

MOBILE MEDICAL UNIT ADVISORY COUNCIL

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

MEETING AGENDA

OCTOBER 6, 2015 | 3:00 PM – 4:30 PM
JWB, 14155 58TH STREET NORTH, CLEARWATER FL 33760 | ROOM 181
CONFERENCE CALL-IN: DIAL 1-727-582-2255; PASSCODE: 718007

Welcome | Introductions

1. Chairman's Report

- i) Welcome New Project Director, Daisy Rodriguez
- ii) Consent Agenda
 - Approval of Minutes, September 1, 2015
 - Credentialing & Privileging of Additional Providers
- iii) Unfinished Business/Follow-Up
 - Patient/Consumer Recruitment for MMUAC
 - Quality Improvement Award
 - Community Dental Programs – *Christina Vongsyprasom, Dental Services Mgr., FL DOH*

2. Governance/Operations

- i) Bylaws – Change per HRSA Requirement – *Elisa DeGregorio*
- ii) Strategic Planning – *Stephanie Reed, Ph.D*
 - Needs Assessment/Customer Satisfaction Survey/EMS calls
- iii) MMU/Safe Harbor Calendar – *Drew Wagner*
- iv) Emergency Management Plan – *Tim Burns*
- v) Site Visit Compliance Update – *Elisa DeGregorio*

3. Fiscal

- i) Notice of Awards – *Elisa DeGregorio*
- ii) ACHA Community & Primary Care Services Grant Application – *Elisa DeGregorio*

4. Clinical

- i) MMU Client Trend Report – *Drew Wagner*
- ii) Policies and Procedures – *Dr. Chitra Ravindra*
 - Credentialing & Privileging
- iii) Patient Centered Medical Home Update – *Dr. Chitra Ravindra*

5. Other Updates

- i) Bayside Health Clinic Update – *Daisy Rodriguez*
- ii) New Business

Adjournment | Next Meeting: Tuesday, November 3, 2015 @ 3:00 pm, Juvenile Welfare Board

TAB 1 – CONSENT AGENDA

- **Meeting Minutes – September 1, 2015**
- **Credentialing & Privileging of Providers**
 - DOH Dentist – Dr. Stoici
 - Specialists – 28 with confirmed hospital privileges

**Minutes of the Monthly Meeting of the
Mobile Medical Unit Advisory Council (MMUAC)
September 1, 2015 | 3:00 pm**

Location of Meeting:

Juvenile Welfare Board
14155 58th Street North
Clearwater, FL 33760

Present at Meeting: Laurie Lampert, Valerie Leonard*(by phone), Tom Wedekind, Alaina Robinson*, Sgt. Zachary Haisch, and Rhonda Abbott. Staff and community members present: Patricia Boswell, Drew Wagner, Dale Williams (by phone), Tim Burns, and Elisa DeGregorio. (*Consumer)

The regular meeting of the Mobile Medical Unit Advisory Committee (MMUAC) was called to order at 3:08 pm on September 1, 2015 at JWB by Chairman Valerie Leonard. Ms. Leonard asked for Ms. Robinson to lead the meeting as she was participating by phone.

I. Chairman's Report

- i. **Approval of Previous Minutes:** A motion to approve the minutes dated July 28, 2015, was made by Alaina Robinson, seconded by Rhonda Abbott and **unanimously approved.**
- ii. **Patient/Consumer Recruitment for MMUAC:** Ms. DeGregorio opened a discussion and requested assistance in identifying additional consumer members for the Council. Three (3) consumers have not attended any meetings since the start of the budget period; Three(3) consumers have attended only one or two meetings. Ms. Leonard reported that Ms. Childress, a consumer member who has attended two (2) meetings, has been working additional hours at her job making her unavailable to attend meetings.

According to Article VI, Section C of the Bylaws:

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

The Council did not vote to remove any consumers at this time, but discussed opportunities to recruit additional/new members. Ms. Leonard identified a couple that lives in Pinellas Hope's permanent supportive housing that might be qualified to serve and would follow up. Ms. Leonard also suggested speaking to Cliff Witty at Pinellas Hope to identify other residents who may need additional volunteer hours needed to meet the housing requirements. Ms. Lampert agreed to reach out to Mr. Witty. Ms. Abbott suggested working with other providers of permanent supportive housing, including Boley/HEP/Pinellas Hope, to identify and recruit members who have more stable living conditions. Sgt. Haisch reported talking to a few consumers, but they have since moved from Safe Harbor. He would continue to seek other qualified candidates from the shelter. Drew Wagner suggested working with Salvation Army's One Stop facility and suggested hosting a

meeting at the facility where the consumers could call in to the meeting. Mr. Burns followed up on that and suggested that perhaps we could arrange for several sites to host small groups to call in to the meeting to alleviate travel concerns. This is a viable arrangement as we have a conference call line established for each meeting.

Mr. Burns would also work with Lourdes Benedict to make an announcement at the Homeless Leadership Board's meeting of providers to help recruit or identify potential consumers.

Ms. Leonard also suggested that we reach out to Pathways Church or other churches as she knows many consumers who have gotten engaged in the community and with their church and continue to stay involved even as their residence/shelter may change.

Council members will contact Ms. DeGregorio with any individuals who express and interest to follow up with.

iii. **Unfinished Business:** In follow-up to last month's meeting, the following items were discussed:

- a. **Tent at Pinellas Hope:** The tent has been installed and the residents are very happy to have it.
- b. **Dental:** Ms. DeGregorio reported that Mr. Cruise with the Florida Association of Free and Charitable Clinics has resigned from the Association and will be leaving in September. We would look for another speaker to address the different dental programs available to clients for the next meeting. Ms. Boswell recommended Christina Vongsyprasm, Dental Manager with the Department of Health.

Ms. Robinson relayed to the Council that a consumer she works with and client of the MMU is scheduled to received Dentures this week as a result of a pilot program started by the County to expand dental services. He is very excited and she reiterated the great need amongst this population for enhanced dental services.

II. Governance/Operations

- i. **Project Director:** Ms. DeGregorio introduced the next item in response to the Board's responsibility to appoint a Project Director to oversee the health center program and turned it over to Tim Burns to provide background and the qualifications of the candidate.

Mr. Burns apologized on behalf of Ms. Benedict who was detained at the Homeless Systems Meeting this afternoon and could not attend the meeting.

He explained how the Department was seeking an individual who would bring a dedicated, integrated approach to the role. The former structure of the department and position serving in this role had multiple conflicting priorities and responsibilities that did not allow for the strategic needs of the position.

Mr. Burns informed the committee that the County has followed its personnel procedures for hiring a new employee within the Department which is a competitive, open to the public process. Ms. Daisy Rodriguez was selected as the top candidate for the role. A copy of her resume, a job description and her position on the organizational chart related to the health center program was distributed in the meeting packet. He described Ms. Rodriguez as having the right mix of expertise, drive, and collaboration needed for the role. She would be starting in her position at the County on

September 8th, but that the MMUAC would need to approve her appointment to the position of Project Director for her to assume the responsibilities of the position. Ms. Rodriguez would have a direct reporting relation to the MMUAC and the Council would be responsible for her annual evaluation of the assigned position each year.

Ms. Abbott asked if this position would be responsible for working with the providers including the behavioral health providers in the County. Mr. Burns affirmed that this would be a key role and included hospitals and other key stakeholders as well.

Mr. Wedekind expressed his appreciation for her qualifications and was in favor of her as a candidate.

Ms. Abbott made a motion to appoint Ms. Rodriguez as the Project Director for the MMUAC. The motion was seconded by Sgt. Haisch and the Council **voted unanimously** to appoint Ms. Rodriguez.

- ii. **MMU Calendar:** The September and October calendars (included in the meeting packet) for the MMU and Safe Harbor were presented to the Council by Andrew Wagner.

Mr. Wagner explained that there were several days coming up in September where the clinic would be closed due to training and EHR upgrades including September 9th, 24th, and 25th. Mr. Williams added that the upgrades are largely due in part to the change from ICD-9 to ICD-10 transition.

Mr. Wagner also notified the Council that he would be on vacation from September 14th through September 23rd which brings up the issue of securing a driver for the mobile medical van. The van may only be driven by licensed CDL holders. Mr. Wagner has been in the process of guiding two staff members through the licensing process and that one has obtained the driving hours needed and just needs to take the test, and the other still needs additional hours and confidence with the vehicle. Mr. Wagner has been in contact with the County's fleet department and the Department of Transportation to secure a time/location for individual ready for the test, but has found challenges in identifying the appropriate DOT testing facility as the individual he formerly worked with is no longer responsive. Fleet recommended contacting PTEC who can administer the test for a fee of \$250, but not until after September 15th. If secured, we would still need to identify a licensed individual to drive the van to PTEC for the test for the staff member. [Ms. DeGregorio and Mr. Burns will follow up with Mr. Wagner to work out the details.](#)

In October, the staff will participate in the Ex-Offender Showcase hosted annually, as an educational opportunity and to provide basic screenings to participants.

Mr. Wagner also noted several staffing shortages over the past and coming months due to vacations/time off for the clinical team. Dr. Mungara will be taking an extended vacation, however a replacement doctor has already been identified to fill in.

Ms. Abbott responded and noted that the issue of staffing shortages has come up in the last few meetings, and [we should consider following up to ensure that coverage is available and that client access is not reduced to due staff shortages.](#)

- iii. **Customer Satisfaction Survey:** Mr. Williams presented the updated and revised patient satisfaction survey to the Council. Changes to the survey came as a result of the Patient Centered Medical Home initiative and the questions selected come directly from the nationally recognized CAPs survey used by many physician practices across the country. The new survey was being

administered to all clients starting today, September 1st to establish a baseline for the center. The survey would be re-administered in a few months to check progress and identify any trends. The QI committee would then recommend the desired frequency for administration of the survey.

Ms. Abbott asked if there were any [questions related to confidentiality on the survey](#). Staff would review the CAPs survey again and seek the input of the QI committee on the design of a question if necessary. The question could be added to future surveys and would not disrupt the baseline data established.

- 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. Ms. DeGregorio noted that two of the seven original conditions have been lifted from the grant including the Sliding Scale Discount Fee and After Hours. Three conditions have been submitted for review by HRS within the deadlines established including Board Authority, Hospital Admitting and Credentialing & Privileging. Two final conditions are due for submission on 9/24/15 including Substance Abuse Policies and OB/Pre-Natal policies. The Council would review the revised OB policy and tracking log today.

III. Fiscal

- i. **Notice of Awards:** Ms. DeGregorio reported that we received four (4) Notice of Award since the last meeting on 7/28/2015. They include:

H80CS00024 – 14-08 (Dated 7/28/2015) - \$0.00

This is NOA lifts the condition that required a revised SF 424A, Line Item Budget, and Budget Narrative Justification for the Federal award of \$193,752.

H80CS00024 – 14-09 (Dated 8/5/2015) - \$54,021

This funding action is provided to Health Center Program grantees with November 1 and December 1 budget period start dates whose budget/project periods were recently extended. This extension adjustment award ensures that prorated extension funding levels fully incorporate prior supplemental awards. This adjustment award provides the balance of supplemental funding for the extension period to include appropriate levels of all previous Health Center Program supplemental grant activity.

H80CS00024 – 14-10 (Dated 8/17/2015) - \$0.00

The grant condition stated below on NoA 6 H80CS000241404 is hereby lifted. **R.2.2.120 After Hours Coverage:** Health centers are expected to comply with all applicable statutory and regulatory requirements. In your most recent Notice of Award (NoA), your organization was required to provide a plan for after hours coverage in accordance with program requirements OR provide board approved documentation that compliance with this requirement has been implemented. (Section 330(k)(3)(A) of the PHS Act and 42 CFR Part 51c.102(h)(4). Based upon a review of the required response, HRSA has approved your plan.

H80CS00024 – 14-11 (Dated 8/18/2015) - \$148,790

The purpose of the Fiscal Year (FY) 2015 Health Center Quality Improvement (QI) Fund one time grant supplement is to: (1) recognize health centers that demonstrated improvements in access to care, quality of care and/or value of care through data provided in the Calendar Year 2014 Uniform

Data System; and (2) provide support for those health centers to continue to strengthen clinical and operational quality improvement activities.

For the Quality Improvement award, the Council identified the need for additional case management or coordination of care for clients especially those receiving behavioral health services. Additionally, Mr. Wagner suggested motivational interviewing training for the clinical staff. Ms. DeGregorio suggested we would take all ideas and schedule a conference call with staff to make a final recommendation on the use of funds in the next couple weeks.

Tom Wedekind made a motion to accept the funding and Notices of Awards received and it was seconded by Alaina Robinson. The Council **voted unanimously to accept** the funding and Notices of Awards.

- ii. **Service Area Competition (SAC):** Ms. DeGregorio informed the Council about the Service Area Competition Funding Opportunity including the funding amount available (\$743,319) and patient target expectations (2,390). A copy of the grant application package including the project abstract and proposed budget were presented to the staff. The \$743,319 would be leveraged by a total of approximately \$964, 138 in non-federal funds that comes from the County's general fund in the Human Services budget. The application will be due on September 28th in Grants.gov with supplemental information due October 14th in the grants management system, EHB.

Rhonda Abbott made the motion to approve the Service Area Competition grant application. The motion was seconded by Sgt. Haisch and the council **voted unanimously in favor** of the application.

- iii. **Substance Abuse Expansion Grant Application:** Ms. DeGregorio informed the Council of the Substance Abuse Expansion funding opportunity released by HRSA that provides funding to increase services for medication assisted treatment programs and services resulting from opioid use disorders. The funding is a total of \$325,000 per year for two years. A copy of the grant application and project abstract were included in the meeting packet. Ms. DeGregorio informed the Council that Operation PAR is the identified provider that the County would contract with as they are the only licensed, non-profit, MAT provider in the County. Dianne Clark who serves on the MMUAC was not present at the meeting.

Valerie Leonard made a motion to approve the grant application. The motion was seconded by Tom Wedekind and the Council **voted unanimously in favor** of the grant application.

IV. Clinical

- i. **Trend Report for Patient Counts/Encounters:** A copy of the July trend report was provided to the Council members indicating that a total of 1,512 unduplicated patients were recorded from January 1st through July 31st for the program. Further, Mr. Wagner provided the estimated unduplicated patient count through August 31st to be 1,657 patients and 4,250 visits. A final report will be provided at the next meeting of the Council. The increase in patients over 2014 is due in part to the expanded services funding received that allows for a full-time medical team to be located at the Safe Harbor Homeless Shelter that increases access for those residents.
- ii. **Policy and Procedure Updates and Approvals:**

- a. **OB/PreNatal Policy and Procedure:** Patricia Boswell with the Florida Department of Health in Pinellas County presented the OB/Pre-Natal Policy & Procedure on behalf of Dr. Chitra Ravindra who was on leave. The policy was updated with recommendations from HRSA to include best practices and responsibilities for the stakeholders. While the program sees very few clients who either get pregnant as an existing patient or presents to the center as a new patient, we now have the ability to track and ensure that all patients receive the services necessary for a health pregnancy.

Rhonda Abbott made a motion to approve the OB/Pre-Natal Policy and Procedure. Alaina Robinson seconded the motion and the Council **voted unanimously in favor** of the policy.

Mr. Wagner would include the new policy and procedure in the next staff training and they would begin implementation immediately thereafter.

- iii. **Credentialing & Privileging:** Patricia Boswell presented the credentialing checklist for the following licensed practitioners within the Florida Department of Health for approval by the MMUAC:

- Jennifer Griffin, MD
- Mopelola Adewunmi, DMD
- Christopher Beach, DMD
- Haychell Saraydar, DDS
- James Barrett, Dental Hygienist
- Anjeza Islami, Dental Hygienist
- Marianela Visunetti, Dental Hygienist

In addition, 447 specialty care providers who have been credentialed and privileged by the hospitals as identified in the included spreadsheets and are recommended for approval of the MMUAC. (Additional providers will be presented at future meetings as verified by staff).

Tom Wedekind made a motion to approve the credentialing and privileges to the recommended list of practitioners identified above. Rhonda Abbott seconded the motion. The Council **voted unanimously in favor** to credential and privileges the identified practitioners.

Further, Mr. Wedekind suggested that the list of practitioners be included in a consent agenda for approval in future meetings.

- iv. **Patient Centered Medical Home:** Ms. DeGregorio reported that staff from DOH and the County met with our technical assistance provider, UCF and that we have identified the necessary standards that we will seek recognition for and made assignments for the various factors. Ms. DeGregorio suggested that we begin providing an overview of the different standards we are seeking to achieve at future meetings of the MMUAC.

V. **Other Updates**

- i. **Bayside Health Clinic:** Ms. DeGregorio brought a photo from the groundbreaking for the Chairperson, Valerie Leonard. She informed the Council that we were still waiting on County permits for the construction, but hoped to receive them this week or next. A second round of comments were submitted back to the County for review last week. The construction contractor is well aware of the grant deadlines for the construction project and still feels comfortable that we are within the timeframe necessary to complete the project.

ii. **New Business:**

- a. **Hospital Discharge Planning:** In responding to the list of providers for the credentialing and privileging, Laurie Lampert asked about the procedure related to hospital discharges. She often gets residents at Pinellas Hope coming to her to ask her about the discharge plan stating that they need to see either a certain primary care physician or specialist or a general recommendation to follow-up with their primary care doctor. Often times Dr. Mungara is not the one listed on the discharge form.

Mr. Burns responded that there is still a challenge in working with the hospitals and the indigent care population. The County is planning quarterly meetings with hospital staff to further explore better tracking and follow-up of hospital patients. In addition, any discharge plan that suggests seeing a specialist to follow-up must be by a referral from the Primary Care physician to ensure tracking for billing purposes. We still have some work to do in this area and will be working with Daisy Rodriguez in the near future to address this issue.

- b. **Behavioral Health Follow-up:** Alaina Robinson asked why it is taking so long for clients to be seen by a doctor at Directions. In her professional role, she is helping clients navigate the system to get their care. She is seeing many clients who have referrals for behavioral health get assessments, but then waiting up to a year before ever seeing the doctor.

Patricia Boswell (DOH) acknowledged this issue with other clients as well. The contract with Directions was taken over by DOH starting in January 2015. She has been tracking the number of referrals and services provided since January and is still working with Directions to understand and resolve the challenges in service. Ms. Boswell specifically asked Ms. Robinson to provide any client names if possible so she could personally follow-up on the referral with Directions and get back to her.

She also noted that starting in October 2015, Directions staff would be co-located in the medical homes and at MMU locations to be determined in an attempt to reduce waiting times and improve access for clients. [We'll continue to monitor the situation and make adjustments along the way.](#)

- c. **Emergency Management:** Ms. DeGregorio requested that the staff prepare some information for the Council in relation to Emergency Management preparation and procedures. The most recent threat of a tropical storm brought to the forefront the types of preparation needed and would like to review policies related to storm/emergency preparations for the health center and mobile van. Staff prepared the mobile van for the most recent storm in case a post-storm response was needed. Luckily the storm dissipated and there was no threat to the residents or target population.
- d. **Needs Assessment:** Ms. DeGregorio informed the Council that the staff was preparing a needs assessment survey in preparation of the renewal grant due next month. We asked for the Council's assistance in distributing and taking the survey. Survey results would be available for review by the Council in either the October or November meeting.

The meeting was adjourned at 4:57 pm.

The next meeting will be held at **3:00 p.m. on Tuesday, October 6, 2015 at JWB**, room 181.

Dental Program, Dentists-Licensed Independent Providers (LIP's) -Template C-P file check list for LIPS and other licensed/certified providers used to ensure that all providers' C-P files have all documents consistent with the chart in PIN 2002-22.

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

Legend: Not applicable=NA

		Ioana Stoici -Doctor of Dental Medicine (DMD)	
Credentialing and Privileging Activities tracking Template:		Initial tracking	Next tracking
1. Verification of License, registration or certification	07/25/15	02/27/16	
2. Verification of Education	08/26/15		
3. Verification of Training	08/26/15		
4. Verification of Current competence	07/15/15	07/14/16	
5. Government issued picture identification	05/22/15		
6. Immunization and PPD status or equivalent	07/27/15	07/26/16	
7. Life support training	02/19/14	02/18/16	
8. Drug Enforcement Administration DEA registration	No		
9. Hospital admitting privileges (Not applicable=NA)	NA	NA	
10. Results of National Practitioner Data Bank (NPDB) query have been obtained & evaluated	07/27/15	07/26/16	
11. Completed an application	05/22/15		
12. No current or previously successful challenge to licensure or registration	07/27/15	07/26/16	
13. Not been subject to involuntary termination of medical staff membership at another organization	07/27/15	07/26/16	
14. Not been subject to involuntary limitation, reduction, denial or loss of clinical privileges	07/27/15	07/26/16	
15. Trained in Peer Review and has participated in Peer Review	08/11/15	08/10/16	
16. Requested Clinical Privileges (Request Form completed)	07/25/15	07/24/16	
17. Health Fitness (ability to perform the requested privileges)	07/25/15	07/24/16	
18. Approval Authority by Mobile Medical Unit Advisory Council Board			

9-28-15 Credentialing and Privileging Tracking List for HRSA

First Name	Last Name	Title	Professional Designation (e.g. MD, DDS, FNP, PA-C, CMN, RN, LPN, RDS, CNS, LISW, RPh)	Specialty	Employment Status (FTE, PTE, Contractor, &/or volunteer)	Date of Hire	Initial Credentialing & Privileging Date	Current Credentialing & Privileging Date	Next Expected Credentialing & Privileging Date
Mopelola	Adewunmi	Dentist	DMD	Adult and Pediatric	FL Department of Health, FTE	07/25/08	09/01/15	09/01/15	08/31/17
Festus	Agyekum	Physician's Assistant	PA-C	Family Practice, Gynecology and Pediatrics	FL Department of Health, FTE	09/09/14	07/28/15	07/28/15	07/27/17
James	Barrett	Dental Hygienist	RDH	Adult and Pediatric	FL Department of Health, FTE	10/10/14	09/01/15	09/01/15	08/31/17
Chrisopher	Beach	Dentist	DMD	Adult and Pediatric	FL Department of Health, FTE	01/07/11	09/01/15	09/01/15	08/31/17
Kimberly	Belick	Dental Hygienist	RDH	Adult and Pediatric	FL Department of Health, FTE	11/03/03	07/28/15	07/28/15	07/27/17
Carol	Benvenuto	Licensed Practical Nurse	LPN	General Nursing	FL Department of Health, FTE	10/09/14	07/28/15	07/28/15	07/27/17
Disraeli	Calderon	Dental Hygienist	RDH	Adult and Pediatric	FL Department of Health, FTE	08/30/04	07/28/15	07/28/15	07/27/17
Marquise	Gray	Registered Medical Assistant	MA	General Nursing	FL Department of Health, FTE	10/01/14	07/28/15	07/28/15	07/27/17
Anjeza	Islami	Dental Hygienist	RDH	Adult and Pediatric	FL Department of Health, FTE	10/24/14	09/01/15	09/01/15	08/31/17
Jennifer	Griffin	Physician, Medical Doctor	MD	Family Practice and Gynecology	FL Department of Health, FTE	08/14/15	09/01/15	09/01/15	08/31/17
Raju	Mungara	Physician, Medical Doctor	MD	Family Practice and Gynecology	FL Department of Health, FTE	06/05/06	07/28/15	07/28/15	07/27/17
Joyce	O'Brien	Dental Hygienist	RDH	Adult and Pediatric	FL Department of Health, FTE	01/04/13	07/28/15	07/28/15	07/27/17
Rhonda	O'Brien	Advanced Registered Nurse Practitioner	ARNP-C	Family Practice and Gynecology	FL Department of Health, FTE	10/01/99	07/28/15	07/28/15	07/27/17
Nilo	Ortega	Dental Hygienist	RDH	Adult and Pediatric	FL Department of Health, FTE	03/17/11	07/28/15	07/28/15	07/27/17
Oneida	Perez-Hernandez	Licensed Practical Nurse	LPN	Family Practice	FL Department of Health, FTE	09/09/13	07/28/15	07/28/15	07/27/17
Chitra	Ravindra	Physician, Medical Doctor	MD	Family Practice, Gynecology and Pediatrics	FL Department of Health, FTE	04/20/09	07/28/15	07/28/15	07/27/17

[illegible]

Name of Specialty Care Group & provider names (all providers listed below are contracted by the FL DOH to provide services as needed to clients of the health center program.)	Credentialed & Privileged verified by the Hospitals identified below	Credentialing and Privileging currently approved by the MMUAC
24 ON PHYSICIANS, P.C.		
Irma B Alves	Morton Plant Hospital	07/28/15
Mahesh Bhambore	Morton Plant Hospital	07/28/15
Lawandy Bolis	Morton Plant Hospital	07/28/15
Gitte Borgschulte	Morton Plant Hospital	07/28/15
Pavel Capote	Morton Plant Hospital	07/28/15
Carolyn Flynn	Morton Plant Hospital	07/28/15
Youhana Greges	Morton Plant Hospital	07/28/15
Ahmad Hassan	Morton Plant Hospital	07/28/15
Mario Hernandez	Morton Plant Hospital	07/28/15
Annette Hils	Morton Plant Hospital	07/28/15
Henry Hryniewicz	Morton Plant Hospital	07/28/15
Andrea Hutchens	Morton Plant Hospital	07/28/15
Ganesh Kambphampati	Morton Plant Hospital	09/01/15
Edward Kirsch	Morton Plant Hospital	07/28/15
Rob Koch	Morton Plant Hospital	09/01/15
Jordan Messler	Morton Plant Hospital	07/28/15
Deborah Miller	Morton Plant Hospital	09/01/15
Adbal Mirza	Morton Plant Hospital	09/01/15
Olalekan Olufemi	Morton Plant Hospital	07/28/15
Linda Prieto	Morton Plant Hospital	07/28/15
Diane Rogers	Morton Plant Hospital	09/01/15
Jeffrey Roth	Morton Plant Hospital	07/28/15
Maher Salamin	Morton Plant Hospital	07/28/15
Karen Sinni	Morton Plant Hospital	07/28/15
Nelson Smith	Morton Plant Hospital	07/28/15
Luke Stephenson	Morton Plant Hospital	07/28/15
Angelica Talic	Morton Plant Hospital	07/28/15
Giachino Tomasino	Morton Plant Hospital	09/01/15
Joseph Van North	Morton Plant Hospital	07/28/15
Yi Chu Wang	Morton Plant Hospital	07/28/15
ACCUPATH PLUS, L.L.C.		
Russell Wong		
Valerie Ray		
ALAN LUSTIG M.D., P.A.		
ALAN LUSTIG	Bayfront Medical Center, Largo Medical Center, Northside Hospital, Palms of Pasadena Hospital, St. Anthonys Hospital, St. Petersburg General Hospital and Kindrek Hospital	07/28/15
(formerly ALL FLORIDA ORTHOPEDIC ASSOCIATES, P.A.) FLORIDA MUSCULOSKELETAL SURGICAL GROUP, LLC		
Brett R. Bolhofner	Bayfront, St. Anthony's, SPG and Northside Hospital	07/28/15
Jennifer M. Burns	Center For Special Surgery	07/28/15
George H. Canizares	Bayfront, SA, SPG & NS	07/28/15
Clinton B. Davia	Bayfront	09/01/15
Lawerence M. Gnage	BF, SA, SPG & NS	07/28/15
Kurt C. Hirshorn	BF, SA, SPG & NS	07/28/15
Jeff D. Kopelman	BF and SA	07/28/15
William E. Lowery	BF, SA, SPG & NS	07/28/15
Jorge A Rodriguez	BF, SA, SPG & NS	07/28/15
Kanta C. Shah	Center For Special Surgery	07/28/15
Matthew J. Swick	BF, SA, SPG & NS	07/28/15
Robert L. Swiggett	BF, SA, SPG & NS	07/27/17
Paul J. Pagano	BF, SA, SPG & NS	07/28/15
Steven Anderson	Radiology	07/28/15
Joanne Valone	Bayfront Health Systems	
John C. Bertozzi	Radiology	07/28/15
AMERICAN LUNG & SLEEP DISORDER CONSULTANTS, P.A.		
Rajesh Agrawal	Northside, St. Petersburg General, Largo Medical, Bayfront, St. Anthonys & kindred Hospital	09/01/15
AMERIPATH FLORIDA, LLC		
Richard Munoz		

Name of Specialty Care Group & provider names (all providers listed below are contracted by the FL DOH to provide services as needed to clients of the health center program.)	Credentialed & Privileged verified by the Hospitals identified below	Credentialing and Privileging currently approved by the MMUAC
Kraig Lerud	South Lake Hospital	
Richard C. Morris		
Randy L. Judd	South Lake Hospital	
Antonio Hernandez	South Lake Hospital	
Antonio T. Planas		
Bing Hu	South Lake Hospital	
Clifford Threlkekd	South Lake Hospital	
Luis A. Diaz-Rosario	South Lake Hospital	
AMERIPATH HOSPITAL SERVICES-FLORIDA, LLC		
Richard Munoz		
Kraig Lerud	South Lake Hospital	
Richard C. Morris		
Randy L. Judd	South Lake Hospital	
Antonio Hernandez	South Lake Hospital	
Antonio T. Planas		
Clifford Threlkekd	South Lake Hospital	
Bing Hu	South Lake Hospital	
Luis A. Diaz-Rosario	South Lake Hospital	
AMITABH GUPTA, M.D., P.A. dba COASTAL ORTHOPEDIC & SPORTS MEDICINE		
Amith Gupta	Northside Hospital & Largo Medical Hospital	09/01/15
ANIL N. RAIKER, M.D., P.L.C. DBA PINELLAS CANCER CENTER		
Anil N. Raiker	St. Anthony's, Bayfront, St. Petersburg General & Northside Hospital.	09/01/15
ANTONY G. SANKOORIKAL, M.D., P.A.		
Anthony Sankoorikal	Mease Countryside & Mease Dunedin	09/01/15
ANUP DESAI, M.D., P.A.		
Anup Desai	Morton Plant Hospital	07/28/15
BARDMOOR CANCER CENTER		
Kevin S. Trailins	Largo Medical & Morton Plant Hospital	09/01/15
BAY AREA ENDOSCOPY ASSOCIATES, INC.		
Jayaprakash Kamath	Morton Plant Hospital, Northside and SPG	07/28/15
BAY AREA HEART CENTER		
David W. Kohl	NS, Largo, SA, MP, BF	07/28/15
John G. Finn	NS, Largo, SA, MP, BF	07/28/15
M. Ferando Salazar	NS, Largo, SA, MP, BF	07/28/15
Mohan Reddy	NS, Largo, SA, MP, BF	07/28/15
Ravi Kethireddy	NS, Largo, SA, MP, BF	07/28/15
Shalin Shah	NS, Largo, SA, MP, BF	07/28/15
Vijay Patel	NS, Largo, SA, MP, BF	07/28/15
Brian Moss	NS, Largo, SA, MP, BF	07/28/15
Amit Srivastava	NS, Largo, SA, MP, BF	07/28/15
Malay Gagdhi	NS, Largo, SA, MP, BF	07/28/15
BAY AREA MEDICAL CENTER, P.A.		
Navnit K. Kundra	Mease Duniden, Mease Countryside, Morton Plant Mease, FL Hospital North Pinellas	07/28/15
BAY SURGICAL SPECIALISTS, P.A.		
Kevin Lee Huguet	SAH, NSH, SPGH, POPH & BMC	09/01/15
Paul Steven Collins	SAH, NSH, SPGH, POPH, Kindred & BMC	09/01/15
Brett A. Almond	SAH, NSH, SPGH, POPH & BMC	09/01/15
John Clarke	POPH, SAH & SPGH	09/01/15
Georgis Rossidis	SAH, NSH, SPGH, POPH, Kindred & BMC	09/01/15
Jennifer Brodrick	SAH, NSH, SPGH, POPH, Kindred & BMC	09/01/15
Jenna Tiw	SAH, NSH, SPGH, POPG, BCM & Kinderd	09/01/15
Marisol Schultheis	SAH, NSH, SPGH, POPH, Kindred & BMC	09/01/15
Jennifer Gill	SAH, NSH, SPGH, POPH, BMC & Kindred	09/01/15
Jill Parker	POPH, SAH & SPGH	09/01/15
BAYFRONT HMA PHYSICIAN MANAGEMENT, L.L.C. (dba BAYFRONT CARDIOVASCULAR ASSOCIATES)		
Jenny E. Michael	Bayfront Hospital	09/01/15
Thinh P. Nguyen	Bayfront Hospital	09/01/15
Steven V. Curiale	Bayfront Hospital	09/01/15

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Altaf Anga	Bayfront Hospital	09/01/15
Lisa Ball	Bayfront Hospital	09/01/15
Brian Burke	Bayfront Hospital	09/01/15
Katherine Chiu	Bayfront Hospital	09/01/15
Sean Croteau	Bayfront Hospital	09/01/15
Anthony D'oyley	Bayfront Hospital	09/01/15
Steven Epstein	Bayfront Hospital	09/01/15
Jonathan Hall	Bayfront Hospital	09/01/15
Marie Jeoboam	Bayfront Hospital	09/01/15
Jeffery Johnson	Bayfront Hospital	09/01/15
Amy Koler	Bayfront Hospital	09/01/15
Ravikirabn Korabathina	Bayfront Hospital	09/01/15
Farnk Marsalisi	Bayfront Hospital	09/01/15
Nicholas Price	Bayfront Hospital	09/01/15
Abie Samuel	Bayfront Hospital	09/01/15
Irina Scutaru	Bayfront Hospital	09/01/15
Vibhuti Singh	Bayfront Hospital	09/01/15
Keri A. Hunter	Bayfront Hospital	09/01/15
Daniel A. Eckstein	Bayfront Hospital	09/01/15
Katherine F.Wojnowich	Bayfront Hospital	
Hugh Vangelder	Bayfront Hospital	09/01/15
BAYFRONT HMA MEDICAL CENTER, LLC dba BAYFRONT FAMILY HEALTH CENTER		
Megan Indermaur	Bayfront Hospital & St. Petersburg General	09/01/15
Beth Benson	Bayfront Hospital & St. Petersburg General	09/01/15
Frank Marsalisi	Bayfront Hospital & St. Petersburg General	09/01/15
Elizabeth Burke	Bayfront Hospital & St. Petersburg General	09/01/15
Mark Sanchez	Bayfront Hospital & St. Petersburg General	09/01/15
David Desper	Bayfront Hospital & St. Petersburg General	09/01/15
Marilyn Fudge	Bayfront Hospital & St. Petersburg General	09/01/15
Maria Cynthia Lopez	Bayfront Hospital & St. Petersburg General	
James Lapolla	Bayfront Hospital & St. Petersburg General	09/01/15
BAYSIDE UROLOGY, P.A.		
Cesar Abreu	Largo Medical, Mease Dunedin, Mease Countryside & Bay Care Alliant	09/01/15
BERC SARAFIAN M.D. FACP		
BERC SARAFIAN	St. Anthony's, MPH, Largo Medical, SPG, Northside & Bayfront Hospital	09/01/15
BODY CONTOURING, INC. (DR. LUIS APONTE, M.D., P.A.)		
Luis Aponte	Bayfront Medical Center	09/01/15
BRUCE BERNSTEIN, M		
BRUCE BERNSTEIN (Oral Surgon)		
CENTER FOR DIGESTIVE CARE, INC. dba WEST CENTRAL GASTROENTEROLOGY		
Pothen Jacobs	St. Anthonys, Bayfront, NSH, SPG, MPH & LMC	09/01/15
Chetan K. Desai	St. Anthonys, Bayfront, NSH, SPG, MPH & LMC	09/01/15
Abhitabh Patil	St. Anthonys, Bayfront, NSH, SPG, MPH & LMC	09/01/15
Mihir Patel, MD	St. Anthony's, Bayfront, NSH, SPG, MPH & LMC	09/01/15
CENTRAL IMAGING OPEN MRI, INC.		
Stephen Anderson	Northside Hospital	
Lee Friedman	Northside Hospital	
Jayson Lord		
Saugita Kapadia		
Charles Domson		
Michael O'Neill		
David Samuelson		
Nathan M. Hameroff		
Medical Specialist of Florida (Formaly CHRISTOS POLITIS, M.D., P.A.) dba ST PETE UROLOGY		
Christosp Politis	Bayfront, St. Anthony's & Palms of Pasadena	09/01/15
Reid V. Graves	Bayfront, St. Anthony's & Palms of Pasadena	09/01/15
Nicholas A. Laryngakuis	Bayfront, St. Anthony's & Palms of Pasadena	09/01/15

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CLEARWATER PATHOLOGY ASSOCIATES, P.A.		
George D. Schaffer	Morton Plant Hospital	09/01/15
Kenneth R. Schoroer	Morton Plant Hospital	09/01/15
Antonela C Zanchi	Morton Plant Hospital	09/01/15
Vesna Vrcelj	Morton Plant Hospital	09/01/15
COASTAL PULMONARY & CRITICAL CARE, P.L.C.		
Hudman A. Hoo	St. Anthony's, Bayfront & Kindred	09/01/15
Jose F. Luciano	St. Anthony's, Bayfront & Kindred	09/01/15
David Sams	St. Anthony's, Bayfront & Kindred	09/01/15
Vinny O. Samuel	St. Anthony's, Bayfront & Kindred	09/01/15
Warren R. Abel	St. Anthony's, Bayfront & Kindred	09/01/15
Tammy Ferro	St. Anthony's, Bayfront & Kindred	09/01/15
CONSULTANTS IN INFECTIOUS DISEASES, L.L.C.		
Roopa Ganga	MP-Countryside, Mease Dunedin, MP, Baycare Alliant, SA, NS, SPG, LM, Kindrek, Florida Hospital North Pinellas	07/28/15
Francisco J. Gomez	MP-Countryside, Mease Dunedin, MP, Baycare Alliant, SA, NS, SPG, LM, Kindrek, Florida Hospital North Pinellas	07/28/15
Lalit Kalra	MP-Countryside, Mease Dunedin, MP, Baycare Alliant, SA, NS, SPG, LM, Kindrek, Florida Hospital North Pinellas	07/28/15
Abey Saral	MP-Countryside, Mease Dunedin, MP, Baycare Alliant, SA, NS, SPG, LM, Kindrek, Florida Hospital North Pinellas	07/28/15
Krishnan E. Parayath	MP-Countryside, Mease Dunedin, MP, Baycare Alliant, SA, NS, SPG, LM, Kindrek, Florida Hospital North Pinellas	07/28/15
DAVID W. MALKA, M.D., P.A.		
David W Malka	Morton Plant/Dunedin, Morton Plant Mease Countryside, Helen Ellis, Morton Plant North Bay, Trinity Medical Center, Regional Med Center Bayonet Point, Oak Hill Hospital, Brooksville-Springhill Regional Hospital, Health South Rehab Hospital.	07/28/15
Thondikulam A. Subramanian	Morton Plant/Dunedin, Morton Plant Mease Countryside, Helen Ellis, Morton Plant North Bay, Trinity Medical Center, Regional Med Center Bayonet Point, Oak Hill Hospital, Brooksville-Springhill Regional Hospital, Health South Rehab Hospital.	07/28/15
Quin Gu	Morton Plant/Dunedin, Morton Plant Mease Countryside, Helen Ellis, Morton Plant North Bay, Trinity Medical Center, Regional Med Center Bayonet Point, Oak Hill Hospital, Brooksville-Springhill Regional Hospital, Health South Rehab Hospital.	07/28/15
Indira K. Umamaheswaran	Morton Plant/Dunedin, Morton Plant Mease Countryside, Helen Ellis, Morton Plant North Bay, Trinity Medical Center, Regional Med Center Bayonet Point, Oak Hill Hospital, Brooksville-Springhill Regional Hospital, Health South Rehab Hospital.	07/28/15
Eric Sincoff	Morton Plant/Dunedin, Morton Plant Mease Countryside, Helen Ellis, Morton Plant North Bay, Trinity Medical Center, Regional Med Center Bayonet Point, Oak Hill Hospital, Brooksville-Springhill Regional Hospital, Health South Rehab Hospital.	07/28/15
DHARAMRAJ, INC. (DR. KENNETH DHARAMRAJ, MD)		
Kenneth S. Dharamraj	Morton Plant Mease, CS Mease Dunedin, Largo Medical	07/28/15
DIABETES CARE CENTER, INC.		
Lusiana Loman	Bayonet Point Med. Ctr. of Trinity, Morton Plant North Bay, Morton Plant Countryside	07/28/15
Jesus L Penabad	Bayonet Point Med. Ctr. of Trinity, Morton Plant North Bay, Morton Plant Countryside	07/28/15
Antonio Pinero-Pilona	Bayonet Point Med. Ctr. of Trinity, Morton Plant North Bay, Morton Plant Countryside	07/28/15
Ania Ewa Janicka	Bayonet Point Med. Ctr. of Trinity, Morton Plant North Bay, Morton Plant Countryside	07/28/15

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Anna Szafran-Swietlik	Bayonet Point Med. Ctr. of Trinity, Morton Plant North Bay, Morton Plant Countryside	07/28/15
DIGESTIVE ANESTHESIA ASSOCIATES, LLC		
Vivian Benci	Bay Area Endoscopy and Surgery Center	09/01/15
Frederick Brown	Bay Area Endoscopy and Surgery Center	09/01/15
Joan Christie	Bay Area Endoscopy and Surgery Center	09/01/15
Steven Feinerman	Bay Area Endoscopy and Surgery Center	09/01/15
Alon Frank	Bay Area Endoscopy and Surgery Center	09/01/15
Carla Lang- Lewin	Bay Area Endoscopy and Surgery Center	09/01/15
Cynthia Margueen	Bay Area Endoscopy and Surgery Center	09/01/15
Eric Nazareth	Bay Area Endoscopy and Surgery Center	09/01/15
Suzanne Nowak	Bay Area Endoscopy and Surgery Center	09/01/15
Catherine Schane	Bay Area Endoscopy and Surgery Center	09/01/15
Thomas Woods	Bay Area Endoscopy and Surgery Center	09/01/15
Bonita D. Rambo-Smith	Bay Area Endoscopy and Surgery Center	09/01/15
Sandra M. Rosado	Bay Area Endoscopy and Surgery Center	09/01/15
DIGESTIVE DISEASE AND CANCER INSTITUTE, P.A.		
Madhu Goyal	Morton Plant Mease Dunedin/ Countryside/Trinity	07/28/15
Anoop K. Goyal	Morton Plant Mease Dunedin/ Countryside/Trinity	07/28/15
DON B. KNAPP II, MD		
DON B. KNAPP	St. Petersburg General ,Northside & Saint Anthony's	07/28/15
E. GEORGE ROSANELLI, JR., M.D., P.A.		
Edward G. Rosanelli	All Children's Hospital	07/28/15
EQUBAL KALANI MD PA		
Equbal E. Kalani	Fl Hospital North Pinellas, Medical Hospital of Trinity, Northbay, Mease Countryside, Mease Dunedin & Morton Plant	09/01/15
FARESE PHYSICAL THERAPY CENTER, INC.		
Patricia Farese		
FLORIDA CANCER SPECIALISTS, P.L.		
Lane Ziegler	LM, Morton Plant, Mease Countryside, Mease Dunedin	07/28/15
Kerry Chamberlain	LM, Morton Plant, Mease Countryside, Mease Dunedin	07/28/15
Jennifer Ball	LM, Morton Plant, Mease Countryside, Mease Dunedin	07/28/15
John Peterson	SA, Bayfront, Palms of Pasadena	07/28/15
Hitesh Patel	LM, Morton Plant, Mease Countryside, Mease Dunedin	07/28/15
Edger Miranda	Florida Hospital North Pinellas, Morton Plant, Mease Countryside, Mease Dunedin	07/28/15
Idelfa Marte	Florida Hospital North Pinellas, Morton Plant, Mease Countryside, Mease Dunedin	07/28/15
Don Loung	LM, Morton Plant, Mease Countryside, Mease Dunedin	07/28/15
Richard Knipe	SA, Bayfront, Palms of Pasadena	07/28/15
Geetha Kamath	NS, SPG, LM, Morton Plant	07/28/15
Nuruddin Jooma	LM, MP, Mease Countryside, Mease Dunedin	07/28/15
Vu Ho	SA, Bayfront, Palms of Pasadena	07/28/15
Robert Drapkin	LM, MP, Mease Countryside, Mease Dunedin	07/28/15
Michael Diaz	SA, Bayfront, Palms of Pasadena	07/28/15
Gregoire Bergier	LM, MP, Mease Countryside, Mease Dunedin	07/28/15
Thyagarajan Ananthakrishnan	NS, SPG, LM, Morton Plant	07/28/15
Barbara Adamiak	St. Anthony's Hospital, Palms of Pasadena, Bayfront	07/28/15
Ayman Barakat	Palms of Pasadena, St. Anthony's & Bayfront Hospital	09/01/15
Heather Blanchette	Mease Countryside, Mease Dunedin, Morton Plant & Largo Medical	09/01/15
Jessica Bremm	Largo Medical & Morton Plant Hospital	09/01/15
Sung Byun	Largo Medical, Morton Plant, Mease Dunedin & Mease Countryside	09/01/15
Robert Drapkin	Mease Countryside, Mease Dunedin, Morton Plant Hospital & Largo Medical	09/01/15
Nataya Francis	Mease Countryside, Mease Dunedin & Morton Plant Hospital	09/01/15
Richard Knipe	St. Anthony's, Bayfront Palms of Pasadena	09/01/15
Joseph Mace	St. Anthony's, Bayfront Palms of Pasadena	09/01/15
Rebecca Mcallister	Mease Dunedin, Mease Countryside & Morton Plant	09/01/15

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Michelle Mintz	Palms of Pasadena Hospital, Bayfront & St. Anthony's	09/01/15
Denise Palazzola	Mease Countryside, Mease Dunedin & Morton Plant Hospital	09/01/15
Sara Pastman	Bayfront, St. Anthony's Palms of Pasadena	09/01/15
Wendy Sanchez	Morton Plant & Largo Medical	09/01/15
Alyssa Siladie	Saint Anthonys, Bayfront & Palms of Pasadena	09/01/15
Madeline Waters	Largo Medical & Morton Plant Hospital	09/01/15
Jose Alemar	LM, MP, Mease Countryside, Mease Dunedin	09/01/15
FLORIDA ENDOCRINOLOGY & DIABETES CENTER, L.L.C.		
Venkata Budharaju	St. Petersburg General hospital, Northside hospital, Largo Medical Center	07/28/15
David Irizarry	St. Anthony's, Bayfront, Morton Plant Hospital	
GASTROENTEROLOGY AND ONCOLOGY ASSOCIATES, INC. dba FLORIDA DIGESTIVE SPECIALISTS		
Jayaprakash K. Kamath	Saint Petersburg General, Northside Hospital and Morton Plant Hospital	
Linaflor Hernandez Tumaneng	Saint Petersburg General, Northside Hospital and Morton Plant Hospital	
GATEWAY RADIOLOGY CONSULTANTS, P.A.		
Vim H. Patel		
James Nsiman	Northside and Largo Medical Hospital	
Gagandeep S. Mangat		
GERALD RIZZO, M.D., P.A.		
Gerald Rizzo	Bayfront Medical Center, Largo Medical Center, Northside Hospital, Palms of Pasadena Hospital, St. Anthonys Hospital, St. Petersburg General Hospital and Kindrek Hospital	07/28/15
GREATER FLORIDA ANESTHESIOLOGISTS, L.L.C.		
Amarys A. Abadie		
Thomas W. Allison		
Todd Borgwald		
Anissa Coker		
Jennifer L. Gordon		
Richard M. Hester		
Franklin Howell		
DEMETRIOSNICHOLASKAIAFAS		
Wayne Pickard		
Richard Varlotta		
GULF COAST PRIMARY CARE, P.L.C.		
UDAYABHASKER GANGAPURAM REDDY	Mease Duniden, Mease Countryside, Morton Plant Mease, FL Hospital North Pinellas	07/28/15
REKHA KESHA BHOMI	Mease Duniden, Mease Countryside, Morton Plant Mease, FL Hospital North Pinellas	07/28/15
GULF TO BAY ANESTHESIOLOGY ASSOCIATES, LLC		
MUHAMMAD NABIL ABOU-SAMRA	LMC, SPG, NSH & Suncoast Hospital Indian Rocks	09/01/15
Jabeen Ahed	LMC, SPG, NSH & Suncoast Hospital Indian Rocks	09/01/15
Amrat Anand	LMC, SPG, NSH & Suncoast Hospital Indian Rocks	09/01/15
Zsolt Balazs	LMC, SPG, NSH & Suncoast Hospital Indian Rocks	09/01/15
Cathy Balbin	LMC, SPG, NSH & Suncoast Hospital Indian Rocks	09/01/15
John Baslie	LMC, SPG, NSH & Suncoast Hospital Indian Rocks	09/01/15
Attila Becsey	LMC, SPG, NSH & Suncoast Hospital Indian Rocks	09/01/15
Erik Benton	LMC, SPG, NSH & Suncoast Hospital Indian Rocks	09/01/15
Andre Camara	LMC, SPG, NSH & Suncoast Hospital Indian Rocks	09/01/15
Ernico Camporesi	LMC, SPG, NSH & Suncoast Hospital Indian Rocks	09/01/15
Sibat F. Chaudary	LMC, SPG, NSH & Suncoast Hospital Indian Rocks	09/01/15
HELP-US HELP-U, INC		
Juan Martinez	Saint Joseph Hospital, Florida Hospital	07/28/15
Kelly King	Lakeland Regional Medical Center	07/28/15
HENRY EARL COTMAN, M.D., P.A.		
Henry Cotman	St. Petersburg General hospital, Northside Hospital, St. Anthony's & Bayfront Medical Center	09/01/15
INFECTIOUS DISEASE CONSULTANTS OF ST. PETERSBURG, P.A.		

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Clinton D. Holder	Bayfront Hospital, St. Anthony's Hospital, Palms of Pasadena, Kindred	07/28/15
INFECTIOUS DISEASE PHYSICIANS OF FLORIDA WEST COAST, P.L.		
Don Bercuson, MD	Bay Care, Largo Medical	07/28/15
Maria Carreon, MD	Bay Care, Largo Medical	09/01/15
Thomas Hoffman, MD	Bay Care, Largo Medical	09/01/15
Dandee Pradhan, MD	Bay Care, Largo Medical	09/01/15
Murali Puthisigamani, MD	Bay Care, Largo Medical	09/01/15
Curtis B. Cochrane	Bay Care, Largo Medical	09/01/15
John M. Goad, DO	Bay Care, Largo Medical	09/01/15
INPATIENT CONSULTANTS OF FLORIDA, INC		
Ryan Adami	Tampa General Hospital	09/01/15
Tali Arviv	Largo Medical ~ Morton Plant/Meases	09/01/15
Arnaldo Buckley	Brandon Regional~South Bay~Memorial	09/01/15
Tim Carlson	Pinellas County SNF Facilities	09/01/15
Peter Cherian	Palms of Pasadena Hospital	09/01/15
Nicole Cole	Tampa General Hospital	09/01/15
Patricia Lithgow-Curto	Hillsborough County SNF Facilities	09/01/15
Gary Dale	Bayfront- Kindred St. Pete	09/01/15
Marijo La De	Bayfront- Kindred St. Pete	09/01/15
Niyomi De Silva	Largo Medical-Palms of Pasadena	09/01/15
Laurence A. Rose Doyle	Brandon Regional~South Bay~Memorial Tampa~Kindreds~St Joseph's Tampa~FHT	09/01/15
Dave Frank Fidler	Florida Hospital Tampa	09/01/15
F. Paul Foti	Bayfront-Kindred, St.Pete General and Palms of Pasadena	09/01/15
Timothy Frost	Bayfront, Kindred St. Pete	09/01/15
Ramon Cueto Guerrero	Hillsborough County SNF Facilities	09/01/15
Sumit Gupta	Tampa General Hospital- Florida Hospital Tampa	09/01/15
Scott Vyacheslav Gutkin	Largo Medical- Morton Plant Meases	09/01/15
Andrew Hayslett	Palms of Pasadena Hospital	09/01/15
Lauren Hendrix	Bayfront	09/01/15
Michael Hudack	Bayfront-Kindred	09/01/15
Marcus Janicki	Pinellas County SNF Facilities- Largo Medical- Morton Plant Meases	09/01/15
Rita Jarvis	Tampa General Hospital	09/01/15
Susan Jensen	Pinellas County SNF Facilities	09/01/15
Robert Kaszuba	Morton Plant Meases	09/01/15
Wanda Lewis	Palms of Pasadena Hospital- Largo Medical	09/01/15
Hien Mai	Brandon Regional -Kindreds	09/01/15
Andres Grau-Marte	Pinellas County SNF Facilities	09/01/15
Christine Myatt	Tampa General Hospital- Florida Hospital Tampa	09/01/15
James Ngueyn	Bayfront, Palms of Pasadena, Morton Plant Meases	09/01/15
Nadia Noor	Hillsborough County SNF Facilities	09/01/15
Henry Odukamaiya	Hillsborough County SNF Facilities	09/01/15
Olamiju Olaleye	Tampa General Hospital	09/01/15
Ewa Piszczek	Pinellas County SNF Facilities	09/01/15
Gabriel Jose Reinoso	Pinellas County SNF Facilities	09/01/15
Francisco Rey	Hillsborough County SNF Facilities	09/01/15
Tonia Sullivan Richardson	Tampa General Hospital	09/01/15
Kirchner Andrea Rogers	Tampa General hospital	09/01/15
Rafael Rondon	Hillsborough County SNF Facilities	09/01/15
Romeo Saliba	Largo Medical- Morton Plant Meases	09/01/15
Jennifer Seale	Pinellas County SNF Facilities	09/01/15
Shikha Sharma	Tampa General Hospital and Florida Hospital Tampa	09/01/15
Jae Shin	Palms of Pasadena, bayfront, St. Anthonys, Largo Med and Morton Plant Mease	09/01/15
Brent Stottman	Palms of Pasadena~Morton Plant Meases	09/01/15
Nantha Surkunalingam	Palms of Pasadena Hospital	09/01/15
Claudia Turenne	Tampa General Hospital - Florida Hospital Tampa	09/01/15
Sreelatha Varkala	Tampa General Hospital	09/01/15
Michael Yap	Largo Medical ~ Morton Plant/Meases	09/01/15

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Luis Ycaza	Pinellas County SNF Facilities	09/01/15
Stephen Thomason	Pinellas County SNF Facilities	
Vinit Patil	Brandon Regional	
Michael Lorello	Pinellas County SNF Facilities	
Brenden Kavanaugh	Bayfront St. Petersburg	
Katherine Jeong	Tampa General Hospital	
Achyut Gandhi	Pinellas County SNF Facilities	
Fernando Mori Diaz	Hillsborough County SNF Facilities	
INTERVENTIONAL CARDIAC CONSULTANTS, P.L.C.		
Raul A. Jimenze		
JAMES POWERS, D.O., P.A.		
James Powers	Bayfront, Largo and Suncoast	07/28/15
Michael H. Manning Jr.	Northside Hospital, HCA West Central FL,	07/28/15
LABORATORY PHYSICIANS, P.A.		
Larry J. Davis		
Nini Khin		
Edwin J Humphrey		
Jeremy W. Bowers		
LAZENBY & HEATH, M.D.'S, P.A.		
George W. Lazenby	Morton Plant Hospital	09/01/15
Diane H. Heath	Florida Hospital North Pinellas	09/01/15
LEAVITT MEDICAL ASSOCIATES OF FLORIDA, INC. dba ADVANCED DERMATOLOGY AND COSMETIC SURGERY		
Lauren Archner	All Children's Hospital/ Largo Medical Center	07/28/15
Fred Gurtman		
Stephen Levitt	St. Pete General Hospital	07/28/15
Maria Garcia-Cardona	Morton Plant Mease/Baycare Health System	07/28/15
Michael Burton		
Steven Proper		
LEE SHETTLE, D.O., P.A.		
Lee Shettle	Largo Medical Center	07/28/15
MARK L. RITCH, D.O.		
MARK L. RITCH, D.O.	Largo Medical Center	09/01/15
MEASE PATHOLOGY ASSOCIATES, INC.		
Christopher Williams	Mease Hospital	07/28/15
Charles E. Kramer	Mease Hospital	07/28/15
MICHAEL SIEDLECKI, M.D.		
Michael Sidlecki		
MORTON PLANT MEASE DIAGNOSTIC CARDIOLOGY, LLC/ MPM CARDIOLOGY SERVICES, LLC		
Robert A. Black	Morton Plant Mease	09/01/15
Jeremy Bock	Morton Plant Mease	09/01/15
Patrick A. Cambier	Morton Plant Mease	09/01/15
Alan D. Camp	Morton Plant Mease	09/01/15
Wayne Cheng	Morton Plant Mease	09/01/15
George A. Dagher	Morton Plant Mease	09/01/15
Jonathan Hobson	Morton Plant Mease	09/01/15
Kerry Kaplan	Morton Plant Mease	09/01/15
John Klonaris	Morton Plant Mease	09/01/15
Todd Kovach	Morton Plant Mease	09/01/15
Lang Lin	Morton Plant Mease	09/01/15
Parag Patel	Morton Plant Mease	09/01/15
Kimberly Quick	Morton Plant Mease	09/01/15
Stephen Turker	Morton Plant Mease	09/01/15
MRI ASSOCIATES OF PALM HARBOR, INC. dba PALM HARBOR MRI		
Charles Domson		
Jayson Lord		
Thomas Okulski		
MRI ASSOCIATES OF ST. PETE, INC.		
Stephen Anderson	Bayfront Hospital & Northside Hospital	09/01/15
Darren Buono	St. Joseph Hospital	09/01/15

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Chester Babat	St. Petersburg General	09/01/15
Chintan Desai	Northside Hospital & Largo Medical Hospital	09/01/15
Lee Friedman	St. Petersburg General & Largo Medical	09/01/15
Mark Herbst		
James Johnson	Northside Hospital & St. Petersburg General Hospital	09/01/15
Sangita Kapadia	Pasadena Imaging	09/01/15
Allan Katz	St. Petersburg General, Northside & Largo Medical	09/01/15
Ali Raza	St. Petersburg General, Northside & Largo Medical	09/01/15
David Samuelson	St. Petersburg General, Northside & Largo Medical	09/01/15
Anette Wise- McNulty	St. Petersburg General, Northside & Largo Medical	09/01/15
Emad Yacoub	St. Petersburg General, Northside & Largo Medical	09/01/15
NABILA NIAZ, M.D., P.A.		
NABILA NIAZ	Bayfront Medical Center, Largo Med, North side, Palms of Pasadena St. Anthony's St. Petersburg General & Kindred Hospital	09/01/15
NEPHROLOGY CONSULTANTS OF PINELLAS, LLC		
Michael Ham	Morton Plant, Largo Medical	09/01/15
Frederick Dewberry	Morton Plant, Largo Medical	09/01/15
NEUROINTERVENTIONAL ASSOCIATES, P.A.		
Hasmukh Prajapati		
Fawad Shaheen		
Nasser Razack		
Creed Ruker		
NEUROLOGIC CARE CENTER, P.A.		
Mary E. Shriver	Town & Country Hospital & St. Joseph Hospital	09/01/15
Denise K. Griffin	Town & Country Hospital & St. Joseph Hospital	09/01/15
NEUROSURGICAL ASSOCIATES OF TAMPA BAY, INC.		
H. Bushnell Clark	St. Anthony's Specialist & St. Anthony's Hospital	09/01/15
Thomas J. Stengel	Bayfront, Northside & St. Anthony's	09/01/15
Cedric D. Shorter	Bayfront, Northside & St. Anthony's	09/01/15
Kirk W. Jobe	Bayfort Northside & St. Anthony's	09/01/15
North Pinellas Anesthesia Associates/ Northwood Anesthesia Associates, L.L.C.		
Nathaniel Bolli	FL Hospital Carrollwood & North Pinellas	09/01/15
Allan Escher	FL Hospital Carrollwood	09/01/15
Khurram Ghori	FL Hospital Carrollwood	09/01/15
Jeffrey Gilfor	FL Hospital Carrollwood & North Pinellas	09/01/15
Yeneish Gonzalez- Garcia	FL Hospital Carrollwood	09/01/15
Ramiz Gundkalli	FL Hospital Carrollwood & North Pinellas	09/01/15
Lorraine Kerchum	FL Hospital Carrollwood & North Pinellas	09/01/15
Irwin Luy	FL Hospital Carrollwood & North Pinellas	09/01/15
Edward Norman	FL Hospital Carrollwood & North Pinellas	09/01/15
Aalok Patel	FL Hospital Carrollwood	09/01/15
Alain Ruiz-Zaith	FL Hospital Carrollwood & North Pinellas	09/01/15
Gleen Syeda	FL Hospital Carrollwood & North Pinellas	09/01/15
Matthew Umholtz	FL Hospital Carrollwood & North Pinellas	09/01/15
Nataliya Yakovleva	FL Hospital Carrollwood & North Pinellas	09/01/15
Louis Palmermo	FL Hospital North Pinellas	09/01/15
OPEN MRI OF PINELLAS, INC. dba ADVANCED MEDICAL IMAGING		
Abner Martin Landry III		
Douglas L Eiland		
Mark J. Timken		
ORLICK, BERGER, KASPER & PATEL		
Jeffery Kasper	Northside Hospital	09/01/15
Todd Berger	Northside Hospital	09/01/15
Nandesh N. Patel	Northside Hospital	09/01/15
Grace Angelia Levey-Clarke		
Martin E. Orlick	Northside Hospital	09/01/15
PATHOLOGY ASSOCIATES, P.A.		
Kern M. Davis	St. Anthony's, St. Petersburg General And Northside Hospital	09/01/15
Robert T. Slockett	St. Anthony's, St. Petersburg General And Northside Hospital	09/01/15

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Stella M. Defortuna	St. Anthony's, St. Petersburg General And Northside Hospital	09/01/15
Muriel C Lavallee-Grey	St. Anthony's, St. Petersburg General And Northside Hospital	09/01/15
Alvaro Daniel Saenz	St. Anthony's, St. Petersburg General And Northside Hospital	09/01/15
Catherine D. Kennedy	St. Anthony's, St. Petersburg General And Northside Hospital	09/01/15
Pediatric Medical Group of Florida (Pediatric Cardiology Associates)		
Frances Arrillage	All Children's Hospital	09/01/15
Ann Bernus	All Children's Hospital	09/01/15
Jorge Giroud	All Children's Hospital	09/01/15
Javier Gonzalez	All Children's Hospital	09/01/15
James Huhta	All Children's Hospital	09/01/15
Jonathan B. John	All Children's Hospital	09/01/15
Stephanie Kurtz	All Children's Hospital	09/01/15
David Lawrence	All Children's Hospital	09/01/15
Richard Martinez	All Children's Hospital	09/01/15
Jorge McCormack	All Children's Hospital	09/01/15
Daniel McKenna	All Children's Hospital	09/01/15
Jeremy Ringewald	All Children's Hospital	09/01/15
Elsa Suh	All Children's Hospital	09/01/15
PINELLAS EKG INTERPRETERS, INC.		
Jay Amin		
Mahesh Amin		
Carlos Bayron		
Robert Black		
Jeremy Bock		
Wayne Cheng		
George Dagher		
John Garner		
Kevin Garner		
Syed Gilani		
Trevor Law		
David Mokotoff		
Vaibhav Moondra		
Brian Moss		
Bhasker Patel		
Parag Patel		
Abdur Rahim		
Geraldo Ramos		
Saihari Sandanandan		
Stephen Scranton		
Amit Srivastava		
Andrea Woods		
Michael Barry		
Patrick Cambier		
Alan Camp		
Kenneth Dharamraj		
David Dietrich		
Lenorad Dunn		
Aland Fernandez		
John Finn		
Ahamid Hakki		
Henry Hazlitt		
Mark Hepp		
Jonathan Hobson		
Kerry Kaplan		
Ravi Kethireddy		
Marilyn King		
Jesse Klein		
John Klonaris		
David Kohl		
Todd Kovach		
Merrill Krolick		

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Paul Kadelko		
Fabio Leonelli		
Lang Lin		
Vanessa Lucarella		
Markek Mikulski		
Octavio Montalvo		
Patrice Moreno		
Jore Navas		
Vanessa Nguyen		
Ann Paszczuk		
Parag Patel		
Vijay Patel		
Paul Phillips		
Kimberly Quick		
Moham Reddy		
Kenneth Sabatino		
Manuel Salazar		
Manuel Schwartz		
Richard Sola		
Douglas Spriggs		
Bernardo Stein		
Jeff Steinhoff		
Ronald Walsh		
Michael Williamson		
Jason Zelenka		
PINELLAS IMAGING CONSULTANTS, P.A.		
George Antaki		
Jose Arjona		
Phillip Bainbridge		
Locke Barber		
Howard Blankenship		
Edward Bouchard		
Michael Breen		
Albert Chang		
Arthur Clark		
William Coulter		
Brandon Covert		
Donald Durrance		
Avery Evans		
David Epstein		
John Gaughen		
James Grim		
David Huangh		
Mark Jaffe		
Eve Jehle		
Nathan Jones		
Matthew Karlen		
Zinovy Katz		
Jarret Kuo		
Galen Le		
James Lee		
Thomas Maroldo		
Gus Mitsopoulos		
Joseph Morrell		
Brent Neiderman		
Michael Nicholas		
Amit Pal		
Clinton Pittman		
Sujit Pradhan		
Arirl Prager		
Andre Prince		
Charles Readdy		

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Paul Roesler		
Rav Sawyer		
Jeffrey Shay		
Scott Shay		
Michael Sorbello		
Marcel Srur		
Ronald Stengel		
Robin Stoecker		
Terrance Stone		
Stephan Strasser		
Frank Taylor		
Bryant Thorpe		
Dwight Towndend		
Harvey Wiener		
Andrew Young		
PINELLAS MEDICAL ASSOCIATES, P.A.		
Anthony Albert	Largo Medical, Northside, Palms of Pasadena, St. Pete General St. Anthony's St. Anthony's Surgery Center Bardmoor, Westchase & Bayfront	9/1/2015
Lisa Flaherty	Largo Medical Center, Northside & St. Pete General	9/1/2015
Jennifer Matos-Rodriguez	Northside, St. Petersburg General	9/1/2015
Rafat Nashed	Northside Hospital, St. Pete General, Largo Med, Palms Of Pasadena, Bayfront St. Anthonys Hospital, St. Anthonys Surgery Center Carillon Surgery Center & Bardmoor	9/1/2015
Ahmad Nemathbakhsh	Largo Med, Northside Hospital, Palms of Pasadens, St. Petersburg General, Bayfront, St. Anthonys & St. Anthonys Surgery Center.	9/1/2015
Leah Dent	Northside, Largo Med, Palms of Pasadena, St. Anthonys, St. Anthony's Surgry Center , Bardmoor, Bayfront and St. Petersburg General,	9/1/2015
Justin Bidwell	Northside, Largo Med, Palms of Pasadena, St. Anthonys Physician's Surgery Center, Bardmoor, Westchase, Bayfront and St. Petersburg General	9/1/2015
Patricia Wilson	Northside, Largo Med, Palms of Pasadena, St. Anthonys, St. Anthony's Surgry Center , Bardmoor, Bayfront and St. Petersburg General, Carillon Surgery Center	9/1/2015
Stuart MacCollom		
PINELLAS RADIATION ONCOLOGY ASSOCIATES		
Michael D Gauwitz	Morton Plant Mease Hospital, Mease Dunedin, Mease Countryside Largo Med.	9/1/2015
Hirack Shah	Morton Plant Mease Hospital, Mease Dunedin, Mease Countryside Largo Med.	9/1/2015
Norman Brodsky	Morton Plant Mease Hospital, Mease Dunedin, Mease Countryside Largo Med.	9/1/2015
Taghrid Altoos	Morton Plant Mease Hospital, Mease Dunedin, Mease Countryside Largo Med.	9/1/2015
PINELLAS SURGICAL ASSOCIATES, Inc.		
Harold Matthew Cough	St. Anthony's Northside & St. Petersburg General	9/1/2015
Melissa Logan	St. Anthony's Northside & St. Petersburg General	9/1/2015
Albert Li	St. Anthony's Northside & St. Petersburg General	9/1/2015
Nagella Ravindra	St. Anthony's Northside & St. Petersburg General	9/1/2015
RADIOLOGY ASSOCIATES OF CLEARWATER, M.D., P.A.		
Mark David Benjamin	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Fedrick Joseph Carolan	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Jerry Chung	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Brian Lane Anderson	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015

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Marsha Elizabeth Cline	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Matthew Vincent Cronin	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Devaki Varde Dewan	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Robert Jay Entel	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Craig Mark Banull	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
John Steele Fisher	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
William Joseph Halleran	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Lowell Bruce Heinke	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Richard P. Ghavami	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Teresa Ann Howard	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Barry Benard Kruas	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Daniel Stephen Krop	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Robert Krupa	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Eric Manuel Lopez del Valle	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Rhonda Kay McDowell	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Amy Kristen Mickler	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
John Salvatore Milliziano	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Bryron Charles Mischen	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
David Ernest Nunnelly	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Anil Gordhanbhai Patel	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Divyang Patel	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Upen Jayant Patel	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Michael Scott Portillo	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Yair Ishayahu Safriel	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Abdul Rhman Shamsi	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Jonathan Charles Squires	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Adarsh Verma	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Alex Javier Weiss	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
Mitchell Weiss	Morton Plant Hospital, Mease Countryside & Mease Dunedin Hospital	9/1/2015
RADIOLOGY ASSOCIATES OF ST. PETERSBURG, P.A.		
Thomas James Egan	St. Anthony's Hospital	9/1/2015
Steven Duane Schirm	St. Anthony's Hospital	9/1/2015

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Glenn Alan Call	St. Anthony's Hospital	9/1/2015
Matthew John Rahaim	St. Anthony's Hospital	9/1/2015
Claudia Cunha Bunaschu	St. Anthony's Hospital	9/1/2015
Adam Miles Garrett	St. Anthony's Hospital	9/1/2015
Joanne Barbara Cressman	St. Anthony's Hospital	9/1/2015
John Christopher Bertozzi	St. Anthony's Hospital	9/1/2015
Kevin Wilson Marcum	St. Anthony's Hospital	9/1/2015
RENAL HYPERTENSION CENTER		
Muralidhar K. Acharya	Regional Medical Center Bayonet Point	9/1/2015
Mahathi Adla Reddy	Morton Plant North Bay Hospital	9/1/2015
Linda J. Badillo	Medical Center of Trinity	9/1/2015
Michael J. Brucculeri	Mease Hospital Dunedin & Clearwater	9/1/2015
Veeraish Chauhan	Manatee Memorial Hospital	9/1/2015
Prakas T. D'Cunha	Morton Plant Hospital	9/1/2015
Weslet A. Gabbard	Florida Hospital North Pinellas,	9/1/2015
Srinivas K. Hariachar	Oak Hill Hospital	9/1/2015
Mrinalini E. Matcha	Bayfront Medical Hospital	9/1/2015
Sudhindra Pudur	Edward White Hospital	9/1/2015
Purushottam M. Reddy	Bayfront Brooksville/Spring Hill Regional Hospital	9/1/2015
Daisy B. Reyes	Oak Hill Hospital	9/1/2015
Tushar Sharma	Morton Plant Hospital	9/1/2015
Kedar Shetye	Largo Medical Center	9/1/2015
ROSE RADIOLOGY CENTERS, INC.		
Manuel S. Rose		
Alen M. Schwartz		
William D. Foxworthy		
Henry Linwood		
Denis M. Cavanagh		
Robert Marvin Freedy		
Brian F. Butler		
Paul D. Cardi		
Timothy A. Richter		
SHERIDAN HEALTHCORP, Inc. (formerly Bayfront Anesthesiology)		
Marcianna Alexander	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Toni Barge	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Michael Black	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Jacequeline Botkin	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Geoffrey Boyajian	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Andre Camara	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Raymond Cantwell	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Denise Carey	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Jennifer Casanta	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Ludner Confident	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Erin Connor	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Jessica Cook	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Richard Creasy	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015

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Brandon Davis	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Maureen Doherty	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Susan Dube	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Bill Evans	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Gustavo Gerenstein	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Pamela Gill	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Phillip Glogover	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Adam Gorberg	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Monique Graves	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Richard Gutierrez	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Craig Hanti	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Cameron Howard	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Albert Kabemba	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Katherine Khokhar	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Elisa Khoury	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Therodore Koerner	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Gina Kraft	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Sang Lee	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Alan Lichtenstein	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
George Lin	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Stephen Loud	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Kelly Lyons	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Bhagavan Maganti	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Claudette Maloney	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Jeffery Marder	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Jamie Mercado	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Kathleen Meyer	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Skiles (Sam) Montague	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Jessen Mukalel	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Eric Nazareth	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015

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Hakhamanesh Nemat	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Ngoc Nguyen	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Adlai Pappy	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Joan Passley	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Sandra Pelisek	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Benjamin Perez	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Lori Pesce	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Zachary Prietz	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Erik Rauch	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Eva Ripp	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Michael Robbins	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Nicholas Rodgers	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Terry Roy	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Angela Scaglione	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Brian Schultz	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Stewart Slomowitz	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Arther Smith	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Kevin Sullivan	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Ashley Teckmeyer	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Gene Tulman	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Thomas Warszynski	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
H. Cory Weitzer	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Holly Whisnant	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Derek White	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
Kelly Wier	Bayfront Medical Center, Bayfront Same Day Surgery Center LLC	9/1/2015
John Coffman	Edward White Hospital	9/1/2015
Andrea Esch	Edward White Hospital	9/1/2015
Steven Feinerman	Edward White Hospital	9/1/2015
Aalok Patel	Edward White Hospital	9/1/2015
Brian Purser	Edward White Hospital	9/1/2015
Melu-Jean Rongo	Edward White Hospital	9/1/2015
Nicolle Strikowski	Edward White Hospital	9/1/2015
Daniel Sucherman	Edward White Hospital	9/1/2015
Ashley Tolliver	Edward White Hospital	9/1/2015
Carey Weiss	Edward White Hospital	9/1/2015
Matthew Wilding	Edward White Hospital	9/1/2015

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SHERIDAN RADIOLOGY SERVICES OF PINELLAS dba PINELLAS RADIOLOGY ASSOCIATES		
Idan Alkalay	Northside Hospital, St. Petersburg General Hospital	9/1/2015
Kalilash Amruthur	Northside Hospital, St. Petersburg General Hospital	9/1/2015
Firdose Ansari	Northside Hospital, St. Petersburg General Hospital	9/1/2015
Chester Babat	Northside Hospital, St. Petersburg General Hospital	9/1/2015
Affaan Bangash	Northside Hospital, St. Petersburg General Hospital	9/1/2015
Bao-Tran Doan	Northside Hospital, St. Petersburg General Hospital	9/1/2015
Ajay Doddapaneni	Northside Hospital, St. Petersburg General Hospital	9/1/2015
Daniel Frank	Northside Hospital, St. Petersburg General Hospital	9/1/2015
Lee Friedman	Northside Hospital, St. Petersburg General Hospital	9/1/2015
Amir Hedayati	Northside Hospital, St. Petersburg General Hospital	9/1/2015
Alfredo Hurtado	Northside Hospital, St. Petersburg General Hospital	9/1/2015
James Johnson	Northside Hospital, St. Petersburg General Hospital	9/1/2015
Robert Kamholtz	Northside Hospital, St. Petersburg General Hospital	9/1/2015
Gleen Kaplin	Northside Hospital, St. Petersburg General Hospital	9/1/2015
Allan Katz	Northside Hospital, St. Petersburg General Hospital	9/1/2015
Jamie Ledford	Northside Hospital, St. Petersburg General Hospital	9/1/2015
Maria Mata	Northside Hospital, St. Petersburg General Hospital	9/1/2015
Rushi Patel	Northside Hospital, St. Petersburg General Hospital	9/1/2015
Tejal Patel	Northside Hospital, St. Petersburg General Hospital	9/1/2015
Ali Raza	Northside Hospital, St. Petersburg General Hospital	9/1/2015
Laurence Reitman	Northside Hospital, St. Petersburg General Hospital	9/1/2015
Binor Said	Northside Hospital, St. Petersburg General Hospital	9/1/2015
Bassem Samaan	Northside Hospital, St. Petersburg General Hospital	9/1/2015
David Samuelson	Northside Hospital, St. Petersburg General Hospital	9/1/2015
Annette Weis-McNulty	Northside Hospital, St. Petersburg General Hospital	9/1/2015
Emad Yacoub	Northside Hospital, St. Petersburg General Hospital	9/1/2015
SRAVENTURES, INC. dba WESTCOAST RADIOLOGY		
Thomas Fabian		
Michael Adams		
Xia Lei		
Arthur Ballard		
Dana Borgeson		
Peter Bolos		
Mark Girguis		
Nasr Hanna		
Mauricio Castellon		
Emad Iskandar		
Falguni Patel		
Ali Raza		
Samuel Gurguis		
Ryan Polselli		
Ralph Pinchinat		
Kevin Parker		
Emad Yacoub		
SUKSANONG & SUKSANONG, M.D.'S, P.A.		
MINGQUAN T. SUKSANONG	Bayfront & St. Anthony's Hospitals	9/1/2015
SURGICAL PATHOLOGY LABORATORIES, P.A.		
JEFFERY J. BULSON		
TARPON SPRINGS PATHOLOGY, PA		
TAMPA BAY IMAGING, L.L.C.		
Nathan Hameroff	Northside Hospital	9/1/2015
Sangita Kapadia	Palms of Pasadena Hospital	9/1/2015
Michael Thorpe	No Pinellas County Hospitals	9/1/2015
Stephen Anderson	Northside Hospital	9/1/2015
THE AMERICAN INSTITUTE OF BALANCE		
Richard Edwards Gans		
Sara Jagger		
Lynn Summerson		
Darren Kurtzer		

Name of Specialty Care Group & provider names (all providers listed below are contracted by the FL DOH to provide services as needed to clients of the health center program.)	Credentialed & Privileged verified by the Hospitals identified below	Credentialing and Privileging currently approved by the MMUAC
Gwen Dawson		
TOTAL FOOT CARE, P.A.		
Ian Charles Klein	St. Anthonys Hospital	9/1/2015
UNITED SURGICAL ASSISTANTS, L.L.C.		
Masodo Akhtar	Gulf Coast hospitals & Healthpark surgery Center	9/1/2015
Robert Aldrich	Bayfront, Bayfront Sameday Surgery, Largo Medical Mease Countryside, Morton Plant, Northside Hospital/ Heart	9/1/2015
Francis Allegra	Safety Harbor Surgery Center, Medical Center of Trinity, Oak Hill Hospital	9/1/2015
Ryan Amason	Baptist Medical Center Downtown Memorial Hospital Jax, Baptist Medical Center South, Orange Park Medical Center	9/1/2015
Joan Amshel	Brandon Ambulatory Surgery Center & Brandon Regional Hospital	9/1/2015
Jacqueline Bellomo	Largo Med, Mease Countryside, Mease Dunedin, Morton Plant, Northside and Heart, St. Anthonys & St. Pete General	9/1/2015
Rodrigo Blake	South Florida Baptist Hospital	9/1/2015
Erichsen Bonostro	Winter Haven Hospital	9/1/2015
Trasse Bradley	Baptist Medical Center Downtown	9/1/2015
Anthony Bromagen	North Bay Hospital	9/1/2015
Elizabeth Calhoun	Bartow Regional Hospital	9/1/2015
William Campbell Sr.	Memorial Hospital of Tampa	9/1/2015
Kevin Carlisle	Largo Medical Center	9/1/2015
Edward Carroll	Largo Medical Center, Mease Countryside, Morton Plant, St. Anthony's & St. Petersburg General.	9/1/2015
Amy Holsenbeck Clampitt	Florida Hospital Orlando	9/1/2015
Jordo Conrad	Largo Medical Center, Mease Countryside, Morton Plant, St. Anthony's & St. Petersburg General.	9/1/2015
Leticia Couleter	Munroe Regional Medical Center	9/1/2015
Una Coulter	Orlando Regional Hospital	9/1/2015
Karen Coy	West Manior Community Hospital	9/1/2015
Patricia Creach	Health First Holmes Regional Medical Center	9/1/2015
Jonathan Curington	Baptist Medical Center Downtown	9/1/2015
Milena Dhana	Bardmoor Surgery Center, Bayfront Med, Largo Med, Mease Countryside/ Dunedin, Morton Plant, Northside Hospital	9/1/2015
Amy Diehl	Florida Hospital Winter Park Memorial	9/1/2015
Dawn Durrell	Day Surgery Center, Lakeland Regional Medical Center	9/1/2015
Andrea Entin	Bartow Regional Hospital	9/1/2015
Julie Esquinaldo	Day Surgery Center, Lakeland Regional Medical Center	9/1/2015
Manuel Fiesta	Lakeland Regional Medical Center	9/1/2015
James Foard	Bartow Regional Hospital	9/1/2015
Michael A. Gauthier	Bayfront, Bayfront Sameday Surgery, Largo Medical Mease Countryside, Morton Plant, Northside Hospital/ Heart	9/1/2015
Edward Good	Saint Anthony's HospitalLakeland Regional Medical Center	9/1/2015
VIRGINIA SCHEKORRA, D.O., P.A. dba THE DERMATOLOGY CENTER		
Charles T. Dewberry		
VIRGINIA SCHEKORRA		
VYMED DIAGNOSTIC IMAGING, L.L.C. dba NATIONAL IMAGING SPECIALISTS		
Eric K. Cotton		
Frederick Murtagh		
Dexter Stallworth		
Gregory Carney		
John Arrington		
Lori Taylor		
Scott Thorpe		
WELLSPRING CANCER CENTER, PLC		
Frank P. Franzese	St. Anthony's/ Northside/ Bayfront/Largo Medical/ Palms of Pasedena	7/28/2015
Robert J. Miller	St. Pete General/ Northside/ Bayfront/ Largo Medical/Palms of Pasedena	7/28/2015

Name of Specialty Care Group & provider names (all providers listed below are contracted by the FL DOH to provide services as needed to clients of the health center program.)	Credentialed & Privileged verified by the Hospitals identified below	Credentialing and Privileging currently approved by the MMUAC
Zucel Solc	St. Anthony's/ St. Pete General/Bayfront/ Largo Medica/ Palms of Pasadena	7/28/2015
Craig R. Miercort	St. Anthony's/Northside/ St. Pete General/ Bayfront/Largo Medical	7/28/2015
Deborah Freeman	St. Pete General/ Northside/ Bayfront/ Largo Medical/Palms of Pasadena	7/28/2015
WEST COAST NEUROLOGY, P.A.		
Harish J. Patel	St. Petersburg General	9/1/2015
WESTCOAST HOSPITALISTS, L.L.C.		
Juan Casadevall	St. Anthony's/ Bayfront Medical	7/28/2015
Robert Proietto	St. Anthony's/ Bayfront Medical	7/28/2015
Theodone R. Sherman	St. Anthony's/ Bayfront Medical	7/28/2015
David M. Swenson	St. Anthony's/ Bayfront Medical	7/28/2015
Helen Y. Walsh	St. Anthony's/ Bayfront Medical	7/28/2015
WEST FLORIDA CARDIOVASCULAR CENTER, INC.		
Mithani Vimesh		
WILLIAM C. HULLEY, D.O., P.A.		
William Hulley	Largo Medical Center	9/1/2015
WILLIAM N. HANDELMAN, M.D., P.A. dba BAY AREA MEDICAL		
William Handelman	St. Petersburg General, Northside Hospital & Tampa Bay Heart Inst.	9/1/2015

QUALITY IMPROVEMENT AWARD

NOA #: H80CS00024 – 14-11 (Dated 8/18/2015) - \$148,790

Award Period: August 1, 2015 – July 31, 2016

The purpose of the Fiscal Year (FY) 2015 Health Center Quality Improvement (QI) Fund one time grant supplement is to: (1) recognize health centers that demonstrated improvements in access to care, quality of care and/or value of care through data provided in the Calendar Year 2014 Uniform Data System; and (2) provide support for those health centers to continue to strengthen clinical and operational quality improvement activities.

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

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

PROPOSED QI ACTIVITIES/BUDGET:

Quality Improvement Personnel (2.5 FTE) (21 pay periods)

- Community Health Advocate (1.0 FTE) \$31,000
The individual will act as a liaison to bridge community prevention and service delivery activities at the community level. The incumbent will be a patient advocate by providing case management (patient compliance to medical, wellness and treatment plans) and he/she will support an interdisciplinary team (provider, nurse and licensed clinical social worker-LCSW) to actively engage the patient and their families to achieve optimal patient outcomes. The individual will promote healthier living and educate people on the best ways to achieve healthy lifestyles.
- Human Services Analyst (1.0 FTE)..... 19,044
The position will directly support the QA coordinator with projects for the MMU/Safe Harbor Program specifically in regard to the NCQA-PCMH Recognition application process and deadlines; and the HRSA funded requirements to include, but not limited to Credentialing and Privileging of all licensed, certified or registered practitioners.
- Computer Program Analyst (0.5 FTE) \$25,623
Developing and improving health center QI systems and infrastructure: training staff; developing policies and procedures, enhancing health information technology, certified electronic health record, and data systems; data analysis; implementing targeted QI activities (including hiring consultants). This position will identify and develop the NextGen/EHR data reporting capabilities and utilization for the purpose of QI projects to include but not limited to the NCQA-PCMH Recognition application requirements.

Services

- Training \$2,000
- IT (NextGen) Upgrades (Meaningful Use/Billing) \$14,410
- IT (NextGen) Certification \$0
- Patient Centered Medical Home Application \$1,730

Operations

- Travel \$1,000
- Office Supplies \$500
- Telephone \$500
- Custodial/Utilities \$500
- Computers..... \$3,600

Administrative (DOH)..... \$3,783

TOTAL BUDGET\$103,690

REMAINING \$45,100

TAB 2 – BYLAWS

Per feedback from our Project Officer, Dalana Johnson, our Bylaws should be updated to reflect:

- 1- Dissolution of the Board
- 2- Acknowledgement of the Co-Applicant Agreement

Changes are notated in red in the attached Bylaws.

BYLAWS

ARTICLE I – NAME

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

ARTICLE II – MISSION

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

ARTICLE III – GOALS

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

ARTICLE IV – OBJECTIVES

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

ARTICLE XIII—AMENDMENTS

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

ARTICLE XIV -- PROXY

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

ARTICLE XV – PROGRAM TERMINATION

The Mobile Medical Unit Advisory Board shall remain in existence for as long as required to remain eligible for receipt of funding from the United States Government under Section 330 or any successor law that requires the existence of a Co-Applicant Board. In the event the Program is terminated or is no longer funded by HRSA, the MMU Advisory Council shall cease to operate unless the Pinellas County Board of County Commissioners takes action to continue the Mobile Medical Unit Advisory Council's existence.

Notwithstanding the foregoing, the Pinellas County Board of County Commissioners may terminate the MMU Advisory Council at any time. However, any such termination may affect Section 330 funding.

ARTICLE XVI -- PARLIAMENTARY AUTHORITY

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

CONCLUSION

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

ADOPTED -

Approved by MMU Advisory Council 11/04/2014
Updated Draft as of 4/10/2015 per feedback from HRSA on 3/30/2015
Provided to MMU Advisory Council for review on 5/5/2015
Approved by MMU Advisory Council 06/02/2015

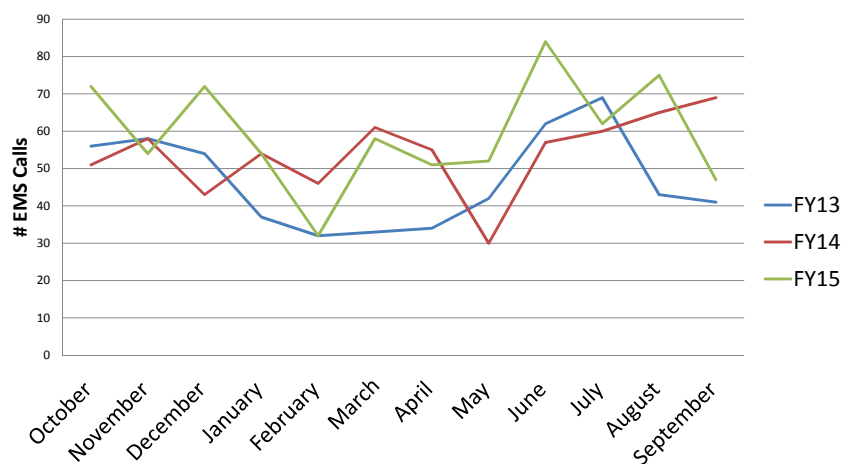
TAB 2 – STRATEGIC PLANNING

As part of our annual strategic planning process, Dr. Stephanie Reed, Strategic Planning & Quality Assurance Manager will be attending the meeting to facilitate a discussion and provide results and data from the annual Needs Assessment, Customer Satisfaction Survey, and recent data obtained regarding EMS calls from Safe Harbor. Presentation materials attached.

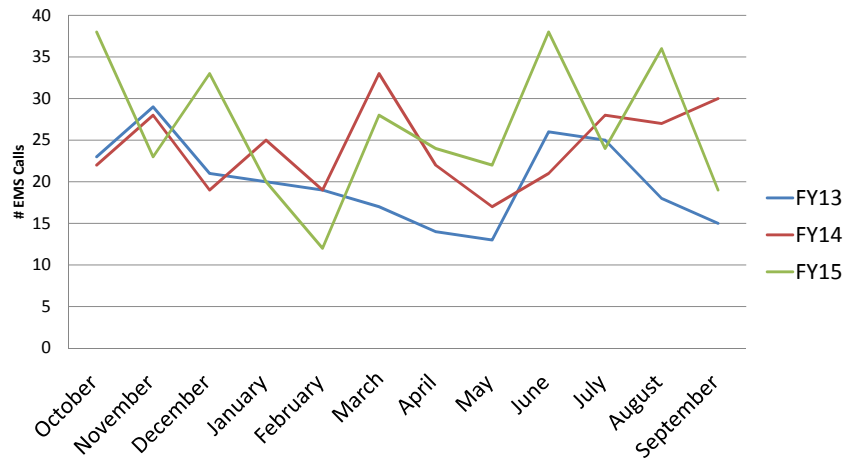
2015 MMU Needs Assessment

October 6, 2015
 Stephanie Reed
 Planning and Quality Assurance Manager
 Pinellas County Human Services

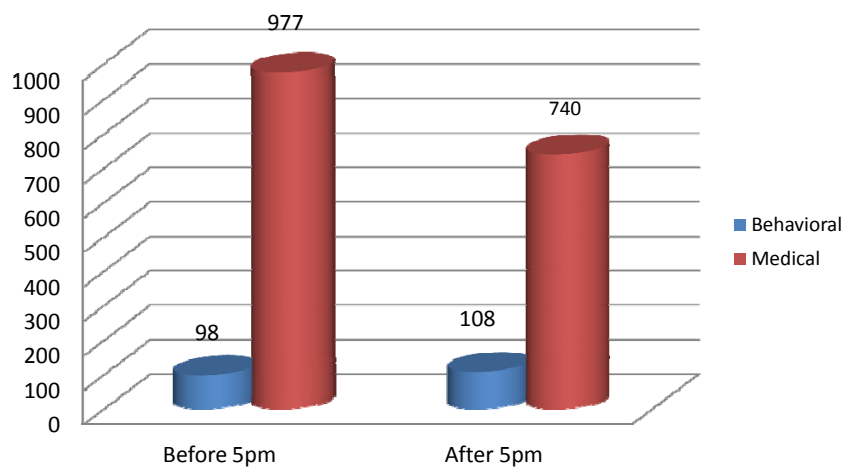
All Safe Harbor EMS Calls by Fiscal Year
n=1,923



Safe Harbor EMS Calls After 5pm n=848

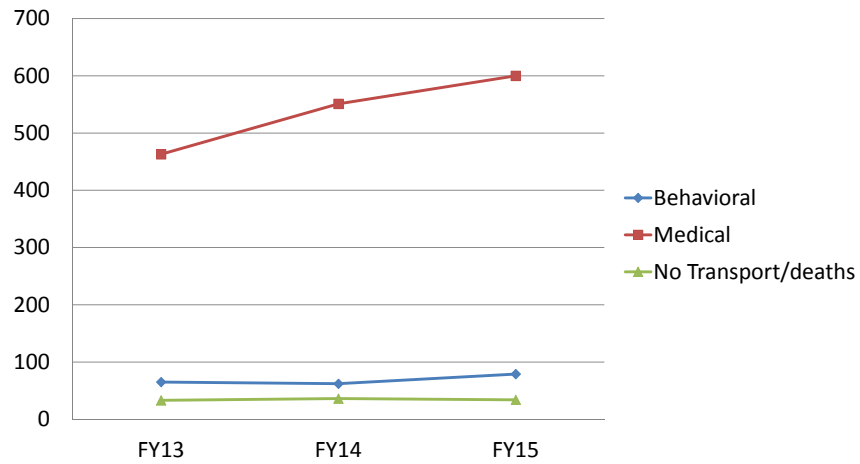


EMS Calls: Behavioral vs. Medical Before and After 5pm 2012-2015*

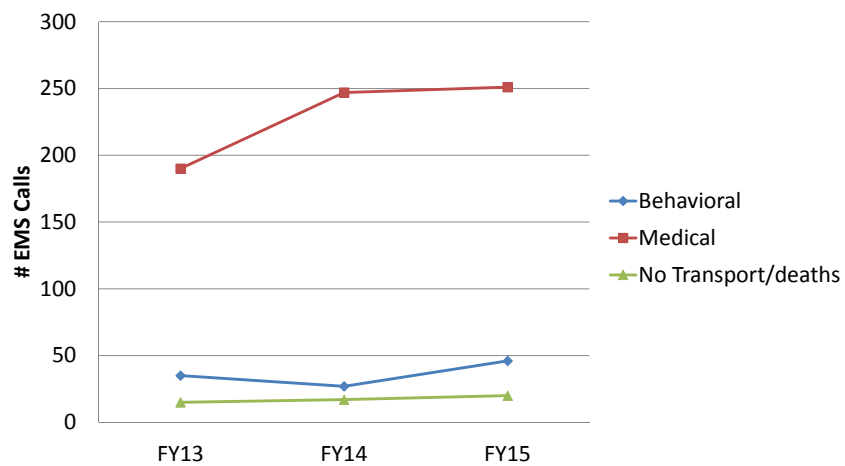


*The relationship between type of call and time of day is statistically significant at $\alpha=0.05$, i.e., BH EMS calls more likely at night than during the day.

All EMS Calls by FY



EMS Calls After 5pm by FY



Summary

- Increase in all EMS calls between FY13 and FY15
- Increased EMS calls after 5pm
- BH calls more likely after 5pm
 - 12.7% vs 9.1%
- Pinellas Hope had 485 total calls between FY13 and FY15.

MMU Needs Assessment Respondents

–MMUAC Member	12.00%
–Behavioral Health Provider	16.00%
–DOH Staff	16.00%
–Homeless Service Provider	24.00%
–Behavioral Health Provider	8.00%
–Pinellas County Human Services Staff	16.00%
–Other (Client, local gov't rep, MH provider, MMU staff, n/a)	20.00%

Service Delivery

	Major gap in service provision	Some services; insufficient capacity	Services provided; gaps in coordination of care	Adequate services provided	Very good service provided	Don't Know
Primary medical services	0.00%	13.79%	27.59%	27.59%	27.59%	3.45%
Substance abuse	34.48%	17.24%	17.24%	13.79%	3.45%	13.79%
Mental health	24.14%	24.14%	27.59%	6.90%	10.34%	6.90%
Oral health	24.14%	24.14%	13.79%	13.79%	13.79%	10.34%
Dual diagnosis (Mental and medical Health)	13.79%	20.69%	44.83%	6.90%	6.90%	6.90%

Service Delivery

	Major gap in service provision	Some services; insufficient capacity	Services provided; gaps in coordination of care	Adequate services provided	Very good service provided	Don't Know
Violence/Trauma	17.24%	27.59%	24.14%	3.45%	6.90%	20.69%
Hep C	6.90%	13.79%	10.34%	20.69%	13.79%	34.48%
Chronic illness management	10.34%	10.34%	34.48%	13.79%	10.34%	20.69%
HIV	0.00%	3.45%	24.14%	31.03%	13.79%	27.59%
Diabetes	3.45%	10.34%	27.59%	20.69%	24.14%	13.79%
Asthma	0.00%	6.90%	24.14%	27.59%	20.69%	20.69%
Tuberculosis	0.00%	3.45%	17.24%	34.48%	6.90%	37.93%
STD's	0.00%	6.90%	17.24%	31.03%	17.24%	27.59%
Women's health	3.45%	10.34%	10.34%	41.38%	17.24%	17.24%

Common Themes

Service Delivery

- Electronic referral processing and follow up
- Increase funding for the needed services
- More availability of MMU services in the county
- Dental care needs to be expanded beyond relief of pain
- Contract with MH/SA agency who will provide telemedicine services.
- Significant increase in funding and services for mental health and substance abuse
- Extended evening and weekend hours; visit more locations
- Provide self management and support groups for the chronic diseases

Care Coordination

- Need more Care Coordinators with Social and Mental health Counseling and experience
- Better coordination and follow-up
- Simply better care and more coordination of care
- Further care coordination with the community
- Schedule staff to perform Care coordination duties.
- Mental health referral follow up
- Integrate MH & SA services into Primary Care
- **93% agree or strongly agree that better care coordination is needed.**

Service Barriers

–	1 (Not a barrier) –	2 (A minor barrier) –	3 (Sometimes a barrier) –	4 (Often a barrier) –	5 (Always a barrier) –
Transient nature of the population	3.45%	17.24%	10.34%	44.83%	24.14%
Lack of coordination between MMU and other service providers	10.34%	17.24%	48.28%	24.14%	0.00%
Transportation issues/ lack of physical access to services	3.45%	6.90%	27.59%	34.48%	27.59%
Mental illness	3.45%	3.45%	20.69%	48.28%	24.14%
Substance abuse	3.45%	3.45%	27.59%	37.93%	27.59%
Locations of MMU	10.34%	13.79%	51.72%	24.14%	0.00%
MMU hours of operation	17.24%	17.24%	48.28%	13.79%	3.45%
Adequacy of MMU staffing	24.14%	20.69%	44.83%	10.34%	0.00%
Space on MMU	6.90%	31.03%	27.59%	34.48%	0.00%

Barriers: Common Themes

Care Access

- Access to care when van not available
- weekend availability would be nice.
- Services do not reach North County(Tarpon Springs) homeless population
- Hours of operation expanded or offered at varying schedules to encompass individuals who work during the day.
- Homeless adults who have children are also in need of services
- Getting medication, not enough downtown St. Pete open locations
- Delay in referral authorization processing,
- Supportive services to enable better focus on health

Environment

- Unhealthy environment of shelters: high salt, high fat, high sugar foods; 1st, 2nd & 3rdhand smoke exposure
- Shelter (site) locations are unhealthy environments with unhealthy food and 1st, 2nd and 3rd hand tobacco exposure. The shelters aren't very inviting to those clients who aren't their residents. All this has been a long time problem.
- Health education. Many chronically homeless do not know how to prevent poor health behaviors, access health care and pay for health care

Staffing

- Too many people and not enough resources to meet the need. MMU staff are doing a great job but we need an additional 1/2 to full-time unit to adequately meet the need
- Continuity of Care---seeing same doctor each visit to establish therapeutic relationship; language barriers for some clients / physicians

Others

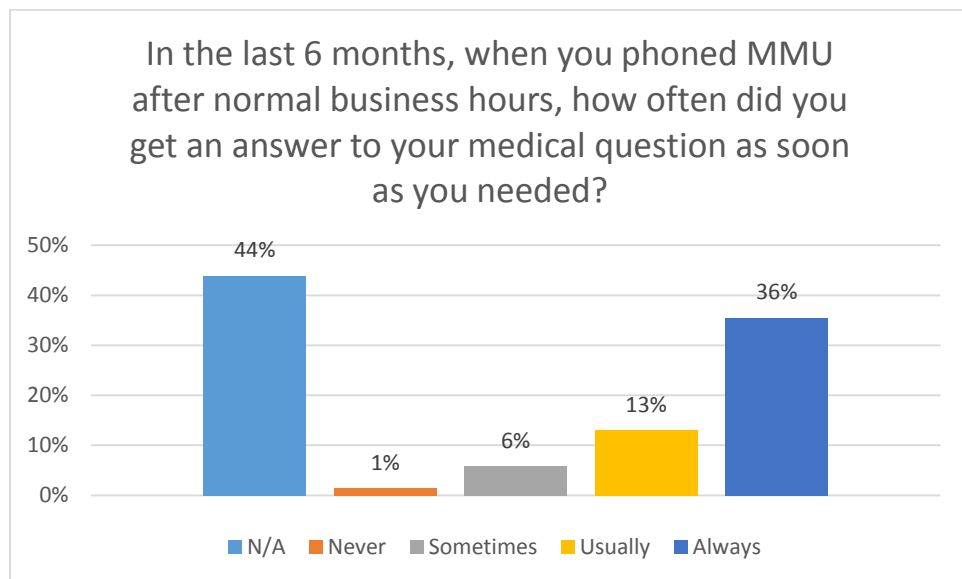
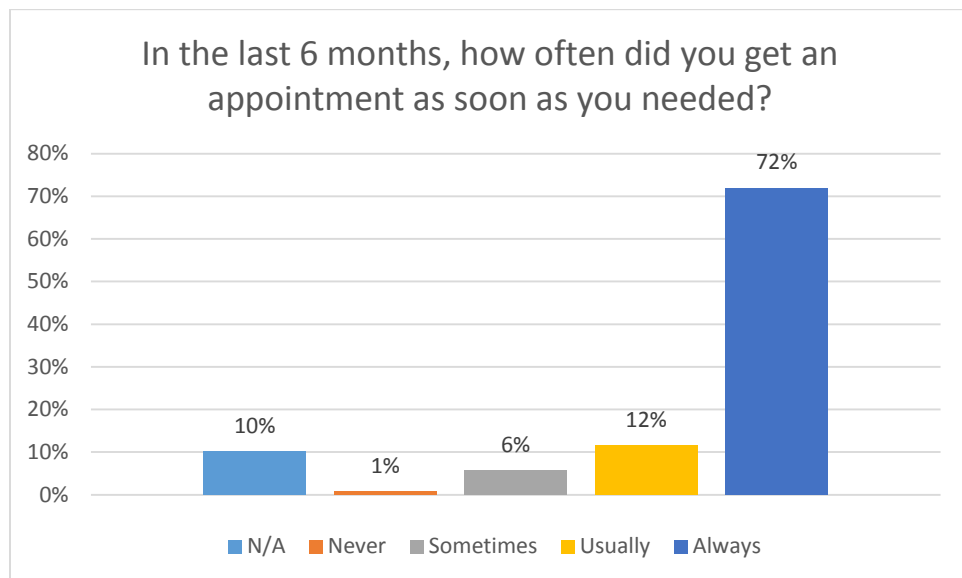
- Policy of no enrollment of new applicants by staff on the van unless there is an available Dr. appointment the day of the enrollment
- Computer accessibility and connectivity

Suggestions

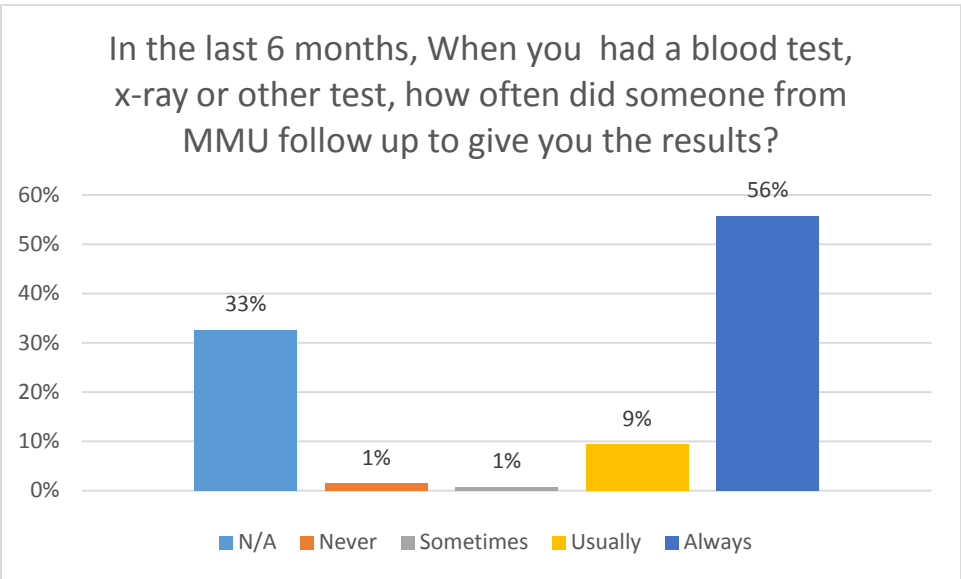
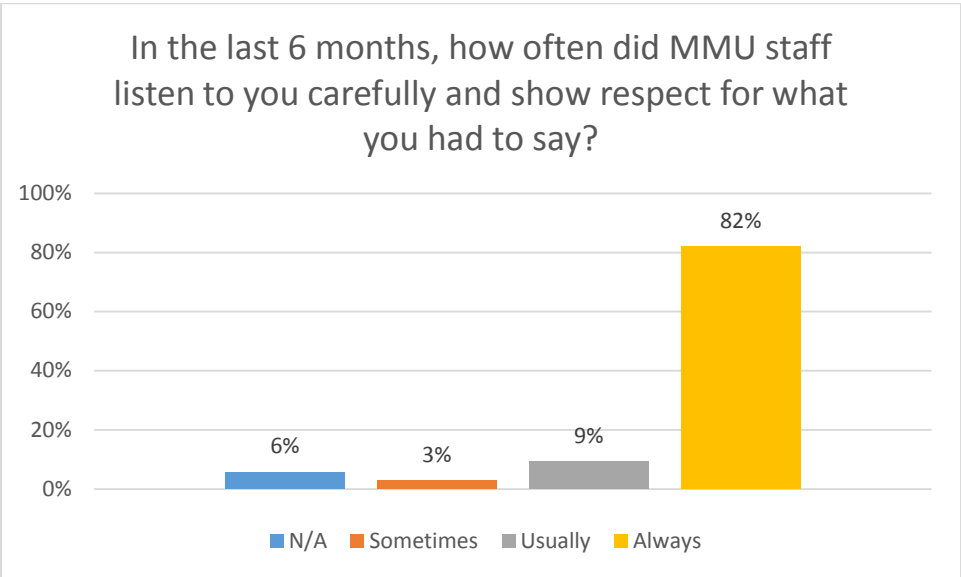
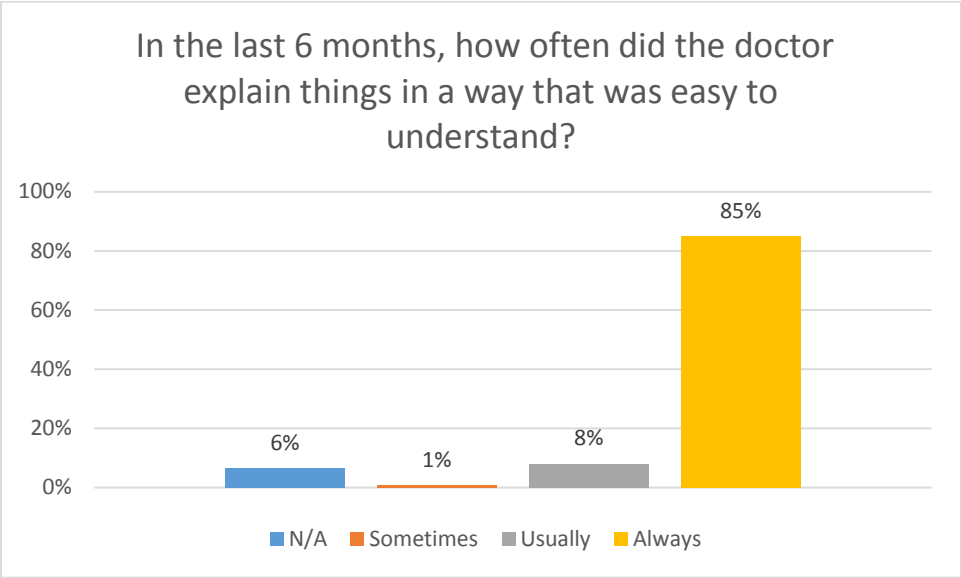
- Integrate primary and behavioral health care
- Improve documentation and information sharing capabilities among providers
- Improve BH referral and service provision process
- Improve overall system of care for homeless
- Improved follow-up for specialty care and hospital admissions
- Co-locate housing specialists
- Vision services
- Expanded preventive and restorative dental care

Pinellas County | Health Care for the Homeless Program
Patient Satisfaction Survey Results Report
September 2015

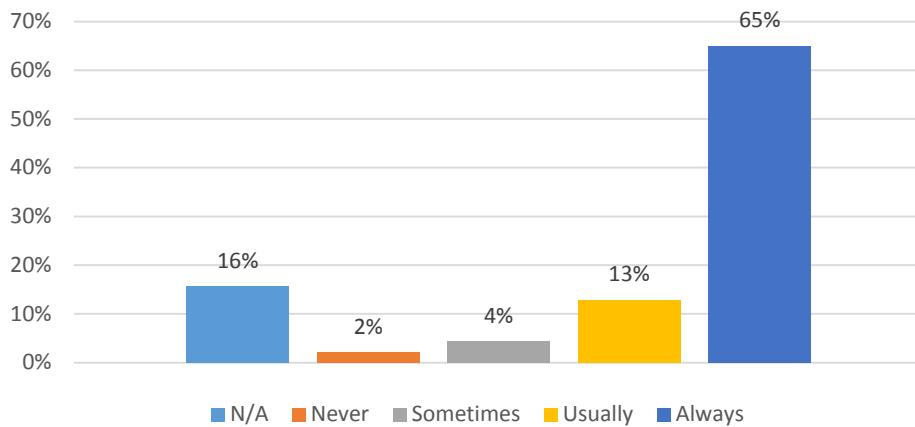
Access



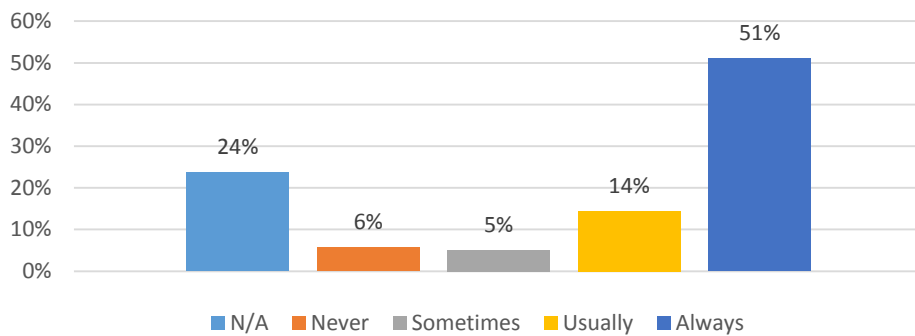
Communication



In the last 6 months, how often did someone talk to you about specific goals for your health?

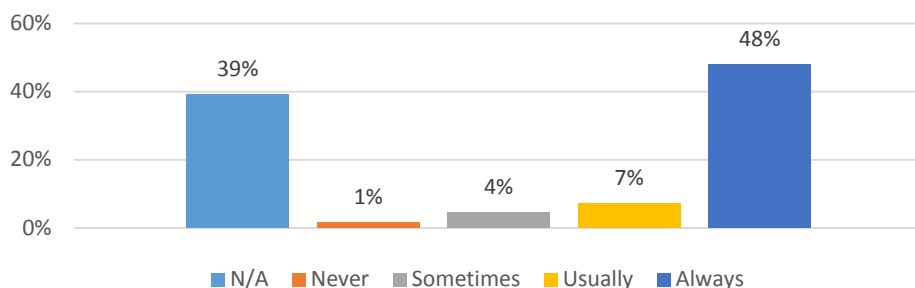


In the last 6 months, how often did someone talk with you about a personal problem, family, problem, alcohol use, drug use, or a mental or emotional illness?

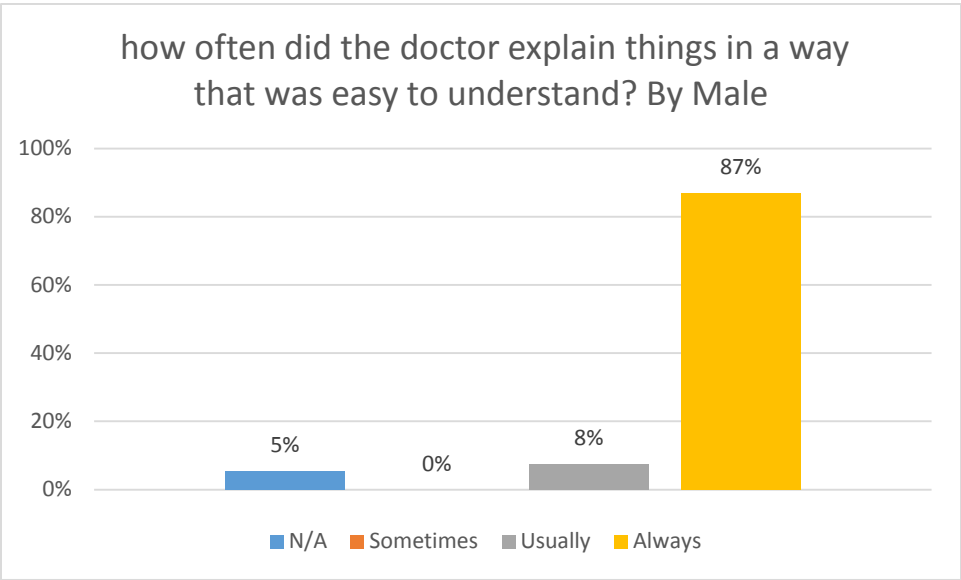
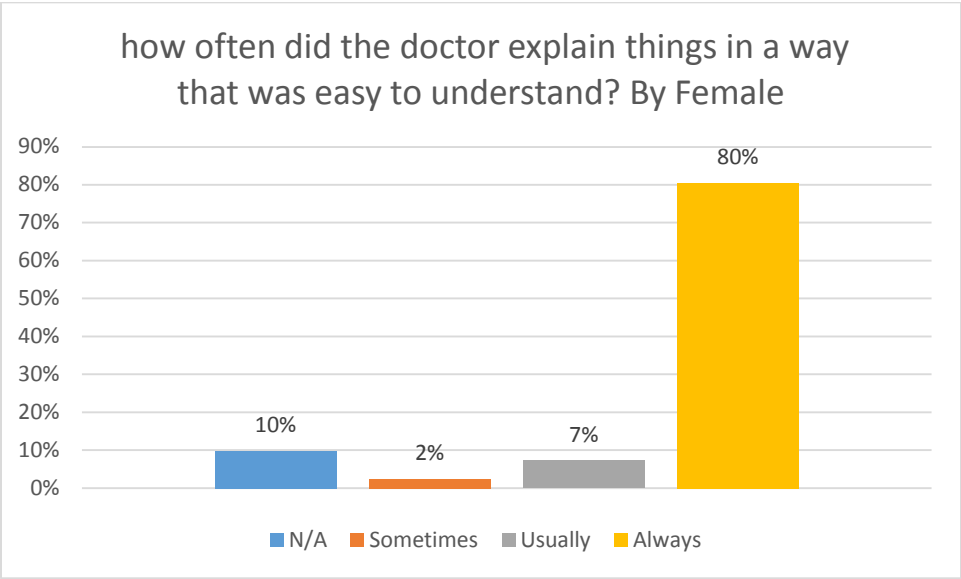


Coordination

In the last 6 months, if you were referred to a specialist for a particular health problem, how often did the MMU staff seem informed and up-to-date about the care you got from the specialist?



Communication by Gender



TAB 2 – CALENDAR

Attached is the calendar for the MMU and Safe Harbor for October and November.

October 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>St. Petersburg</u> Salvation Army ARC 5885 66 th St. North St. Petersburg, FL. 33709 8:30am – 5:00 pm	2 <u>St. Petersburg</u> Salvation Army One Stop 1400 4 th St. South St. Petersburg, FL. 33701 8:30am – 4:00 pm
5 <u>Clearwater</u> SVDP Soup Kitchen 1340 Pierce Street Clearwater, FL. 33756 8:30am – 12:30 pm 12:30 pm – 3:30 pm *	6 <u>Clearwater</u> Pinellas Hope 5726 126 th Ave. North Clearwater, FL 33760 8:30am – 5:00 pm	7 <u>Clearwater</u> Pinellas Hope 5726 126 th Ave. North Clearwater, FL 33760 8:30am – 5:00 pm (Van located in back parking area)	8 <u>St. Petersburg</u> Salvation Army ARC 5885 66 th St. North St. Petersburg, FL. 33709 8:30am – 5:00 pm	9 <u>St. Petersburg</u> Salvation Army One Stop 1400 4 th St. South St. Petersburg, FL. 33701 8:30am – 4:00 pm
12 <u>Clearwater</u> SVDP Soup Kitchen 1340 Pierce Street Clearwater, FL. 33756 8:30am – 12:30 pm Staff Meeting 1:30 pm	13 <u>St Petersburg</u> SVDP Center of Hope 401 15th Street North St. Petersburg, Fl 33713 8:30am – 5:00 pm	14 <u>Clearwater</u> Pinellas Hope 5726 126 th Ave. North Clearwater, FL 33760 8:30am – 5:00 pm (Van located in back parking area)	15 <u>St. Petersburg</u> Salvation Army ARC 5885 66 th St. North St. Petersburg, FL. 33709 8:30am – 5:00 pm	16 <u>St. Petersburg</u> Salvation Army One Stop 1400 4 th St. South St. Petersburg, FL. 33701 8:30am – 4:00 pm
19 <u>Show Case of Servies for EX-Offenders</u> PTEC St Petersburg 901 34 th St South 9:00 am -2:00 pm	20 <u>Clearwater</u> Pinellas Hope 5726 126 th Ave. North Clearwater, FL 33760 8:30am – 5:00 pm	21 <u>Clearwater</u> Pinellas Hope 5726 126 th Ave. North Clearwater, FL 33760 8:30am – 5:00 pm (Van located in back parking area)	22 <u>St. Petersburg</u> Salvation Army ARC 5885 66 th St. North St. Petersburg, FL. 33709 8:30am – 5:00 pm	23 <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.

October 2015

Safe Harbor Calendar

Monday


Tuesday

Wednesday

Thursday

Friday

Saturday

			1 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 5:00pm	2 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 5:00pm	3 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:00 am -12:00 pm
5 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 12:30 pm 4:00 pm-8:00 pm	6 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 8:00pm	7 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30 pm – 8:00pm	8 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 8:00pm	9 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 8:00pm	10 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:00 am -12:00 pm
12 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 12:30 pm 4:00 pm-8:00 pm	13 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 8:00pm	14 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 8:00pm	15 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 8:00pm	16 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 8:00pm	17 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:00 am -12:00 pm
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No Appointment Necessary--Walk-ups Preferred

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

November 2015

Mobile Medical Unit Calendar

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

Monday

Tuesday

Wednesday

Thursday

Friday

2 <u>Clearwater</u> SVDP Soup Kitchen 1340 Pierce Street Clearwater, FL. 33756 8:30am – 12:30 pm 12:30 pm – 3:30 pm *	3 <u>Clearwater</u> Pinellas Hope 5726 126 th Ave. North 8:30am – 5:00pm MMUAC Meeting 3:00 pm JWB	4 <u>Clearwater</u> Pinellas Hope 5726 126 th Ave. North 8:30am – 5:00pm (Van located in back parking area)	5 <u>St. Petersburg</u> Salvation Army ARC 5885 66 th St No 8:30am – 5:00pm	6 <u>St. Petersburg</u> Salvation Army One Stop 1400 4 th St. South 8:30am – 4:00pm
9 <u>Clearwater</u> SVDP Soup Kitchen 1340 Pierce Street Clearwater, FL. 33756 8:30am – 12:30 pm 12:30 pm – 3:30 pm	10 <u>St Petersburg</u> SVDP Center of Hope 401 15th Street North St. Petersburg, Fl 33713 8:30am – 5:00 pm	11 <u>Clearwater</u> Pinellas Hope 5726 126 th Ave. North 8:30am – 5:00pm (Van located in back parking area)	12 <u>St. Petersburg</u> Salvation Army ARC 5885 66 th St No 8:30am – 5:00pm	13 <u>St. Petersburg</u> Salvation Army One Stop 1400 4 th St. South 8:30am – 4:00pm
16 <u>Clearwater</u> SVDP Soup Kitchen 1340 Pierce Street Clearwater, FL. 33756 8:30am – 12:30 pm Staff Meeting 1:30 pm	17 <u>Clearwater</u> Pinellas Hope 5726 126 th Ave. North 8:30am – 5:00pm (Van located in back parking area)	18 <u>Clearwater</u> Pinellas Hope 5726 126 th Ave. North 8:30am – 5:00pm (Van located in back parking area)	19 <u>St. Petersburg</u> Salvation Army ARC 5885 66 th St No 8:30am – 5:00pm	20 <u>St. Petersburg</u> Salvation Army One Stop 1400 4 th St. South 8:30am – 4:00pm
23 <u>Clearwater</u> SVDP Soup Kitchen 1340 Pierce Street Clearwater, FL. 33756 8:30am – 12:30 pm 12:30 pm – 3:30 pm *	24 <u>St Petersburg</u> SVDP Center of Hope 401 15th Street North St. Petersburg, Fl 33713 8:30am – 5:00 pm	25 <u>Clearwater</u> Pinellas Hope 5726 126 th Ave. North 8:30am – 5:00pm (Van located in back parking area)	26 <u>No Services</u> <u>Happy Thanksgiving</u>	27 <u>No Services</u> <u>Happy Thanksgiving</u>
30 <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 727-432-4763

**We see Turning Point clients during that time*

November 2015

Safe Harbor Calendar

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

2 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 12:30 pm 4:00 pm-8:00 pm	3 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 8:00pm	4 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30 pm – 8:00pm	5 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 8:00pm	6 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 8:00pm	7 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:00 am -12:00 pm
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30 <u>Clearwater</u> Safe Harbor 14840 49 th St. No. Clearwater, FL. 33762 8:30am – 12:30 pm 4:00 pm-8:00 pm					

No Appointment Necessary--Walk-ups Preferred

TAB 2 – SITE VISIT COMPLIANCE UPDATE

As of 10/5/2015, three (3) of the seven (7) conditions have been lifted from the grant.

- Sliding Scale Discount Fee Program
- After Hours Access
- Credentialing & Privileging

Four (4) conditions are in review by HRSA:

- Board Authority
- Hospital Admitting – Continuity of Care
- OB/Pre-Natal
- Substance Abuse Services

TAB 3 - NOTICE OF AWARDS

H80CS00024 – 14-12 (Dated 9/10/2015) - \$248,872

This award provides supplemental funding for Expanded Services (ES) activities for the period September 1, 2015 through August 31, 2016. As such, a portion of these funds are being provided for use in the grantee's upcoming FY 2016 budget period. This NoA provides Health Center Expanded Services (ES) supplemental funding to support the expansion of comprehensive primary care services to underserved populations. Health Center Program grantees must ensure that ES funding will supplement, not supplant, existing service provision resources. Grantees are expected to begin the provision of new and expanded services within 120 days of award and to achieve the new patient projection included in the ES application by December 31, 2017. Patient projections from multiple opportunities, including this ES funding, will be added to compute each grantee's Patient Target, and future funding may be reduced if the Patient Target, representing patient commitments across multiple funding opportunities, is not achieved.

H80CS00024 – 14-13 (Dated 9/21/2015) - \$54,424

This Notice of Award (NoA) provides funds for an increase to the grantee's annual ongoing base funding in accordance with statutory requirements and, as applicable, new and/or continued patient centered medical home recognition for one or more health center sites.

H80CS00024 – 14-14 (Dated 9/24/2015) - \$0.00

This notice lifts the condition for Credentialing and Privileging Policies, Procedures, and Documentation.

1. DATE ISSUED: 09/10/2015		2. PROGRAM CFDA: 93.224		 <p>U.S. Department of Health and Human Services HRSA Health Resources and Services Administration</p> <p>NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title III, Section 330 Public Health Service Act, Section 330, 42 U.S.C. 254b Affordable Care Act, Section 10503</p>						
3. SUPERSEDES AWARD NOTICE dated: 08/18/2015 <small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small>										
4a. AWARD NO.: 3 H80CS00024-14-12		4b. GRANT NO.: H80CS00024					5. FORMER GRANT NO.: H66CS00382			
6. PROJECT PERIOD: FROM: 11/01/2001 THROUGH: 02/29/2016										
7. BUDGET PERIOD: FROM: 11/01/2014 THROUGH: 02/29/2016										
8. TITLE OF PROJECT (OR PROGRAM): HEALTH CENTER CLUSTER										
9. GRANTEE NAME AND ADDRESS: Pinellas County Board of County Commissioners 315 Court Street Clearwater, FL 33756-5165 DUNS NUMBER: 055200216 BHCNIS # 042040				10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Maureen Freaney Pinellas County Board of County Commissioners 2189 Cleveland Street Clearwater, FL 33765-3242						
11. APPROVED BUDGET: (Excludes Direct Assistance) [] Grant Funds Only [X] Total project costs including grant funds and all other financial participation				12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:						
a. Salaries and Wages : \$42,832.00 b. Fringe Benefits : \$18,723.00 c. Total Personnel Costs : \$61,555.00 d. Consultant Costs : \$0.00 e. Equipment : \$0.00 f. Supplies : \$20,597.00 g. Travel : \$2,510.00 h. Construction/Alteration and Renovation : \$0.00 i. Other : \$290,610.00 j. Consortium/Contractual Costs : \$1,573,575.00 k. Trainee Related Expenses : \$0.00 l. Trainee Stipends : \$0.00 m. Trainee Tuition and Fees : \$0.00 n. Trainee Travel : \$0.00 o. TOTAL DIRECT COSTS : \$1,948,847.00 p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00 q. TOTAL APPROVED BUDGET : \$1,948,847.00 i. Less Non-Federal Share: \$539,429.00 ii. Federal Share: \$1,409,418.00				a. Authorized Financial Assistance This Period \$1,409,418.00 b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority \$0.00 ii. Offset \$0.00 c. Unawarded Balance of Current Year's Funds \$0.00 d. Less Cumulative Prior Awards(s) This Budget Period \$1,160,546.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$248,872.00						
				13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)						
				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">YEAR</th> <th>TOTAL COSTS</th> </tr> <tr> <td></td> <td style="text-align: center;">Not applicable</td> </tr> </table>			YEAR	TOTAL COSTS		Not applicable
YEAR	TOTAL COSTS									
	Not applicable									
				14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)						
				a. Amount of Direct Assistance \$0.00 b. Less Unawarded Balance of Current Year's Funds \$0.00 c. Less Cumulative Prior Awards(s) This Budget Period \$0.00 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.00						
15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [D] Estimated Program Income: \$1,764.00										
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: <small>a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.</small>										
REMARKS: (Other Terms and Conditions Attached [X]Yes []No)										
Electronically signed by Sheila Gale , Grants Management Officer on : 09/10/2015										
17. OBJ. CLASS: 41.51		18. CRS-EIN: 1596000800A2		19. FUTURE RECOMMENDED FUNDING: \$581,256.00						
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE				
15 - 398879E	93.527	15H80CS00024	\$248,872.00	\$0.00	HCH	HealthCareCenters_15				

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

- Effective December 26, 2014, all references to OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75.
- This award provides supplemental funding for Expanded Services (ES) activities for the period September 1, 2015 through August 31, 2016. As such, a portion of these funds are being provided for use in the grantee's upcoming FY 2016 budget period. In order to use this funding in the upcoming budget period, the appropriate amount must be shown as un-obligated (UOB) on line 10.h of the Annual Federal Financial Report (FFR), SF 425. In addition, a Prior Approval Request to carry over these funds must be submitted through EHB immediately following the FFR submission. Please consult the Grants Management Specialist for questions regarding submission of the FFR and/or Prior Approval Requests to carry over UOB funds. Pro-rated funding will be included in your annual FY 2016 award to support ES activities for the remainder of the FY 2016 budget period. Yearly funding equivalent to the amount of this award will continue beyond FY 2016 dependent upon Congressional appropriation and satisfactory grantee performance.
- This NoA provides Health Center Expanded Services (ES) supplemental funding to support the expansion of comprehensive primary care services to underserved populations. Health Center Program grantees must ensure that ES funding will supplement, not supplant, existing service provision resources. Grantees are expected to begin the provision of new and expanded services within 120 days of award and to achieve the new patient projection included in the ES application by December 31, 2017. Patient projections from multiple opportunities, including this ES funding, will be added to compute each grantee's Patient Target, and future funding may be reduced if the Patient Target, representing patient commitments across multiple funding opportunities, is not achieved.
- Grantees may re-budget Expanded Services (ES) funding without prior approval as long as the proposed use of ES funds aligns with the intent of the ES supplemental funding opportunity and complies with requirements in the HHS Grants Policy Statement available at <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>. Note that health centers must achieve the new patient targets proposed in the original ES application, even if the proposed activities change post award. Patient projections may not be revised.
- Your organization will be required to report on progress made towards implementing the ES proposal and reaching your new patient projection through the annual Budget Period Progress Report. In addition, HRSA will monitor future UDS reports for demonstrated progress toward meeting the new patient projection.
- ES funding cannot be used to support services that were: (1) not noted on Form 5A: Services Provided or (2) proposed for sites not included on Form 5B: Service Locations at the time of application. If your organization described the provision of a new service in your application, but did not modify the Form 5A appropriately as required, you must submit a Change in Scope request to ensure that your Form 5A will accurately reflect the new service you plan to provide as part of your ES-funded project. If a new service was proposed in the ES application in error, select "Not Implemented" in response to the corresponding scope verification condition. If you are not able to implement a new service within the specified timeframes, you can request to add the new service via the Change in Scope (CIS) module in EHB at a later date. The provision of new and/or expanded services, and the corresponding responses to scope verification conditions, must comply with current CIS policy. For more information on scope and the CIS process, see <http://bphc.hrsa.gov/programrequirements/scope.html>.
- Due to the availability of resources, your Expanded Services funding amount has been increased by \$18,300; consistent with Health Center Program statutory distribution requirements, adjustments have been made to your FY 2015 program allocation. These adjustments do not reduce your FY 2015 target funding level nor impact your FY 2015 funded activities.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Elisa Degregorio	Authorizing Official, Point of Contact	edegregorio@pinellascounty.org

1. DATE ISSUED: 09/21/2015		2. PROGRAM CFDA: 93.224		 <p>NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title III, Section 330 Public Health Service Act, Section 330, 42 U.S.C. 254b Affordable Care Act, Section 10503</p>						
3. SUPERSEDES AWARD NOTICE dated: 09/10/2015 <small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small>										
4a. AWARD NO.: 6 H80CS00024-14-13		4b. GRANT NO.: H80CS00024					5. FORMER GRANT NO.: H66CS00382			
6. PROJECT PERIOD: FROM: 11/01/2001 THROUGH: 02/29/2016										
7. BUDGET PERIOD: FROM: 11/01/2014 THROUGH: 02/29/2016										
8. TITLE OF PROJECT (OR PROGRAM): HEALTH CENTER CLUSTER										
9. GRANTEE NAME AND ADDRESS: Pinellas County Board of County Commissioners 315 Court Street Clearwater, FL 33756-5165 DUNS NUMBER: 055200216 BHCNIS # 042040				10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Maureen Freaney Pinellas County Board of County Commissioners 2189 Cleveland Street Clearwater, FL 33765-3242						
11. APPROVED BUDGET: (Excludes Direct Assistance) <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation				12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:						
a. Salaries and Wages : \$42,832.00 b. Fringe Benefits : \$18,723.00 c. Total Personnel Costs : \$61,555.00 d. Consultant Costs : \$0.00 e. Equipment : \$0.00 f. Supplies : \$20,597.00 g. Travel : \$2,510.00 h. Construction/Alteration and Renovation : \$0.00 i. Other : \$345,034.00 j. Consortium/Contractual Costs : \$1,573,575.00 k. Trainee Related Expenses : \$0.00 l. Trainee Stipends : \$0.00 m. Trainee Tuition and Fees : \$0.00 n. Trainee Travel : \$0.00 o. TOTAL DIRECT COSTS : \$2,003,271.00 p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00 q. TOTAL APPROVED BUDGET : \$2,003,271.00 i. Less Non-Federal Share: \$539,429.00 ii. Federal Share: \$1,463,842.00				a. Authorized Financial Assistance This Period \$1,463,842.00 b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority \$0.00 ii. Offset \$0.00 c. Unawarded Balance of Current Year's Funds \$0.00 d. Less Cumulative Prior Awards(s) This Budget Period \$1,409,418.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$54,424.00						
13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Not applicable</td> </tr> </tbody> </table>							YEAR	TOTAL COSTS	Not applicable	
YEAR	TOTAL COSTS									
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16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: <small>a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.</small>										
REMARKS: (Other Terms and Conditions Attached [X]Yes []No)										
Electronically signed by Angela Wade, Grants Management Officer on : 09/21/2015										
17. OBJ. CLASS: 41.51		18. CRS-EIN: 1596000800A2		19. FUTURE RECOMMENDED FUNDING: \$635,680.00						
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE				
15 - 398879E	93.527	15H80CS00024	\$54,424.00	\$0.00	HCH	HealthCareCenters_15				

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Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. This Notice of Award (NoA) provides funds for an increase to the grantee's annual ongoing base funding in accordance with statutory requirements and, as applicable, new and/or continued patient centered medical home recognition for one or more health center sites. The increase in annual base funding has been added to the OTHER Category within the Federal Object Class Budget Category breakdown as reflected on the NoA. Health centers may reallocate these federal funds as appropriate for their budgetary needs. Prior approval is required from HRSA ONLY when proposing to shift federal funds among object class budget categories in amounts that exceed the specified threshold prescribed in 45 CFR 75. In addition, health centers are reminded of the requirement to track expenditures of federal funds and should consult Policy Information Notice (PIN) 2013-01: Health Center Budgeting and Accounting Requirements for further guidance.

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

Contacts

NoA Email Address(es):

Name	Role	Email
Elisa Degregorio	Point of Contact, Authorizing Official	edegregorio@pinellascounty.org
Maureen Freaney	Program Director	njackson@co.pinellas.fl.us

Note: NoA emailed to these address(es)

Program Contact:

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

MailStop Code: 17-89

Southeast Division

5600 Fishers Ln

Rockville, MD, 20852-1750

Email: djohnson1@hrsa.gov

Phone: (301) 443-7182

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Vincent Mani at:

5600 Fishers Lane

Rockville, MD, 20857-

Email: vmani@hrsa.gov

Phone: (301) 945-0900

1. DATE ISSUED: 09/24/2015		2. PROGRAM CFDA: 93.224		 <p>U.S. Department of Health and Human Services HRSA Health Resources and Services Administration</p> <p>NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title III, Section 330 Public Health Service Act, Section 330, 42 U.S.C. 254b Affordable Care Act, Section 10503</p>						
3. SUPERSEDES AWARD NOTICE dated: 09/21/2015 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.										
4a. AWARD NO.: 6 H80CS00024-14-14		4b. GRANT NO.: H80CS00024					5. FORMER GRANT NO.: H66CS00382			
6. PROJECT PERIOD: FROM: 11/01/2001 THROUGH: 02/29/2016										
7. BUDGET PERIOD: FROM: 11/01/2014 THROUGH: 02/29/2016										
8. TITLE OF PROJECT (OR PROGRAM): HEALTH CENTER CLUSTER										
9. GRANTEE NAME AND ADDRESS: Pinellas County Board of County Commissioners 315 Court Street Clearwater, FL 33756-5165 DUNS NUMBER: 055200216 BHCMS # 042040				10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Maureen Freaney Pinellas County Board of County Commissioners 2189 Cleveland Street Clearwater, FL 33765-3242						
11. APPROVED BUDGET: (Excludes Direct Assistance) <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation				12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: a. Authorized Financial Assistance This Period \$1,463,842.00 b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority \$0.00 ii. Offset \$0.00 c. Unawarded Balance of Current Year's Funds \$0.00 d. Less Cumulative Prior Awards(s) This Budget Period \$1,463,842.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$0.00						
a. Salaries and Wages : \$42,832.00 b. Fringe Benefits : \$18,723.00 c. Total Personnel Costs : \$61,555.00 d. Consultant Costs : \$0.00 e. Equipment : \$0.00 f. Supplies : \$20,597.00 g. Travel : \$2,510.00 h. Construction/Alteration and Renovation : \$0.00 i. Other : \$345,034.00 j. Consortium/Contractual Costs : \$1,573,575.00 k. Trainee Related Expenses : \$0.00 l. Trainee Stipends : \$0.00 m. Trainee Tuition and Fees : \$0.00 n. Trainee Travel : \$0.00 o. TOTAL DIRECT COSTS : \$2,003,271.00 p. INDIRECT COSTS (Rate: % of S&W/TADC) : \$0.00 q. TOTAL APPROVED BUDGET : \$2,003,271.00 i. Less Non-Federal Share: \$539,429.00 ii. Federal Share: \$1,463,842.00				13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Not applicable</td> </tr> </tbody> </table>			YEAR	TOTAL COSTS	Not applicable	
YEAR	TOTAL COSTS									
Not applicable										
				14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash) a. Amount of Direct Assistance \$0.00 b. Less Unawarded Balance of Current Year's Funds \$0.00 c. Less Cumulative Prior Awards(s) This Budget Period \$0.00 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.00						
15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [D] Estimated Program Income: \$1,764.00										
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.										
REMARKS: (Other Terms and Conditions Attached [X]Yes []No) This NoA is issued to remove one or more Grant Conditions imposed on projects.										
Electronically signed by Sheila Gale , Grants Management Officer on : 09/24/2015										
17. OBJ. CLASS: 41.51		18. CRS-EIN: 1596000800A2		19. FUTURE RECOMMENDED FUNDING: \$635,680.00						
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE				
15 - 3980879	93.224	15H80CS00024	\$0.00	\$0.00	HCH	HealthCareCenters_15				
15 - 398879E	93.527	15H80CS00024	\$0.00	\$0.00	HCH	HealthCareCenters_15				

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. The grant condition stated below on NoA 6 H80CS00024-14-03 is hereby lifted.

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

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

Contacts

NoA Email Address(es):

Name	Role	Email
Maureen Freaney	Program Director	njackson@co.pinellas.fl.us
Elisa Degregorio	Authorizing Official, Point of Contact	edegregorio@pinellascounty.org

Note: NoA emailed to these address(es)

Program Contact:

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

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Vincent Mani at:
5600 Fishers Lane
Rockville, MD, 20857-
Email: vmani@hrsa.gov
Phone: (301) 945-0900

TAB 2 – AHCA Community & Primary Care Services Grant Application

The agency will award grants to those programs most capable of reducing health spending while improving the health status of uninsured and underinsured persons in their communities. Programs receiving grants shall reduce unnecessary emergency room visits and preventable hospitalizations by providing disease management; improving patient compliance; and coordinating services such as needed physician, diagnostic, dental, nurse practitioner, pharmaceutical, and other supporting services.

The County is requesting \$487,002 for the 15/16 fiscal year.

The County, through this Community & Primary Care Services funding opportunity, is seeking to increase access to primary care services and prevent unnecessary emergency room visits and inpatient hospitalization for approximately 300 homeless individuals needing behavioral health services. This proposal supports hospital emergency room diversion through the addition of six behavioral health staff (4.0 FTE) and services (2.0 FTE). The program proposed will do this by providing disease management, in the form of management of mental illness and substance abuse. In addition, this program will improve patient compliance with the addition of additional staff.

The County received approval to submit the application through the County Administrator on 9/30/15.

Pinellas County Board of County Commissioners

Community & Primary Care Services Proposal

**Reducing Emergency Room Visits and Improving Access
for Homeless/Uninsured Individuals Needing Behavioral
Health Care Services**

**BOARD OF COUNTY
COMMISSIONERS**

Dave Eggers
Pat Gerard
Charlie Justice
Janet C. Long
John Morroni
Karen Williams Seel
Kenneth T. Welch



September 30, 2015

RE: AHCA RFA 001-15/16

Pinellas County is pleased to submit an application to the Agency for Health Care Administration (AHCA) for the Community and Primary Care Services RFA 001-15/16.

Pinellas County, a unit of local government and Federally Qualified Health Center, is the lead applicant and eligible entity meeting the requirements set forth in Section 1.1 of the RFA.

Applicant: Pinellas County Board of County Commissioners
Address: 315 Court Street
Clearwater, FL 33765
FEID: 596000800
Medicaid: 688412100
NPI#: 1871641613

The County Administrator has the authority to bind the applicant to an Agreement and designates the following individual as the Project Director of the Grant Agreement who may be reached by phone and to attend meetings as requested:

Daisy Rodriguez, Health Care Administrator
Pinellas County Department of Human Services
440 Court Street, 2nd floor, Clearwater FL 33756
darodriguez@pinellascounty.org | (727) 464-4206

The County is requesting \$487,002 for the 15/16 fiscal year.

The County, through this Community & Primary Care Services funding opportunity, is seeking to increase access to primary care services and prevent unnecessary emergency room visits and inpatient hospitalization for approximately 300 homeless individuals needing behavioral health services. This proposal supports hospital emergency room diversion through the addition of 3.5 behavioral health staff and services. The program proposed will do this by providing disease management, in the form of management of mental illness and substance abuse. In addition, this program will improve patient compliance with the addition of additional staff.

Sincerely,

Mark S. Woodard
County Administrator
mwoodard@pinellascounty.org | 727-464-3485

PLEASE ADDRESS REPLY TO:
Pinellas County Human Services
440 Court Street, 2nd Floor
Clearwater, FL 33756
PHONE: (727) 464-8400
FAX: (727) 464-8454
V/TDD: (727) 464-4062

WEBSITE: www.pinellascounty.org

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EXECUTIVE SUMMARY

Pinellas County, a FQHC serving homeless individuals, has recognized that behavioral health continues to be a pervasive concern within our communities, often affecting the physical health and safety of our most vulnerable citizens. A critical lack of funding has impacted the availability and integration of services and information sharing, inhibiting stability for many individuals. The result is a greater demand for deep-end, expensive crisis care and repeated entry into the criminal justice system and emergency rooms.

The County, through this Community & Primary Care Services funding opportunity, is seeking to increase access to primary care services and prevent unnecessary emergency room visits and inpatient hospitalization for approximately 300 homeless individuals needing behavioral health services. This proposal is in the category of hospital emergency room diversion through the addition of co-located behavioral health staff and services. The program proposed will do this by providing disease management, in the form of management of mental illness and substance abuse. In addition, this program will improve patient compliance and coordination with primary medical care, referrals, and connecting patients to other community resources.

According to the SAMHSA, by 2020, mental and substance abuse disorders will surpass all physical diseases as a major cause of disability worldwide, and yet, Florida ranks 49th in the nation for behavioral health funding per capita at \$39.55 per person (Kaiser Family Foundation). Recent research for the County's Behavioral Health Pilot for High Users revealed that patients with a behavioral health diagnosis as the primary diagnosis accounted for 11,093 (39%) of all Pinellas County ER visits in 2012^[1]. This resulted in total emergency room costs of \$50,408,640, of which 37% was incurred by self-pay/non-insured patients. Many were using the emergency room for non-emergent reasons, such as medication refills or non-urgent illnesses. The County's internal data from its Pinellas County Health Program for FY 2013 indicates that there were 6,764 total emergency room visits by 3,440 HS clients.

The need for additional services particularly for this population has been acknowledged not only by the providers, but the state and local government. The Governor, through Executive Order, included Pinellas County in a pilot program to conduct a comprehensive review of services and delivery and integration of those services. In addition, the County has recently initiated two programs: 1) a Behavioral Health High Utilizers Pilot project and 2) an expanded cross-system coordination project to better connect providers to each other to send/receive referral information. The County is coordinating these programs with the provider community through the leadership of the Health & Human Services Leadership Board, comprised of the following entities: The Pinellas County Board of County Commissioners, Florida State Attorney's Office, Pinellas County Sheriff's Office, Pinellas County School Board, and the Juvenile Welfare Board.

The health center is seeking funds to divert clients from visiting the emergency room when less expensive, more readily available, coordinated behavioral health and medical care could be available in locations where the homeless population is served. The proposed program will add

^[1] Agency for Health Care Administration. Ambulatory and Emergency Department Public Use Patient Data. 2012.

behavioral health specialists to the staff at various locations. There will now be 1.0 FTE at Safe Harbor, the County's largest shelter, housed on the shelter premises in a van provided by BayCare Behavioral Health. An additional 1.0 FTE behavioral health specialist will be located inside the shelter during night and weekend hours. A third behavioral health specialist (1.0 FTE) will also "follow" the health center's mobile van (MMU), and provide services to patients inside the facilities where the MMU provides primary care services. Directions for Living will provide one Therapist and Case Manager dedicated to serving the long-term needs of these patients. Finally, a part time primary care nurse will also be available on the Safe Harbor campus nights and weekend to be available for triage and diversion. The targeted population, those who are homeless individuals with mental illness and substance abuse issues, will be guided into treatment by behavioral health specialists.

This program is designed to meet an immediate need for behavioral health/substance abuse stabilization and intervention. The additional behavioral health staff will be available for assessment and treatment for mental illness and/or substance abuse. The role of these specialists will be both to intervene during mental health and substance abuse crises, stabilize, and refer to treatment, and, where indicated, engage in longer term treatment as appropriate. In this way patients will be diverted from returning to the emergency room. This program will establish liaisons with the psychiatry departments in each hospital to ensure appropriate flow of clients who may need hospitalization, or for discharge planning purposes.

Activities include hiring additional behavioral health specialists and care coordinators and one medical nurse, co-locating the staff at sites served by the health center, and developing a seamless transition between clinical and contracted staff that include proper documentation, procedures, referral tracking and coordination.

Upon award, the County will contract with and amend existing contracts to allow for the hiring of additional behavioral health specialists and coordinators within 30-45 days of award. BayCare Behavioral Health and Directions for Living are the identified providers for the behavioral health services and staff. The Florida Department of Health will provide an additional medical nurse to the clinical staff for evening and weekend hours. BayCare is the largest provider of psychiatric services within the Tampa Bay area, and provides extensive acute inpatient hospital services at three separate hospitals within Pinellas County. Directions for Living is the current contracted behavioral health provider for the health center.

Immediately upon hiring the staff necessary for implementation of the program, up to 10 days of training and location set-up will be provided to the new staff to include policies and procedures, and the necessary implementation site prep as needed. The County anticipates making services available within 60 days (by December 1st) or sooner to begin serving clients. Approximately 300 patients, primarily uninsured, low-income homeless, will receive treatment services through this program through June 30, 2016.

Service sites include the Safe Harbor homeless shelter (Largo) until which time Bayside Health Clinic opens to clients in the spring of 2016. Bayside Health Clinic is a new health center site under construction immediately adjacent to the homeless shelter at which time services will move into Bayside. The additional staff will also be co-located at sites where the Mobile Medical Van visits

daily. These sites include Pinellas Hope, a homeless shelter serving 250 people daily also in Largo; St. Vincent de Paul in Clearwater and in St. Petersburg; and the Salvation Army in St. Petersburg.

The County is requesting a total of \$487,002 including \$448,292 for contractual staff and fringe, with the rest of the funds requested for services, travel, and supplies.

The County has been providing integrated primary care to this population since 2001 through the use of a sub-contracting for behavioral health and substance abuse treatment. In order to adapt to the evolving needs of patients, the County has initiated additional programs including the use of on-site care coordinators to enhance the integrated care model, as well as applying for a substance abuse expansion grant to be able to offer Medication Assisted Treatment (MAT) to a selected group of clients. Should this program be successful, the County hopes to be able to continue to provide this new service, thereby further helping to prevent unnecessary emergency room visits and inpatient hospitalizations.

All of the combined efforts, the AHCA proposal, the Behavioral Health Pilot for high utilizers, and the cross-system collaboration project are designed to address, in the most effective way possible, the population of individuals, specifically homeless individuals, who are experiencing the need to use the emergency room on a regular basis, whether it be for primary care, behavioral health, substance abuse, or all of these issues.

ORGANIZATIONAL OVERVIEW

The Pinellas County Board of County Commissioners (herein after referred to as “County”), will serve as the lead applicant for the AHCA Community & Primary Care Services funding opportunity. The County, an eligible entity as a Federally Qualified Health Center, is governed by an elected seven member Board of County Commissioners (BCC). The health center program is also governed by the patient-majority Mobile Medical Unit Advisory Council (MMUAC). The Human Services Department will administer the program.

For over 50 years, the County, through its Human Services department (HS), has provided programs that encourage access to benefits and services and promote improved health outcomes of low-income and homeless residents. HS works to promote the health, well-being and self-sufficiency of all citizens of Pinellas County, with an emphasis on the most vulnerable residents in the County, in a manner consistent with the County’s values, vision and mission. The Department’s efforts benefit all citizens ensuring that they can access appropriate services (e.g., 2-1-1 Tampa Bay Cares, floridahousingsearch.org, Veterans’ Services) and that quality, empirically-based services are provided in a manner that maximizes our return on investment. With respect to the County’s most vulnerable populations, HS facilitates service provision to the homeless, indigent, and those in need of temporary assistance by providing both direct and in-direct funded services. HS values its relationships with its community partners and works in a variety of ways to promote and achieve collective impact.

Pinellas County is a Federally Qualified Health Center (FQHC) and is a recipient of Public Health Services Act, Section 330 (h) funding from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) for the administration a Health Care for the Homeless (HCH) health center program. The County’s HCH program has been serving homeless citizens with primary care, specialty care including behavioral health and substance abuse services, since 2001. In 2014, the County reported serving 1,790 unduplicated patients in the service area.

The HCH program operates a Mobile Medical Unit (MMU) that travels throughout the county five days a week to meet patients where they are - homeless shelters, soup kitchens and treatment facilities. The mobile van gives the County the flexibility to take medical services directly to the clients who often lack transportation and other means of getting access to care. The County also has a second medical team located inside the Safe Harbor homeless shelter to provide care five days a week and on the weekend for residents.

The program is continually adjusting services to meet the various and transitional needs of the homeless population including the construction of a new health clinic adjacent to the County’s largest homeless shelter, Safe Harbor, which has been a critical area of the county with high EMS/Emergency Department use.

STATEMENT OF NEED

1. Demographic information about the focal population to be served in the proposed target county under this Grant.

Pinellas County Homeless Point in Time Count (PIT)

Each year, each Homeless Continuum of Care (COC) is required to report the number of homeless persons within its community to the Federal Department of Housing and Urban Development (HUD) and the Florida Department of Children and Families (DCF). The count includes both sheltered and unsheltered persons. Sheltered persons are those residing in Emergency Shelters (ES), Transitional Shelters (TS) or Safe Havens (SH). Unsheltered persons are those residing in places not meant for human habitation. The two primary sources for these data are the Tampa Bay Information Network (TBIN) and a street survey of homeless persons which counted the number of homeless persons on the night of January 28, 2015 this year. These data are then combined to produce the counts reported to HUD and DCF. Additional data are obtained from the Pinellas County School District and the Pinellas County Jail to report data relevant to the community that does not fit the exact criteria outlined by HUD. This PIT report enumerates data from each of these sources for the 2015 reporting period.

The 2015 PIT Homeless Count for Pinellas Count revealed a total of 6,853 adults and children who reported to be homeless on the night of January 28, 2015. The total number of homeless individuals reported to HUD this year was 3,387. This number is almost identical to the 3,391 that were reported to HUD in 2014. There were an additional 388 individuals in the street survey, 408 in the jail data, and 2670 in the school data that did not meet HUD criteria. Taken together these added to 6,853 individuals.

Data indicate that homeless individuals are 71.5% male, 6.8% Hispanic, 64% White, 31.8% Black, and 4.2% other races. 17.4% are veterans with 94.1% of these being male. 18.7% are chronically homeless. Street survey results indicate that 39.7% of individuals report being homeless for a year or longer and 32.9% report being homeless 4 or more times in the last 3 years.

Unmet Medical Needs of Homeless Population

Data from the Point in Time County indicate that 20.2% report having a serious mental illness. 16.5% report having a substance use disorder. 23 individuals report having HIV/AIDS. 8.1% report being victims of domestic violence.

A 2015 needs assessment conducted by the health center found that:

- 92% of respondents agreed/strongly agreed with the following statement: "MMU is successful at providing access to health services for Pinellas County's homeless population, but needs to focus more on improving coordination of care and health outcomes."
- 46% felt that mental illness was often a barrier; 23% felt that mental illness was always a barrier to accessing care on the MMU.

- 34% felt that substance abuse was often a barrier; 27% felt that substance abuse was always a barrier to accessing care on the MMU.
- 77% feel there are gaps in service provision, capacity and coordination of care for dually diagnosed patients (Medical and mental health) - (15.4% - major gap in service provision, 23% - insufficient capacity, 38% - gaps in coordination of care)

On May 31, 2014, the Tampa Bay Times newspaper wrote about the demands that individuals residing in Pinellas homeless shelters are putting on the EMS system by using it as a primary health care provider. The paper reported that the Safe Harbor homeless shelter has been one of the biggest users of the EMS since it opened in 2011, when it topped the list of EMS calls in the County with 537. In 2013, it was third on the list with 545 calls. Pinellas Hope was eleventh on the list with 356 calls. If you add the costs of the first responders and ambulance costs, the estimated total cost of Safe Harbor to Pinellas' EMS system was about \$502,048 in 2013.

Uninsured

According to 2013 CMS data for the Percent of Estimated Eligible Uninsured People for Outreach Targeting, there are approximately 3.4 million uninsured residents in Florida and approximately 156,534 uninsured residents in Pinellas County, 4.5% of the State's total. (<https://data.cms.hhs.gov/dataset/The-Percent-of-Estimated-Eligible-Uninsured-People/9hxb-n5xb>)

In 2014, of all HCH health center grantees, 43% (368,125) were reported to be uninsured. For the same time period within the Pinellas County HCH program, 98% of the 1,790 unduplicated patients served through the County's HCH program were uninsured. This has been a consistent percentage for the County over the past three years of patient data as reported in UDS reports.

Income & Poverty Level

In 2010 in Pinellas County, 31% of individuals were below 200% of the federal poverty level, up from 27% in 2000. Five-year estimates (2008-2012) from the American Communities Survey demonstrate that 29.2% of blacks and 10.9% of whites in Pinellas are below 100% of the federal poverty level.

In 2014, of all HCH health center grantees, 88.9% (629,809) of patients were reported to be at 100% and below of the FPL. Using client data from the County's HCH program, 99% of unduplicated patients were below 100% of the FPL in 2014.

2. Justification for the need for funding in the targeted area, including strengths and challenges

Behavioral health continues to be a pervasive concern within our communities, often affecting the physical health and safety of our most vulnerable citizens. A critical lack of funding has impacted the availability and integration of services and information sharing, inhibiting stability for many individuals. The result is a greater demand for deep-end, expensive crisis care and repeated entry into the criminal justice system and emergency rooms.

According to the SAMHSA, by 2020, mental and substance abuse disorders will surpass all physical diseases as a major cause of disability worldwide, and yet, Florida ranks 49th in the nation for behavioral health funding per capita at \$39.55 per person (Kaiser Family Foundation).

(Strengths) The need for additional services particularly for this population has been acknowledged not only by the providers, but the state and local government. As described below, the Governor, through Executive Order, included Pinellas County in a pilot program to conduct a comprehensive review of services and delivery and integration of those services. In addition, the County has recently initiated two programs: 1) a high utilizers pilot project and 2) an expanded cross-system coordination project to better connect providers to each other to send/receive referral information.

The County is coordinating these programs with the provider community through the leadership of the Health & Human Services Leadership Board, comprised of the following entities: The Pinellas County Board of County Commissioners, Florida State Attorney's Office, the Public Defender for the Sixth Judicial Circuit, Pinellas County Sheriff's Office, Pinellas County School Board, and the Juvenile Welfare Board.

State of Florida, Office of the Governor, Executive Order 15-175: On July 9, 2015, Governor Rick Scott issued an Executive Order which highlighted mental health reforms needed across Florida. This Executive Order expanded the initial pilot program started in Broward County to Pinellas County. The pilot program calls for an inventory of all programs available across agencies that address mental health needs. In the interest of improving the coordination and effectiveness of mental health services in Florida, the Department of Children and Families (DCF) will lead a comprehensive review of local, state, and federally funded behavioral health services and conduct an analysis of how those services are delivered and how well they are integrated with other similar and/or interdependent services within the community.

Pinellas County Behavioral Health Pilot for High Utilizers: In Pinellas County, a cadre of behavioral health providers and stakeholders has been actively engaged in the review of costs and cross-system impacts of high utilization populations. Efforts have focused on reviewing system processes and developing an integrated approach to help stabilize chronic populations. The partners have worked together to identify the top 33 utilizers of Pinellas County's public Baker Act facility and the County jail. These individuals were the most chronic users of these systems in 2014 and have not had success with being stabilized by providers. Collectively, these individuals spent an estimated 891 days in the hospital, a total of 925 bed-days in the public Baker Act facility, and 3,851 days in jail. Seventy-three percent (73%) of these individuals are homeless. The estimated hospital, behavioral health, and jail costs for these individuals exceeded \$2.4 million in 2014. As identified in the pilot project study, 73% of high utilizers are homeless. Patients with a behavioral health diagnosis as the primary diagnosis accounted for 11,093 (39%) of all Pinellas County ER visits in 2012[1], resulting in total ER costs of \$ 50,408,640.00. Many were using the ER for non-emergent reasons, such as medication refills or non-urgent illnesses. County data indicates that there were 6,764 total ER visits by 3,440 HS clients.

Pinellas County Cross-System Coordination Project: Each year thousands of mental health and substance abuse clients access Pinellas County’s behavioral health system. Coordinating care between these providers can be difficult and time consuming, slowing access to services and frequently resulting in incomplete clinical and medical information for the receiving agency. Accurate client information is critical for proper diagnosis and treatment planning. An agency and the client are at risk when lost and omitted information leads to an inaccurate diagnosis and inappropriate treatment. The County is now providing funding to behavioral health organizations to provide the technology and system coordination needed to improve coordination of care. In 2014, three organizations including 2-1-1 Tampa Bay Cares, Suncoast Center, Inc., and PEMHS contracted with Netsmart Technologies’s CareConnect product to send referrals and coordinate care through the use of shared demographic and Continuity of Care (CCD) documents. It provides a secure way to exchange clinical and administrative information. Additionally, by utilizing standards like CCD, the software will allow each agency to exchange information with the Pinellas County Health Program, and the Florida Department of Health. The County is now expanding access to CareConnect with an additional four (4) providers. Through connectivity between stakeholders, providers will have real-time information, with a complete history of treatment and services provided to their patients. Integrated data will be available for analyses to inform systems practices and improvements, leading to improved outcomes.

(Challenges) The criminal justice and behavioral health providers consistently identify lack of timely access to income and other benefits, including health insurance, as among the most significant and persistent barriers to successful community reintegration and recovery for people with serious mental illnesses and co-occurring substance use disorders. Too often, without the proper interventions, individuals with mental health and substance abuse concerns can get caught in an endless cycle of behavioral health crises, emergency room, and justice system contacts. Access to community-based services is vital to helping stabilize individuals with behavioral health concerns.

3. Impact of the problem on the identified population

Jail Data

The National Alliance of Mental Illness in Florida states that individuals with mental health conditions are significantly overrepresented in the prison and jail population. In a recent five-site study of jail populations, researchers found rates of serious mental illnesses that are three to six times more than those found in the general population. Approximately 20 percent of state prisoners and 21 percent of local jail prisoners have a recent history of a mental health condition.

The Pinellas County Jail is the only jail in Pinellas County and serves all law enforcement agencies. The jail complex houses an average daily population topping 3,000 inmates, including pre-trial and sentenced offenders. The Pinellas County Jail is the 28th largest jail in the nation, and is nationally accredited by Detention and Inmate Healthcare professional associations.

USF's Baker Act Reporting Center produces the Annual Report of Baker Act Data for the state. The *Summary of 2013 Data* indicates that involuntary mental health exams totaled **171,744**, a **9.15%** increase over 2012 and a **72.14%** increase over 2002. Pinellas County accounted for **10,286** involuntary 'Baker Act' examinations in 2013 with **50%** of the Baker Act referrals come from law enforcement encounters. Baker Act examinations increased significantly more than the population of the state between the years 2002 and 2013. While Florida's population age 5 and over increased approximately 15%, the Baker Act involuntary examinations increased **70%** during the same time period.

In addition to mental health, substance abuse remains a critical area of concern. In the six months from January through June 2014, Pinellas County had **806** individuals brought to the jail for involuntary protective custody due to substance abuse under the Florida Marchman Act.

Pinellas County providers offer services across the mental health continuum from prevention to long-term residential services with supportive services. County funding supports crisis bed capacity for Baker Acts, forensic outreach mental health & substance abuse, adult substance abuse detox, drug court diversion, behavioral health jail diversion, the Public Defender's behavioral health Incompetent to Proceed program, and integrated behavioral healthcare in the county's medical homes and FQHC Healthcare for the Homeless program.

In FY 2012-2013, treatment was provided to over 60,000 (unduplicated count) Pinellas County residents served by Westcoast Integrated Network (WIN) providers. Nearly 80,000 additional residents received outreach and screening services.

Substance Abuse/Overdose Deaths

In Pinellas County, from 2007-2010, deaths from accidental overdoses of prescription drugs outpaced those from heroin in the 1970s and crack cocaine in the 1980s. While prescription related deaths have declined since their peak in 2010, Pinellas is still struggling to address this significant addiction issue. In 2014, the Pinellas County Medical Examiner reported the following deaths among those cases testing positive for drugs: 393 alcohol, 88 hydrocodone, 126 oxycodone, 75 methamphetamine, and 98 cocaine, indicating that the problem still exists.

Psychiatric Emergency Care

BayCare is the largest provider of psychiatric services within the Tampa Bay area, and provides extensive acute inpatient hospital services at three separate hospitals within Pinellas County. With a total of 104 inpatient beds this service provides care for over 5000 patients annually including pediatric, adult and geriatric patients. Over ten percent (10%) of inpatient services provided by BayCare within the Pinellas County is uncompensated in nature and provides care to the indigent and homeless population.

Homeless and Emergency Room Use

The Tampa Bay Times newspaper reported in May 2014 how the Safe Harbor homeless shelter has been one of the biggest users of the EMS since it opened in 2011, when it topped the list of EMS calls in the County with 537. In 2013, it was third on the list with 545 calls. Pinellas Hope was eleventh on the list with 356 calls. Many of these calls could be diverted if the proper, non-emergency medical services were available.

4. Prevalence of issues that exist within the county or areas proposed

Within the service area, homeless individuals cycle through jail, the emergency room, and psychiatric hospitalizations.

Psychiatric hospitalizations

BayCare hospitals have a dedicated psychiatric emergency department which is utilized for screening patients to determine the most appropriated level of psychiatric care.

- St. Anthony's Hospital provides contact to over 2,500 patients in the psychiatric emergency department annually while providing inpatient services to over 2,000 patients annually within a 50 bed capacity. Services include adult and geriatric acute care.
- Mease Dunedin Hospital provides contact to over 1,800 patients in the psychiatric emergency department annually while providing inpatient services to 1800 patients annually within a 32 bed capacity. Services include geriatric, adult and pediatric inpatient acute care.
- Morton Plant Hospital- provides contact to over 1,300 patients in the psychiatric emergency department annually while providing inpatient services to 1,200 patients annually within a 22 bed capacity. Services include adult acute care.

5. Previous and current efforts (including any outcomes) undertaken to address issues related to community and primary care services including any collaborations with health entities, local governmental agencies, civic associations and others that show experience with the identified problem and target groups.

In 2014, the health center received additional funding to expand medical services at the county's largest homeless shelter, which also received the highest number of EMS calls. Previously, the health center's mobile van would provide services one day per week at the shelter. Often times, EMS services are called upon for non-urgent medical concerns that could have been addressed by primary care or preventive care services. By co-locating this medical team within the shelter, barriers including transportation and available of access has been greatly reduced. This partnership involved the Pinellas County Sheriff's Office, the Florida Department of Health in Pinellas County, and the County Safety and Emergency Management Services.

The County hopes to employ this same model addressing behavioral health and substance abuse by adding new co-located behavioral health specialists and care coordinators for immediate access in areas where there are high concentrations of homeless individuals.

6. The source(s) of all data and statistics used to validate the need

The Pinellas County Health Care for the Homeless program reports all operational and clinical data via the UDS Reporting system required annually by the U.S. Department of Health &

Human Services, Health Resources and Services Administration. This data is specific to the health center and can be compared to state and national health center grantee data. (<http://bphc.hrsa.gov/uds/datacenter.aspx?q=d>)

The Pinellas County Point in Time Count is conducted by the Pinellas County Homeless Leadership Board as required by the U.S. Department of Housing & Urban Development for Continuum of Care providers. (<http://pinellashomeless.org>)

BayCare provided data regarding psychiatric emergency department use in 2014.

The Central Florida Behavioral Health Network (CFBHN) provided data on the high utilizer population in Pinellas County. CFBHN is a not for profit 501 (c) (3) community services network that contracts with over 84 providers in a fourteen county geographic service area to provide a full array of mental health and substance abuse services funded as a managing entity by the Department of Children and Families. CFBHN has access to data from its providers including the Pinellas County Sheriff's office and matches behavioral health and jail data to analyze cross-utilization patterns and track high utilizer clients. (<http://www.cfbhn.org/Pages/default.aspx>)

National Alliance for Mental Illness in Florida (www.namiflorida.org) NAMI Florida is the state affiliate of the National Alliance on Mental Illness and has its headquarters in Tallahassee, FL. We have 36 affiliates in communities across Florida providing education, advocacy, and support groups for people with mental illnesses and their loved ones. Each affiliate includes family members, friends, professionals, and consumers whose lives have been impacted by mental illness. Affiliates also help members access psychiatric services, treatment, benefits, medication, and housing.

The Pinellas County Data Collaborative was established in 1999 pursuant to Chapter 163.62 Florida Statutes, which allows governmental and certain private agencies to share information. The mission of the Data Collaborative is to improve the delivery of behavioral health services to Pinellas County residents by encouraging information sharing among key community providers, government agencies and educational institutions. The County provides funding to USF-Florida Mental Health Institute to support the Data Collaborative by obtaining, maintaining, analyzing and reporting information from multiple sources (health care, behavioral health, justice system and human services) in order to better understand cross-system utilization, patterns and trends. Aggregate data are then used to improve planning and policies across these sectors. Key partners include Pinellas County Board of County Commissioners, the Pinellas County Juvenile Welfare Board, Pinellas County Sheriff's Office, the Pinellas County State Attorney and Public Defender- Sixth Judicial Circuit Court, the Central Florida Behavioral Health Network, and the Florida Department of Children and Families.

7. Sources of other funds currently received by the applicant to support proposed activities. Explain how funding requested under this program will be used differently than the funding already received for the proposed activities.

As a federally funded health center grantee, about 1/3 of the center's operating funds come from the U.S. Department of Health and Human Services, Health Resources and Services

Administration (HRSA). The County provides general fund revenue for the remaining expenses of the program for care. Services provided include primary care, specialty care and dental services. The County, through a sub-contract of the Florida Department of Health in Pinellas County, provides behavioral health services with Directions for Mental Health, Inc., d/b/a Directions for Living.

Currently, the health center clinical staff will conduct a behavioral health screening on all clients annually. Results from this screening may indicate need for a referral to the contracted behavioral health provider. Due to the nature of our mobile health center program, the clients must travel to the provider to receive a further, more in-depth assessment and treatment. As previously indicated, this population faces many barriers to treatment including transportation which often delays or deters the patient from getting the services needed. Therefore, when patients don't receive the preventive or maintenance treatment necessary, they often end up in the emergency room or jail.

This funding opportunity would focus on immediate on-site stabilization for individuals in crisis and coordinated follow-up care and warm hand-off for patients that would mitigate the barriers faced by this hard to reach, transient population. Funding would go toward additional on-site behavioral health specialists that will be able to assess potential emergency room calls and coordinate care with the existing contracted provider and/or emergency room if necessary. The co-location, expanded hours, and pro-active outreach to these clients where they are is the standard of service we hope to achieve with additional funding.

8. Identify other programs operating in the county serving the same population proposed to be served under this project. Applicants should explain how it proposes to avoid duplication of existing services and how the proposed program will enhance or differ from services provided by existing services.

Health center patients seeking the assistance of the proposed services may or may not be in treatment in other community based programs. Part of the clinical assessment will include ascertaining if the patient is in treatment by referral back to treatment in that facility with a release of information if immediate intervention is not required. The key to the proposed program is emergency room diversion by providing additional co-located staff to serve the immediate needs. This new program means that patients will not have to go the extra step to receive care.

The following programs are operating in Pinellas County and are collaborative partners with the County in addressing issues and trends:

Baker Act: Crisis Stabilization Unit

Personal Enrichment through Mental Health Services (PEMHS) provides 59 Adult beds for Adult Crisis Stabilization (CSU) in Pinellas County. Additional beds were opened in 2008 to meet increased demand for Baker Act beds in St. Petersburg. PEMHS continues to operate with an average 86% utilization rate (Fiscal Year (FY) 2013), and conducted 10,286 Baker Acts in 2013. Approximately 20% of individuals have more than one admission. The cost of treatment in a CSU bed is approximately \$300 per night.

BayCare Behavioral Health provides beds for Baker Act patients including:

- St. Anthony's Hospital provides contact to over 2,500 patients in the psychiatric emergency department annually while providing inpatient services to over 2,000 patients annually within a 50 bed capacity. Services include adult and geriatric acute care.
- Mease Dunedin Hospital provides contact to over 1,800 patients in the psychiatric emergency department annually while providing inpatient services to 1800 patients annually within a 32 bed capacity. Services include geriatric, adult and pediatric inpatient acute care.
- Morton Plant Hospital- provides contact to over 1,300 patients in the psychiatric emergency department annually while providing inpatient services to 1,200 patients annually within a 22 bed capacity. Services include adult acute care.

Suncoast Center Inc: Forensic Outreach Mental Health and Substance Abuse Program

The Forensic Focused Outreach Program is a jail diversion and reintegration program targeting individuals with mental health and co-occurring substance abuse disorders who are involved with the criminal justice system. Suncoast offers outreach and services at program offices located throughout Pinellas County, and accepts referrals from both the human services community at large, law enforcement and the courts system.

The Forensic Focused Outreach Program works to create individual transition plans which include: 1) an assessment of clinical needs and social needs public safety risk; 2) planning for needed treatment and services; 3) identifying post-release services; and 4) coordination among agencies to avoid gaps in care. In addition, the program provides follow-up care for those individuals who have completed their sentences at state prisons and are being released into the county.

Operation PAR: Adult Substance Abuse Detox

Operation PAR provides integrated substance abuse and mental health services, utilizing evidence-based and best practices throughout its service delivery. Operation PAR's Inpatient Detoxification program provides 24 hour medically monitored alcohol and/or drug detoxification and stabilization, physical health screens, comprehensive bio-psychosocial assessments, psychiatric evaluations as needed, individual and group counseling, addiction education, relapse prevention and referrals for additional treatment and social services.

Westcare-Turning Point: Adult Inebriate Receiving

The Turning Point Homeless & Substance Abuse Emergency Shelter provide police referral receiving, assessments & referrals, crisis intervention, physical health and mental health referrals, substance abuse education, peer support groups, life skills training and housing and employment placement services. Turning Point is the sole source provider for homeless inebriated clients arriving directly from the street. Turning Point provides twenty four hour a day intake and intervention services to screen and assess homeless individuals with substance abuse and mental health disorders, provides crisis intervention services while engaging the

individual in the treatment process, and provides integrated health, mental health and substance abuse services.

Public Defender's Office: Jail Diversion Program

The Pinellas County Jail Diversion Program helps individuals whose legal involvement may be a result of untreated mental illness or co-occurring mental health and substance abuse disorders. This is a short-term program designed to help stabilize and link clients to more traditional treatment methods in order to reduce their criminal incidents and length of incarceration. The Jail Diversion Program has diverted over 3,500 clients with an 89% success rate. The Pinellas County Sheriff's Office has continuously voiced support for the placement of inmates to appropriate community-based facilities, as opposed to the Pinellas County Jail. The cost per day to house an inmate in the Pinellas County Jail is \$106. Mentally ill clients, however, generate a higher cost per day than other inmates because of the need for medication, treatment and special care to avoid disruption.

PROVISION OF SERVICES

1. Activities to be conducted as a result of this funding including the timeframes for implementation. Describe all strategies to be used for policy initiatives, prevention, intervention, education and outreach.

The health center is seeking funds to divert clients from visiting the emergency room when less expensive, more readily available, coordinated behavioral health and medical care could be available in locations where the homeless population is served.

Activities include hiring four additional behavioral health specialists, one case manager and one medical nurse, co-locating the staff at sites served by the health center, and developing a seamless transition between clinical and contracted staff that includes proper documentation, procedures, referral tracking and coordination.

Upon award, the County will contract with and amend existing contracts to allow for the hiring of additional behavioral health specialists and coordinators within 30-45 days of award. BayCare Behavioral Health and Directions for Living are the identified providers for the behavioral health services and staff. The Florida Department of Health will provide an additional medical nurse to the clinical staff for evening and weekend hours. BayCare is the largest provider of psychiatric services within the Tampa Bay area, and provides extensive acute inpatient hospital services at three separate hospitals within Pinellas County. Directions for Living is the current contracted behavioral health provider for the health center and provides behavioral health and substance abuse treatment.

Immediately upon hiring the staff necessary for implementation of the program, up to 10 days of training and location set-up will be provided to the new staff to include policies and procedures, and the necessary implementation site prep as needed.

The County anticipates making services available within 60 days (by December 1st) or sooner to begin serving clients.

2. An explanation of how activities will be implemented and to whom. Include the intended focal population, the total number of unduplicated individuals that will benefit from each activity, the areas served or locations in which activities will commence.

Approximately 300 patients, primarily uninsured, low-income homeless adults without children, will receive treatment services through this program through June 30, 2016.

Service sites include the Safe Harbor homeless shelter (Largo) until Bayside Health Clinic opens to clients in the spring of 2016. Bayside Health Clinic is a new health center site under construction immediately adjacent to the homeless shelter. The additional staff will also be co-located at sites where the Mobile Medical Van visits daily. These sites include Pinellas Hope, a homeless shelter serving 250 people daily also in Largo; St. Vincent de Paul in Clearwater and in St. Petersburg; and the Salvation Army in St. Petersburg.

3. Strategies to address potential barriers to the provision of the activities proposed.

In order to address any potential barriers to the provision of the activities, the County, along with its partners, has already begun to move forward on any necessary implementation steps. Mechanisms are in place to hire and train staff for the program, in addition to a system for coordinating care and tracking referrals. Key to the success of this program is training for all staff and specifically for the behavioral health staff in proper triage and referral. The County is in the process of identifying office space in locations where the MMU serves the target population so as to be able to provide the necessary services. The logic model has been completed by qualified staff at the County and submitted with this grant application. Weekly meetings have been set up to coordinate the program. Community outreach and education will be provided to let the community know that these services are available.

4. A description of plans to collaborate with organizations and health care systems to conduct proposed activities.

The County will collaborate with the Florida Health Department in Pinellas County, Directions for Living, and BayCare Behavioral Health to conduct the proposed activities. Staff from the DOH, Directions, and BayCare will be located at Safe Harbor and health center locations to provide behavioral health services, triage, screening, assessment, and short term treatment. Medication management will be provided by a combination of DOH and Directions staff, in addition to health center staff. If needed, other services can be accessed through the BayCare system.

5. Lists of intended outcomes or specific changes expected as a result of program activities.

The program intends to provide 300 patients with behavioral health and substance abuse interventions, access to care, crisis management, stabilization, referral to treatment, and short term treatment through the use of behavioral health specialists. One hundred percent of the patients served will receive, at a minimum, evaluation and referral for on-site or of-site treatment. Over the past two years, more than 900 unique health center patients have received treatment for behavioral health issues. This treatment has consisted of referrals to and counseling by mental health counselors. Based on the higher prevalence of behavioral health disorders in the homeless population, it is expected that at least one-third of these patients (300 patients) will require behavioral health intervention by the specialists. It is projected that 50% of patients will receive short term counseling for a duration of six weeks. Expected outcomes include a reduction in emergency room visits by 50% for behavioral health related codes, and by 15% for medical related codes during evening and weekend hours.

6. A description of activities, actions and strategies that will be undertaken to achieve objectives including timelines with beginning and end dates, and the persons responsible for each activity.

Activity	Action	Start Date	End Date	Person Responsible
Contract Amendments	County HS to initiate contract amendments, review, and approvals	10/21/2015	12/15/15	Tim Burns, Division Director, Planning & Contracts, Human Services
Hiring of new staff	Behavioral Health Specialists (3.0 FTEs)	10/21/15	11/15/15	Gail Ryder, BayCare Behavioral Health
	Behavioral Health Specialists (1.0 FTE) Navigator/Coordinator (1.0 FTE)	10/9/15	11/15/15	April Lott, Director, Directions for Living
	Medical Nurse (0.5 FTE)	10/9/15	11/15/15	Patricia Boswell, Assistant Director, FL DOH
Staff Training & Coordination of Care	Introduction to health center program, coordinating hours of care, and referral tracking procedures, including UDS reporting and clinical records.	11/15/15	12/1/15	Chitra Ravindra, M.D., Medical Director, and Andrew Wagner, Public Health Services Manager, FL Dept. of Health in Pinellas
On-Site Coordination w/Homeless Shelters & Providers	Ensuring access to office space or space for the additional mobile van parking along with any logistics/supply needs	10/21/15	12/1/15	Daisy Rodriguez, Health Care Administrator/ Project Director, Human Services Dept.
Logic Model for Performance Outcomes and Measures	Finalize proposed logic model with performance measures identified	10/21/15	12/1/15	Stephanie Reed, Ph.D., Strategic Planning & QA Section Chief, Human Services Dept.
Program Coordination	Weekly meetings	10/23/15	12/31/15	Daisy Rodriguez, Health Care Administrator/ Project Director, Human Services Dept.
	Bi-Weekly meetings	1/1/16	6/30/16	Daisy Rodriguez, Health Care Administrator/ Project Director, HS

7. The mechanism that will be used by the program to document and measure its progress toward meeting programmatic objectives and program effectiveness. Specific indicators and measures must be provided.

A logic model has been created for the proposed outcomes identified by the program. If funded, the logic model will be finalized and used to measure performance of the identified contractors related to the programmatic objectives. The logic model identifies short-term and long-term objectives and specific quantitative measures for each objective including:

Monthly assessment of grant activities will include the following measures:

Short-term Results/Outputs

- # unique individuals seen by behavioral health specialists by location
- # encounters provided by behavioral health specialists by location
- #/% of patients assessed by behavioral health specialists with aggregate results of assessments by location
- #/% of patients sent to ER for treatment
- #/% of patients sent to other treatment facilities by location (e.g., Crisis Stabilization Unit, substance abuse treatment facility – long or short term, etc.
- # referrals to Directions for Living for counseling/ follow-up
- # Days to counseling/follow-up visit after being seen for crisis intervention

Intermediate Results

- #/% of patients with behavioral health screening completed by primary care provider (Goal 100%)
- #/% of patients requiring stabilization will be stabilized by behavioral health specialists on site (Goal 50%)
- #/% of patients evaluated/assessed for behavioral health intervention on-site (Goal 100%)
- #/% of patients referred to long term treatment/counseling (Goal 100%)

Quantitative and qualitative data are collected and stored in the County's electronic health record, Nextgen. Data from this new intervention will also be recorded in Nextgen, and routinely analyzed to monitor and assess trends in patient care. The County currently tracks the following performance measures for all patients, and will augment as indicated above to demonstrate the outcomes of the services available through this funding.

Stephanie Reed, Ph.D., Strategic Planning and Quality Assurance Section Chief, Human Services will collect, monitor and report progress to the program team monthly.

8. The roles and responsibilities of other organizations involved with implementing the project.

Pinellas County Human Services administers and has overall responsibility of the health center program. The program is governed by both the Board of County Commissioners and the Mobile Medical Unit Advisory Council. Daisy Rodriguez, Health Care Administrator, serves as the Project Director of the health center program. HS is responsible for all administrative and governance aspects of the program including contracting, reporting, grants management and compliance, and overall strategic direction of the health center program.

Pinellas County subcontracts with the Florida Department of Health for primary, specialty and dental care services. The DOH then subcontracts with a full network of providers for services including behavioral health and substance abuse, and pharmacy services. Dr. Chitra Ravindra, Florida Department of Health, is the Medical Director overseeing the health center program. DOH is responsible for clinical quality assurance and operations of the on-site medical van, Safe Harbor clinic, medical staff and training, and coordination of care among contracted providers.

BayCare and Directions will be contracted for the service provisions outlined in this funding opportunity. BayCare will hire 3.0 FTE behavioral health specialists and provide ongoing supervision through a program manager who will be available throughout the duration of the program. BayCare staff will be co-located at the designated sites and will be responsible for reporting program data and participating in the program team monitoring the program's outlined objectives.

Directions for Living is the current subcontractor for behavioral health and substance abuse services under the Florida Department of Health. Directions will provide one full time behavioral health specialist and Case Manager to connect individuals to long-term care, discharge and follow-up after stabilization from the various health center sites. Directions will be responsible for reporting program data and participating in the program team monitoring the program's outline objectives.

Together, all the contracted and governing bodies will work together to oversee implementation of the program, screen, diagnose, and refer the individuals in need to the appropriate service contractor. Each contracted party will be responsible for reporting performance outcomes and working to identify any barriers or challenges faced by the patients. For the first 60 days of implementation, the parties will meet weekly to review program objectives and outcomes. The team will then meet bi-weekly through June 30, 2016.

9. A description of how the program will be staffed, (e.g., paid staff and/or volunteers, consultants and subcontracts). Identify the number and type of positions needed, which positions will be full-time and which will be part-time, and qualifications proposed for each position, including type of experience and training required. Applicant must explain how staff and volunteers are recruited as well as how consultants and subcontracts are procured.

Pinellas County contracts with the vendors for services identified in the proposal. Each contract will be amended to incorporate the additional service provisions and budget outlined herein. The County adheres to all County policies for procurement of services.

The program will be staffed with behavioral health specialists at various locations. There will be one full-time FTE at the Safe Harbor homeless shelter on the shelter premises in a van provided by BayCare Behavioral Health during normal operating hours, 8:00 am – 4:00 pm. A second full-time behavioral health specialist will be located inside the shelter during night and weekend hours. One full-time behavioral health specialist will also “follow” the health center’s medical van (MMU) and provide services to patients where the MMU provides medical services.

Directions for Living is the current subcontractor for behavioral health and substance abuse services under the Florida Department of Health. Directions will provide one full time behavioral health specialist and Case Manager to connect individuals to long-term care, discharge and follow-up after stabilization from the various health center sites. Directions will be responsible for reporting program data and participating in the program team monitoring the program’s outline objectives.

Finally, a medical nurse will also be available on the Safe Harbor campus nights and weekends to be available for triage and diversion.

Pinellas County Staffing Plan			
Position	FTE	Contractor	Qualifications
Licensed Mental Health Clinician	1.0	BayCare Behavioral Health	<ul style="list-style-type: none"> Master’s degree in Counseling, Psychology, Social Work or related field required.
Masters Level Practitioner	2.0	BayCare Behavioral Health	<ul style="list-style-type: none"> Master’s degree in Counseling, Psychology, Social Work or related field required.
Program Manager	0.3	BayCare Behavioral Health	TBD
Therapist	1.0	Directions for Living	<ul style="list-style-type: none"> Master’s degree in Counseling, Psychology, Social Work or related field required. Licensed Practitioner of the Healing Arts or License Eligible Required Must have sufficient clinical knowledge to provide clinical intervention with adults and children who manifest a range of psychopathology, utilizing various treatment approaches including individual, family play, and group therapy, individual

			psychopathology and normal childhood development.
Case Manager	1.0	Directions for Living	<ul style="list-style-type: none"> • Bachelor's degree in Human Services from an accredited college with a minimum of one year of previous experience working with adults and children with serious persistent mental illness. • Completion of Targeted Case Management Certification required. • Proficiency in completing progress notes, treatment plans, and pertinent information concerning the consumer required.
Registered Nurse	1.0	FL Dept. of Health in Pinellas County	<ul style="list-style-type: none"> • Florida Nursing License, Maintain current CPR certification every two years. Position requires a valid Florida Driver's License and access to private transportation.

10. Applicants must submit a work plan listing the objectives for implementation of proposed activities, including activities which will be conducted to meet each objective per month, methods used to assess whether or not objectives are met, timeframe, and person responsible for carrying out each activity. All awardees will be expected to submit an updated workplan in the frequency specified in the awardees Agreement.

Pinellas County Board of County Commissioners AHCA Community & Primary Care Services Project Work Plan				
Objective: The program will be <u>implemented</u> and delivering services to clients within 60 days of award.				
Activity	Timeframe	Measure	Method	Person Responsible
Contracts Amended for Identified Providers	By December 31, 2015	BCC Approves Contract Amendments	Contract review according to County Policy & Procedure	Tim Burns, Planning & Contracts, HS
Identified personnel are hired by contractors	By November 1, 2015	100% of positions filled within 45 days of grant award	Vendors to recruit for positions	Contracted Vendors

Train Staff	By December 1, 2015	100% of staff trained in grant activities	Scheduled trainings provided by health center	Chitra Ravindra, M.D., Medical Director, DOH
On-Site Coordination w/Homeless Shelters & Providers	By December 1, 2015	100% of new staff are accommodated and ready to start at sites identified	HS staff to make arrangements with identified sites	Daisy Rodriguez, Health Care Administrator/ Project Director, HS
Objective: Reduce ER Visits				
Activity	Timeframe	Measure	Method	Person Responsible
Co-location of behavioral health specialists with primary care providers.	Through June 30, 2016	Reduce # of EMS transports for behavioral health related codes	Compare number of EMS calls at baseline and number of EMS calls each month	Baycare
Appropriate patients referred to behavioral health specialists as indicated by BH screening or as indicated by primary care provider	Through June 30, 2016	Reduce # of EMS transports for behavioral health related codes	Compare number of EMS calls at baseline and number of EMS calls each month	Baycare
Addition of registered nurse to provide after hours and weekend triage and ER diversion		Reduce # of EMS transports for medical health related codes for evening and weekend hours	Compare number of EMS calls at baseline and number of EMS calls each month	DOH
Referral made to appropriate behavioral health provider as needed	Through June 30, 2016	Increase # patients sent to other treatment facilities by location as appropriate	Tabulate counts from electronic health records	Baycare
Crisis intervention and assessment provided by behavioral health specialists as needed	Through June 30, 2016	Increase # patients sent to other treatment facilities by location as appropriate	Tabulate counts from electronic health records	Baycare
Objective: Improve Coordination of Care for Behavioral Health Services				
Activity	Timeframe	Measure	Method	Person Responsible

Client Screening	Through June 30, 2016	100% of clients receive a behavioral health screening	Screening provided by primary care provider at medical visit	Primary Care staff
Care Coordination	Through June 30, 2016	#/% referrals to Directions for Living for counseling/follow-up	Tabulate counts from electronic health records	BayCare
Care Coordination	Through June 30, 2016	# days to counseling/follow-visit after being seen for crisis intervention	Tabulate time from electronic health records	Directions
Objective: Improve access to medical care after normal operating hours				
Activity	Timeframe	Measure	Method	Person Responsible
Access to Care	Through June 30, 2016	#/% of patients seen by medical nurse after normal operating hours	Tabulate counts from electronic health records	DOH
Objective: Reduce EMS transports from health center designated sites				
Activity	Timeframe	Measure	Method	Person Responsible
Screen and Assess Clients in Crisis	Through June 30, 2016	#/% unique individuals seen by behavioral health specialists by location	Tabulate counts from electronic health records	BayCare
	Through June 30, 2016	#/% encounters provided by behavioral health specialists by location	Tabulate counts from electronic health records	BayCare
	Through June 30, 2016	#/% patients assessed by behavioral health specialists	Tabulate counts from electronic health records	BayCare

EVALUATION PLAN

- 1. Successful applicants will evaluate the implementation of and measure outcomes of proposed activities. This will include monthly reporting on the strategies identified in the proposed work plans. Evaluation activities may also include quantitative and qualitative assessments of service participation, and, where possible, increase in knowledge, intended behavior modification, or noted improvements in quality of life measures as a result of participation in the activities proposed.**

The activities outlined in this proposal will be evaluated during implementation and at least monthly to measure program efficiency and production of desired outcomes. The evaluation process will include monthly data collection and reporting of short-term, and intermediate outputs and results, and quarterly reporting of longer-term results.

Evaluation activities will include analysis of data from the electronic health record, with quantitative assessment of encounters and services provided, and improvements in outcomes over time. Qualitative assessments will capture patients' satisfaction with services, increased knowledge of their behavioral health conditions, and enhanced quality of life. A survey instrument will also be created capture improvements in coordination of primary health and behavioral health care at startup and at end of grant period.

- 2. The evaluation must clearly articulate how the applicant will evaluate program activities. It is expected that evaluation activities will be implemented at the beginning of the program in order to capture and document actions contributing to program outcomes. The evaluation must be able to produce documented results that demonstrate whether and how the strategies and activities funded under the program made a difference in the improvement of community and primary health care. The evaluation should identify the expected result (e.g., a particular impact or outcome) for each major objective and activity and discuss the potential for replication.**

Quantitative assessments will be used to assess the implementation phase and specific grant activities. Assessment of the implementation phase will include the following measures:

- Percent of positions filled within 45 days of grant award (Goal 100%)
- Percent of staff trained in grant activities (crisis intervention, patient flow, medical/behavioral health care integration) (Goal 100%)
- Proposed services available to target population within 60 days of grant award (Goal - All)

Data on patients serviced will continue to be entered into Nextgen, the electronic health record, so data will be available from the beginning of the project. Monthly assessment of grant activities will include the following measures:

Short-term Results/Outputs

- # unique individuals seen by behavioral health specialists by location

- # encounters provided by behavioral health specialists by location
- #/% of patients assessed by behavioral health specialists with aggregate results of assessments by location
- #/% of patients sent to ER for treatment
- #/% of patients sent to other treatment facilities by location (e.g., Crisis Stabilization Unit, substance abuse treatment facility – long or short term, etc.
- # referrals to Directions for Living for counseling/ follow-up
- # Days to counseling/follow-up visit after being seen for crisis intervention

Intermediate Results

- #/% of patients with behavioral health screening completed by primary care provider (Goal 100%)
- #/% of patients requiring stabilization will be stabilized by behavioral health specialists on site (Goal 50%)
- #/% of patients evaluated/assessed for behavioral health intervention on-site (Goal 100%)
- #/% of patients referred to long term treatment/counseling (Goal 100%)

Quarterly and end of grant period assessment of activities will include the following measures:

- Reduction in EMS transports for behavioral health related codes from Safe Harbor homeless shelter site (Goal 50%)
- Improved coordination of care among behavioral health providers on site and off site, as evidenced by:
 - decrease in number of crises among target population over baseline at startup
 - decrease in time for patients to be seen for counseling over baseline
- Improved coordination of care between Primary care and behavioral health care providers as evidenced by:
 - Improved identification of patients requiring intervention by medical providers
 - Assessment of behavioral health integration at each site using a recognized assessment tool (samhsa.gov)
- Patients will report increased knowledge of his/her behavioral health condition via survey. (Goal 75%)
- Results of satisfaction surveys will be reported monthly

Each of the proposed activities and measurements of this project have the potential for replication in a health care facility. Co-location of behavioral health services with primary care services requires an understanding of the linkage between behavioral health and physical health, and how both conditions may be exacerbated when left untreated. The target population of this project is homeless; therefore, the scale of replication may differ among the general population. The homeless population is more likely to suffer from mental health and substance abuse conditions, and more likely to be dually diagnosed as having medical and behavioral health conditions than the general population. Therefore, there may be a greater need for co-location of crisis intervention of this type with primary care services.

BUDGET SUMMARY AND BUDGET NARRATIVE

Pinellas County will contract with two vendors identified within the proposal. The budget outlined below includes contractual staff, supplies, travel, and other expenses.

Travel: Funds for the behavioral health specialists have been set aside for mileage as needed to pro-actively meet the clients at the locations identified by the health center.

Supplies: Funds for office supplies for the new staff have been identified.

Contractual Staff: As outlined in the proposal, the County will contract for 4 behavioral health specialists, 1 Case Manager, and 1 Nurse. The budget includes salary, fringe and administrative costs.

Other: This category includes services for interpretation, purchase of computer equipment and the necessary software and protections needed. A mobile van will be utilized to provide space for counseling at designated sites. The new contractual staff will be equipped with cell phones. Transportation funds have been designated to reduce barriers for clients reaching the services needed.

EXPENSES	Year 1		
	State Funding	Other Resources	Total
PERSONNEL (Pinellas County will contract with key providers in the community for identified services, please see contractual budget)			
NOT APPLICABLE			
TOTAL PERSONNEL	\$0	\$0	\$0
FRINGE BENEFITS			
NOT APPLICABLE			
TOTAL FRINGE	\$0	\$0	\$0
TRAVEL			
TRAVEL (200 miles per month @ .575 cost per mile x 12 months – 5 FTE)	\$6,900	\$0	\$6,900
TOTAL TRAVEL	\$6,900	\$0	\$6,900
EQUIPMENT (Include items of moveable equipment that cost \$5,000 or more and with a useful life of one year or more)			
NOT APPLICABLE			
TOTAL EQUIPMENT	\$0	\$0	\$0
SUPPLIES			
Office Supplies (\$38/mo x 5.0 FTE x 12 months)	\$2,280	\$0	\$2,280
TOTAL SUPPLIES	\$2,280	\$0	\$2,280
CONTRACTUAL (Contractual rates include salary, fringe and indirect costs per provider)			
Behavioral Health Staff (BayCare Health System)			
- Licensed Mental Health Clinician (1.0 FTE)	\$89,137	\$0	\$89,137
- Masters Level Practitioner (2.0 FTE)	\$138,658	\$0	\$138,658
- Program Manager (0.3 FTE)	\$39,923	\$0	\$39,923

EXPENSES	Year 1		
	State Funding	Other Resources	Total
<i>(Directions for Living)</i>			
- Therapist (1.0 FTE)	\$58,677	\$0	\$58,677
- Case Manager (1.0 FTE)	\$45,638		\$45,638
Medical Staff <i>(Florida Department of Health)</i>			
- Nurse (1.0 FTE)	\$76,259	\$0	\$76,259
TOTAL CONTRACTUAL	\$448,292	\$0	\$448,292
OTHER (Include detailed justification. Note: Federal funding CANNOT support construction, fundraising, or lobbying costs.)			
Interpretive Services (\$70/mo, 2 hr min)	\$840	\$0	\$840
Laptop Computer Bundle (includes purchase of computer, EHR software, wifi, antivirus) (5 FTE @ \$2,000 each)	\$10,000	\$0	\$10,000
Mobile Van (4 quarters/yr @ \$864.75/qtr)	\$12,090	\$0	\$12,090
Cell Phone (5 FTE x \$200/yr)	\$1,000	\$0	\$1,000
Cellular Air Time (5 FTE x \$60/mo x 12 months)	\$3,600	\$0	\$3,600
Transportation (Bus Passes/Cab Fare)	\$2,000	\$0	\$2,000
TOTAL OTHER	\$29,530	\$0	\$29,530
TOTAL DIRECT COSTS	\$487,002		\$487,002

ATTACHMENT A REQUIRED STATEMENTS

1) STATEMENT OF NO-INVOLVEMENT

I hereby certify my company had no prior involvement in performing a feasibility study of the implementation of the subject Grant, in drafting of the Request for Application or in developing the subject program.



Signature of Authorized Official

9/30/15
Date

2) NON-COLLUSION CERTIFICATION

I hereby certify that all persons, companies, or parties interested in the response as principals are named therein, that the response is made without collusion with any other person, persons, company, or parties submitting a response; that it is in all respects made in good faith; and as the signer of the response, I have authority to legally bind the vendor to the provision of this response.



Signature of Authorized Official

9/30/15
Date

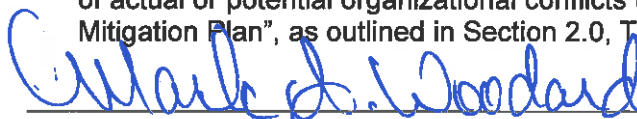
3) ORGANIZATIONAL CONFLICT OF INTEREST CERTIFICATION

I hereby certify that, to the best of my knowledge, my company (including its subcontractors, subsidiaries and partners):

Please check the applicable paragraph below:

☒ Has no existing relationship, financial interest or other activity which creates any actual or potential organizational conflicts of interest relating to the award of a Grant resulting from this Request for Application.

☐ Has included information in its response to this Request for Application detailing the existence of actual or potential organizational conflicts of interest and has provided a "Conflict of Interest Mitigation Plan", as outlined in Section 2.0, Terms and Conditions.



Signature of Authorized Official

9/30/15
Date

4) CERTIFICATION REGARDING TERMINATED CONTRACTS

I hereby certify that my company (including its subsidiaries and affiliates) has not unilaterally or willfully terminated any previous Contract prior to the end of the Contract with a State or the Federal government and has not had a Contract terminated by a State or the Federal government for cause, prior to the end of the Contract, within the past five (5) years, other than those listed on page 3 of this Attachment.



Signature of Authorized Official



Date

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5) LIST OF TERMINATED CONTRACTS

List the terminated Contracts in chronological order and provide a brief description (half-page or less) of the reason(s) for the termination. Additional pages may be submitted; however, no more than five (5) additional pages should be submitted in total.

The Agency is not responsible for confirming the accuracy of the information provided.

The Agency reserves the right within its sole discretion, to determine the vendor to be an irresponsible bidder based on any or all of the listed Contracts and therefore may reject the vendor's response.

Vendor's Name: N/A

Client's Name: _____

Term of Terminated Contract: _____

Description of Services: _____

Brief Summary of Reason(s) for Contract Termination: _____

Vendor's Name: N/A

Client's Name: _____

Term of Terminated Contract: _____

Description of Services: _____

Brief Summary of Reason(s) for Contract Termination: _____

Name and Title of Authorized Official

Charles L. Woodard
Signature of Authorized Official

9/30/15
Date

APPLICANTS ARE NOT AUTHORIZED TO MODIFY AND/OR MAKE CAVEAT STATEMENTS TO ATTACHMENT A, REQUIRED STATEMENTS. SUCH ACTIONS WILL RESULT IN REJECTION OF THE APPLICANT'S RESPONSE.

**ATTACHMENT B
VENDOR CERTIFICATION REGARDING
SCRUTINIZED COMPANIES LISTS**

Respondent Vendor Name: Pinellas County Board of County Commissioners
Vendor FEIN: 596000800
Vendor's Authorized Representative Name and Title: Mark Woodard, County Administrator
Address: 315 Court St
City: Clearwater State: FL Zip: 33765
Telephone Number: _____
Email Address: mwoodard@pinellascounty.org

Section 287.135, Florida Statutes, prohibits agencies from contracting with companies, for goods or services over \$1,000,000, that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List. Both lists are created pursuant to section 215.473, Florida Statutes.

As the person authorized to sign on behalf of the Respondent, I hereby certify that the company identified above in the section entitled "Respondent Vendor Name" is not listed on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject company to civil penalties, attorney's fees, and/or costs.

Certified By: _____,

who is authorized to sign on behalf of the above referenced company.

Authorized Signature: _____

Print Name and Title: Mark S. Woodard, County Administrator

TAB 4 – TREND REPORT

Attached is the September 2015 Trend report showing total unduplicated patients and visits by location from January 2015 through September 2015.

The 2015 patient target for unduplicated patients is 2,390.

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

Data source: NextGen EPM 9/30/15 @ 2:20PM; and 2014-2015 Trend Reports

Unduplicated Patients				
Calendar Month	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	112	77	1354	915
July	98	60	1512	1083
August	79	66	1657	1207
September	92	45	1794	1324
October				1507
November				1643
December				
Total for year	<u>1136</u>	<u>658</u>	1794	1790

Qualified Medical Encounters				
Calendar Month	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	351	210	3148	2220
July	343	217	3708	2696
August	282	218	4208	3049
September	309	198	4715	3383
October				3883
November				4284
December				
Total for year	<u>2913</u>	<u>1802</u>	4715	4805

MMU Unduplicated Patients report for 1/1/15-9/30/15 by RM O'Brien

Data source: NextGen EPM 9/30/15 @ 2:20 PM

Location/Site	2015 Totals for 1/1/15-9/30/15	
	Unduplicated Patient Count	Percentage of Total Unduplicated Patient Count
Ex Offender Showcase	0	0%
Pinellas Hope	392	22%
Safe Harbor	658	37%
Salvation Army (ARC)	236	13%
Salvation Army 1-Stop (St. Petersburg)	237	13%
St. Vincent DePaul (Clearwater)	151	8%
St. Vincent DePaul (St. Petersburg)	120	7%
Totals (1794)	<u>1794</u>	100%

MMU Qualified Medical Encounter Report for 1/1/15-9/30/15 by RM O'Brien

Data source: NextGen EPM 9/30/15 @ 2:20 PM

Location/Site	2015 Totals: Qualified Medical Encounters for 1/1/15-9/30/15			
	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	193	828	1021	22%
Safe Harbor	404	1398	1802	38%
Salvation Army ARC	125	586	711	15%
Salvation Army 1-Stop (St. Petersburg)	109	459	568	12%
St. Vincent DePaul (Clearwater)	102	265	367	8%
St. Vincent DePaul (St. Petersburg)	69	176	245	5%
Totals (4715)	1003	3712	4715	100%

XIII. CREDENTIALING & PRIVILEGING

The Credentialing & Privileging Policy was reviewed and approved by the MMUAC on 7/28/2015.

The purpose of the policy and procedure 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. This applies to all health center practitioners, employed or contracted, volunteers and locum tenens, at all health center sites.

This policy and procedure meets the requirements in the Bureau of Primary Care Credentialing and Privileging Policy <http://bphc.hrsa.gov/policiesregulations/policies/pin200222.html> and <http://bphc.hrsa.gov/programrequirements/pdf/pin200116.pdf>

DEFINITIONS

Credentialing is the process of assessing and confirming the qualifications of a licensed or certified health care practitioner.

Licensed or Certified Health Care Practitioner is an individual required to be licensed, registered, or certified by the State of Florida. These individuals included, but are not limited to, physicians, dentists, dental hygienist, nurse practitioners, registered nurses, and certified medical assistants. These are divided into two categories:

1. **Licensed Independent Practitioner (LIP):** physician, dentists, nurse practitioners or any other individual permitted by law and the organization to provide care and services without direction or supervision, within the scope of the individual's licensed and consistent with individually granted clinical privileges (from Joint Commission on Accreditation of Health care Organizations (JCAHO) 202-2203 Comprehensive Accreditation Manual for Ambulatory Care.
2. **Other licensed or Certified Practitioners:** An individual who is licensed, registered, or certified but is not permitted by law to provide patient care services without direction or supervision. Examples include, but are not limited to medical assistants, licensed practical nurses, and dental assistants.

Primary Source Verification is verification by the original source of a specific credential to determine the accuracy of a qualification reported by an individual health care practitioner. Examples of primary source verification include, but are not limited to, direct correspondence, telephone verification, internet verification, and reports from credentials verification organizations. The Education Commission for Foreign Medical Graduates (EDFMG), the American Board of Medical Specialties, the American Osteopathic Association Physician Database, or the American Medical Association (AMA) Masterfile can be used to verify education and training. The use of credentials verification organizations (CVO's) or hospitals that meet JCAHO's "Principles of CVO's is also an acceptable method of primary source verification.

Secondary Source Verification is not considered an acceptable form of primary source verification. This method may be used when primary source verification is not required. Examples of secondary source verification methods include, but are not limited to, the original credential, notarized copy of the credential, a copy of the credential (when the copy is made from an original by approved Health Center staff).

Privileging or competency is the process of 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 a individual's clinical qualifications and/or performance.

RESPONSIBILITY

Applicant: Provides documentation for Credentialing and Privileging.

Human Resources and the Program Hiring manager or designee: Works together to ensure applicant provides all documentation required, and maintains documentation for the initial Credentialing and Privileging, and for the renewals.

Quality Assurance Coordinator: Chairs the Credentialing and Privileging Team.

County Medical Director: Reviews and evaluates the Tracking templates and supporting documents, and gives approval for Credentialing and Privileging. Completes Verification of Fitness Form (Appendix N). Presents requests to the Mobile Medical Unit Advisory Council Board for review and final approval.

Medical Executive Committee: Reviews Request for Clinical Privileges for LIP's and gives approval.

Mobile Medical Unit Advisory Council: Maintains final approval, and documents in meeting minutes.

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

CREDENTIALING REQUIREMENTS

Licensed Independent Practitioners:

Credentialing Requirements will be completed prior to the individual being allowed to provide patient care services; and will include the following.

1. Credentialing of LIPs will include **primary** source verification of the following:
 - Current License
 - Relevant education, training or experience
 - Current competence; and
 - Health fitness, or the ability to perform the requested privileges, can be determined by a statement from the individual that is confirmed either by the director of a training program, chief of staff/services at a hospital where privileges exist, or a licensed physician designated by the organization. (See Verification of Fitness Form, Appendix N.)
2. Credentialing of LIPs will include **secondary** source verification of the following:
 - Government issued picture identification
 - Drug Enforcement Administration registration (as applicable)
 - Hospital admitting privileges (as applicable)
 - Immunization and PPD status; and
 - Life support training (as applicable)

3. The Health center will query the national Practitioner Data Bank (NPDB) for each practitioner.
4. The determination that a LIP meets the credentialing requirements will be stated in writing by the Health Center's governing board. Ultimate approval authority is vested in the governing board which may review recommendations from the County Medical Director, or County Health Department Director.

Other Licensed or Certified Health Care Practitioners

1. Credentialing of other licensed or certified health care practitioners includes **primary source verification** of the individual's licensed, registration, or certification only. Education and training will include **secondary source verification** methods. Verification of current competence is accomplished through a thorough review of clinical qualifications and performance. Secondary source verification of the following will include:
 - Government issued picture identification
 - Immunization and PPD status;
 - Drug Enforcement Administration registration (as applicable)
 - Hospital Admitting privileges (as applicable), and
 - Life support training (as applicable)
2. The Health center will query the national Practitioner Data Bank (NPDB) for each practitioner.
3. The determination that a LIP meets the credentialing requirements will be stated in writing by the Health Center's governing board. Ultimate approval authority is vested in the governing board which may review recommendations from the County Medical Director, or County Health Department Director.

PRIVILEGING

Privileging requirements will include the following:

1. Initial granting of privileges to LIPs and Other health care practitioners will be performed by the health center with ultimate approval authority vested in the governing board which may review recommendations from the County Medical Director, or Health Department Director, and the Medical Executive Committee. (See Request for Clinical Privileges, Appendix O and P)
2. For other licensed or certified health care practitioners, privileging may be completed during the orientation process via a supervisory evaluation based on the job description.
3. Temporary privileges may be granted only in very limited circumstances listed below:
 - Temporary privileges can be granted on a case by case basis when there is an important patient care need that mandates an immediate authorization to practice for a limited period of time while the full credential information is verified and approved. Examples would include but are not limited to a situation where a physician becomes ill or takes a leave of absence and a LIP would need to cover the practice until their return, or a specific LIP has the necessary skill to provide care to a patient that a currently privileged LIP does not have. In these circumstances temporary privileges may be granted by the Medical Director provided there is verification of current licensure and current competence.
 - When an applicant with a completely clean application is awaiting review and approval of the Governing Board.

Temporary privileges are not to be used for any other purposes. Temporary privileges may be granted for a limited period of time, not to exceed 120 days, by the Medical Director providing there

is a verification of current licensure, relevant training or experience, current competence, and ability to perform the privileges requested.

In addition the following must be completed:

- National practitioner Data Bank query have been obtained and evaluated
- The applicant has:
 - A complete application
 - No current or previously successful challenges to licensure or registration
 - Not been subject to involuntary termination of medical staff membership at another organization
 - Not been subject to involuntary limitation, reduction, denial, or loss of clinical privileges.

Privileging revision or renewal requirements are as follows:

1. The revision or renewal of a LIP's privileges will occur at least every 2 years and will include primary verification of expiring or expired credentials a synopsis of peer review results for the 2 year period and/or any relevant performance improvement information. Similar to the initial granting of privileges, approval of subsequent privileges is vested in the governing board which may review recommendations from the County Medical Director, or County Health Department Director and Medical Executive Committee.
2. The revision or renewal of privileges of other licensed or certified health care practitioners will occur at a minimum of every 2 years. Verification is by supervisory evaluation of performance that assures that the individual is competent to perform the duties described in the job description.
3. The Heath center has an appeal process for LIP's and certified health care practitioners if a decision is made to discontinue or deny clinical privileges.

All LIP's and other licensed, or certified practitioners are offered an opportunity to appeal adverse credentialing and privileging decisions upon notification of the decision. The appeal process includes the following:

- The appeal request must be in writing to the medical director.
- Optional: The provider may request to see any applicable information relating to a privileging decision.
- The Medical Director will review the case a second time.
- The Medical Director will discuss the case with the provider.
- Individual information may be presented to the Medical Director, and the Medical Executive Committee and members of Board of Directors to make an executive decision regarding a practitioner.

Table of Requirements: Comparative Summary

Credentialing or Privileging Activity Requirements for Credentialing and Privileging	“Licensed or Certified Health Care Practitioner	
	Licensed Independent Practitioner (LIP)	Other licensed or certified practitioner
Examples of Staff	Physician, Dentists, Nurse Practitioner	RN, LPN, CMA, Dental Hygienist
A. Credentialing	Method	
1. Verification of licensure, registration or certification	Primary Source	Primary Source
2. Verification of education	Primary Source	Secondary Source
3. Verification of training	Primary Source	Secondary Source
4. Verification of current competence	Primary Source, written	Supervisory evaluation per job description
5. Health fitness (ability to perform the requested privileges)	Confirmed statement	Supervisory evaluation per job description
6. Approval authority	Governing body (usually concurrent with privileging)	Supervisory evaluation per job description
7. Government issued picture identification, immunizations and PPD status, and life support training	Secondary source	Secondary source
8. Drug Enforcement Administration (DEA)	Secondary source, if applicable	Secondary source, if applicable
B. Initial Granting of Privileges	Method	
1. Verification of current competence to provide services specific to each of the organization’s care delivery settings	Primary source, based on peer review and/or performance improvement data	Supervisory evaluation per job description
2. Approval authority	Governing Body (usually concurrent with Credentialing)	Supervisory evaluation per job description
C. Renewal or revision of privileges	Method	
1. Frequency	At least every 2 years	At least every 2 years
2. Verification of current licensure, registration or certification	Primary Source	Primary Source
3. Verification of current competence	Primary source based on peer review and/or performance improvement data	Supervisory evaluation per job description
4. Approval authority	Governing body	Supervisory function per job description
5. Appeal to discontinue appointment or deny clinical privileges	Process required	Organization option

PEER REVIEW

The Peer Review is an essential part of improving the quality of health care delivery. Peer Review assesses the clinical competency and stability of performance of Licensed Independent Practitioners (LIPs). The American Medical Association (AMA) supports the medical peer review process and recommends that peer review evaluations should be based upon appropriateness, medical necessity, and efficient of services in order to assure quality medical 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. The peer review also helps 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 process is integral to monitoring the accepted standards of care in providing medical services within a contract. It's also a valuable educational tool for LIP's to improve their coding and documentation skills.

Program managers will be responsible for the Peer Review process within their department, for their LIP's. The Primary Care program manager will be responsible for Peer review process for their LIP's; and the Dental program manager will be responsible for the Peer review process for the Dental LIP's.

- Each department will be represented by a member of the Credentialing and Privileging Team, and the Medical Executive Committee.
- Quarterly Peer Reviews will be scheduled for completion before the annual Performance Evaluation period.
- All LIPs will review 10 records of another LIP of equal training using the Peer Review Audit Form Template, see Appendix Q.
- A random selection of 10 charts for each LIP will be provided for the Peer Review.
- Findings will be summarized and shared with the program team, and the county Medical Director. If needed, Corrective action plans for improvement will be developed, implemented and monitored.
- Peer Review participation, performance, and a summary of findings will be documented and utilized in the LIPs annual performance evaluation, and submitted to the Medical Executive Committee for review and approval for Credentialing and Privileging, Clinical Privileges.

TAB 4 – PATIENT CENTERED MEDICAL HOME RECOGNITION

No Attachments

TAB 5 – OTHER UPDATES

No Attachments