusions exist. Contact contracted provider. Contact BayCare Home Care at 727-394-6575 OR 800-673-4534
HOSPITAL (INPATIENT)	Coverage only at participating hospitals
HYGIENE	No Coverage
INFERTILITY	No Coverage
INFUSION THERAPY including TOTAL PARENTERAL NUTRITION	Pre-authorization needed for infusion of fluids and antibiotics through PCHP contracted vendor. Pre-authorization needed for medical necessity at physician's office and contracted hospital only for other types of infusion such as chemotherapy.
LABORATORY	Basic labs covered and provided by medical home. Specialty laboratory covered via (sub-contract with Quest Laboratories. No coverage for laboratory services provided at the specialty provider's office. Exceptions may be approved on a case-by-case basis and must be pre-authorized.
MRI/CT/PET	One (1) MRI/CT/ PET per body part, within a twelve (12) month period is covered. Note: cervical, thoracic, lumbar and sacral spine is considered separate body parts. MRI/CT/PET are considered separate imaging techniques
NURSING HOME	No Coverage

SERVICES	PINELLAS COUNTY HEALTH PROGRAM/MMU COVERED and NON-COVERED SERVICES
OBSTETRICAL	Provided via referral to DOH-PINELLAS OB/Pre-Natal Clinic in Clearwater where eligibility for Medicaid is assessed. Services also provided by other Medicaid OB/Pre-Natal community providers.
OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY (OUTPATIENT)	<p>Outpatient physical therapy, occupational therapy, and speech therapy have a combined limit of thirty (30) treatments in a twelve (12) month period.</p> <p>In-home therapy services are provided by contracted provider, Baycare Home Care at 727-394-6575.</p>
ORAL SURGERY	Must be pre-authorized and referred to the PCHP contracted oral surgery provider.
ORGAN HARVESTING AND TRANSPLANTS	No Coverage
ORTHOPEDIC/NEUROSURGERY	<p>Limited coverage with a focus on acute injuries, exacerbations or neurological deficits.</p> <p>All spinal surgery for chronic issues and joint replacement procedures must be pre-authorized; detailed pre-operative criteria including tobacco product cessation for 90 days is required. Note: Blood work will be required to document tobacco cessation prior to authorization. See also Pain Management.</p>
PAIN MANAGEMENT, ACUTE	<p>Covered for acute injury, dental, and pre- and post- surgical.</p> <p>Prescription coverage for controlled substances including Tramadol is limited to short term events only.</p>
PAIN MANAGEMENT, CHRONIC	<p>Chronic pain management (defined as 6 months or more in duration) is not covered. Hematology/ oncology diagnosis/ treatment may be covered and will be reviewed on a case by case basis.</p> <p>Prescriptions for controlled substances including Tramadol will be covered only when written for acute injury /short-term pain relief, pre- or post-surgical events (neither to exceed 30 days), dental relief of pain, or hematology-oncology clients.</p> <p>Back surgeries are not covered unless related to an acute injury or significant neurological deficit.</p> <p>Trigger point and Synvisc injections are allowed for clients who have failed conservative management treatment plan; prior</p>

SERVICES	PINELLAS COUNTY HEALTH PROGRAM/MMU COVERED and NON-COVERED SERVICES
	<p>review required. Maximum number of injections and expected length of time between injections must be specified. Note: Provider must document improvement or failure before additional injections will be approved.</p> <p>Maximum of 3 ESIs in a twelve (12) month period.</p>
PHYSICAL THERAPY	See Occupational Therapy.
PRESCRIPTION MEDICATIONS	<p>Prescription coverage is limited to the approved PCHP formulary. See link below for full list, which is updated from time to time. http://www.pinellascounty.org/humanservices/medical-home.htm</p> <p>Prescriptions are limited to ten (10) medical prescriptions and five (5) non-medical prescriptions (i.e. supplies) per month with a 30 or 90 day supply.</p> <p>Prescriptions for controlled substances are not covered unless written for acute injury /short-term pain relief, pre- or post-surgical events (neither to exceed 30 days), dental relief of pain, or hematology-oncology clients.</p> <p>Brand name or non-covered medications may be obtained through the Prescription Assistance Program (PAP) contracted through MedNet. See link below for more information. http://www.healthcouncils.org/html/hc_mednet_benefits.html</p> <p>The Prescription Assistance Program (PAP) is used for chemotherapy agents, other medications used to treat cancer cells, and medications to counteract the side effects of chemotherapy, such as damage to bone marrow/blood cells, digestive and reproductive tract lining and hair follicles, nausea and vomiting. The PCHP Formulary does not include these medications and the Plan will not reimburse unless the PAP option is not available. Oncology medications must be pre-authorized.</p> <p>The PCHP will reimburse for injectable items such as normal saline, heparin sodium, diphenhydramine HCL, mannitol and selected generic medications.</p>
PROSTHETICS and ORTHOTICS	Limitations and exclusions exist. Contact BayCare Home Care at (727) 394-6575.

SERVICES	PINELLAS COUNTY HEALTH PROGRAM/MMU COVERED and NON-COVERED SERVICES
RADIOLOGY AND OTHER DIAGNOSTIC TESTING	Must be pre-authorized and provided at contracted facilities or hospitals. May be done at participating doctor's office if at same rate as free standing facility. See MRI/CT/PET for limitations.
SCREENINGS (BREAST, CERVICAL, PROSTATE, COLORECTAL, BONE DENSITY, ETC.)	Provided at medical home, laboratory or imaging centers; frequency based on national guidelines.
SECOND OPINIONS	No Coverage
SEXUAL DYSFUNCTION	No Coverage
SLEEP DISORDERS INCLUDING INSOMNIA	No Coverage
SPECIALTY CARE	Referrals must be pre-authorized. Limitations and exclusions described in, but not limited to, this document.
SPEECH THERAPY	See Occupational Therapy
STERILIZATION PROCEDURE INCLUDING REVERSAL	No Coverage, refer to Department of Health-Pinellas at (727) 462-MALE.
SURGICAL PROCEDURES	Must be medically necessary, not for cosmetic purposes. Cosmetic surgery that is not covered includes but is not limited to implants, augmentation, reduction, scar revision, hair transplants, lifts/stretches/injections, weight loss or reconstructive surgery. Repeat procedures are not covered. Exceptions may be made on a case by case basis and must be pre-approved. Surgery post-op visits are covered in the Global period (90 days). Any visits after the global period must be pre-authorized.
TEMPORO MANDIBULAR JOINT SYNDROME	No Coverage
WOUND CARE	Debridement of wounds must be pre-authorized and must be provided at physician's office, outpatient surgery contracted facility or through home health provider. Hospital wound care centers may be authorized on case by case basis. Hospital care for burns is covered.

APPENDIX D – PCHP SPECIALTY CARE PROVIDER LIST

(Updated 6/30/2015)

AUDIOLOGY PROVIDER

PROVIDER	PHONE	FAX	ADDRESS
THE AMERICAN INSTITUTE OF BALANCE	(727) 398-5728	(727) 398-4914	8200 BRYAN DAIRY RD, STE. 340 LARGO, FL 33777

CARDIOLOGY PROVIDERS

PROVIDER	PHONE	FAX	ADDRESS
BAYFRONT HMA PHYSICIAN MANAGEMENT LLC d/b/a BAYFRONT CARDIOVASCULAR ASSOCIATES	(727) 893-6234	(727) 553-7197	625 SIXTH AVE. SOUTH, STE 430 ST. PETERSBURG, FL 33701
MPM CARDIOLOGY SERVICES, LLC	(727) 724-8611	(727) 781-1315	646 VIRGINIA ST, STE 200 DUNEDIN, FL 34698
MPM CARDIOLOGY SERVICES, LLC	(727) 724-8611	(727) 781-1315	1840 MEASE DR, STE 200 SAFETY HARBOR, FL 34695
MPM CARDIOLOGY SERVICES, LLC	(727) 724-8611	(727) 781-1315	455 PINELLAS STREET, STE 330 CLEARWATER, FL 33756
BAY AREA HEART CENTER	(727) 544-1441	(727) 545-8263	5398 PARK STREET NORTH ST PETERSBURG, FL 33709
DHARAMRAJ, INC. d/b/a KENNETH DHARAMRAJ, MD	(727) 796-3966	(727) 796-3704	1831 N BELCHER RD, STE B-3 CLEARWATER, FL 33765
INTERVENTIONAL CARDIAC CONSULTANTS	(727) 784-6992	(727) 781-0413	3251 MCMULLEN BOOTH RD STE 100 CLEARWATER, FL 33761
MPM DIAGNOSTIC CARDIOLOGY	(727) 754-9228	(727) 781-1315	300 PINELLAS STREET CLEARWATER, FL 33756
WEST FLORIDA CARDIOVASCULAR CENTER, INC.	(727) 786-1000	(727) 786-1055	2626 TAMPA ROAD, STE 204 PALM HARBOR, FL 34684

DERMATOLOGY PROVIDERS

PROVIDER	PHONE	FAX	ADDRESS
VIRGINIA SCHEKORRA, D.O.P.A d/b/a THE DERMATOLOGY CENTER	(727) 548-9196	(727) 545-4678	6020 PARK BLVD PINELLAS PARK, FL 33781
LEAVITT MEDICAL ASSOCIATES OF FLORIDA, INC. d/b/a ADVANCED DERMATOLOGY AND COSMETIC SURGERY	(727) 393-5300	(727) 393-5301	8250 BRYAN DAIRY RD, STE 250 LARGO, FL 33777

PROVIDER	PHONE	FAX	ADDRESS
LEAVITT MEDICAL ASSOCIATES OF FLORIDA, INC. d/b/a ADVANCED DERMATOLOGY AND COSMETIC SURGERY	(727) 344-6851	(727) 345-4716	6450 38 TH AVE N ST PETERSBURG, FL 33710
LEAVITT MEDICAL ASSOCIATES OF FLORIDA, INC. d/b/a ADVANCED DERMATOLOGY AND COSMETIC SURGERY	(727) 259-7566	(727) 259-7567	1840 MEASE DR #313 SAFETY HARBOR, FL 34695
LEAVITT MEDICAL ASSOCIATES OF FLORIDA, INC. d/b/a ADVANCED DERMATOLOGY AND COSMETIC SURGERY	(727) 669-3676	(727) 669-3669	1801 N. BELCHER ROAD, SUITE B CLEARWATER, FL 33765

ENDOCRINOLOGY PROVIDERS

PROVIDER	PHONE	FAX	ADDRESS
FLORIDA ENDOCRINOLOGY & DIABETES CENTER	(727) 216-8025	(727) 230-0693	8839 BRYAN DAIRY RD, STE 110 LARGO, FL 33777
FLORIDA ENDOCRINOLOGY & DIABETES CENTER	(727) 623-9913	(727) 803-6852	2763 1 ST AVENUE N. ST. PETERSBURG FL 33713
DIABETES CARE CENTER, INC.	(727) 450-1349	(727) 869-3688	2531 LANDMARK DR, BLD E, STE 104 CLEARWATER, FL 33761

GASTROENTEROLOGY PROVIDERS

PROVIDER	PHONE	FAX	ADDRESS
SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A.	(727) 595-2519	(727) 479-0485	13644 WALSINGHAM RD LARGO, FL 33774
GASTROENTEROLOGY & ONCOLOGY ASSOC d/b/a FL DIGESTIVE SPECIALISTS	(727) 443-4299	(727) 443-0255	1417 SOUTH BELCHER RD CLEARWATER, FL 33764
GASTROENTEROLOGY & ONCOLOGY ASSOC d/b/a FL DIGESTIVE SPECIALISTS	(727) 443-4299	(727) 443-0255	5767 49 TH STREET NORTH ST PETERSBURG, FL 33709
BAY AREA ENDOSCOPY ASSOCIATES, INC.	(727) 443-4299	(727) 443-0255	5771 49 TH STREET NORTH ST. PETERSBURG, FL 33709
DIGESTIVE DISEASE AND CANCER INSTITUTE, P.A.	(727) 771-6135	(727) 771-2514	34653 U.S HIGHWAY 19 NORTH PALM HARBOR, FL 34684

GYNECOLOGY PROVIDERS

PROVIDER	PHONE	FAX	ADDRESS
BAYFRONT HMA MEDICAL CENTER, LLC d/b/a BAYFRONT FAMILY HEALTH CENTER	(727) 893-6198	(727) 893-6978	700 SIXTH STREET SOUTH ST PETERSBURG, FL 33701

HOME HEALTH/ DURABLE MEDICAL EQUIPMENT

PROVIDER	PHONE	FAX	ADDRESS
BAYCARE HOME CARE, INC.	(727) 394-6575 OR (800) 673-4534	(800) 676-3127	8452 118 TH AVENUE NORTH LARGO, FL 33733

HEMATOLOGY/ONCOLOGY PROVIDERS

PROVIDER	PHONE	FAX	ADDRESS
FLORIDA CANCER SPECIALISTS	(727) 397-9641	(727) 393-4194	8787 BRYAN DAIRY RD, STE 210 LARGO, FL 33777
FLORIDA CANCER SPECIALISTS	(727) 683-2900	(727) 683-2901	100 HIGHLAND AVE LARGO, FL 33770
FLORIDA CANCER SPECIALISTS	(727) 442-4188	(727) 446-3107	303 PINELLAS ST, STE 230 CLEARWATER, FL 33756
FLORIDA CANCER SPECIALISTS	(727) 784-6779	(727) 781-8910	3850 TAMPA RD, STE 202 PALM HARBOR, FL 34684
FLORIDA CANCER SPECIALISTS	(727) 821-0017	(727) 822-7473	1201 5 TH AVE N, STE 505 ST PETERSBURG, FL 33705
FLORIDA CANCER SPECIALISTS	(727) 341-1316	(727) 345-4000	1615 PASDADENA AVE S, STE 400 ST PETERSBURG, FL 33707
FLORIDA CANCER SPECIALISTS	(727) 216-1141	(727) 796-6159	3280 MCMULLEN BOOTH RD, ST 200 CLEARWATER, FL 33761
FLORIDA CANCER SPECIALISTS	(727) 447-8100	(727) 461-2603	303 PINELLAS ST, STE 330 CLEARWATER, FL 33756
FLORIDA CANCER SPECIALISTS	(727) 522-0558	(727) 521-3605	5767 48 TH STREET NORTH ST PETERSBURG, FL 33709
ANIL N. RAIKER, M.D., P.L.C. d/b/a PINELLAS CANCER CENTER	(727) 381-3761	(727) 347-9348	6499 38 TH AVENUE N, STE G1 ST PETERSBURG, FL 33710
PINELLAS HEMATOLOGY & ONCOLOGY	(727) 344-6569	(727) 544-5441	5000 PARK ST N, STE 1017 PETERSBURG, FL 33709

INFECTIOUS DISEASE PROVIDERS

PROVIDER	PHONE	FAX	ADDRESS
HELP- US HELP-U INC.	(727) 223-1070	(727) 290-4176	1701 22 ND STREET SOUTH ST. PETERSBURG, FL 33712

PROVIDER	PHONE	FAX	ADDRESS
SUKSANONG & SUKSANONG, M.D., P.A.	(727)823-7224	(727)489-9486	1752 DR. MARTIN LUTHER KING JR. STREET NORTH ST. PETERSBURG, FL 33701

NEPHROLOGY PROVIDERS

PROVIDER	PHONE	FAX	ADDRESS
ALAN LUSTIG, MD	(727) 821-2388	(727) 281-0078	1201 5 TH AVENUE NORTH, STE 302 ST. PETERSBURG, FL 33705
MICHEL SIEDLECKI, MD	(727) 821-2388	(727) 821-0079	1201 5 TH AVENUE NORTH, STE 302 ST. PETERSBURG, FL 33705
GERALD RIZZO, MD	(727) 821-2388	(727) 821-0087	1201 5 TH AVENUE NORTH, STE 302 ST. PETERSBURG, FL 33705
NABILA NIAZ, MD, P.A.	(727) 821-2388	(727) 821-0087	1201 5 TH AVENUE NORTH, STE 302 ST. PETERSBURG, FL 33705
NEPHROLOGY CONSULTANTS OF PINELLAS, LLC	(727) 441-3724	(727) 442-2594	617 LAKEVIEW ROAD STE C CLEARWATER, FL 33756
RENAL HYPERTENSION CENTER	(727) 595-2704	(727) 596-6976	1301 2 ND AVE SW, STE 303 LARGO, FL 33770
RENAL HYPERTENSION CENTER	(727) 442-6245	(727) 447-3793	1124 LAKEVIEW RD, STE 3 CLEARWATER, FL 33756
RENAL HYPERTENSION CENTER	(727) 290-9899	(727) 290-9898	1201 FIFTH AVE. N., STE 308 ST. PETERSBURG FL 33705
RENAL HYPERTENSION CENTER	(727) 290-9899	(727) 290-9898	1700 66 TH STREET, STE 302 ST PETERSBURG, FL 33710
RENAL HYPERTENSION CENTER	(727) 712-0807	(727) 797-6973	29296 US HWY 19N, STE 3 CLEARWATER, FL 33761

NEUROLOGY PROVIDERS

PROVIDER	PHONE	FAX	ADDRESS
DAVID W MALKA, MD, P.A.	(727) 442-6463	(727) 781-7273	2595 TAMPA RD, STE J PALM HARBOR, 34684
WILLIAM HULLEY, D.O., P.A.	(727) 446-8226	(727) 446-8216	670 CLEARWATER LARGO ROAD LARGO, FL 33770
WEST COAST NEUROLOGY PA	(727) 528-2272	(727) 528-1437	4995 49 TH STREET NORTH ST PETERSBURG, FL 33709
NEUROLOGIC CARE CENTER	(727) 559-0808	(813) 886-3903	1890 WEST BAY DR, STE W-4 LARGO, FL 33770
NEUROINTERVENTIONAL ASSOCIATES, P.A.	(727) 289-7139	(727) 644-2709	335 31 ST STREET SOUTH ST PETERSBURG, FL 33712

PROVIDER	PHONE	FAX	ADDRESS
NEUROSURGICAL ASSOCIATES OF TAMPA BAY	(727) 828-8400	(727)828-8401	603 7 TH STREET NORTH SUITE 540 ST. PETERSBURG, FL 33701

ONCOLOGY PROVIDERS

PROVIDER	PHONE	FAX	ADDRESS
BARDMOOR CANCER CENTER	(727) 320-0200	(727) 394-8934	8787 BRYAN DAIRY RD, STE 120 LARGO, FL 33777
ANIL N. RAIKER, M.D., P.L.C. d/b/a PINELLAS CANCER CENTER	(727) 381-3761	(727) 347-9348	6499 38 TH AVENUE N, STE G1 ST PETERSBURG, FL 33710
FLORIDA CANCER SPECIALISTS	(727) 397-9641	(727) 393-4194	8787 BRYAN DAIRY RD, STE 210 LARGO, FL 33777
FLORIDA CANCER SPECIALISTS	(727) 683-2900	(727) 683-2901	100 HIGHLAND AVE LARGO, FL 33770
FLORIDA CANCER SPECIALISTS	(727) 442-4188	(727) 446-3107	303 PINELLAS ST, STE 230 CLEARWATER, FL 33756
FLORIDA CANCER SPECIALISTS	(727) 784-6779	(727) 781-8910	3850 TAMPA RD, STE 202 PALM HARBOR, FL 34684
FLORIDA CANCER SPECIALISTS	(727) 821-0017	(727) 822-7473	1201 5TH AVE N, STE 505 ST PETERSBURG, FL 33705
FLORIDA CANCER SPECIALISTS	(727)341-1316	(727)345-4000	1615 PASDADENA AVE S, STE 400 ST PETERSBURG, FL 33707
FLORIDA CANCER SPECIALISTS	(727) 216-1141	(727) 796-6159	3280 MCMULLEN BOOTH RD, ST 200 CLEARWATER, FL 33761
FLORIDA CANCER SPECIALISTS	(727) 447-8100	(727) 461-2603	303 PINELLAS ST, STE 330 CLEARWATER, FL 33756
FLORIDA CANCER SPECIALISTS	(727) 522-0558	(727) 521-3605	5767 48TH STREET NORTH ST PETERSBURG, FL 33709
PINELLAS HEMATOLOGY & ONCOLOGY	(727) 344-6569	(727) 544-5441	5000 PARK ST N, STE 1017 PETERSBURG, FL 33709

OPHTHALMOLOGY PROVIDERS

PROVIDER	PHONE	FAX	ADDRESS
JAMES POWERS, DO, P.A d/b/a HEALTHY VISION INSTITUTE	(727) 738-5900	(727) 738-5740	603 7 TH STREET SOUTH, STE 330 ST PETERSBURG, FL 33071
JAMES POWERS, DO, P.A., d/b/a HEALTHY VISION INSTITUTE	(727) 738-5900	(727) 738-5740	2565 ENTERPRISE RD CLEARWATER, FL 33763
DON KNAPP II, MD	(727) 344-1407	(727) 344-1408	6499 38 TH AVE N, STE B1 ST PETERSBURG, FL 33710
LAZENBY & HEATH, M.D., P.A.	(727) 530-1425	(727) 535-9280	2770 EAST BAY DRIVE LARGO, FL 33771

PROVIDER	PHONE	FAX	ADDRESS
ORLICK, BERGER, KASPER & PATEL	(727) 522-1115	(727) 522-0018	5800 49 TH ST NORTH, STE S-109 ST PETERSBURG, FL 33709
LEE SHETTLE, DO	(727) 674-2500	(727) 674-2550	13113 66 TH STREET N LARGO, FL 33773

OPHTHALMOLOGY-GLAUCOMA PROVIDER

PROVIDER	PHONE	FAX	ADDRESS
E. GEORGE ROSANELLI JR, MD	(727) 820-9542	(813) 878-2355	1955 FIRST AVE. N., STE 103 ST PETERSBURG, FL 33704
E. GEORGE ROSANELLI JR, MD	(727) 820-9543	(813) 878-2356	3002 EASTLAND BLVD, STE 1 CLEARWATER, FL 33761

ORAL SURGERY PROVIDER

PROVIDER	PHONE	FAX	ADDRESS
ORAL SURGERY SPECIALISTS, DR. BRUCE BERNSTEIN	(727) 323-5200	(727) 327-5919	4021 CENTRAL AVENUE ST. PETERSBURG, FL 33713

ORTHOPEDIC PROVIDERS

PROVIDER	PHONE	FAX	ADDRESS
AMITABH GUPTA, M.D., P.A. d/b/a COASTAL ORTHOPEDIC & SPORTS MEDICINE	(727) 526-8000	(727) 521-2600	5800 49 TH ST N, STE 205 ST PETERSBURG, FL 33709
AMITABH GUPTA, M.D., P.A. d/b/a COASTAL ORTHOPEDIC & SPORTS MEDICINE	(727) 393-2732	(727) 521-2600	7895 SEMINOLE BLVD, STE 101 SEMINOLE, FL 33772
FLORIDA MUSCULOSKELETAL SURGICAL GROUP LLC d/b/a ALL FLORIDA ORTHOPAEDIC ASSOCIATES	(727)527-5272	(727) 522-7412	4600 4TH ST N, ○ ST PETERSBURG, FL 33703

PHYSICAL MEDICINE REHAB PROVIDERS

PROVIDER	PHONE	FAX	ADDRESS
FARESE PHYSICAL THERAPY CENTER	(727) 381-5272	(727) 381-7195	3641 TYRONE BLVD ST PETERSBURG, FL 33710
FARESE PHYSICAL THERAPY CENTER	(727) 209-4545	(727) 209-4546	7005 4 TH STREET NORTH, STE 4 ST PETERSBURG, FL 33702
AMITABH GUPTA, M.D., P.A. d/b/a COASTAL ORTHOPEDIC & SPORTS MEDICINE	(727) 526-8000	(727) 521-2600	5800 49 TH ST N, STE 205 ST PETERSBURG, FL 33709

PROVIDER	PHONE	FAX	ADDRESS
AMITABH GUPTA, M.D., P.A. d/b/a COASTAL ORTHOPEDIC & SPORTS MEDICINE	(727) 393-2732	(727) 521-2600	7895 SEMINOLE BLVD, STE 101 SEMINOLE, FL 33772

PLASTIC SURGERY PROVIDER

PROVIDER	PHONE	FAX	ADDRESS
BODY CONTOURING, INC.	(813) 489-6212	(813) 489-6214	2727 WEST DR. MARTIN LUTHER KING JR. BLVD SUITE 500 TAMPA, FL 33607

PODIATRY PROVIDERS

PROVIDER	PHONE	FAX	ADDRESS
TOTAL FOOT CARE	(727) 527-1249	(727) 521-1240	7331 DR MLK STREET N ST PETERSBURG, FL 33702
FLORIDA MUSCULOSKELETAL SURGICAL GROUP LLC d/b/a ALL FLORIDA ORTHOPAEDIC ASSOCIATES	(727) 527-5272	(727) 522-7412	4600 4 TH STREET NORTH ST. PETERSBURG FL 33703
FLORIDA MUSCULOSKELETAL SURGICAL GROUP LLC d/b/a ALL FLORIDA ORTHOPAEDIC ASSOCIATES	(727) 398-6645	(727) 327-2170	9555 SEMINOLE BLVD., STE 104 SEMINOLE FL 33772
FLORIDA MUSCULOSKELETAL SURGICAL GROUP LLC d/b/a ALL FLORIDA ORTHOPAEDIC ASSOCIATES	(727) 321-4040	727) 327-2170	4423 CENTRAL AVENUE ST. PETERSBURG FL 33713

PULMONOLOGY PROVIDERS

PROVIDER	PHONE	FAX	ADDRESS
AMERICAN LUNG & SLEEP DISORDER CONSULTANTS	(727) 528-4900	(727) 528-8628	6223 66 STREET NORTH PINELLAS PARK, FL 33781
BERC SARAFIAN, MD FAACP	(727) 584-1344	(727) 584-7855	1920 WEST BAY DR, STE 6 LARGO, FL 33770
BAY AREA MEDICAL CENTER, P.A.	(727) 781-4299	(727) 781-5387	2595 TAMPA RD, STE S/T PALM HARBOR, FL 34684

RADIATION ONCOLOGY PROVIDERS

PROVIDER	PHONE	FAX	ADDRESS
FLORIDA CANCER SPECIALISTS	(727) 683-2900	(727) 683-2901	100 HIGHLAND AVE LARGO, FL 33770
FLORIDA CANCER SPECIALISTS	(727) 784-6779	(727) 781-8910	3850 TAMPA RD, STE 202 PALM HARBOR, FL 34684

PROVIDER	PHONE	FAX	ADDRESS
FLORIDA CANCER SPECIALISTS	(727) 216-1141	(727) 796-6159	3280 MCMULLEN BOOTH RD, STE 200 CLEARWATER, FL 33761
BARDMOOR CANCER CENTER	(727) 320-0200	(727) 394-8934	8787 BRYAN DAIRY RD, STE 120 LARGO, FL 33777
PINELLAS RADIATION ONCOLOGY ASSOCIATES	(727) 669-9018	(727) 669-4308	3155 N MCMULLEN BOOTH RD CLEARWATER, FL 33761
PINELLAS RADIATION ONCOLOGY ASSOCIATES	(727) 462-7220	(727) 461-8051	300 PINELLAS ST CLEARWATER, FL 33756
WELLSPRING CANCER CENTER	(727) 343-0600	(727) 329-5438	6600 66 TH ST N PINELLAS PARK, FL 33781
HENRY EARL COTMAN, MD, PA	(727) 344-5000	(727) 344-5005	6449 38 TH AVE N, STE C3-D3 ST PETERSBURG, FL 33710

RADIOLOGY, DIAGNOSTIC PROVIDERS

PROVIDER	PHONE	FAX	ADDRESS
GATEWAY RADIOLOGY CONSULTANTS, P.A.	(727) 525-2121	(727) 526-5872	4800 PARK BLVD. PINELLAS PARK, FL 33781
GERALD NIEDZWIECKI M.D., P.A. d/b/a ADVANCED IMAGING & INTERVENTIONAL INSTITUTE	(727) 791-7300	(727) 723-9010	2730 N. MCMULLEN BOOTH ROAD STE 100 CLEARWATER, FL 33761
OPEN MRI OF PINELLAS, INC. d/b/a ADVANCED MEDICAL IMAGING	(727) 398-5999	(727) 231-0772	9555 SEMINOLE BLVD, STE 101 SEMINOLE, FL 33772
CENTRAL IMAGING OPEN MRI	(727) 381-4674	(727) 343-0424	6101 CENTRAL AVENUE ST PETERSBURG, FL 33710
SRAVENTURES, INC. d/b/a WESTCOAST RADIOLOGY	(727) 771-2795	(727) 450-2326	36463 US HWY 19 N PALM HARBOR, FL 34684
SRAVENTURES, INC. d/b/a WESTCOAST RADIOLOGY	(727) 446-6760	(727) 781-1310	501 SOUTH LINCOLN AVENUE CLEARWATER, FL 33756
SRAVENTURES, INC. d/b/a WESTCOAST RADIOLOGY	(727) 347-4674	(727) 344-0144	3451 66 TH ST N, STE B ST PETERSBURG, FL 33710
VYMED DIAGNOSTIC IMAGING d/b/a NATIONAL IMAGING SPECIALISTS	(727) 471-1000	(727) 471-2197	6600 66 TH ST, #B PINELLAS PARK, FL 33781
MRI ASSOCIATES OF PALM HARBOR d/b/a PALM HARBOR MRI	(727) 787-6900	(727) 787-1892	32615 US HWY 19 N, STE 4 PALM HARBOR, FL 34684
MRI ASSOCIATES OF ST. PETE d/b/a ST. PETE MRI	(727) 577-2220	(727) 577-7230	750 94 TH AVE NORTH, STE 206 ST PETERSBURG, FL 33702
ROSE RADIOLOGY CENTERS, INC.	(727) 781-3888	(727) 781-3881	4133 WOODLANDS PARKWAY PALM HARBOR, FL 34685
ROSE RADIOLOGY CENTERS, INC.	(727) 525-3800	(727) 525-0999	4551 4 TH STREET NORTH ST PETERSBURG, FL 33703

PROVIDER	PHONE	FAX	ADDRESS
ROSE RADIOLOGY CENTERS, INC.	(727) 531-5444	(727) 531-1122	13787 S BELCHER RD, STE 300 LARGO, FL 33771
TAMPA BAY IMAGING	(727) 545-9674	(727) 545-9454	7800 66 TH ST NO, STE 106 PINELLAS PARK, FL 33781
PINELLAS IMAGING CONSULTANTS, P.A.	(813) 899-6220		701 SIXTH STREET SOUTH ST. PETERSBURG FL 33701
FLORIDA MUSCULOSKELETAL SURGICAL GROUP LLC d/b/a ALL FLORIDA ORTHOPAEDIC ASSOCIATES	(727) 527-5272	(727) 456-4811	4600 4 TH STREET NORTH ST. PETERSBURG FL 33703
FLORIDA MUSCULOSKELETAL SURGICAL GROUP LLC d/b/a ALL FLORIDA ORTHOPAEDIC ASSOCIATES	(727) 398-6645	(727) 327-2170	9555 SEMINOLE BLVD., STE 104 SEMINOLE FL 33772
FLORIDA MUSCULOSKELETAL SURGICAL GROUP LLC d/b/a ALL FLORIDA ORTHOPAEDIC ASSOCIATES	(727) 527-5272	727) 522-7412	4423 CENTRAL AVENUE ST. PETERSBURG FL 33713
RADIOLOGY ASSOCIATES OF CLEARWATER, P.A.	(727) 441-3711		1106 DRUID ROAD SOUTH STE 302 CLEARWATER, FL 33756
RADIOLOGY ASSOCIATES OF ST. PETERSBURG, P.A.	(727) 825-1100		1200 SEVENTH AVE. NORTH ST. PETERSBURG, FL 33705
SHERIDAN RADIOLOGY SERVICES OF PINELLAS d/b/a PINELLAS RADIOLOGY ASSOCIATES	(800) 437-2672		1613 N. HARRISON PARKWAY, BLDG C STE 200 SUNRISE, FL 33323

RHEUMATOLOGY PROVIDER

PROVIDER	PHONE	FAX	ADDRESS
ANTONY G. SANKOORIAL, MD	(727) 797-7410	(727) 797-7411	2655 SR 580, STE 201 CLEARWATER, FL 33761

SURGERY (GENERAL) PROVIDER

PROVIDER	PHONE	FAX	ADDRESS
PINELLAS SURGICAL ASSOCIATES, INC.	(727) 526-3468	(727) 522-3369	4801 49 TH ST NORTH ST PETERSBURG, FL 33709

SURGERY (VASCULAR) PROVIDER

PROVIDER	PHONE	FAX	ADDRESS
BAY SURGICAL SPECIALISTS, P.A.	(727) 821-8101	(727) 825-1357	960 SEVENTH AVE. NORTH ST. PETERSBURG, FL 33701

SURGERY (THORACIC) PROVIDERS

PROVIDER	PHONE	FAX	ADDRESS
BAYFRONT HMA PHYSICIAN MANAGEMENT, LLC	(727) 553-7450	(727) 553-7451 (727) 533-7421	603 SEVENTH STREET SOUTH STE 101 ST. PETERSBURG, FL 33701

SURGERY (COLO-RECTAL) PROVIDERS

PROVIDER	PHONE	FAX	ADDRESS
PINELLAS SURGICAL ASSOCIATES	(727) 526-3468	(727) 522-3369	4801 49 TH ST NORTH ST PETERSBURG, FL 33709

UROLOGY PROVIDERS

PROVIDER	PHONE	FAX	ADDRESS
BAYSIDE UROLOGY	(727) 443-4505	(727) 441-9879	501 SO. LINCOLN AVE, STE 11 CLEARWATER, FL 33756
CHRISTOS POLITIS, M.D., P.A. d/b/a ST. PETE UROLOGY	(727) 822-9208	(727) 822-9211	830 CENTRAL AVENUE, SUITE 100 ST. PETERSBURG, FL 33701

APPENDIX E – SPECIALTY CARE REFERRAL TRACKING LOG

Client Name (Last, First)	Client's Date of Birth	Provider Name	Date of Referral	Type of Referral i.e. Radiology	Urgency i.e. Routine	Date referral sent (scanned to CareScope or Faxed to Directions)	Date results received and scanned into EHR (NextGen)	Results: Normal or Abnormal	Date results reviewed by provider	Date results reviewed with client

APPENDIX F – LABORATORY TEST TRACKING LOG

Client Name (Last, First)	Client's Date of Birth	Provider Name	Date of Lab Test	Lab test name & Specimen Type i.e. Blood	Urgency i.e. Routine	Date specimen collected, packaged and sent to QUEST	Date results received and scanned into EHR (NextGen)	Results: Normal or Abnormal	Date results reviewed by provider	Date results reviewed with client

APPENDIX G – AUDIT TOOL AND REPORT FOR REFERRAL AND LABORATORY TRACKING

Date of Audit:

Auditors:

Name of staff member audited:

Date of Service Reviewed:

Item	Item Reviewed	Yes	No	%
1	Referral and/or laboratory tests documented in electronic health record			
2	Appropriate documentation supporting referral and/or tests in client's master summary (visit note)			
3	Scanned documents legible in client's record			
4	Appropriate documentation supporting review of referral and/or test report with client			
	Totals			

Error Detail

Staff Member

Item	Medical Record Number & Detail

Corrective Action Due

Staff Member

Item	Medical Record Number & Detail

Corrective Action Due

[illegible]

APPENDIX I: PINELLAS COUNTY HEALTH PROGRAM

BEHAVIORAL HEALTH SCREENING FORM

Client Name _____

Date _____

Date of Birth _____

SS# _____

Client phone/contact number _____

Please answer the following questions to the best of your ability. All answers will be kept private.

I. PHQ-9 PATIENT HEALTH QUESTIONNAIRE

Over the last 2 weeks , how often have you been bothered by any of the following problems? <i>Please circle your responses on the right.</i>		Not at all	Several days	More than half the time	Nearly every day
1.	Little interest or pleasure in doing things	0	1	2	3
2.	Feeling down, depressed or hopeless	0	1	2	3
3.	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4.	Feeling tired or having little energy	0	1	2	3
5.	Poor appetite or over eating	0	1	2	3
6.	Feeling bad about yourself or that you are a failure or have let yourself or your family down	0	1	2	3
7.	Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8.	Moving or speaking slowly that other people could have noticed. Or the opposite-being so fidgety or restless that you have been moving around a lot	0	1	2	3
9.	Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3
10.	If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people? <i>Please circle only one response.</i>				

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

II. GAD-7 GENERAL ANXIETY QUESTIONNAIRE

Over the last 2 weeks , how often have you been bothered by any of the following problems? <i>Please circle your responses on the right.</i>	Not at all	Several days	More than half the time	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

III. MDQ – MOOD QUESTIONNAIRE

1. Has there ever been a period of time when you were not your usual self and....

... you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	Yes	No
--	-----	----

... you were so irritable that you shouted at people or started fights or arguments?	Yes	No
--	-----	----

... you felt much more self-confident than usual?	Yes	No
---	-----	----

... you got much less sleep than usual and found you didn't really miss it?	Yes	No
---	-----	----

... you were much more talkative or spoke much faster than usual?	Yes	No
---	-----	----

... thoughts raced through your head or you couldn't slow your mind down?	Yes	No
---	-----	----

... you were so easily distracted by things around you that you had trouble concentrating or staying on track?	Yes	No
--	-----	----

... you had much more energy than usual?	Yes	No
--	-----	----

... you were much more active or did many more things than usual?	Yes	No
---	-----	----

... you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	Yes	No
---	-----	----

... you were much more interested in sex than usual?	Yes	No
--	-----	----

Scoring Sheet for Behavioral Health Screening Form

... you did things that were usual for you or that other people might have thought were excessive, foolish or risky?	Yes	No	
... spending money got you or your family into trouble?	Yes	No	
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	Yes	No	
3. How much of a problem did any of these cause you – like being unable to work; having family, money or legal troubles; getting into arguments or fights? <i>Please circle only one response.</i>			
No problem	Minor problem	Moderate problem	Serious problem
4. Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	Yes	No	
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	Yes	No	

IV. SSI-SA SUBSTANCE USE QUESTIONNAIRE

The questions that follow are about your use of alcohol and other drugs. Mark the response that best fits for you. Answer the questions in terms of your experience in the **past 6 months**.

1. Have you used alcohol or other drugs? (Such as wine, beer, hard liquor, pot, coke, heroin or other opioids, uppers, downers, hallucinogens, or inhalants)	Yes	No
2. Have you felt that you use too much alcohol or other drugs?	Yes	No
3. Have you tried to cut down or quit drinking or using alcohol or other drugs?	Yes	No
4. Have you gone to anyone for help because of your drinking or drug use? (Such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, counselors or a drug treatment program)	Yes	No
5. Have you had any health problems? For example, have you...		
...had blackouts or other periods of memory loss?	Yes	No
...injured your head after drinking or using drugs?	Yes	No
...had convulsions, delirium tremens ("DTs")?	Yes	No
...had hepatitis or other liver problems?	Yes	No
...felt sick, shaky, or depressed when you stopped?	Yes	No

Scoring Sheet for Behavioral Health Screening Form

...felt “coke bugs” or a crawling feeling under the skin after you stopped using drugs?	Yes	No
...been injured after drinking or using?	Yes	No
...used needles to shoot drugs?	Yes	No
6. Has drinking or other drug use caused problems between you and your family or friends?	Yes	No
7. Has your drinking or other drug use caused problems at school or at work?	Yes	No
8. Have you been arrested or had other legal problems? (Such as bouncing bad checks, driving while intoxicated, theft, or drug possession)	Yes	No
9. Have you lost your temper or gotten into arguments or fights while drinking or using other drugs?	Yes	No
10. Are you needing to drink or use drugs more and more to get the effect you want?	Yes	No
11. Do you spend a lot of time thinking about or trying to get alcohol or other drugs?	Yes	No
12. When drinking or using drugs, are you more likely to do something you wouldn’t normally do, such as break rules, break the law, sell things that are important to you, or have unprotected sex with someone?	Yes	No
13. Do you feel bad or guilty about your drinking or drug use?	Yes	No
14. Have you ever had a drinking or other drug problem?	Yes	No
15. Have any of your family members ever had a drinking or drug problem?	Yes	No
16. Do you feel that you have a drinking or drug problem now?	Yes	No

APPENDIX J - SCORING SHEET FOR BEHAVIORAL HEALTH SCREENING FORM

To Be Completed by Provider or Healthcare Professional

I. Depression: PHQ-9 PATIENT HEALTH QUESTIONNAIRE

Instructions: Add scores per column for questions 1-9, then add total score. Do not score question 10.

- Scores of 0-4, no depression
- Scores of 5-9, mild depression
- Scores of 10-14, moderate depression
- Scores of 15-19, moderately severe depression
- Scores of 20-27, severe depression

Total columns

Total score

Not at all	Several days	More than half the time	Nearly every day

Scores between 5 and 9 can be safely treated in the medical home setting by a primary care provider.

Refer for scores of **10 or higher**.

Pay close attention to item 9, addressing suicidal thoughts. An answer of 3, "nearly every day", warrants a referral that should be classified as emergency and should receive a behavioral health assessment by the end of the business day.

II. Anxiety: GAD-7 GENERAL ANXIETY QUESTIONNAIRE

Instructions: Add scores per column, then add total score.

- Scores of 0-4, minimal anxiety
- Scores of 5-9, mild anxiety
- Scores of 10-14, moderate anxiety
- Scores of 15-21, severe anxiety

Refer for scores of **10 or higher**.

Total columns

Total score

Not at all	Several days	More than half the time	Nearly every day

III. Bipolar Disorder: MDQ – MOOD QUESTIONNAIRE

Instructions: Add scores for Question #1 (Yes=1, No=0).

A score of at least 7 is indicative of a possible bipolar spectrum disorder.

Total score Question 1

Consider the score in the context of a positive screen for depression on the PHQ-9 for purposes of treatment of bipolar depression. Refer if **all** the following criteria are met:

A score of **7 or higher** to Question 1 **AND** "Yes" to Question 2 **AND** "Moderate" or "Serious" to Question 3

Yes	No

IV. Drug and Alcohol Abuse: SUBSTANCE USE QUESTIONNAIRE

Instructions: Add scores for all questions EXCEPT #1 and #15 (Yes=1, No=0). Questions 1 and 15 are not scored.

Total score

Yes	No

Refer for scores of **4 or higher**.

V. Thought Disorders

Any suspicion that a clinician may have that a patient may have a thought disorder (auditory or visual hallucinations, delusions/fixed, unfounded, unrealistic, and peculiar beliefs, etc.) warrants a referral for behavioral health services, or at the very least a case conference between the behavioral health care manager and the Primary Care Provider or other designated medical staff.

APPENDIX K - BEHAVIORAL HEALTH SCREENING REFERRAL FORM

To Be Completed by Provider or Healthcare Professional

Requesting Physician Information

Requesting Physician: _____ Medical Home: _____

Contact Person: _____ Ext: _____ Date: _____

Client Information

Client Label	-OR-
	Clients Name: _____
	DOB: _____ SS#: _____
	Phone #: _____

Please identify the appropriate behavioral health referral type for the above client, based on the total calculated scores for the answers reported on the behavioral health screening tools. **This form is to be given to the on-site behavioral health case manager, not the client.**

☐ Emergency Referral:

- Any instance in which the provider has reason to believe that the client is at very high risk of life-threatening, destructive, or disabling harm to self or others in the next 72 hours but is unsure about initiating the Baker Act. – OR –
- Psychosis, only if there is reason to believe that the safety of self/others is at risk in the imminent future. – OR –
- An answer of "3 – Nearly every day" to question 9 on the PHQ-9 tool.

☐ Urgent Referral:

- An answer of "2 – More than half the time" or "1 – Several days" to question 9 on the PHQ-9 tool. – OR –
- A score of "severe depression" on the PHQ-9 (between 20 and 27) – OR –
- A score of "severe anxiety" on the GAD-7 (between 15 and 21) warrant an urgent referral.

☐ Routine Referral:

- Anything else, including positive screenings for SSI-SA substance use and/or MDQ bipolar disorder.
- Suspicions of psychosis: Any suspicion that a clinician may have that a patient may have a thought disorder – auditory or visual hallucinations, delusions/fixed, unfounded, unrealistic and peculiar beliefs, etc. (Unless there is reason to believe that the safety of self/others is at risk in the imminent future – these would be emergency referrals).

Additional Comments: _____

Healthcare Professional Signature

Date

APPENDIX L – CUSTOMER SATISFACTION SURVEY

PINELLAS COUNTY DEPARTMENT OF HEALTH & COMMUNITY SERVICES MOBILE MEDICAL UNIT CLIENT SATISFACTION SURVEY

IS THIS YOUR FIRST VISIT TO THE MOBILE MEDICAL UNIT? YES _____ NO _____

HOW LONG HAVE YOU BEEN A PATIENT OF THE MOBILE MEDICAL UNIT? _____

GENDER: MALE _____ FEMALE _____

PLEASE RATE THE FOLLOWING: (CIRCLE YOUR CHOICE)

	EXCELLENT	GOOD	AVERAGE	POOR	INADEQUATE
Availability of the Van	5	4	3	2	1
Ease of making an appointment	5	4	3	2	1
Knowledge of the staff	5	4	3	2	1
Staff's ability to address your medical concerns	5	4	3	2	1
Staff's ability to address any other concerns (i.e., mental health, dental, housing, etc.)	5	4	3	2	1
The professionalism of the MMU staff	5	4	3	2	1
Treatment you received	5	4	3	2	1
Overall rating of the Van	5	4	3	2	1
Increased understanding of my medical condition after my visit to the MMU	5	4	3	2	1

ANY ADDITIONAL COMMENTS CONCERNING THE MOBILE MEDICAL UNIT

(the Doctor, Nurse, Case Manager, treatment you received, etc.)

ANY ADDITIONAL SERVICES THAT YOU NOW HAVE KNOWLEDGE OF AFTER YOUR VISIT TO THE MOBILE MEDICAL UNIT.

DATE: ____/____/____ YOUR NAME (Optional) _____

PLEASE WRITE ANY ADDITIONAL COMMENTS ON THE BACK OF THIS FORM.
THANK YOU FOR YOUR ASSISTANCE!

MMU-29 Client Sat Srvy (04-8-13)

APPENDIX M – CREDENTIALING & PRIVILEGING CHECKLIST

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Credentialing and Privileging activities are tracked by the Credentialing and Privileging Team at the Florida Department of Health Pinellas County. The following items are tracked for each individual Licensed Individual Practitioner (LIP) and/or other licensed/certified providers to ensure that all providers C-P files have all documents consistent with the chart in PIN 2002-22 for health center programs.

- 1 Verification of License, registration or certification
- 2 Verification of Education
- 3 Verification of Training
- 4 Verification of Current competence
- 5 Health Fitness (ability to perform the requested privileges)
- 6 Approval Authority
- 7 Government issued picture identification
- 8 Immunization and PPD status
- 9 Life support training (if applicable)
- 10 Drug Enforcement Administration DEA registration
- 11 Hospital admitting privileges
- 12 Results of National Practitioner Data Bank (NPDB) query have been obtained & evaluated
- 13 Completed an application
- 14 No current or previously successful challenge to licensure or registration
Not been subject to involuntary termination of medical staff membership at another
- 15 organization
- 16 Not been subject to involuntary limitation, reduction, denial or loss of clinical privileges

APPENDIX N – VERIFICATION OF FITNESS REQUEST FORM

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Month XX, 2014

To: _____ [Name of Physician]

_____ [Address]

_____ [City, State, Zip]

Re: Request for Verification of Fitness

I hereby authorize and consent to the release of information concerning me from the above identified physician and I hereby release from liability the above addressee for complying with this request.

By: _____
Signature of Applicant

Date: _____
[Print or Type Name of Applicant]

Position applied for: _____

[Attached copy of Position Description or Requested Privileges]

Dear Name:

The above individual has applied for a staff position or to contract for services for the Center. It is a requirement of the Federal Tort Claims Act ("FTCA") liability coverage and accreditation standards for Center licensed or certified Staff that each such licensed or certified Staff member be determined fit to provide services at the Center. This information is requested at the direction of the Center's Compliance and Performance Improvement Committee as a Professional (Medical) Review Committee and will become a part of the Confidential File for the above applicant. Your assistance is greatly appreciated.

Florida Department of Health
in Pinellas County • Program name if desired
205 Dr. Martin Luther King Jr. St. N. • St. Petersburg, FL 33701-3109
PHONE: 727/824-6900 • FAX 727/820-4285
www.pinellashealth.com

www.FloridaHealth.gov
TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fldoh
FLICKR: HealthyFla
PINTEREST: HealthyFla

Verification of fitness

Please provide the following information:

I certify that the above individual is/has been under my care as a patient. It is my professional opinion as his or her physician that the individual is:

- ☐ Fit to provide services in the Center and Mobile Medical Unit without limitation.
- ☐ Fit to provide services in the Center and Mobile Medical Unit under the following conditions:

- ☐ Not fit to provide services in the Center and/or Mobile Medical Unit.

By: _____
[Signature of Physician] [Print Name] [Date]

[Address] [City] [State] [Zip]

Telephone #: (____) _____

Please complete and return this form to the Center to the attention of: Darrell Pfalzgraf

Department of Health in Pinellas County
205 Dr. Martin Luther King Jr. St. No.
Saint Petersburg, FL 33701
727/824-6900
Or fax to: 727/820-4295

Your assistance is greatly appreciated.

Sincerely,

Darrell Pfalzgraf
Human Resources Manager
727-820-4212

XXX/xx
Enclosures

cc:

APPENDIX O – VERIFICATION OF FITNESS FORM

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Month XX, 2014

Name of applicant: _____

Position: _____

(Attached copy of Position Description)

Verification of fitness

It is my professional opinion that the individual is:

- ☐ Fit to provide services in the Center and Mobile Medical Unit without limitation.
- ☐ Fit to provide services in the Center and Mobile Medical Unit under the following conditions:

- ☐ Not fit to provide services in the Center and/or Mobile Medical Unit.

By: _____

[Signature of Physician]

[Print Name]

[Date]

[Address]

[City]

[State]

[Zip]

Telephone #: (____) _____

Florida Department of Health
in Pinellas County • Program name if desired
205 Dr. Martin Luther King Jr. St. N. • St. Petersburg, FL 33701-3109
PHONE: 727/824-6900 • FAX 727/820-4285
www.pinellashealth.com

www.FloridaHealth.gov
TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fldoh
FLICKR: HealthyFla
PINTEREST: HealthyFla

APPENDIX P – PARTICIPATING PHARMACIES

(updated 6/30/15)

Pharmacy	Address	Phone	M-F	Sat	Sun
Bay Life Pharmacy	1235 S. Missouri Ave. Clearwater, FL 33756	(727) 581-5400	9-6	9-1	closed
Bay Life Pharmacy	2090 Gulf to Bay Clearwater, FL 33765	(727) 216-6374	9-6	9-1	closed
Bay Life Pharmacy	3350 East Bay. Largo, FL 33771	(727) 614-9933	9-6	9-1	closed
J&K Care Pharmacy	756 N. Belcher Rd. Clearwater, FL 33765	(727) 447-6622	9-6:00	10-3	closed
Trust Pharmacy	36515 US Hwy 19 N. Palm Harbor, FL 34684	(727) 781-7400	9-6:30	10-2	closed
Promise Pharmacy	31818 US Hwy 19 N Palm Harbor, FL 34684	(727) 772-0500	9 - 6:30	10 - 2	closed
Savon Pharmacy (Albertsons)	10500 Ulmerton Rd. Largo, FL 33771	(727) 581-0440	9 - 9	9 - 7	10 - 6
Tarpon Discount Drugs	742 S Pinellas Ave. Tarpon Springs, FL 34689	(727) 934-3400	9 - 6	9 - 1	closed
ASAP Pharmacy	8609 66th St. N Suite C Pinellas Park, FL 33782	(727) 548-9170	9:30-6:30	closed	closed
The Prescription Shoppe	600 First Ave. N St. Pete, FL 33701	(727) 822-4546	8:00-6:00	8 - 1	closed
Community Specialty Pharmacy	2215 MLK St., S. St. Petersburg, FL 33705	(727) 896-0001	9-5	closed	closed
Urban Specialty Pharmacy	3535 Central Ave. St. Petersburg, FL 33713	(727) 327-9881	9-5	closed	closed
PrimeRX Pharmacy	10720 Park Blvd, Suite E Seminole, FL 33772	(727) 398-1969	9-6	9-1	closed
PrimeRX Pharmacy	5985-B 49 th St. N St. Petersburg, FL 33770	(727) 522-3222	9-6	9-1	closed
HealthMed Pharmacy	1839 Central Ave., Suite #101 St. Petersburg, FL 33713	(727) 894-3001	9-6	closed	closed
G&H Pharmacy	8091 66 th St. N., Pinellas Park, FL 33781	(727) 209-9999	9-6	closed	closed
Winn Dixie	2139 34th St. N. St. Petersburg, FL 33713	(727) 323-2911	9 - 9	9 - 5	12 - 4
Winn Dixie	6851 Gulfport Blvd. South Pasadena, FL 33707	(727) 344-1471	8 - 8	9 - 5	10 - 2

Pharmacy	Address	Phone	M-F	Sat	Sun
Winn Dixie	1360 Tampa Road Palm Harbor, FL 34683	(727) 787-3925	9 - 9	9 - 5	12 - 4
Winn Dixie	3327 9th St. N. St. Petersburg, FL 33704	(727) 894-4282	9 - 7	9 - 5	12 - 4
Winn Dixie	7491 4th St. N., St. Petersburg, FL 33702	(727) 528-2123	9 - 9	9 - 5	12 - 4
Winn Dixie	2460 East Bay Blvd. Largo, FL 33771	(727) 535-2636	8 - 8	9 - 5	12 - 4
Winn Dixie	1171 S. Pinellas Ave., Tarpon Springs, FL 34689	(727) 937-4206	8-8	9-5	12-4
Winn Dixie	8740 Park Blvd., Largo, FL 33777	(727) 393-5935	9-7	9-7	11-5
Winn Dixie	12975 Park Blvd., Seminole, FL 33776	(727) 319-4348	9-7	9-7	11-5
Winn Dixie	1049 62 nd Ave. N., St. Petersburg, FL 33702	(727) 525-0700	8-8	9-7	10-6

** Pharmacy Hours Subject to Change*

**You are cordially invited to the
Bayside Health Clinic Groundbreaking**



Date: Tuesday, July 28, 2015
Time: 10 a.m.
Location: 14808 49th St. N. Clearwater, FL 33762
RSVP: Jane Muhrlin - by Monday, July 20
TEL: (727) 464-8243 or **EMAIL:** jmuhrlin@pinellascounty.org

Bayside Health Clinic will provide medical and dental care to Pinellas County's homeless individuals. Medical and dental services will be provided by the Florida Department of Health in Pinellas County. Construction is anticipated to be completed in the first quarter of 2016.

The groundbreaking will take place in the parking lot adjacent to Pinellas Safe Harbor Homeless Shelter.

