

# MMU Advisory Council | Co-Applicant Board

## CO-APPLICANT BOARD OVERVIEW

The Pinellas County Board of County Commissioners, a Federally Qualified Health Center (FQHC), is considered “public center” as defined by the Health Center Program’s authorizing statute and is funded through a section 330(h) grant to provide healthcare for the homeless. To meet the requirements of the health center program, the County has arranged for a co-applicant board, the Mobile Medical Unit Advisory Council (MMUAC), to serve as the patient/community-based governing board to set health center policy. The MMUAC must meet all the size, member selection, and composition requirements. The MMUAC is an independent Council of the Pinellas County Board of County Commissioners.

While the public agency is the recipient of the health center grant and is the legal entity held accountable to HRSA for carrying out the approved Health Center Program scope of the project, the co-applicant board retains the ultimate decision making on duties and authorities beyond the general types of fiscal and personnel policies outlined in the Co-Applicant agreement. Collectively, HRSA considers both the public agency and the co-applicant board as the “health center” and allows each to work together in the exercise of governance responsibilities.

## CO-APPLICANT BOARD COMPOSITION REQUIREMENTS

To ensure compliance with HRSA’s Health Center program requirements, the board must be composed as follows:

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

## CO-APPLICANT BOARD RESPONSIBILITIES

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

1. To increase the accessibility of primary care services to uninsured/underinsured population groups which, experience a shortage of primary care;

2. Review and recommend for approval the annual Section 330 grant application(s) and project plan, and any applications for subsequent grants under Section 330;
3. Evaluating the MMU achievements at least annually and utilizing the knowledge gained thereby to revise the MMU goals, objectives, plan and budget as necessary and appropriate, including providing advise regarding the establishment of linkages with other health care providers and/or health care programs;
4. Evaluating the Project Director annually and providing feedback to the BCC, who has final responsibility for selection, evaluation, and dismissal of the health center director.
5. Evaluating itself periodically for efficiency, effectiveness, and compliance with all requirements imposed upon community health centers, as set forth in Section 330 of the Public Health Service Act, 42 U.S.C. § 254b;
6. In conjunction with Health and Community Services, assuring that the MMU is operated in compliance with applicable Federal, State and local laws and regulations; and
7. Subject to Section 2.1 of this Agreement, performing all other authorities and responsibilities that are required by Section 330 and its implementing regulations and policies to be vested in a Section 330-compliant governing Board.

#### **Operational Responsibilities.**

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

#### **CO-APPLICANT BOARD MEMBERS: MEETINGS & TIME COMMITMENT**

The Mobile Medical Advisory Council meets monthly for approximately one and a half hours. Meetings are currently held on the first Tuesday of the month from 3:00 pm – 4:30 pm at Pinellas Hope, 5726 126th Ave N, Clearwater, FL 33760. The meeting schedule is subject to change and at the discretion of the board. A conference call-in number will be provided for each meeting, if the participant cannot attend in person.

Members will receive a copy of the agenda and the minutes of the previous meeting at least two days in advance via email for review. Whenever possible, additional supplemental documentation for review at the meeting will also be sent in advance for review. Copies of the agenda and the supporting documentation will be provided at the meeting.

#### **CO-APPLICANT BOARD SUPPORT**

Pinellas County Health & Community Services staff will provide administrative support to the MMUAC. The MMU Project Director serves as an ex-officio board member and serves as a liaison between the MMUAC and Pinellas County Board of County Commissioners.

#### **Supporting Documentation:**

Co-Applicant Agreement, MMUAC Bylaws, and MMUAC monthly meeting schedule