

# MOBILE MEDICAL UNIT ADVISORY COUNCIL

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

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## MEETING AGENDA

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MARCH 1, 2016 | 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) Appointment/Removal of Members
- ii) Consent Agenda
  - Approval of Minutes, February 2, 2016
  - Credentialing & Privileging of Additional Providers
- iii) Unfinished Business/Follow-Up
  - Patient/Consumer Recruitment for MMUAC
  - Lealman Location Updates - *Drew Wagner*

#### 2. Governance/Operations

- i) Strategic Planning Discussion – *Stephanie Reed, Ph.D*
- ii) MMU/Safe Harbor Calendar – *Drew Wagner*
- iii) Site Visit Compliance Update – *Elisa DeGregorio*
- iv) 2015 UDS Report – *Daisy Rodriguez*
- v) Patient Satisfaction Survey Results – *Drew Wagner/Dr. Chitra Ravindra*

#### 2. Fiscal

- i) Notice of Awards – *Elisa DeGregorio*
- ii) Florida Association of Community Health Centers Award – *Elisa DeGregorio*
- iii) AHCA Community & Primary Care Services Grant Update – *Daisy Rodriguez*

#### 4. Clinical

- i) MMU Client Trend Report – *Drew Wagner*
- ii) 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, April 5, 2016 @ 3:00 pm, Juvenile Welfare Board**

**TAB 1 – CONSENT AGENDA**

- **Meeting Minutes – February 2, 2016**
- **Credentialing & Privileging of Providers**
  - Medical Committee Meeting Minutes
  - C&P Tracking List
  - Specialists List

**Minutes of the Monthly Meeting of the  
Mobile Medical Unit Advisory Council (MMUAC)  
February 2, 2016 | 3:00 pm**

**Location of Meeting:**

Juvenile Welfare Board  
14155 58<sup>th</sup> Street North  
Clearwater, FL 33760

**Present at Meeting:** Valerie Leonard\*, Sgt. Zachary Haisch, Mark Dufva, Rhonda Abbott, and Dianne Clark. Staff and community members present: Drew Wagner, Daisy Rodriguez, Rhonda O'Brian, Clark Scott, and Elisa DeGregorio. (\*Consumer)

The regular meeting of the Mobile Medical Unit Advisory Committee (MMUAC) was called to order at 3:18 pm.

**1. Chairman's Report**

- i. **New Member Appointment:** Ms. Leonard reported that there were no new member appointments this month.
- ii. **Approval of Previous Minutes:** A motion to approve the minutes dated January 5, 2015, was made by Dianne Clark, seconded by Sgt. Haisch and **unanimously approved.**
- iii. **Credentialing & Privileging:** The Department of Health provided a copy of the Medical Committee Meeting Minutes from January 26, 2016, a copy of the Credentialing and Privileging Tracking List recommending Yolanda Murphy, Nurse, for credentialing & privileging by the Council and the Specialty Care Provider list with 1 additional name highlighted in yellow recommended for approval. A motion to approve the specialists for credentialing & privileging was made by Dianne Clark, seconded by Rhonda Abbott and **unanimously approved.**
- iv. **Unfinished Business:** In follow-up to last month's meeting, the following items were discussed:
  - a. **Patient/Consumer Recruitment for MMUAC:** In follow-up to the discussion the last few months, Daisy Rodriguez reported that Tom Wedekind did speak with St. Vincent de Paul who confirmed that we could use their space in St. Petersburg. Daisy will confirm details with Tom to confirm for a future meeting start date. Drew Wagner would reach out to HEP.

The Council members also expressed interest in other ways of engaging the consumers (i.e. focus groups, surveys) in lieu of their participation. Ms. Rodriguez said she would inquire with Stephanie Reed, staff colleague in the department.

Ms. DeGregorio is still following up with the HRSA project officer regarding a "consumer" seat on the board and has the ability to fill the seat each meeting with an available patient/consumer representative.

Rhonda Abbott asked if anyone has or can present at the Homeless Leadership Board's Provider Council meeting.

- b. **HEP/Lealman Van Locations:** Regarding a location in the Lealman community, Drew Wagner visited the site and reports that it appears to be a safe location during the day and that the vehicle can park there. However, there were no individuals present at the time of his visit and reports that the church is located in the middle of a residential neighborhood with an apartment complex across the street and single family homes behind it. Mr. Wagner has not spoken with any church staff to inquire about the availability of rooms/space if it was necessary to hold the clinic inside. We still don't know about the potential patient traffic and the impact on our overall patient target goals. Mr. Wagner suggested that if we choose to pilot the location for three (3) months, we could pull the van from St. Vincent de Paul in Clearwater since we now go to HEP in Clearwater. Monday would also be the best day to pilot a program. Drew Wagner will follow up with Neil Brickfield and church staff. Drew will also look at 2015 UDS zipcode data for the number of patients from this area. Dianne Clark also noted that politically we should strongly consider service in the Lealman area. She supports a pilot study while watching the data/trends closely. Mark Dufva also reiterated his suggestion to reach out to Pastor Bill Acosta of the Pathways Community Church as a means to promote the service to the community. He hosts focus groups the 3<sup>rd</sup> Thursday of every month. Daisy Rodriguez will follow up with Lourdes Benedict regarding Pastor Bill.

## I. Governance/Operations

- i. **MMU Calendar:** The February calendar (included in the meeting packet) for the MMU and Safe Harbor was presented to the Council by Andrew Wagner. In February, Dr. Mungara will be taking an extended vacation leave from 1/21/16 through mid-March. Therefore the doctors will be rotating to accommodate the patients and Dr. Ravindra will also see patients to cover during that time. The Safe Harbor clinic will be closed on 2/13 (Saturday) due to the lack of coverage.
- ii. **Site Visit Status of Conditions Update:** Elisa DeGregorio, Grants Manager, indicated that two additional conditions on the grant were lifted in the last month. Ms. DeGregorio reported that now six (6) of the seven (7) original conditions have been lifted from the grant including the Sliding Scale Discount Fee, After Hours, Hospital Admitting Continuum of Care, Substance Abuse Services, OB/Pre-Natal and, and Credentialing & Privileging. The Board Authority condition is the only remaining condition on the grant.
- iii. **UDS Report:** Ms. Daisy Rodriguez reported that the staff is preparing for the Uniform Data System Report due February 15, 2016. This is a substantial data report on the client served in 2015. The staff have been reviewing data and is in the process of identifying any gaps in data collection in advance of the reporting deadline.
- iv. **Patient Satisfaction Survey Update:** Ms. Daisy Rodriguez updated the Council that the Patient Satisfaction Survey results were in the meeting packet. Results come from 34 surveys distributed in January 2016. Staff will continue to monitor the survey results monthly. Discussion regarding the question about patients getting an appointment transpired. Ms. Leonard reported on her recent visit to the van and how some clients get upset when they miss an appointment. It was noted that at Pinellas Hope, for example, clients may schedule an appointment in the morning for that day...then wander off or go to the smoking area across the street. When they do not return to the van at the scheduled time, staff try to look around near the van and call out names, but that often

is not sufficient. Discussion and suggestions about the use of bull horns, texting, putting clocks up and calling patients came up as options for consideration.

## II. Fiscal

- i. **Notice of Awards:** Ms. DeGregorio reported that one Notice of Award from HRSA was issued lifting the conditions from the site visit. She noted that we are expecting an agreement for the State AHCA grant soon and that it would be presented to the council for acceptance at the next meeting. She also noted that we have submitted applications for Oral Health, and that the award status of two previously submitted applications including the Service Area Competition and Substance Abuse Service Expansion were still pending.
- ii. **Budget Presentation:** Mr. Clark Scott, Business Services Division Director, attended the meeting to share information about the budget development process and solicit input on any additional items that should be on our radar for the upcoming year. He reported that the total operating budget for the program is approximately \$2.5 million. Some items for consideration/discussion include Bayside Health Clinic operations, repair costs/new generator for the van, transportation, new location impacts (Lealman), Patient Centered Medical Home requirements.

Generator: A replacement generator would cost approximately \$15,000. Staff is currently obtaining a report from Fleet on the number of days the van has been out of service and the reason. Mr. Scott reported that our maintenance costs have actually come down over time due to the reduction of the number of locations visited, reducing fuel usage.

Transportation: Mark Dufva supports any discussion about transportation options. He inquired about the bus on 49<sup>th</sup> street, utilization, and any other thoughts about shuttle services.

Other: Mr. Wagner also asked about the potential to use a county vehicle when the van is out of service so that staff don't need to carry equipment necessary for the inside clinic in their personal vehicles. Mr. Scott will follow-up on the possibility and procedure if that is an option.

Mr. Scott thanked the Council for their input and would be back in touch as the County budget process becomes final.

## III. Clinical

- i. **Trend Report for Patient Counts/Encounters:** A copy of the January trend report was provided to the Council members indicating that a total of 351 unduplicated patients were recorded from January 1<sup>st</sup> through January 31<sup>st</sup> for the program. The numbers for January were down from the same time period last year. Mr. Wagner reported that the van was out of service for 4 days this month. He also reported heavy rains for several days and that Dr. Mungara has taken leave at the end of the month. At Safe Harbor he reported that there were a significant number of clients that returned for a second/third visit which takes the spot of a new client. He also reported that on 2 of the Mondays that they typically see the Turning Point clients, the van was down and they had a staff meeting/holiday. That was a potential loss of 20 clients. He also reported that for the first day of service at HEP, they saw 9 clients. They will continue to work with the staff at HEP to continue outreach efforts.

- ii. **Patient Centered Medical Home:** Ms. O'Brian reported that we are continuing our work on the Patient Centered Medical Home initiative. We continue to make progress on the required elements/factors required to achieve Level I recognition. They are seeking to apply in May 2016 for recognition.

#### IV. **Other Updates**

- i. **Bayside Health Clinic:** Daisy Rodriguez reported that construction on the clinic remains on track with the exterior nearing completion and inside utility/wiring work in progress. The contractor is still slated for completion by the March 30<sup>th</sup> deadline. Discussions regarding operations/transition and the grand opening are in progress.
- ii. **New Business:**
  - a.) **No new business.**

The meeting was adjourned at 4:50 pm.

The next meeting will be held at **3:00 p.m. on Tuesday, March 1, 2016 at JWB**, room 181.

TAB 2 – STRATEGIC PLANNING DISCUSSION

Final materials will be presented on-site and emailed after the meeting.

# Healthcare for the Homeless Strategic Planning Session

STEPHANIE REED, PLANNING AND QA MANAGER  
BREA GREENE, PROGRAM ANALYST  
DAISY RODRIGUEZ, HEALTHCARE ADMINISTRATOR  
ELISA DEGREGORIO, GRANTS MANAGER  
FEBRUARY 29, 2016

## Strategic Planning Timeline

<p><b><u>March 1, 2016 – Part 1</u></b></p> <ul style="list-style-type: none"><li>• 2014 &amp; 2015 MMU Performance Measures and Achievement<ul style="list-style-type: none"><li>○ Achievement on 2015 Project Goals</li></ul></li><li>• MMU Stakeholder Needs Assessment<ul style="list-style-type: none"><li>○ Agreement with achievement on Goals</li></ul></li><li>• Customer Satisfaction<ul style="list-style-type: none"><li>○ Areas to improve</li><li>○ What don't we know? (Focus groups)</li></ul></li><li>• Where are we now?<ul style="list-style-type: none"><li>○ Funding</li><li>○ New initiatives</li><li>○ Bayside</li></ul></li><li>• Homework<ul style="list-style-type: none"><li>○ What have we not worked on?</li><li>○ What are some ideas for addressing issues we need to work on?</li></ul></li></ul>	<p><b><u>March/April – Part 2</u></b></p> <ul style="list-style-type: none"><li>• Patient and Provider Focus Groups<ul style="list-style-type: none"><li>○ Identify locations to host focus groups</li><li>○ Meet with staff and patients separately</li></ul></li></ul> <p style="text-align: center;"><b><u>May – Part 3</u></b></p> <ul style="list-style-type: none"><li>• What can we do to address areas we have missed? MMUAC Work Groups<ul style="list-style-type: none"><li>○ Use data from Goals, needs assessment, client satisfaction survey, trends in nation, community, etc.</li><li>○ Possible Approaches:<ul style="list-style-type: none"><li>× SWOT Analysis</li><li>× Identify approaches for meeting goals</li></ul></li></ul></li></ul> <p style="text-align: center;"><b><u>June</u></b></p> <ul style="list-style-type: none"><li>• Target for 2016-17 HCH Plan completion</li></ul>
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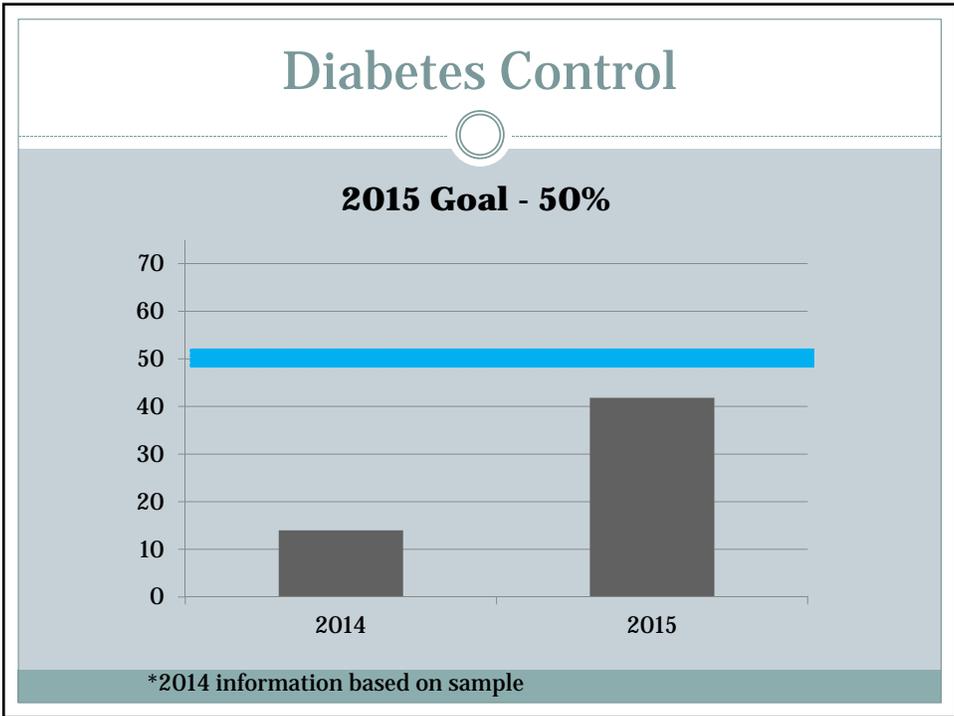
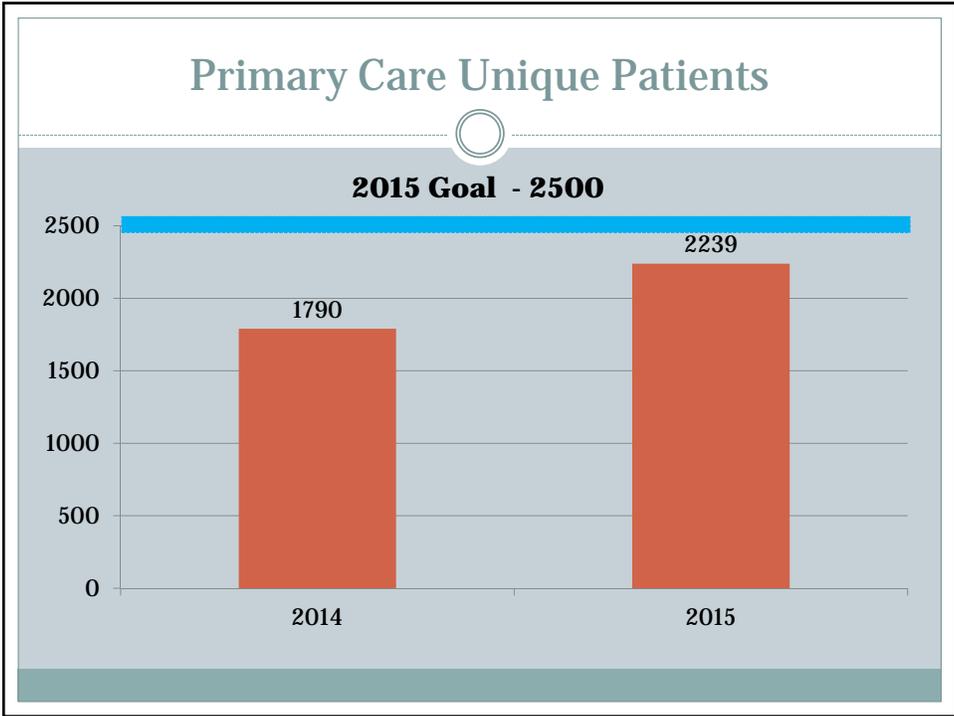
# HCH Strategic Planning Part 1

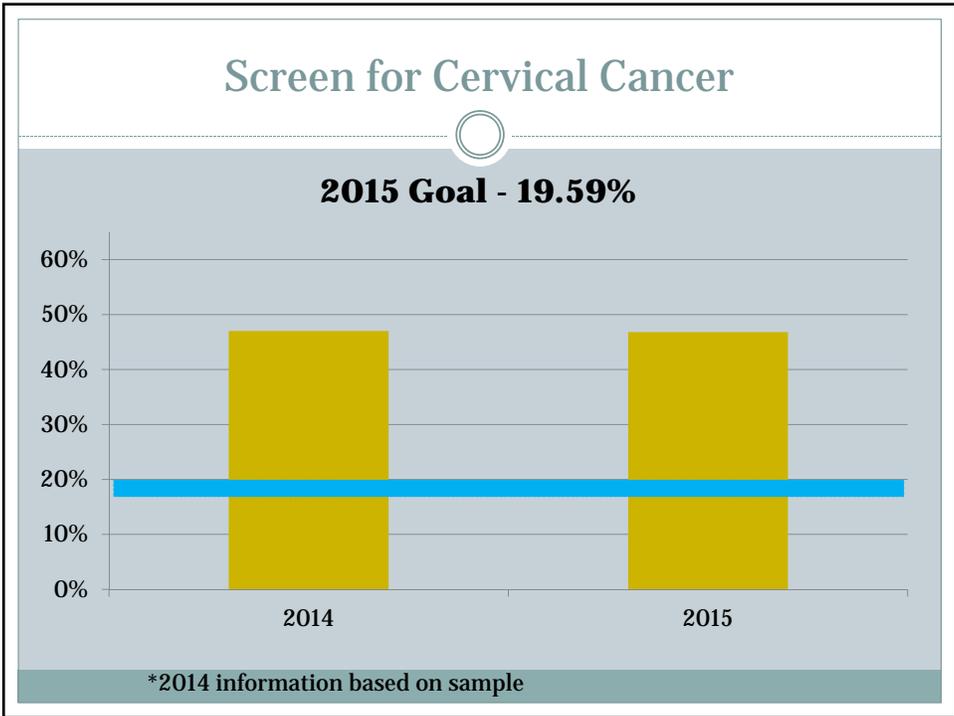
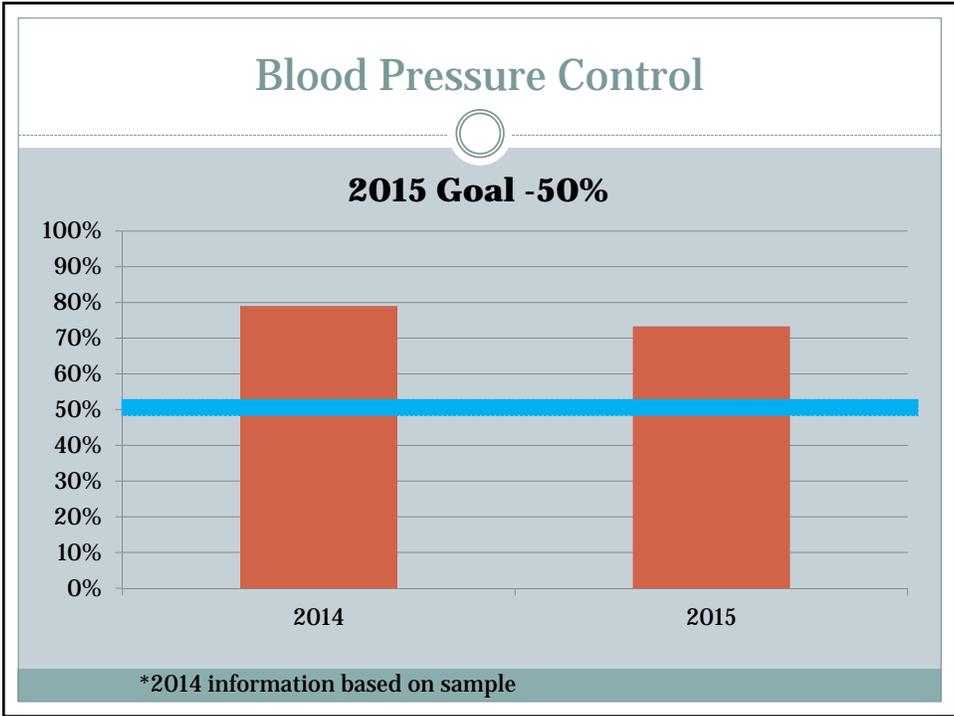


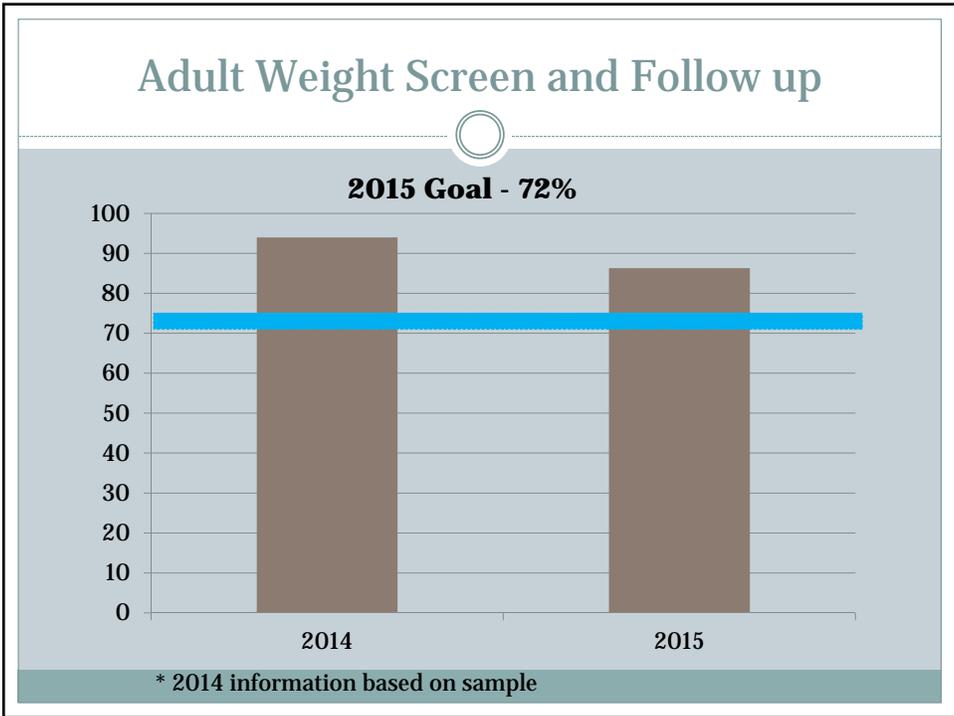
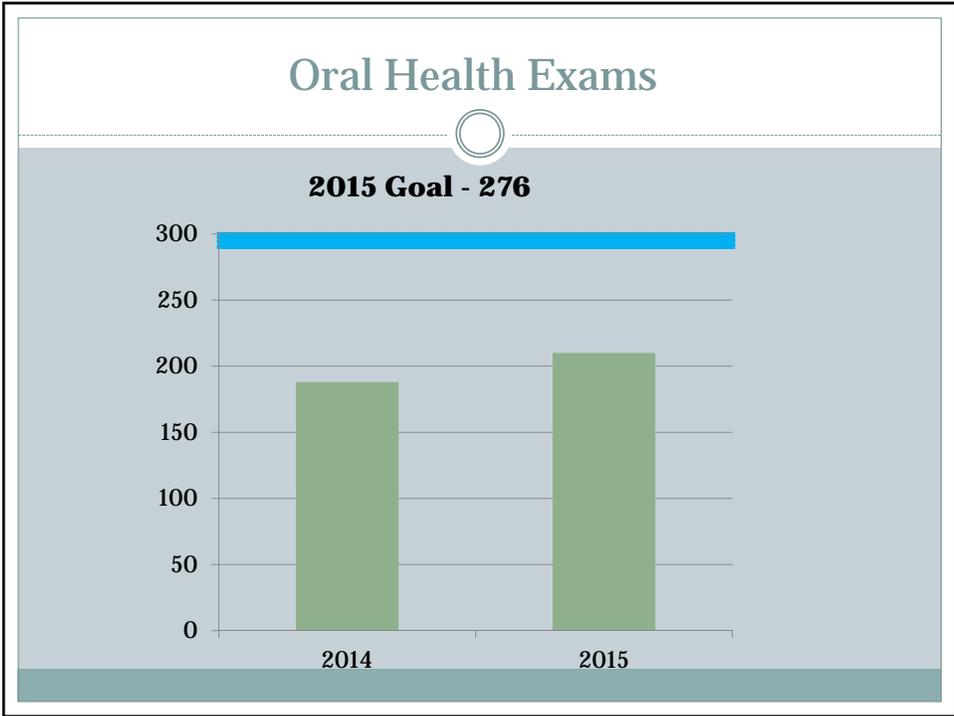
**Goals**  
**Needs Assessment**  
**Customer Satisfaction**  
**Funding & New Initiatives**

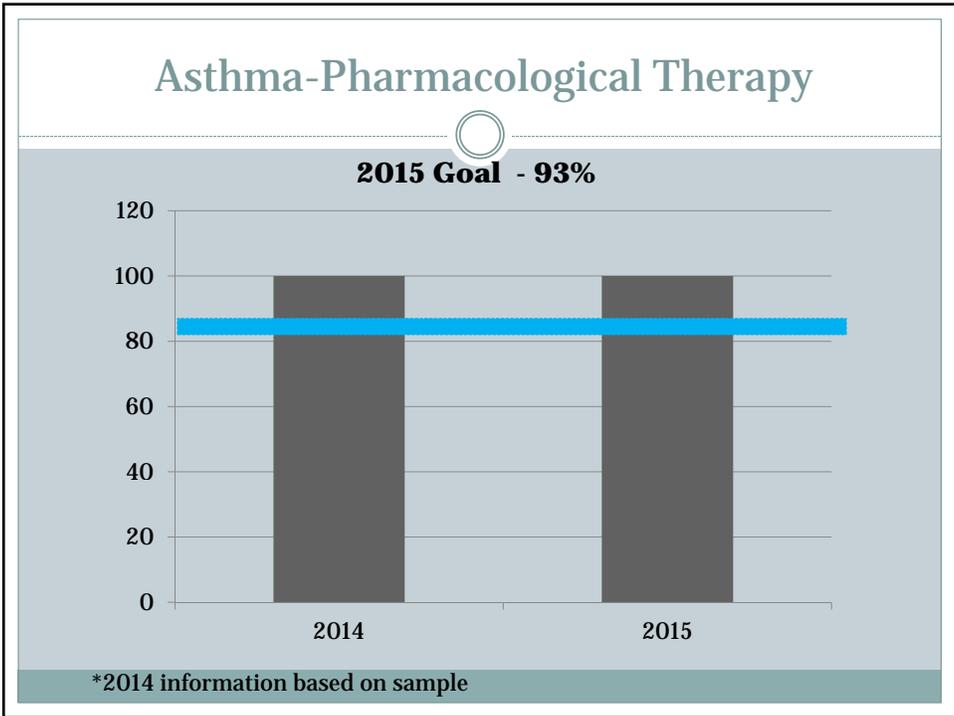
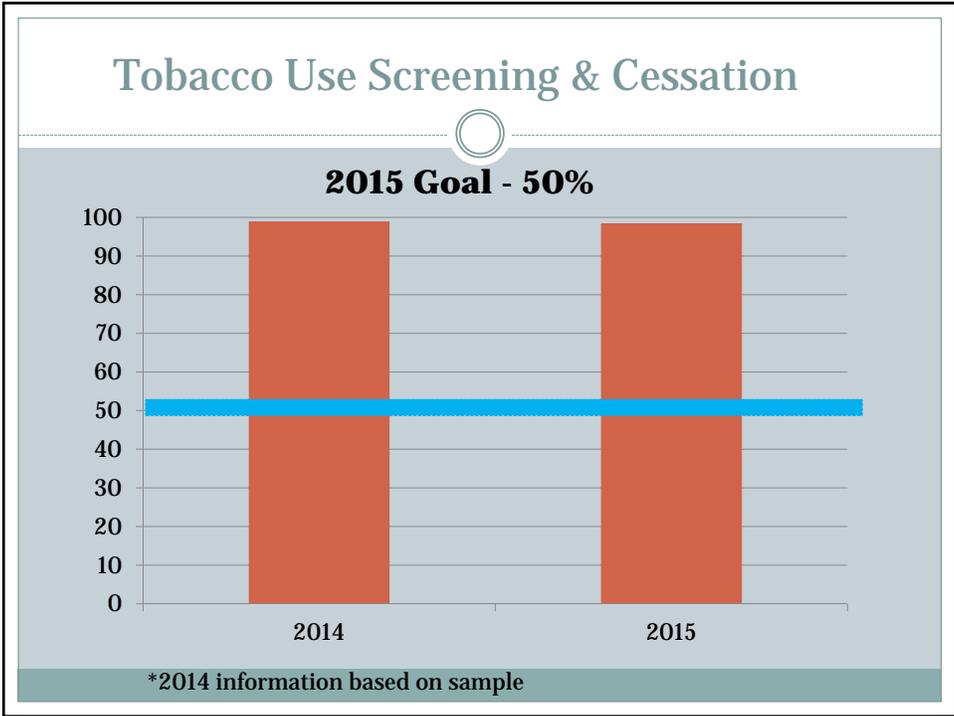


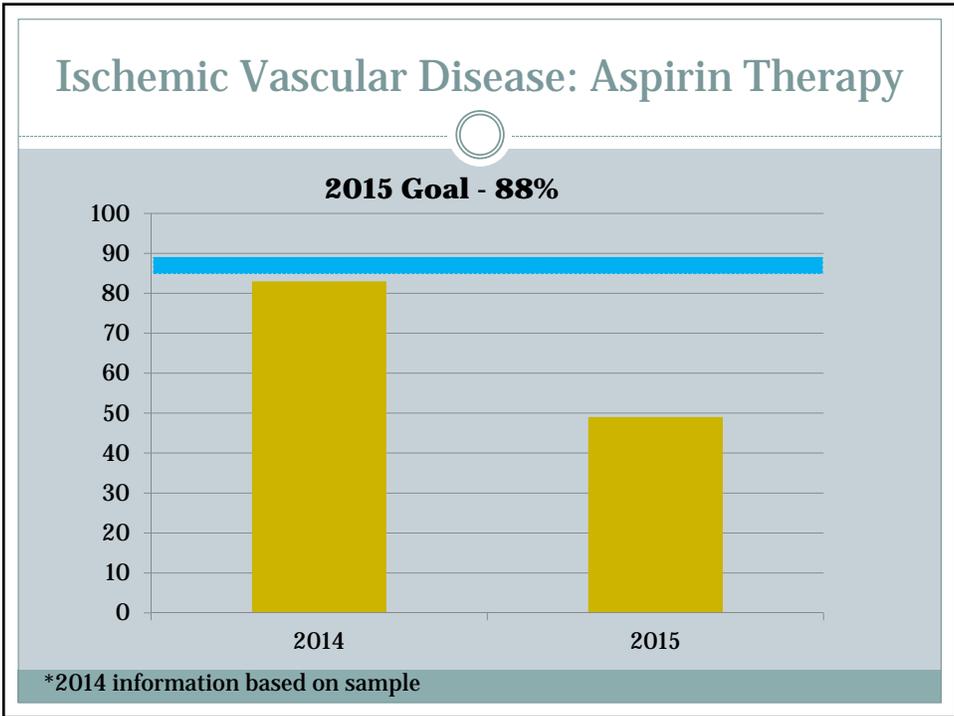
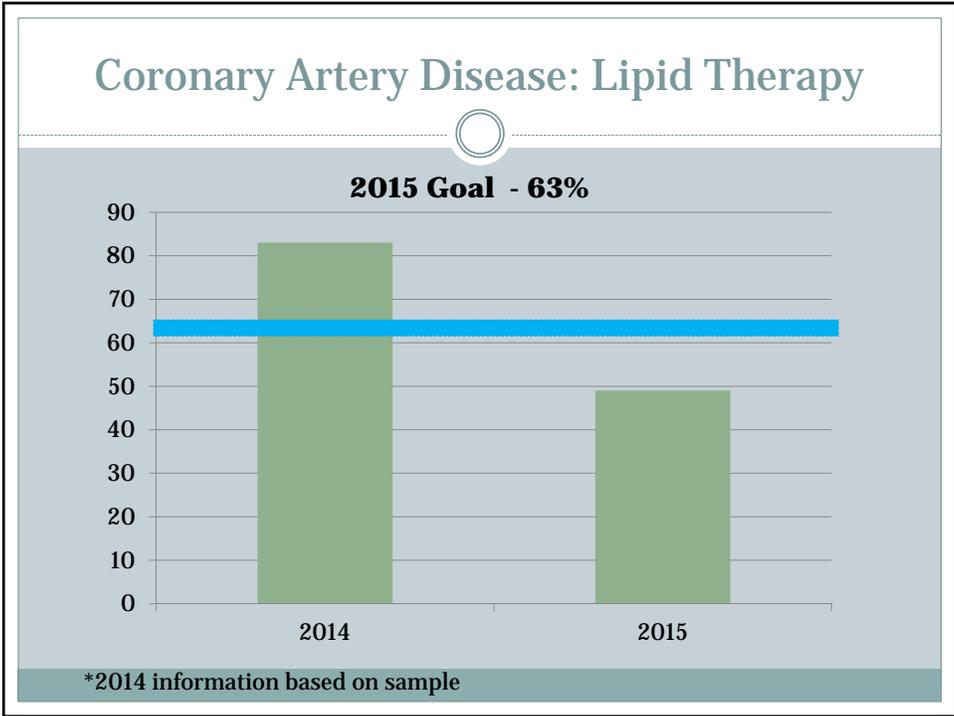
**Performance Measures and  
Achievement**

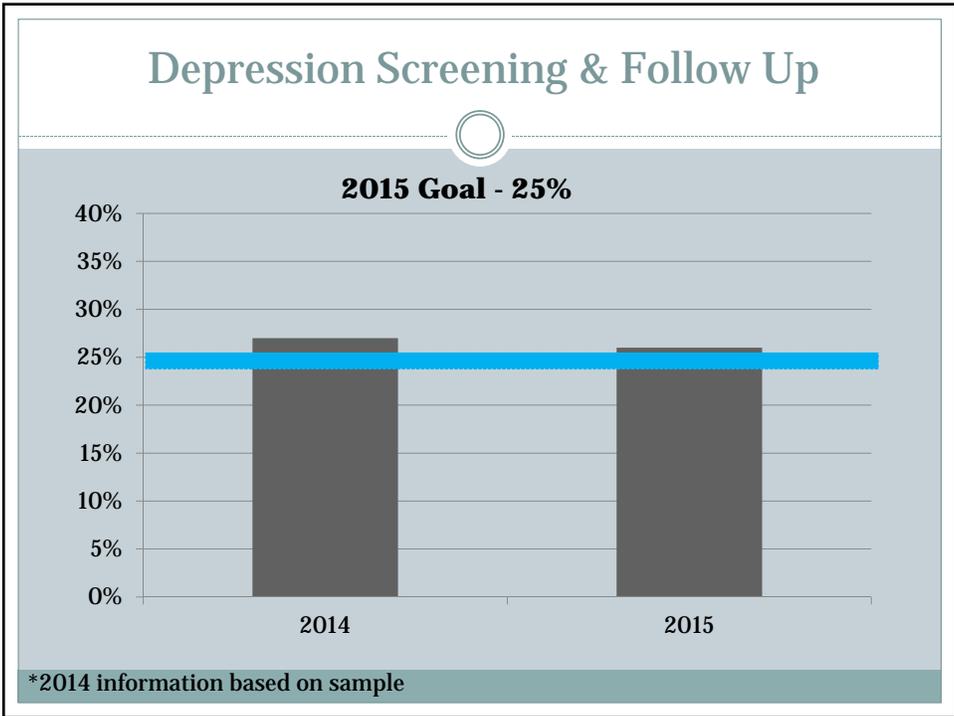
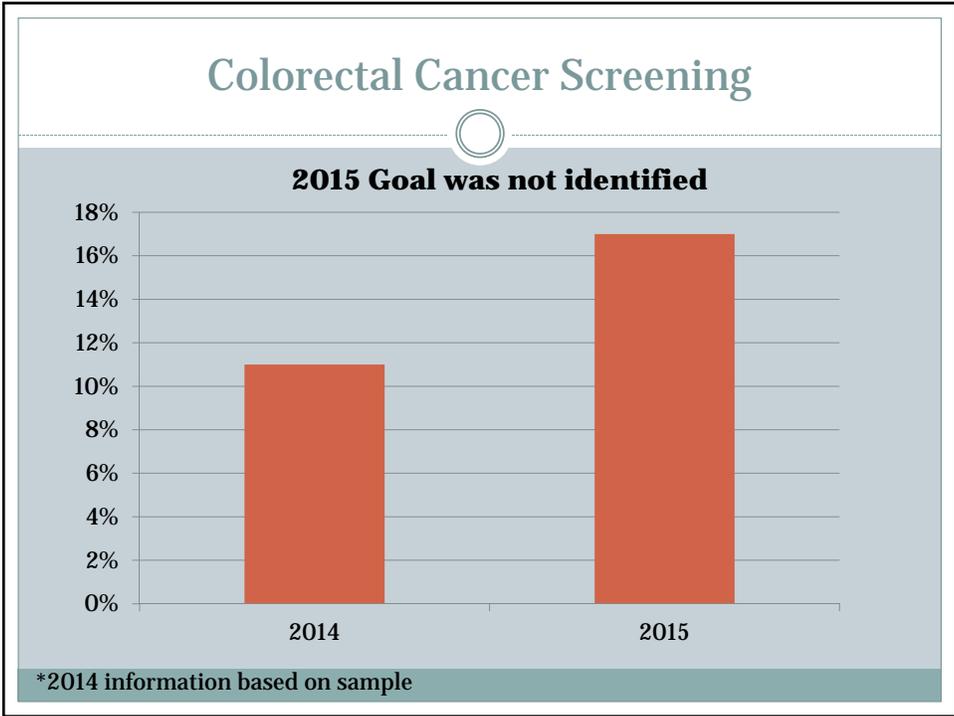












## 2015 Stakeholder Needs Assessment and Achievement

### 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
<b>Primary medical services</b>	<b>0.00%</b>	<b>13.79%</b>	<b>27.59%</b>	<b>27.59%</b>	<b>27.59%</b>	<b>3.45%</b>
Substance abuse	34.48%	17.24%	17.24%	13.79%	3.45%	13.79%
<b>Mental health</b>	<b>24.14%</b>	<b>24.14%</b>	<b>27.59%</b>	<b>6.90%</b>	<b>10.34%</b>	<b>6.90%</b>
<b>Oral health</b>	<b>24.14%</b>	<b>24.14%</b>	<b>13.79%</b>	<b>13.79%</b>	<b>13.79%</b>	<b>10.34%</b>
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%
<b>Chronic illness management</b>	<b>10.34%</b>	<b>10.34%</b>	<b>34.48%</b>	<b>13.79%</b>	<b>10.34%</b>	<b>20.69%</b>
HIV	0.00%	3.45%	24.14%	31.03%	13.79%	27.59%
<b>Diabetes</b>	<b>3.45%</b>	<b>10.34%</b>	<b>27.59%</b>	<b>20.69%</b>	<b>24.14%</b>	<b>13.79%</b>
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%
<b>Women's health</b>	<b>3.45%</b>	<b>10.34%</b>	<b>10.34%</b>	<b>41.38%</b>	<b>17.24%</b>	<b>17.24%</b>

## Common Themes

### Service Delivery

- Electronic referral processing and follow up
- 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.
- 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
- 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
- Services do not reach North County (Tarpon Springs) homeless population
- Expanded hours of operation
- 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
- Health education: prevention of poor health behaviors, care access, and paying for health care

#### Environment

- Unhealthy environment of shelters: high salt, high fat, high sugar foods; 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> hand smoke exposure
- Shelter (site) locations are unhealthy: food and 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> hand tobacco exposure.

#### Staffing

- Too many people and not enough resources to meet the need. Additional 1/2 to full-time staff needed
- Continuity of Care with same doctor each visit to establish therapeutic relationship
- Language barriers for some clients / physicians

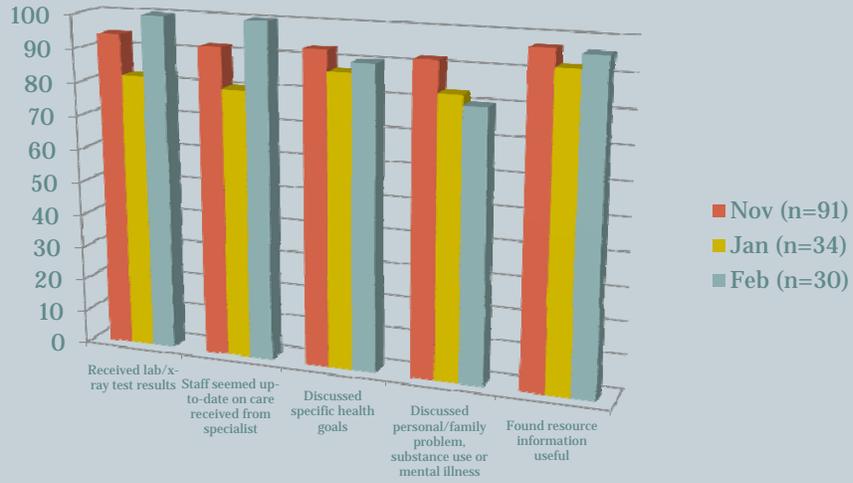
#### Others

- 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

# Customer Satisfaction



### MMU/Safe Harbor Customer Satisfaction\*



\*December data not available

### Funding & New Initiatives

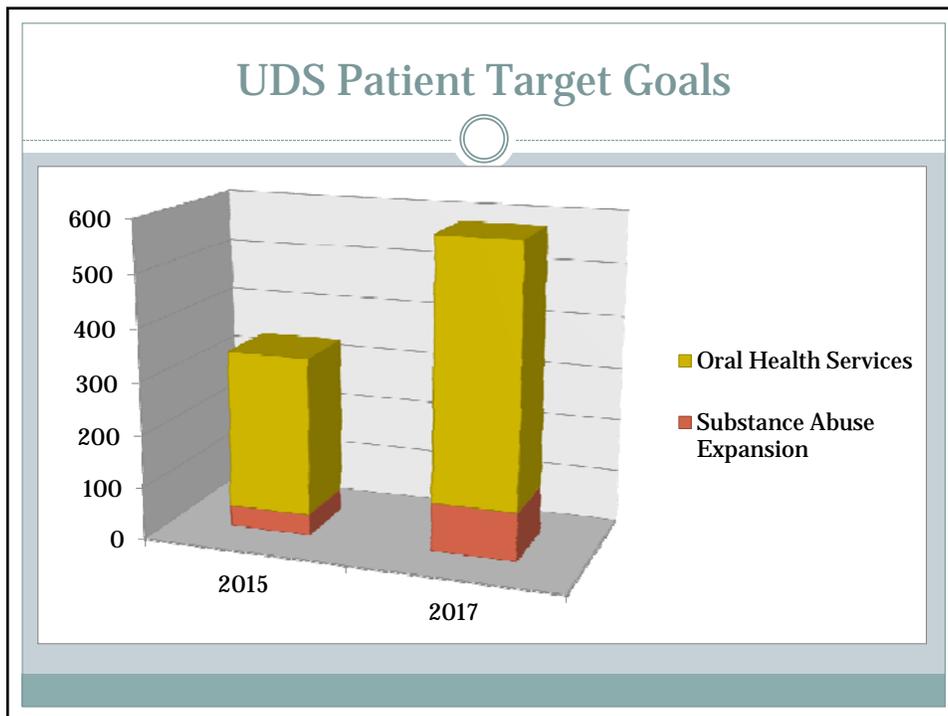
### Awards

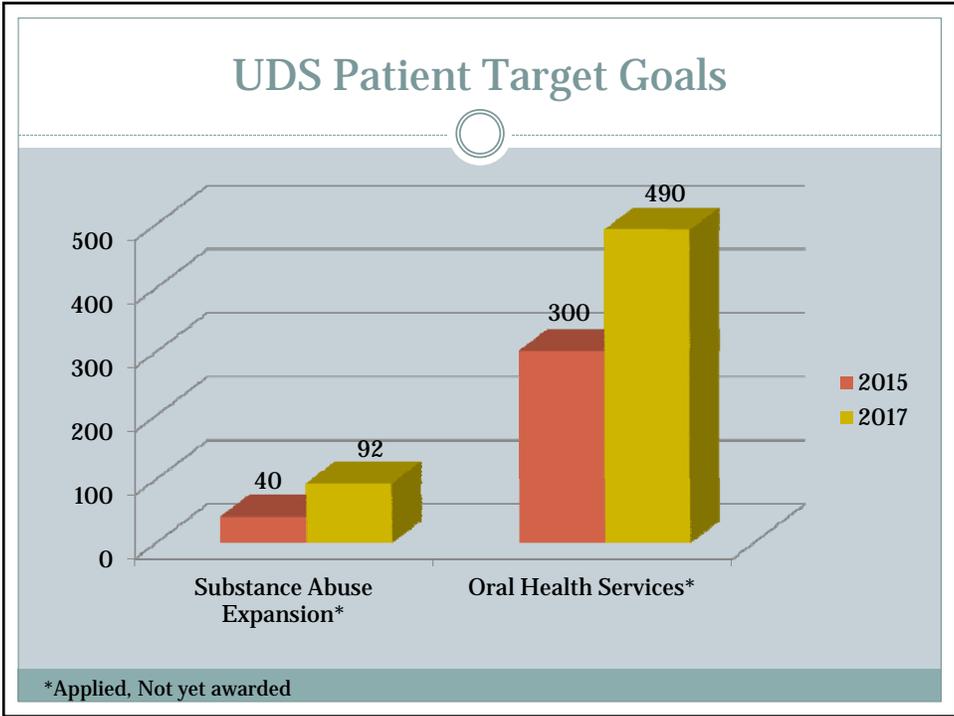
Funding Description	Description	Amount	Start Date	End Date	Patient Target	New UDS Patient Target Goals
FY 14-15 Annual Appropriation Base Increase Extension of Project Period	Primary Care Services for Homeless	\$876,814	October 14, 2014	February 29, 2016	2500	N/A
Expanded Services 14	Funds 2 <sup>nd</sup> medical team at Safe Harbor/Bayside	\$194,476	September 1, 2014	August 31, 2015	700 (EMC) 50 (BH SE) 50 (OH SE) December 31, 2016	
Quality Improvement Award	For quality improvement initiatives (PCMH)	\$148,790	August 16, 2015	August 17, 2016	N/A	N/A
AHCA Community & Primary Care Services	Behavioral Health ER Diversion w/ BayCare & Directions	\$485,419	Date of Execution	June 30, 2016	25 first month 50 per month Termination	N/A
FL Assoc of CHCs FY15 State Appropriation <sup>1</sup>	Earlier start of dental team and late night nurse; start-up supplies for Bayside	\$130,727	July 1, 2015	June 30, 2016	TBD	N/A
FY 16 - Service Area Competition Base Appropriation	Primary Care Services for Homeless	\$922,179	March 1, 2016	February 28, 2019	2390 <sup>2</sup> December 31, 2017	2390 <sup>3</sup> December 31, 2017
Expanded Services 15	Funds PT evening/weekend medical team at Safe Harbor/Bayside	\$248,872	September 1, 2015	August 31, 2017	550 Patients December 31, 2017	2940 Patients
Substance Abuse Service Expansion <sup>2</sup>	Medication Assisted Treatment (Methadone/Vivacool)	\$350,000	March 1, 2016		40 SA Patients December 31, 2017	92 SA Patients 1172 SA Visits
Oral Health Services <sup>2</sup>	Full time dental team at Bayside; ER Diversion Hygienists	\$350,000	July 1, 2016		300 OH Patients December 31, 2017	490 OH Patients 1960 OH Visits

<sup>1</sup>Notified and Awarded funds in February 2016.

<sup>2</sup>Applied, Not Yet Awarded

<sup>3</sup>For FY 2015 – FY 2017 SACs with Uniform Data System (UDS) data available since 2011, HRSA based the Patient Target on the average number of patients served by the current grantee as reported in the 2011, 2012, and 2013 UDS, and then added new patient projections included in funded supplemental applications to this base. (2011, 2012, 2013 average = 1,690 + ES14/700 = 2,390)





- ### Homework
- What have we not worked on?
  - What are some ideas for addressing issues we need to work on?

TAB 2 – CALENDAR

Attached is the calendar for the MMU and Safe Harbor for March.

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

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
	<b>1</b> <u>Clearwater</u> HEP 1051 Holt Ave Clearwater, FL 33755 <b>8:30am – 5:00 pm</b> MMUAC Meeting 3:00 pm JWB	<b>2</b> <u>Clearwater</u> Pinellas Hope 5726 126 <sup>th</sup> Ave. North Clearwater, FL 33760 <b>8:30am – 5:00 pm</b> (Van located in back parking area)	<b>3</b> <u>St. Petersburg</u> Salvation Army ARC 5885 66 <sup>th</sup> St. North St. Petersburg, FL. 33709 <b>8:30am – 5:00 pm</b>	<b>4</b> <u>St. Petersburg</u> Salvation Army One Stop 1400 4 <sup>th</sup> St. South St. Petersburg, FL. 33701 <b>8:30am – 4:00 pm</b>
<b>7</b> <u>Clearwater</u> SVDP Soup Kitchen 1340 Pierce Street Clearwater, FL. 33756 <b>8:30am – 12:30 pm</b> <b>12:30 pm – 3:30 pm *</b>	<b>8</b> <u>St Petersburg</u> SVDP Center of Hope 401 15th Street North St. Petersburg, Fl 33713 <b>8:30am – 5:00 pm</b>	<b>9</b> <u>Clearwater</u> Pinellas Hope 5726 126 <sup>th</sup> Ave. North Clearwater, FL 33760 <b>8:30am – 5:00 pm</b> (Van located in back parking area)	<b>10</b> <u>St. Petersburg</u> Salvation Army ARC 5885 66 <sup>th</sup> St. North St. Petersburg, FL. 33709 <b>8:30am – 5:00 pm</b>	<b>11</b> <u>St. Petersburg</u> Salvation Army One Stop 1400 4 <sup>th</sup> St. South St. Petersburg, FL. 33701 <b>8:30am – 4:00 pm</b>
<b>14</b> <u>Clearwater</u> SVDP Soup Kitchen 1340 Pierce Street Clearwater, FL. 33756 <b>8:30am – 12:00 pm</b> <b>12:30 pm – 3:30 pm *</b>	<b>15</b> <u>Clearwater</u> HEP 1051 Holt Ave Clearwater, FL 33755 <b>8:30am – 5:00 pm</b>	<b>16</b> <u>Clearwater</u> Pinellas Hope 5726 126 <sup>th</sup> Ave. North Clearwater, FL 33760 <b>8:30am – 5:00 pm</b> (Van located in back parking area)	<b>17</b> <u>St. Petersburg</u> Salvation Army ARC 5885 66 <sup>th</sup> St. North St. Petersburg, FL. 33709 <b>8:30am – 5:00 pm</b>	<b>18</b> <u>St. Petersburg</u> Salvation Army One Stop 1400 4 <sup>th</sup> St. South St. Petersburg, FL. 33701 <b>8:30am – 4:00 pm</b>
<b>21</b> <u>Clearwater</u> SVDP Soup Kitchen 1340 Pierce Street Clearwater, FL. 33756 <b>8:30am – 12:30 pm</b> <b>12:30 pm – 3:30 pm *</b>	<b>22</b> <u>St Petersburg</u> SVDP Center of Hope 401 15th Street North St. Petersburg, Fl 33713 <b>8:30am – 5:00 pm</b>	<b>23</b> <u>Pinellas Park High School</u> <u>6305 118<sup>th</sup> Ave</u> <u>Pinellas Park Fl</u> <u>7:30 am to 12:00 pm</u> Staff Meeting 1:30 pm to 3:30 pm	<b>24</b> <u>St. Petersburg</u> Salvation Army ARC 5885 66 <sup>th</sup> St. North St. Petersburg, FL. 33709 <b>8:30am – 5:00 pm</b>	<b>25</b> <u>St. Petersburg</u> Salvation Army One Stop 1400 4 <sup>th</sup> St. South St. Petersburg, FL. 33701 <b>8:30am – 4:00 pm</b>
<b>28</b> <u>Clearwater</u> SVDP Soup Kitchen 1340 Pierce Street Clearwater, FL. 33756 <b>8:30am – 12:30 pm</b> <b>12:30 pm – 3:30 pm *</b>	<b>29</b> <u>Clearwater</u> HEP 1051 Holt Ave Clearwater, FL 33755 <b>8:30am – 5:00 pm</b>	<b>30</b> <u>Clearwater</u> Pinellas Hope 5726 126 <sup>th</sup> Ave. North Clearwater, FL 33760 <b>8:30am – 5:00 pm</b> (Van located in back parking area)	<b>31</b> <u>St. Petersburg</u> Salvation Army ARC 5885 66 <sup>th</sup> St. North St. Petersburg, FL. 33709 <b>8:30am – 5:00 pm</b>	

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

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\*We see Turning Point clients during that time.

# March 2016

# Safe Harbor Calendar

Safe Harbor is a closed site. Only residents of Safe Harbor can be seen for services

*Monday*

*Tuesday*

*Wednesday*

*Thursday*

*Friday*

*Saturday*

	<b>1</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>12:00 pm – 8:00pm</b>	<b>2</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>12:00 pm- 8:00pm</b>	<b>3</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>8:00 am – 8:00pm</b> Nurse Only	<b>4</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>8:30am – 5:00pm</b>	<b>5</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>8:00 am -12:00 pm</b>
<b>7</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>12:00 pm – 8:00pm</b>	<b>8</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>12:00 pm – 8:00pm</b> Dental Screening 8:30 to 12:00	<b>9</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>12:00 pm – 8:00pm</b>	<b>10</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>12:00 pm – 8:00pm</b>	<b>11</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>8:30am – 5:00pm</b>	<b>12</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>8:00 am -12:00 pm</b>
<b>14</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>8:30am – 8:00 pm</b>	<b>15</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>8:30am – 8:00pm</b>	<b>16</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>8:30am – 8:00pm</b>	<b>17</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>8:30am – 8:00pm</b>	<b>18</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>8:30am – 5:00pm</b>	<b>19</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>8:00 am -12:00 pm</b>
<b>21</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>8:30am – 8:00 pm</b>	<b>22</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>8:30am – 8:00pm</b>	<b>23</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>8:30am – 8:00pm</b> Staff Meeting 1:30 pm to 3:30 pm	<b>24</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>8:30 am – 8:00pm</b>	<b>25</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>8:30am – 5:00pm</b>	<b>26</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>8:00 am -12:00 pm</b>
<b>28</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>8:30am – 8:00 pm</b>	<b>29</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>8:30am – 8:00pm</b>	<b>30</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>8:30am – 8:00pm</b>	<b>31</b> <u>Clearwater</u> Safe Harbor 14840 49 <sup>th</sup> St. No. Clearwater, FL. 33762 <b>8:30am – 8:00pm</b>		

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

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## TAB 2 – SITE VISIT COMPLIANCE UPDATE

As of 2/22/2016, all seven (7) conditions have been lifted from the grant.

- Sliding Scale Discount Fee Program (*Lifted 3/5/2014*)
- After Hours Access (*Lifted 8/17/15*)
- Credentialing & Privileging (*Lifted 9/24/15*)
- Hospital Admitting – Continuity of Care (*Lifted 10/8/15*)
- OB/Pre-Natal (*Lifted 1/20/16*)
- Substance Abuse Services (*Lifted 1/20/16*)
- Board Authority (*Lifted 2/23/16*)

TAB 2 – 2015 Final UDS Submission

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

Date Requested: 02/12/2016 01:34 PM EST  
Date of Last Report Refreshed: 02/12/2016 01:34 PM EST

Program Name: Health Center 330

Submission Status: Data Entry In Progress

**UDS Report - 2015**  
**Center / Health Center Profile**

Do you self-identify as an NMHC? No

Title	Name	Phone	Fax	Email
UDS Contact	Not Available	Not Available	Not Available	Not Available
Project Director	Not Available	Not Available	Not Available	Not Available
CEO	Not Available	Not Available	Not Available	Not Available
Chairperson	Not Available	Not Available	Not Available	Not Available
Clinical Director	Chitra Ravindra, MD	(727) 582-7507	Not Available	Not Available

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

Date Requested: 02/12/2016 01:34 PM EST  
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Program Name: Health Center 330

Submission Status: Data Entry In Progress

**UDS Report - 2015**  
**Patients by ZIP Code**

ZIP Code (a)	None/Uninsured (b)	Medicaid/CHIP/Other Public (c)	Medicare (d)	Private (e)	Total Patients (f)
33701	173	11	1		185
33702	105				105
33703	11				11
33704	11				11
33705	79	7			86
33706	12				12
33709	218	4			222
33710	14	1	1		16
33711	19	2			21
33712	42	3			45
33713	140	3	1		144
33714	33	5			38
33755	43	5			48
33756	57	1			58
33760	252	9	3		264
33762	675	51	2		728
33764	14				14
33765	13	1			14
33770	17	1			18
33771	23	2			25
33781	18				18
33782	15				15
Other ZIP Codes	131	10			141
Unknown Residence					
<b>Total</b>	<b>2115</b>	<b>116</b>	<b>8</b>		<b>2239</b>

Program Name: Health Center 330

Submission Status: Data Entry In Progress

## UDS Report - 2015

Table 3A: Patients By Age and Gender - Universal

S.No	Age Groups	Male Patients (a)	Female Patients (b)
1.	Under Age 1	-	-
2.	Age 1	-	-
3.	Age 2	-	-
4.	Age 3	-	-
5.	Age 4	-	-
6.	Age 5	-	-
7.	Age 6	-	-
8.	Age 7	-	-
9.	Age 8	-	-
10.	Age 9	-	-
11.	Age 10	-	-
12.	Age 11	-	-
13.	Age 12	-	-
14.	Age 13	-	-
15.	Age 14	-	-
16.	Age 15	-	-
17.	Age 16	-	-
18.	Age 17	-	-
<b>Subtotal Patients (Sum lines 1-18)</b>			
19.	Age 18	0	1
20.	Age 19	4	1
21.	Age 20	4	3
22.	Age 21	6	7
23.	Age 22	8	4
24.	Age 23	12	7
25.	Age 24	21	8
26.	Ages 25-29	106	61
27.	Ages 30-34	135	79
28.	Ages 35-39	138	85
29.	Ages 40-44	160	97
30.	Ages 45-49	252	106
31.	Ages 50-54	330	136
32.	Ages 55-59	243	88
33.	Ages 60-64	103	30
<b>Subtotal Patients (Sum lines 19-33)</b>		<b>1,522</b>	<b>713</b>

OMB Control Number: 0195-0193

Submission Status: Data Entry In Progress

## UDS Report - 2015

Table 3A: Patients By Age and Gender - Universal

S.No	Age Groups	Male Patients (a)	Female Patients (b)
34.	Ages 65-69	2	1
35.	Ages 70-74	-	-
36.	Ages 75-79	-	-
37.	Ages 80-84	1	-
38.	Age 85 and over	-	-
<b>Subtotal Patients (Sum lines 34-38)</b>		<b>3</b>	<b>1</b>
39.	<b>Total Patients (Sum lines 1-38)</b>	<b>1,525</b>	<b>714</b>

OMB Control Number: 0195-0193

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

Date Requested: 02/12/2016 01:34 PM EST

Date of Last Report Refreshed: 02/12/2016 01:34 PM EST

Program Name: Health Center 330

Submission Status: Data Entry In Progress

## UDS Report - 2015

Table 3B - Patients By Hispanic Or Latino Ethnicity / Race / Linguistic Barriers to Care - Universal

S.No	Patients by Race	Patients by Hispanic or Latino Ethnicity			
		Hispanic/Latino (a)	Non-Hispanic/Latino (b)	Unreported/Refused to Report Ethnicity (c)	Total (d)
1.	Asian	1	11		12
2a.	Native Hawaiian	-	-		
2b.	Other Pacific Islander	4	4		8
<b>2.</b>	<b>Total Hawaiian/Other Pacific Islander (Sum lines 2a+2b)</b>	<b>4</b>	<b>4</b>		<b>8</b>
3.	Black/African American	5	401		406
4.	American Indian/Alaska native	2	21		23
5.	White	44	1,669		1,713
6.	More than one race	20	22		42
7.	Unreported/Refused to report race	8	7	20	35
<b>8.</b>	<b>Total Patients (Sum lines 1+2+3 through 7)</b>	<b>84</b>	<b>2,135</b>	<b>20</b>	<b>2,239</b>

S.No	Patients by Language	Number (a)
12.	Patients Best Served in a Language other than English	22

OMB Control Number: 0195-0193

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

Date Requested: 02/12/2016 01:34 PM EST

Date of Last Report Refreshed: 02/12/2016 01:34 PM EST

Program Name: Health Center 330

Submission Status: Data Entry In Progress

## UDS Report - 2015

Table 4 - Selected Patient Characteristics - Universal

S.No	Characteristic	Number of Patients
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19.	Doubling Up (330h Health Centers Only)	207
20.	Street (330h Health Centers Only)	142
21.	Other (330h Health Centers Only)	11
22.	Unknown (330h Health Centers Only)	0
<b>23.</b>	<b>Total Homeless (All Health Centers Report This Line)</b>	<b>2,206</b>
<b>24.</b>	<b>Total School Based Health Center Patients (All Health Centers Report This Line)</b>	<b>1</b>
<b>25.</b>	<b>Total Veterans (All Health Centers Report This Line)</b>	<b>15</b>
<b>26.</b>	<b>Total Public Housing Patients (All Health Centers Report This Line)</b>	<b>-</b>

OMB Control Number: 0195-0193

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

Date Requested: 02/12/2016 01:34 PM EST  
Date of Last Report Refreshed: 02/12/2016 01:34 PM EST

Program Name: Health Center 330

Submission Status: Data Entry In Progress

## UDS Report - 2015

Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
<b>Medical Care Services</b>				
1.	Family Physicians	-	-	
2.	General Practitioners	1.50	4,224	
3.	Internists	-	-	
4.	Obstetrician/Gynecologists	-	-	
5.	Pediatricians	-	-	
7.	Other Specialty Physicians	-	-	
<b>8.</b>	<b>Total Physicians (Sum lines 1-7)</b>	<b>1.50</b>	<b>4,224</b>	
9a.	Nurse Practitioners	-	-	
9b.	Physician Assistants	1.00	2,651	
10.	Certified Nurse Midwives	-	-	
<b>10a.</b>	<b>Total NP, PA, and CNMs (Sum lines 9a - 10)</b>	<b>1.00</b>	<b>2,651</b>	
11.	Nurses	4.00	1,171	
12.	Other Medical Personnel	1.00		
13.	Laboratory Personnel	-		
14.	X-Ray Personnel	-		
<b>15.</b>	<b>Total Medical (Sum lines 8+10a through 14)</b>	<b>7.50</b>	<b>8,046</b>	<b>2,239</b>
<b>Dental Services</b>				
16.	Dentists	0.00	604	
17.	Dental Hygienists	0.00	151	
18.	Other Dental Personnel	0.00		
<b>19.</b>	<b>Total Dental Services (Sum lines 16-18)</b>	<b>0.00</b>	<b>755</b>	<b>228</b>
<b>Mental Health Services</b>				
20a.	Psychiatrists	0.00	335	
20a1.	Licensed Clinical Psychologists	0.00	-	
20a2.	Licensed Clinical Social Workers	0.00	38	
20b.	Other Licensed Mental Health Providers	0.00	66	
20c.	Other Mental Health Staff	0.00	148	
<b>20.</b>	<b>Total Mental Health (Sum lines 20a-20c)</b>	<b>0.00</b>	<b>587</b>	<b>322</b>

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

Date Requested: 02/12/2016 01:34 PM EST  
Date of Last Report Refreshed: 02/12/2016 01:34 PM EST

Program Name: Health Center 330

Submission Status: Data Entry In Progress

## UDS Report - 2015

Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
<b>Substance Abuse Services</b>				
21.	Substance Abuse Services	0.00	213	55
<b>Other Professional Services</b>				
22.	Other Professional Services (Specify: -)	0.00	-	-
<b>Vision Services</b>				
22a.	Ophthalmologists	0.00	-	
22b.	Optometrists	0.00	-	
22c.	Other Vision Care Staff	0.00		
22d.	<b>Total Vision Services (Sum lines 22a-22c)</b>	<b>0.00</b>		<b>-</b>
<b>Pharmacy Personnel</b>				
23.	Pharmacy Personnel	0.00		
<b>Enabling Services</b>				
24.	Case Managers	4.00	6,875	
25.	Patient/Community Education Specialists	0.00	-	
26.	Outreach Workers	1.00		
27.	Transportation Staff	0.00		
27a.	Eligibility Assistance Workers	0.00		
27b.	Interpretation Staff	0.00		
28.	Other Enabling Services (Specify: -)	0.00		
29.	<b>Total Enabling Services (Sum lines 24-28)</b>	<b>5.00</b>	<b>6,875</b>	<b>2,239</b>

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

Date Requested: 02/12/2016 01:34 PM EST  
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Program Name: Health Center 330

Submission Status: Data Entry In Progress

## UDS Report - 2015

Table 5 - Staffing And Utilization - Universal

S.No	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Patients (c)
<b>Other Programs/Services</b>				
29a.	Other Programs and services (Specify: -)	0.00		
<b>Administration and Facility</b>				
30a.	Management and Support Staff	1.50		
30b.	Fiscal and Billing Staff	0.00		

30c.	IT Staff	0.50		
31.	Facility Staff	0.00		
32.	Patient Support Staff	1.00		
<b>33.</b>	<b>Total Facility and Non-Clinical Support Staff (Lines 30a - 32)</b>	<b>3.00</b>		
<b>Grand Total</b>				
<b>34.</b>	<b>Grand Total (Sum lines 15+19+20+21+22+22d+23+29+29a+33)</b>	<b>15.50</b>	<b>16,476</b>	

OMB Control Number: 0195-0193

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

Date Requested: 02/12/2016 01:34 PM EST  
Date of Last Report Refreshed: 02/12/2016 01:34 PM EST

Program Name: Health Center 330

Submission Status: Data Entry In Progress

UDS Report - 2015

Table 5A - Tenure for Health Center Staff

S.No	Health Center Staff	Full and Part Time		Locum, On-Call, etc	
		Persons (a)	Total Months (b)	Persons (c)	Total Months (d)
1.	Family Physicians	-	-	-	-
2.	General Practitioners	2	118	-	-
3.	Internists	-	-	-	-
4.	Obstetrician/Gynecologists	-	-	-	-
5.	Pediatricians	-	-	-	-
7.	Other Specialty Physicians	-	-	-	-
9a.	Nurse Practitioners	-	-	-	-
9b.	Physician Assistants	1	15	-	-
10.	Certified Nurse Midwives	-	-	-	-
11.	Nurses	3	73	-	-
16.	Dentists	-	-	-	-
17.	Dental Hygienists	-	-	-	-
20a.	Psychiatrists	-	-	-	-
20a1.	Licensed Clinical Psychologists	-	-	-	-
20a2.	Licensed Clinical Social Workers	-	-	-	-
20b.	Other Licensed Mental Health Providers	-	-	-	-
22a.	Ophthalmologist	-	-	-	-
22b.	Optometrist	-	-	-	-
30a1.	Chief Executive Officer	1	12	-	-
30a2.	Chief Medical Officer	1	24	-	-
30a3.	Chief Financial Officer	1	264	-	-
30a4.	Chief Information Officer	-	-	-	-

OMB Control Number: 0195-0193

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

Date Requested: 02/12/2016 01:34 PM EST  
Date of Last Report Refreshed: 02/12/2016 01:34 PM EST

Program Name: Health Center 330

Submission Status: Data Entry In Progress

## UDS Report - 2015

Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
<b>Selected Infectious and Parasitic Diseases</b>					
1-2.	Symptomatic / Asymptomatic HIV	042, 079.53, V08	B20, B97.35, O98.7, Z21	17	9
3.	Tuberculosis	010.xx - 018.xx	A15- thru A19-	3	2
4.	Sexually transmitted infections	090.xx - 099.xx	A50- thru A64- (Exclude A63.0), M02.3-, N34.1	7	7
4a.	Hepatitis B	070.20, 070.22, 070.30, 070.32, V02.61	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51	10	7
4b.	Hepatitis C	070.41, 070.44, 070.51, 070.54, 070.70, 070.71, V02.62	B17.10, B17.11, B18.2, B19.20, B19.21, Z22.52	451	200
<b>Selected Diseases of the Respiratory System</b>					
5.	Asthma	493.xx	J45-	230	125
6.	Chronic obstructive pulmonary diseases	490.xx - 492.xx	J40- thru J44- and J47-	587	352
<b>Selected Other Medical Conditions</b>					
7.	Abnormal Breast Findings, Female	174.xx; 198.81; 233.0x; 238.3; 793.8x	C50.01-, C50.11-, C50.21-, C50.31-, C50.41-, C50.51-, C50.61-, C50.71-, C50.81-, C50.91-, C79.81, D48.6-, R92-	67	44
8.	Abnormal Cervical Findings	180.xx; 198.82; 233.1x; 795.0x	C53-, C79.82, D06-, R87.61-, R87.810, R87.820	20	17
9.	Diabetes Mellitus	250.xx; 648.0x	E10- thru E13-, O24- (Exclude O24.41-)	643	184
10.	Heart Disease (selected)	391.xx - 392.0x 410.xx - 429.xx	I01-, I02- (exclude I02.9), I20- thru I25, I26- thru I28-, I30- thru I52-	250	90
11.	Hypertension	401.xx - 405.xx	I10- thru I15-	1,757	621
12.	Contact Dermatitis and other Eczema	692.xx	L23- thru L25-, L30- (Exclude L30.1, L30.3, L30.4, L30.5), L55- thru L59 (Exclude L57.0 thru L57.4)	119	68
13.	Dehydration	276.5x	E86-	2	2
14.	Exposure to Heat or Cold	991.xx - 992.xx	T33.XXXA, T34.XXXA, T67.XXXA,	0	0

			T68.XXXA, T69.XXXA		
14a.	Overweight and Obesity	ICD-9: 278.0 – 278.03 or V85.xx (excluding V85.0, V85.1, V85.51, V85.52)	E66-, Z68- (Excluding Z68.1, Z68.20-24, Z68.51, Z68.52)	3,024	1,151
<b>Selected Childhood Conditions (limited to ages 0 thru 17)</b>					
15.	Otitis media and Eustachian tube disorders	381.xx - 382.xx	H65- thru H69-	36	28
16.	Selected Perinatal Medical Conditions	770.xx;771.xx;773.xx; 774.xx - 779.xx (Excluding 779.3x)	A33-, P20- thru P29- (exclude P22.0, P29.3); P35- thru P96- (exclude P50-, P51-, P52-, P54-, P91.6-, P92-, P96.81), R78.81, R78.89	4	4
17.	Lack of expected normal physiological development (such as delayed milestone; failure to gain weight; failure to thrive); Nutritional deficiencies in children only. Does not include sexual or mental development.	260.xx – 269.xx (excluding 268.2); 779.3x; 783.3x – 783.4x	E40-E46, E50- thru E63- (exclude E64-), P92-, R62- (exclude R62.7), R63.2, R63.3	1	1

Sources of codes:

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

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

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

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Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
<b>Selected Mental Health and Substance Abuse Conditions</b>					
18.	Alcohol Related Disorders	291.xx, 303.xx; 305.0x; 357.5x	F10-, G62.1	168	114
19.	Other Substance Related Disorders (Excluding Tobacco Use Disorders)	292.1x – 292.8x; 292.9; 304.xx; 305.2x – 305.9x; 357.6x; 648.3x	F11- thru F19- (Exclude F17-), G62.0, O99.32-	82	61
19a.	Tobacco use disorder	305.1	F17-	3,639	1,423
20a.	Depression and Other Mood Disorders	296.xx, 300.4, 301.13, 311.xx	F30- thru F39-	1,549	733
20b.	Anxiety Disorders Including PTSD	300.0x, 300.2x, 300.3, 308.3, 309.81	F40- thru F42- F43.0, F43.1-	1,503	744
20c.	Attention Deficit and Disruptive Behavior Disorders	312.8x, 312.9x,	F90- thru F91-	11	8

		313.81, 314.xx			
20d.	Other mental disorders, excluding drug or alcohol dependence	290.xx, 293.xx – 302.xx (excluding 296.xx, 300.0x, 300.2x, 300.3, 300.4, 301.13); 306.xx - 319.xx (excluding 307.xx, 308.3, 309.81, 311.xx, 312.8x, 312.9x, 313.81, 314.xx)	F01- thru F09-, F20- thru F29-, F43- thru F48- (exclude F43.1-), F50- thru F59- (exclude F55-), F60- thru F99- (exclude F84.2, F90-, F91-, F98-), R45.1, R45.2, R45.5, R45.6, R45.7, R45.81, R45.82, R48.0	85	62

S.No	Service Category	Applicable ICD-9-CM or CPT-4/II Code	Applicable ICD-10-CM Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
<b>Selected Diagnostic Tests/Screening/Preventive Services</b>					
21.	HIV Test	CPT-4: 86689; 86701 - 86703; 87390 - 87391	CPT-4: 86689; 86701 - 86703; 87390 - 87391	1	1
21a.	Hepatitis B Test	CPT-4: 86704, 86706, 87515-17	CPT-4: 86704, 86706, 87515-17	163	147
21b.	Hepatitis C Test	CPT-4: 86803-04, 87520-22	CPT-4: 86803-04, 87520-22	163	147
22.	Mammogram	CPT-4: 77052, 77057 OR ICD-9: V76.11; V76.12	CPT-4: 77052, 77057 OR ICD-10: Z12.31	85	82
23.	Pap Test	CPT-4: 88141-88155; 88164-88167, 88174-88175 OR ICD-9: V72.3; V72.31; V72.32; V76.2	CPT-4: 88141-88155; 88164-88167, 88174-88175 OR ICD-10: Z01.41-, Z01.42, Z12.4	204	186
24.	Selected Immunizations: Hepatitis A, Hemophilus Influenza B (HiB), Pneumococcal, Diphtheria, Tetanus, Pertussis (DTaP) (DTP) (DT), Mumps, Measles, Rubella, Poliovirus, Varicella, Hepatitis B Child)	CPT-4: 90633-90634, 90645 – 90648; 90670; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748	CPT - 4: 90633 - 90634, 90645 – 90648; 90670; 90696 – 90702; 90704 – 90716; 90718 - 90723; 90743 – 90744; 90748	0	0
24a.	Seasonal Flu vaccine	CPT-4: 90654 - 90662, 90672-90673, 90685-90688	CPT-4: 90654 – 90662, 90672-90673, 90685-90688	216	211

Sources of codes:

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

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

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Table 6A - Selected Diagnoses And Services Rendered - Universal

S.No	Diagnostic Category	Applicable ICD-9-CM Code	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
25.	Contraceptive Management	ICD-9: V25.xx	ICD-10: Z30-	0	0
26.	Health Supervision of Infant or Child (ages 0 through 11)	CPT-4: 99391 - 99393; 99381 - 99383	CPT-4: 99391 - 99393; 99381 - 99383	0	0
26a.	Childhood lead test screening (9 to 72 months)	CPT-4: 83655	CPT-4: 83655	0	0
26b.	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	CPT-4: 99408-99409	CPT-4: 99408-99409	0	0
26c.	Smoke and tobacco use cessation counseling	CPT-4: 99406 and 99407; HCPCS: S9075, CPT-II: 4000F, 4001F	CPT-4: 99406 and 99407; HCPCS: S9075, CPT-II: 4000F, 4001F	4,165	1,648
26d.	Comprehensive and intermediate eye exams	CPT-4: 92002, 92004, 92012, 92014	CPT-4: 92002, 92004, 92012, 92014	0	0

S.No	Service Category	Applicable ADA Code	Applicable ADA Code	Number of Visits (a)	Number of Patients (b)
<b>Selected Dental Services</b>					
27.	I. Emergency Services	ADA: D9110	ADA: D9110	79	70
28.	II. Oral Exams	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	ADA: D0120, D0140, D0145, D0150, D0160, D0170, D0171, D0180	295	210
29.	Prophylaxis - Adult or Child	ADA: D1110, D1120	ADA: D1110, D1120	15	15
30.	Sealants	ADA: D1351	ADA: D1351	-	-
31.	Fluoride Treatment - adult or child	ADA: D1206, D1208	ADA: D1206, D1208	46	42
32.	III. Restorative Services	ADA: D21xx - D29xx	ADA: D21xx - D29xx	145	62
33.	IV. Oral Surgery (Extractions and other Surgical Procedures)	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290- D7294	ADA: D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7251, D7260, D7261, D7270, D7272, D7280, D7290- D7294	148	98
34.	V. Rehabilitative services (Endo, Perio, Prostho, Ortho)	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	ADA: D3xxx, D4xxx, D5xxx, D6xxx, D8xxx	180	83

## Sources of codes:

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

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**UDS Report - 2015**  
**Table 6B - Quality Of Care Measures**

Prenatal care by referral only: No

**Section A - Age Categories for Prenatal Patients**

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

**Section B - Trimester of Entry into Prenatal Care**

S.No	Trimester of Entry into Prenatal Care	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)
7.	First Trimester	0	0
8.	Second Trimester	0	0
9.	Third Trimester	0	0

**Section C - Childhood Immunization**

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

**Section D - Cervical Cancer Screening**

S.No	Cervical Cancer Screening	Total Number of Female Patients 24-64 Years of Age (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested (c)
11.	MEASURE: Female patients aged 24-64 who received one or more Pap tests to screen for cervical cancer	616	616	288

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Table 6B - Quality Of Care Measures

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

Section F - Adult Weight Screening and Follow-Up				
S.No	Adult Weight Screening and Follow-Up	Total Patients 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13.	MEASURE: Patients aged 18 and older with (1) BMI charted and (2) follow-up plan documented if patients are overweight or underweight	2,239	2,239	1,933

Section G - Tobacco Use Screening and Cessation Intervention				
S.No	Tobacco Use Screening and Cessation Intervention	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Assessed for Tobacco Use and Provided Intervention if a Tobacco User (c)
14a.	MEASURE: Patients aged 18 and older who (1) were screened for tobacco use one or more times in the measurement year or the prior year and (2) for those found to be a tobacco user, received cessation counseling intervention or medication	1,684	1,684	1,659

Section H - Asthma Pharmacological Therapy				
S.No	Asthma Pharmacologic Therapy	Total Patients Aged 5-40 with Persistent Asthma (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Acceptable Plan (c)
16.	MEASURE: Patients aged 5 through 40 diagnosed with persistent asthma who have an acceptable pharmacological treatment plan	12	12	12

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Table 6B - Quality Of Care Measures

Section I - Coronary Artery Disease (CAD): Lipid Therapy				
S.No	Coronary Artery Disease (CAD): Lipid Therapy	Total Patients 18 and Older with CAD Diagnosis (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed A Lipid Lowering Therapy (c)
	MEASURE: Patients aged 18 and older with a diagnosis of			

17.	CAD prescribed a lipid lowering therapy	49	49	24
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**Section J - Ischemic Vascular Disease (IVD): Aspirin or Antithrombotic Therapy**

S.No	Ischemic Vascular Disease (IVD): Aspirin or Antithrombotic Therapy	Total Patients 18 and Older with IVD Diagnosis or AMI, CABG, or PTCA Procedure (a)	Charts Sampled or EHR Total (b)	Number of Patients with Aspirin or other Antithrombotic Therapy (c)
18.	MEASURE: Patients aged 18 and older with a diagnosis of IVD or AMI, CABG, or PTCA procedure with aspirin or another antithrombotic therapy	57	57	40

**Section K - Colorectal Cancer Screening**

S.No	Colorectal Cancer Screening	Total Patients 51 through 74 Years of Age (a)	Charts Sampled or EHR Total (b)	Number of Patients with Appropriate Screening for Colorectal Cancer (c)
19.	MEASURE: Patients age 51 through 74 years of age during measurement year (on or prior to 31 December) with appropriate screening for colorectal cancer	884	884	152

**Section L - HIV Linkage to Care**

S.No	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Charts Sampled or EHR Total (b)	Number of Patients Seen Within 90 Days of First Diagnosis of HIV (c)
20.	MEASURE: Patients whose first ever HIV diagnosis was made by health center staff between October 1, of the prior year and September 30, of the measurement year and who were seen for follow-up treatment within 90 days of that first ever diagnosis	0	0	0

**Section M - Patients Screened for Depression and Follow-Up**

S.No	Patients Screened for Depression and Follow-Up	Total Patients Aged 12 and Older (a)	Charts Sampled or EHR Total (b)	Number of Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)
21.	MEASURE: Patients aged 12 and older who were (1) screened for depression with a standardized tool and if screening was positive (2) had a follow-up plan documented	2,099	2,099	189

**Section N - Dental Sealants**

S.No	Dental Sealants	Total Patients Aged 6 through 9 Identified as Moderate to High Risk for Caries (a)	Charts Sampled or EHR Total (b)	Number of patients with Sealants to First Molars (c)
22.	MEASURE: Children aged 6 through 9 years at moderate to high risk of caries who received a sealant on a permanent first molar tooth	-	-	-

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## UDS Report - 2015

Table 7 - Health Outcomes and Disparities

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

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

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## UDS Report - 2015

Table 7 - Health Outcomes and Disparities

Section B: Hypertension by Race and Hispanic/Latino Ethnicity					
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S.No	Race and Ethnicity	Total Hypertensive Patients (2a)	Charts Sampled or EHR Total (2b)	Patients with HTN Controlled (2c)
<b>Hispanic/Latino</b>				
1a.	Asian	1	1	1
1b1.	Native Hawaiian	-	-	-
1b2.	Other Pacific Islander	-	-	-
1c.	Black/African American	1	1	0
1d.	American Indian/Alaska Native	-	-	-
1e.	White	8	8	7
1f.	More Than One Race	-	-	-
1g.	Unreported/Refused to Report Race	-	-	-
<b>Subtotal Hispanic/Latino (Sum lines 1a-1g)</b>		<b>10</b>	<b>10</b>	<b>8</b>
<b>Non-Hispanic/Latino</b>				
2a.	Asian	4	4	2
2b1.	Native Hawaiian	-	-	-
2b2.	Other Pacific Islander	1	1	1
2c.	Black/African American	83	83	52
2d.	American Indian/Alaska Native	5	5	5
2e.	White	236	236	180
2f.	More Than One Race	1	1	1
2g.	Unreported/Refused to Report Race	1	1	0
<b>Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)</b>		<b>331</b>	<b>331</b>	<b>241</b>
<b>Unreported/Refused to Report Ethnicity</b>				
h.	Unreported /Refused to Report Race and Ethnicity	3	3	3
i.	<b>Total (Sum lines 1a-h)</b>	<b>344</b>	<b>344</b>	<b>252</b>

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UDS Report - 2015

Table 7 - Health Outcomes and Disparities

<b>Section C: Diabetes by Race and Hispanic/Latino Ethnicity</b>					
S.No	Race and Ethnicity	Total Patients with Diabetes (3a)	Charts sampled or EHR Total (3b)	Patients with Hba1c < 8% (3d1)	Patients with Hba1c > 9% or No Test During Year (3f)
<b>Hispanic/Latino</b>					
1a.	Asian	1	1	0	1
1b1.	Native Hawaiian	0	0	0	0
1b2.	Other Pacific Islander	2	2	1	1
1c.	Black/African American	0	0	0	0
1d.	American Indian/Alaska Native	0	0	0	0
1e.	White	2	2	1	1
1f.	More Than One Race	2	2	2	0

1g.	Unreported/Refused to Report Race	0	0	0	0
<b>Subtotal Hispanic/Latino (Sum lines 1a-1g)</b>		<b>7</b>	<b>7</b>	<b>4</b>	<b>3</b>
<b>Non-Hispanic/Latino</b>					
2a.	Asian	2	2	2	0
2b1.	Native Hawaiian	0	0	0	0
2b2.	Other Pacific Islander	1	1	0	1
2c.	Black/African American	43	43	19	23
2d.	American Indian/Alaska Native	3	3	2	1
2e.	White	87	87	33	48
2f.	More Than One Race	1	1	0	1
2g.	Unreported/Refused to Report Race	2	2	1	0
<b>Subtotal Non-Hispanic/Latino (Sum lines 2a-2g)</b>		<b>139</b>	<b>139</b>	<b>57</b>	<b>74</b>
<b>Unreported/Refused to Report Ethnicity</b>					
h.	Unreported /Refused to Report Race and Ethnicity	1	1	1	0
i.	<b>Total (Sum lines 1a-h)</b>	<b>147</b>	<b>147</b>	<b>62</b>	<b>77</b>

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**UDS Report - 2015**  
**Table 8A - Financial Costs**

S.No		Accrued Cost (a) \$	Allocation of Facility and Non-Clinical Support Services (b) \$	Total Cost after Allocation of Facility and Non-Clinical Support Services (c) \$
<b>Financial Costs for Medical Care</b>				
1.	Medical Staff	491,062	126,531	617,593
2.	Lab and X-ray	27,552	-	27,552
3.	Medical/Other Direct	27,306	-	27,306
4.	<b>Total Medical Care Services (Sum lines 1-3)</b>	<b>545,920</b>	<b>126,531</b>	<b>672,451</b>
<b>Financial Costs for Other Clinical Services</b>				
5.	Dental	76,406	-	76,406
6.	Mental Health	64,571	-	64,571
7.	Substance Abuse	22,687	-	22,687
8a.	Pharmacy not including pharmaceuticals	47,550	-	47,550
8b.	Pharmaceuticals	866,750	-	866,750
9.	Other Professional (Specify: -)	0	-	0
9a.	Vision	0	-	0
10.	<b>Total Other Clinical Services (Sum lines 5-9a)</b>	<b>1,077,964</b>		<b>1,077,964</b>
<b>Financial Costs of Enabling and Other Program Related Services</b>				
11a.	Case Management	144,095		144,095
11b.	Transportation	0		0
11c.	Outreach	72,369		72,369
11d.	Patient and Community Education	0		0

11e.	Eligibility Assistance	0		0
11f.	Interpretation Services	0		0
11g.	Other Enabling Services (Specify: -)	0		0
<b>11.</b>	<b>Total Enabling Services Cost (Sum lines 11a-11g)</b>	<b>216,464</b>	<b>62,321</b>	<b>278,785</b>
12.	Other Related Services (Specify: -)	0	0	0
<b>13.</b>	<b>Total Enabling and Other Services (Sum lines 11-12)</b>	<b>216,464</b>	<b>62,321</b>	<b>278,785</b>
<b>Facility and Non-Clinical Support Services and Totals</b>				
14.	Facility	119,222		
15.	Non-Clinical Support Services	69,630		
<b>16.</b>	<b>Total Facility and Non-Clinical Support Services (Sum lines 14 and 15)</b>	<b>188,852</b>		
<b>17.</b>	<b>Total Accrued Costs (Sum lines 4+10+13+16)</b>	<b>2,029,200</b>		<b>2,029,200</b>
18.	Value of Donated Facilities, Services and Supplies (Specify: -)			0
<b>19.</b>	<b>Total with Donations (Sum lines 17-18)</b>			<b>2,029,200</b>

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UDS Report - 2015

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

S.No	Payer Category	Full Charges this Period (a) \$	Amount Collected this Period (b) \$	Retroactive Settlements, Receipts, and Paybacks (c)				Allowances (d) \$	Sliding Discounts (e) \$	Bad Debt Write Off (f) \$
				Collection of Reconciliation/ Wrap around Current Year (c1) \$	Collection of Reconciliation/ Wrap around Previous Years (c2) \$	Collection of Other Retro Payments: P4P, Risk Pools, Withholds etc. (c3) \$	Penalty/ Payback (c4) \$			
1.	Medicaid Non-Managed Care	27,625	2,408	-	-	-	-	25,217		
2a.	Medicaid Managed Care (capitated)	-	-	-	-	-	-	-		
2b.	Medicaid Managed Care (fee-for-service)	-	-	-	-	-	-	-		
<b>3.</b>	<b>Total Medicaid (Sum lines 1+2a+2b)</b>	<b>27,625</b>	<b>2,408</b>					<b>25,217</b>		
4.	Medicare Non-Managed Care	-	-	-	-	-	-	-		
5a.	Medicare Managed Care (capitated)	-	-	-	-	-	-	-		
5b.	Medicare Managed Care (fee-for-service)	-	-	-	-	-	-	-		
	<b>Total Medicare (Sum lines 4-5b)</b>									

6.	4+5a+5b)									
7.	Other Public including Non-Medicaid CHIP (Non Managed Care)	-	-	-	-	-	-	-	-	
8a.	Other Public including Non-Medicaid CHIP (Managed Care capitated)	-	-	-	-	-	-	-	-	
8b.	Other Public including Non-Medicaid CHIP (Managed Care fee-for-service)	-	-	-	-	-	-	-	-	
9.	<b>Total Other Public (Sum lines 7+8a+8b)</b>									
10.	Private Non-Managed Care	-	-			-	-	-		
11a.	Private Managed Care (capitated)	-	-			-	-	-		
11b.	Private Managed Care (fee-for-service)	-	-			-	-	-		
12.	<b>Total Private (Sum lines 10+11a+11b)</b>									
13.	Self-pay	1,655,908	0						1,655,908	0
14.	<b>Total (Sum lines 3+6+9+12+13)</b>	<b>1,683,533</b>	<b>2,408</b>						<b>25,217</b>	<b>1,655,908</b>

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Submission Status: Data Entry In Progress

**UDS Report - 2015**  
**Table 9E: Other Revenues**

S.No	Source	Amount (a) \$
<b>BPHC Grants (Enter Amount Drawn Down - Consistent with PMS-272)</b>		
1a.	Migrant Health Center	-
1b.	Community Health Center	-
1c.	Health Care for the Homeless	792,772
1e.	Public Housing Primary Care	-
1g.	<b>Total Health Center Cluster (Sum lines 1a-1e)</b>	<b>792,772</b>
1j.	Capital Improvement Program Grants (excluding ARRA)	-
1k.	Affordable Care Act (ACA) Capital Development Grants, including School Based Health Center Capital Grants	369,290
1.	<b>Total BPHC Grants (Sum lines 1g+1j+1k)</b>	<b>1,162,062</b>
<b>Other Federal Grants</b>		
2.	Ryan White Part C HIV Early Intervention	-
3.	Other Federal Grants (Specify:-)	-
3a.	Medicare and Medicaid EHR Incentive Payments for Eligible Providers	-
5.	<b>Total Other Federal Grants (Sum lines 2-3a)</b>	
<b>Non-Federal Grants or Contracts</b>		
6.	State Government Grants and Contracts (Specify:Florida Low Income Pool (LIP))	56,162
6a.	State/Local Indigent Care Programs	1,180,266

	(Specify:Pinellas County Health Plan)	
7.	Local Government Grants and Contracts (Specify:-)	-
8.	Foundation/Private Grants and Contracts (Specify:-)	-
9.	<b>Total Non-Federal Grants and Contracts (Sum lines 6+6a+7+8)</b>	<b>1,236,428</b>
10.	Other Revenue (Non-patient related revenue not reported elsewhere) (Specify:-)	-
11.	<b>Total Revenue (Sum lines 1+5+9+10)</b>	<b>2,398,490</b>

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**UDS Report - 2015**  
**Electronic Health Record Capabilities and Quality Recognition**

1. Does your center currently have an Electronic Health Record (EHR) system installed and in use?	<input checked="" type="checkbox"/> Yes, at all sites and for all providers <input type="checkbox"/> Yes, but only at some sites or for some providers <input type="checkbox"/> No
1a. Is your system certified under the Office of the National Coordinator for Health IT(ONC) Health IT Certification Program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Vendor	NextGen Healthcare
Product Name	NextGen Electronic Health Record
Version Number	5.8 UD2
Certified Health IT Product List Number	140204R01
1b. Did you switch to your current EHR from a previous system this year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
1c. How many sites have the EHR system in use?	N/A
1d. How many providers use the EHR system?	N/A
1e. When do you plan to install the EHR system?	N/A
2. Does your center send prescriptions to the pharmacy electronically? (Do not include faxing)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
3. Does your center use computerized, clinical decision support such as alerts for drug allergies, checks for drug-drug interactions, reminders for preventive screening tests, or other similar functions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
4. Does your center exchange clinical information electronically with other key providers/health care settings such as hospitals, emergency rooms, or subspecialty clinicians?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure
5. Does your center engage patients through health IT such as patient portals, kiosks, secure messaging (i.e., secure email) either through the EHR or through other technologies?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure
6. Does your center use the EHR or other health IT system to provide patients with electronic summaries of office visits or other clinical information when requested?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
7. How do you collect data for UDS clinical reporting (Tables 6B and 7)?	<input type="checkbox"/> We use the EHR to extract automated reports <input type="checkbox"/> We use the EHR but only to access individual patient charts <input checked="" type="checkbox"/> We use the EHR in combination with another data analytic system <input type="checkbox"/> We do not use the EHR
8. Are your eligible providers participating in the Centers for Medicare and Medicaid Services (CMS)	<input checked="" type="checkbox"/> Yes, all eligible providers at all sites are participating <input type="checkbox"/> Yes, some eligible providers at some sites are participating <input type="checkbox"/> No, our eligible providers are not yet participating

EHR Incentive Program commonly known as "Meaningful Use"?	<input type="checkbox"/> No, because our providers are not eligible <input type="checkbox"/> Not Sure
8a. If yes (a or b), at what stage of Meaningful Use are the majority (more than half) of your participating providers (i.e., what is the stage for which they most recently received incentive payments)?	<input type="checkbox"/> Adoption, Implementation, or Upgrade (AIU) <input checked="" type="checkbox"/> Stage 1 <input type="checkbox"/> Stage 2 <input type="checkbox"/> Stage 3 <input type="checkbox"/> Not Sure
8b. If no (c only), are your eligible providers planning to participate?	N/A
9. Does your center use health IT to coordinate or to provide enabling services such as outreach, language translation, transportation, case management, or other similar services?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, then specify the type(s) of service	-
10. Has your health center received or retained patient centered medical home recognition or certification for one or more sites during the measurement year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, which third party organization(s) granted recognition or certification status? (Can identify more than one.)	<input type="checkbox"/> National Committee for Quality Assurance (NCQA) <input type="checkbox"/> The Joint Commission (TJC) <input type="checkbox"/> Accreditation Association for the Ambulatory Health Care (AAHC) <input type="checkbox"/> State Based Initiative <input type="checkbox"/> Private Payer Initiative <input type="checkbox"/> Other Recognition Body (Specify: -)
11. Has your health center received accreditation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, which third party organization granted accreditation?	<input type="checkbox"/> The Joint Commission (TJC) <input type="checkbox"/> Accreditation Association for the Ambulatory Health Care (AAHC)

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**UDS Report - 2015**  
**Data Audit Report**

**Table 3A-Patients by Age and Gender**

<b>Edit 02160: Patients in Question</b> - The total number of patients differs substantially from the prior year. Please correct or explain. Current year - (2,239). Prior Year - (1,790).
<b>Related Tables:</b> Table 3A(UR)
<b>Elisa DeGregorio (Health Center) on 2/12/2016 8:58 AM EST:</b> In 2014, the health center was awarded Expanded Services funding. The increase in patients is a result of a full year implementation of that expanded funding which added a full-time physician assistant and additional hours at clinic sites.
<b>Edit 03950: Numbers Questioned For Patients Aged 15 - 44.</b> - The proportion of Females aged 15-44 (0.37) is outside the typical range when compared to total patients in the same group. Females aged 15-44 (353); Males aged 15-44 (594). Please correct or explain.
<b>Related Tables:</b> Table 3A(UR)
<b>Elisa DeGregorio (Health Center) on 2/12/2016 9:01 AM EST:</b> The proportion of female patients aged 15-44 is consistent with the past two years of service at the health center. In 2014, the health center saw 299 female patients aged 15-44; and in 2013, the health center saw 157 female patients aged 15-44.

**Table 4-Selected Patient Characteristics**

<b>Edit 03859: Unknown Patient Number Questioned</b> - No patients are reported with unknown income. Income must be verified. If income is unknown, report on Table 4 Line 5. Please correct or explain.
<b>Related Tables:</b> Table 4(UR)
<b>Elisa DeGregorio (Health Center) on 2/12/2016 9:03 AM EST:</b> The health center is reporting zero (0) patients with unknown income. All patients have income verified upon eligibility for the program according to the health center's policies and procedures. Zero (0) is an accurate report.

**Table 5A-Tenure for Health Center Staff**

**Edit 05834: Staff Tenure in Question** - It appears that all staff have increased tenure by twelve or more months over the past year. Please correct or explain.

**Related Tables:** Table 5A

**Dale Williams (Health Center) on 2/12/2016 10:24 AM EST:** The health center doesn't report any staff turnover in 2015 and thus 12 months was added for each staff member.

**Table 5-Staffing and Utilization**

**Edit 00066: General Practitioner Productivity Questioned** - A significant change in Productivity of General Practitioners on Line 2 (2,816) is reported from the prior year (4,365). Please check to see that the FTE and visit numbers are entered correctly.

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

**Dale Williams (Health Center) on 2/12/2016 10:20 AM EST:** In 2015 the .5 FTE General Practitioner was credentialed and began seeing patients in the last quarter. The mobile van was out for repairs for a total of 64 days during the last 6 months of 2015 impacting patient utilization.

**Edit 00158: PA Productivity Questioned** - A significant change in Productivity of PAs on Line 9b (2,651) is reported from the prior year (660). Please check to see that the FTE and visit numbers are entered correctly.

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

**Dale Williams (Health Center) on 2/12/2016 10:16 AM EST:** In 2014 the health center was awarded expanded services funding which allowed for the hiring of the Physician Assistant in the last quarter of 2014. The 2015 total visits of 2,651 represents a full year of program implementation of the expanded services program grant.

**Edit 04134: Substantial Inter-year variance in Providers** - The number of Physician FTEs reported on Line 8 Column a differs from the prior year. Current Year - (1.5) . Prior Year - (1) . Confirm that this is consistent with staffing changes and that the FTE is calculated based on paid hours.

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

**Elisa DeGregorio (Health Center) on 2/12/2016 9:52 AM EST:** In 2015, the health center was awarded Expanded Services funding which allowed the health center to hire a new part-time physician to the practice. The information is accurate and increases our health center physician staff from 1 to 1.5 in 2015.

**Edit 04143: Inter-year Patients questioned** - On Universal - A large change in Mental Health patients from the prior year is reported on Line 20 Column C. (PY = (72) , CY= (322) ). Please correct or explain.

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

**Elisa DeGregorio (Health Center) on 2/12/2016 9:23 AM EST:** In late 2014, the health center changed the contract with the behavioral health provider to a fee per encounter for services rendered. This change allows for more accurate reporting by the contractor for services. This information is accurate.

**Table 6A-Selected Diagnoses and Services Rendered**

**Edit 02149: Contraceptive Management Patients Questioned** - The number reported on Line 25 Column b (0) on Table 6A appears low when compared to women aged 15-44 (353) reported on Table 3A. If you use an alternate code for contraception management visits, especially Title X visits, add it to the table comments.

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

**Elisa DeGregorio (Health Center) on 2/12/2016 9:17 AM EST:** These services are provided by the local County Health Department. It is taken care of outside of the health center program. We do not need a code for this. The information is accurate.

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

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

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

**Elisa DeGregorio (Health Center) on 2/12/2016 9:11 AM EST:** The health center did not have any new cases of HIV. The information reported is accurate.

**Edit 06015: Missing Clinical Measure** - The reporting of Sealant To First Molars measure appears to be missing. Please report the data on Table 6B Line 22 for this measure or explain.

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

**Elisa DeGregorio (Health Center) on 2/12/2016 9:26 AM EST:** The health center did not serve any children aged 6-9 in the reporting period. This information is accurate.

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

**Related Tables:** Table 6B

**Elisa DeGregorio (Health Center) on 2/12/2016 9:13 AM EST:** The health center did not serve any prenatal patients during the reporting period. Zero (0) is the

correct information.

**Edit 05193: Line 16 Compliance Rate Questioned** - A compliance rate of 100% is reported for the Asthma Pharmacological Therapy measure, Line 16. Please review the reporting of Column c in relation to the sample or universe reported in Column b for accuracy and correct or explain.

**Related Tables:** Table 6B

**Elisa DeGregorio (Health Center) on 2/12/2016 9:15 AM EST:** The health center is reporting 12 patients aged 5-40 with persistent asthma and after reviewing the data, all 12 have the defined acceptable follow-up plan. The information is accurate.

#### Table 7-Health Outcomes and Disparities

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

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

**Elisa DeGregorio (Health Center) on 2/12/2016 9:13 AM EST:** The health center did not serve any prenatal care patients during the reporting period. The information is accurate.

**Edit 05794: Diabetes Universe in Question** - Based on the universe for Total Patients with diabetes reported on Line i Column 3a we estimate a prevalence rate of (6.57)%. This appears low compared to national averages. Please review and correct or explain.

**Related Tables:** Table 7, Table 3A(UR), Table 5(UR), Table 4(UR)

**Elisa DeGregorio (Health Center) on 2/12/2016 11:23 AM EST:** Due to the transient nature of our population, we identified 37% of our total population had only 1 medical encounter during this reporting year. For this reason, we believe that our total diabetic population is demonstrated to be below the national average.

#### Table 8A-Financial Costs

**Edit 03948: Cost Per Visit Questioned** - Substance Abuse Cost Per Visit is substantially different than the prior year. Current Year (106.51); Prior Year (439.29). Please correct or explain.

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

**Elisa DeGregorio (Health Center) on 2/12/2016 9:44 AM EST:** The health center contracts with a behavioral health provider for both mental health and substance abuse services. The total expenditures during the reporting period totaled \$82,258. An allocation based on patient services was identified with 74% of the funding being allocated to mental health services and 26% to substance abuse services. The information reported is accurate.

**Edit 04117: Cost Per Visit Questioned** - Total Medical Care Cost Per Visit is substantially different than the prior year. Current Year (93.8); Prior Year (78.6).

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

**Elisa DeGregorio (Health Center) on 2/12/2016 9:55 AM EST:** In 2014 and in 2015, the health center was awarded Expanded Services funding which increased the number of staff providing services as well as the number of patients being served. The information is accurate and the health center will continue to look for opportunities to reduce the cost per visit.

**Edit 04125: Cost Per Visit Questioned** - Dental Care Cost Per Visit is substantially different than the prior year. Current Year (101.2); Prior Year (14.46).

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

**Elisa DeGregorio (Health Center) on 2/12/2016 9:42 AM EST:** Dental costs are charged on an encounter basis with a contracted provider. In 2014, the dentist saw 604 patients @ \$109/encounter; the hygienist saw 151 patients @ \$70/encounter. This is consistent with Table 5, 755 clinic visits. The information is accurate.

**Edit 04126: Cost Per Visit Questioned** - Mental Health Cost Per Visit is substantially different than the prior year. Current Year (110); Prior Year (938.8).

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

**Elisa DeGregorio (Health Center) on 2/12/2016 9:50 AM EST:** The health center contracts with a provider for behavioral health services. The health center changed its contract in late 2014 with the provider to a fee for service/encounter basis which allows for more accurate reporting of the services rendered. The total charges incurred during the reporting period totaled \$87,258. An allocation of the expenses was made based on the services rendered to the clients. A 74% allocation was made for mental health services and a 26% allocation was made for substance abuse services. We believe this information is accurate.

**Edit 04131: Cost Per Visit Questioned** - Total Enabling Services Cost Per Visit is substantially different than the prior year. Current Year (40.55); Previous Year (31.19).

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

**Elisa DeGregorio (Health Center) on 2/12/2016 9:57 AM EST:** The health center increased the number of patients served in 2015; and with additional funding from Expanded Services awards, the health center added staff that is seeking to improve care coordination with the clients. The additional staff costs and the number of patients receiving services is accurate. The health center will continue to seek opportunities to reduce the cost per visit.

**Edit 01025: Overhead Costs Questioned on Line 2** - You report direct costs Lab and X-ray Accrued Cost Line 2 Column a (27,552) but no overhead allocation has been made. Please check to see that the numbers are entered correctly.

**Related Tables:** Table 8A

**Dale Williams (Health Center) on 2/12/2016 1:27 PM EST:** The health center contracts with the Dept. of Health who in turn sub-contracts with providers for lab and x-ray services. The facility doesn't have usable square footage for this service. Therefore, there are no overhead costs to the health center associated with

these contracts.

**Edit 02148: Overhead Costs Questioned on Line 8a** - You report direct costs for Pharmacy not including pharmaceuticals Accrued Cost Line 8a Column a (47,550) but no overhead allocation has been made for Pharmacy not including pharmaceuticals Allocation Of Facility and Non-Clinical Support Services (b) Line 8a Column b ( ). Please check to see that the numbers are entered correctly.

**Related Tables:** Table 8A

**Dale Williams (Health Center) on 2/12/2016 1:28 PM EST:** The County contracts with a pharmacy provider for all pharmacy services. The contract is a shared contract with our County health program for low-income, uninsured individuals. The facility doesn't have usable square footage for this service. Therefore, there are no overhead costs to the health center associated with these contracts.

**Edit 03727: Inter-Year Variance Questioned** - Current Year Facility costs vary substantially from last years cost. (Current Year: Facility Accrued Cost Line 14 Column a (119,222) ; Prior Year: Facility Accrued Cost Line 14 Column a (49,508) ). Please correct or explain.

**Related Tables:** Table 8A

**Elisa DeGregorio (Health Center) on 2/12/2016 10:03 AM EST:** The total facility direct costs include the health center's mobile van maintenance and replacement costs and well as a portion of the driver's services. The information reported is accurate.

**Edit 03767: Overhead Costs Questioned on Line 3** - You report direct costs Medical/Other Direct Accrued Cost Line 3 Column a (27,306) but no overhead allocation has been made. Please check to see that the numbers are entered correctly.

**Related Tables:** Table 8A

**Dale Williams (Health Center) on 2/12/2016 1:29 PM EST:** The health center contracts with the FL Department of Health for medical services. The facility doesn't have usable square footage for this service. Therefore, there are no overhead costs to the health center associated with these contracts.

**Edit 03768: Overhead Costs Questioned on Line 5** - You report direct costs Dental Accrued Cost Line 5 Column a (76,406) but no overhead allocation has been made. Please check to see that the numbers are entered correctly.

**Related Tables:** Table 8A

**Elisa DeGregorio (Health Center) on 2/12/2016 9:59 AM EST:** The health center contracts with the FL Department of Health for dental services which have been provided at DOH facilities. The health center does not accrue any overhead costs associated with these contracts.

**Edit 03769: Overhead Costs Questioned on Line 6** - You report direct costs Mental Health Accrued Cost Line 6 Column a (64,571) but no overhead allocation has been made. Please check to see that the numbers are entered correctly.

**Related Tables:** Table 8A

**Dale Williams (Health Center) on 2/12/2016 1:29 PM EST:** The health center contracts with the FL Department of Health who in turn sub-contracts with the behavioral health provider. The facility doesn't have usable square footage for this service. Therefore, there are no overhead costs to the health center associated with these contracts.

**Edit 03770: Overhead Costs Questioned on Line 7** - You report direct costs Substance Abuse Accrued Cost Line 7 Column a (22,687) but no overhead allocation has been made. Please check to see that the numbers are entered correctly.

**Related Tables:** Table 8A

**Dale Williams (Health Center) on 2/12/2016 1:31 PM EST:** The health center contracts with the FL Department of Health who in turn sub-contracts with the behavioral health provider. The facility doesn't have usable square footage for this service. Therefore, there are no overhead costs to the health center associated with these contracts.

**Edit 03945: Inter-Year variance questioned** - Current Year Administration costs, Line 15 Column a (69,630) varies substantially from cost on the same line last year (105,120) . Please correct or explain.

**Related Tables:** Table 8A

**Elisa DeGregorio (Health Center) on 2/12/2016 9:39 AM EST:** All non-clinical support services expenses in Line 15 are accurate. This amount reflects expenses categorized as medical supplies, travel, non-clinical support staff, and administrative fees.

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

**Edit 02520: Other Public patients reported with no charges questioned** - Other Public patients are reported on Table 4 Line 10 (8) but no charges are reported on Table 9D Total Other Public (lines 7 + 8A + 8B) Full Charges This Period Line 9 Column a ( ). Please correct or explain.

**Related Tables:** Table 9D, Table 4(UR)

**Dale Williams (Health Center) on 2/12/2016 10:36 AM EST:** In 2015 8 patients were identified as having Family Planning Medicaid only. The charges for these patients are qualified as uninsured and report an income of 100% or below of FPL.

**Edit 04061: Inter-year Medicaid patients and charges Questioned** - A (163.41)% change in MEDICAID patients is reported but (452.5)% in charges is reported. Review the report for consistency. Please correct or explain.

**Related Tables:** Table 9D, Table 4(UR)

**Elisa DeGregorio (Health Center) on 2/12/2016 10:10 AM EST:** The health center is reporting 116 Medicaid patients who incurred 221 billable visits in 2015. Each visit is charged at \$125/visit for reimbursement by Medicaid. The health center billed Medicaid \$27,625 in 2015 and received \$2,408 in reimbursements. The information is accurate.

**Edit 04216: Average Collections** - A large change from the prior year in collections per medical+dental+mental health visit is reported. Current Year (0.29); Prior year (0.38). Please review the information and correct or explain.

**Related Tables:** Table 9D, Table 5(UR)

**Dale Williams (Health Center) on 2/12/2016 1:33 PM EST:** The health center is reporting collections for Medicaid clients only, as nearly all self-pay clients report at 100% or below of FPL. 6 patients were not charged for services rendered. The increase in the number of clients and the direct costs reported are accurate.

**Edit 01713: Self Pay charges without collections questioned** - You report Self Pay Full Charges This Period Line 13 Column a (1,655,908) with no collections in Column b. This generally never occurs. Please correct or explain.

**Related Tables:** Table 9D

**Elisa DeGregorio (Health Center) on 2/12/2016 9:30 AM EST:** Of the 2,239 patients served, 2,233 patients self-report their income to be 100% and below the FPL. The remaining six patients were not charged for services rendered. The information is accurate.

**Edit 03980: No Accounts Receivable in question** - Table 9D Line 1, Medicaid Non-Managed Care Charges - Collections - Allowances equal zero. It is unusual for non-capitated plans to have no accounts receivable. Please correct or explain.

**Related Tables:** Table 9D

**Elisa DeGregorio (Health Center) on 2/12/2016 9:21 AM EST:** The health center clients are all homeless and self-report their income their income to be 100% or below of the FPL. The answer is accurate.

**Edit 03988: No Accounts Receivable in question** - Table 9D Line 13, Self Pay Charges - Collections - Sliding Discount - Bad Debt equals zero. It is unusual to have no accounts receivable/balance. Please correct or explain.

**Related Tables:** Table 9D

**Elisa DeGregorio (Health Center) on 2/12/2016 9:32 AM EST:** The information is accurate. As nearly 100% of patients served were below 100% of the FPL, no charges were made to clients, and thus, zero collections or accounts receivable is accurate.

#### Table 9E-Other Revenues

**Edit 03736: Inter-Year variance questioned** - Total income reported on Tables 9D and 9E for this year varies substantially from the prior year. Please correct or explain. Current Year (2,400,898); Prior Year (1,343,933).

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

**Dale Williams (Health Center) on 2/12/2016 1:21 PM EST:** The health center is reporting total revenue of 2,398,490. The increase in revenue is due to receipt of expanded services funding, quality improvement award and capital development grant funding. In addition, the health center saw an increase in patients who self report income at 100% or below FPL. The county's local indigent care program share absorbed these costs.

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Date Requested: 02/12/2016 01:34 PM EST

Date of Last Report Refreshed: 02/12/2016 01:34 PM EST

Program Name: Health Center 330

Submission Status: Data Entry In Progress

#### UDS Report - 2015

##### Comments

#### Report Comments

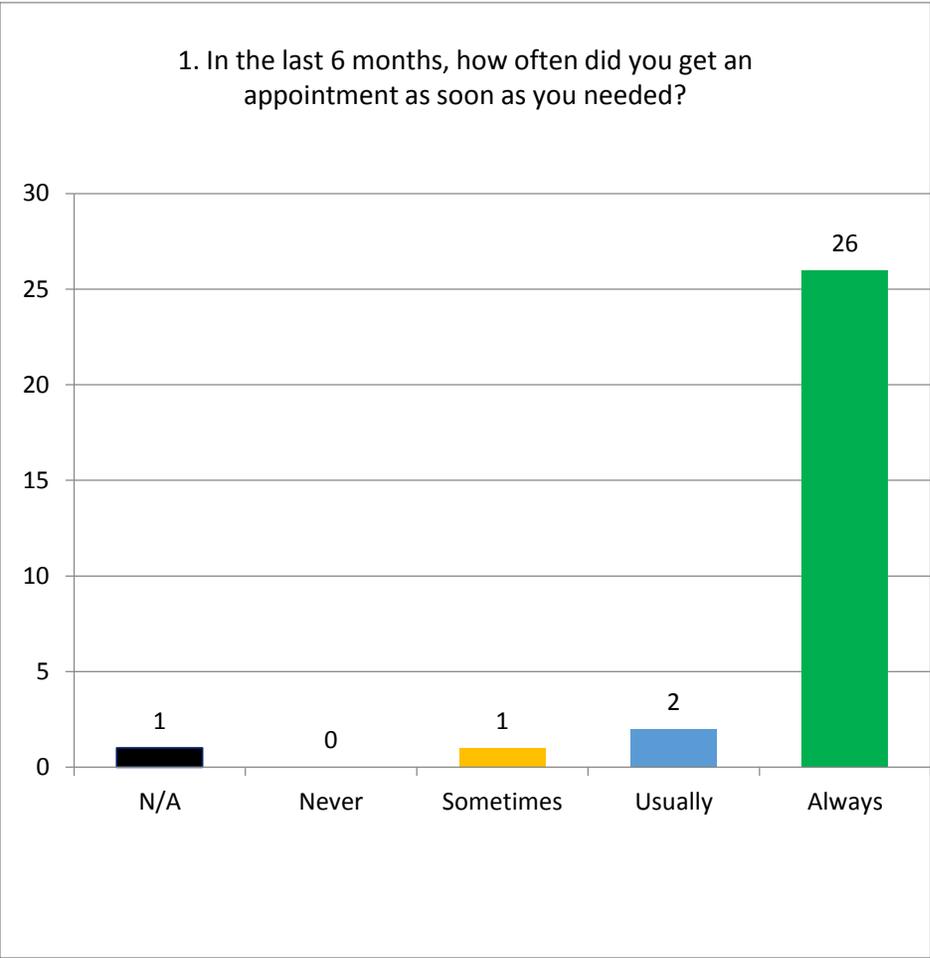
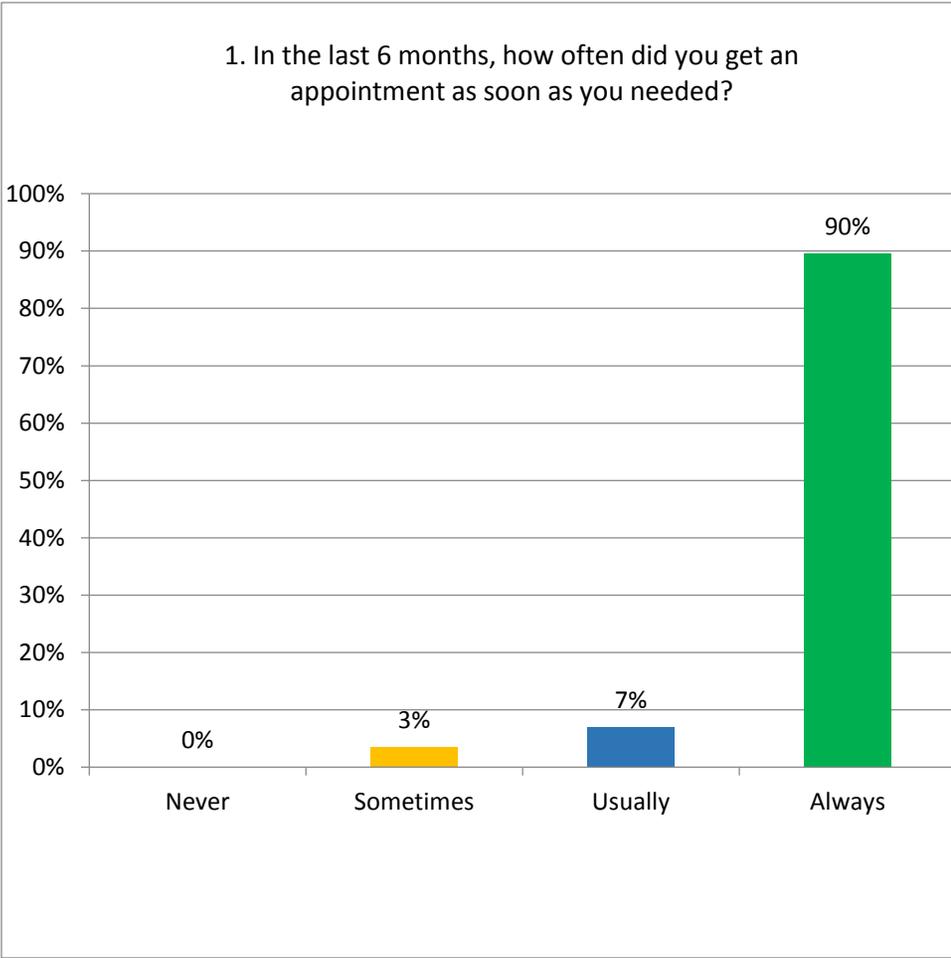
Pinellas County is pleased to continue to provide preventive and primary care services to the homeless residents of Pinellas County with financial assistance from HRSA's Health Center Program. The program is administered under the direction of the Human Services Department of Pinellas County. The clinical care services are contracted through the Florida Department of Health in Pinellas County (DOH). The DOH also assumed all of the sub-contracts with the specialty care providers and services for the health center program. This has streamlined the administration of the program to the County and has increased accountability of the providers. We've continued to move forward as a health center by increasing the number of patients served after generously receiving two Expanded Services grants since 2014 which allowed the health center to increase the number of staff and the number of hours the program is open and accessible to the target population. This past year, the County upgraded our Electronic Health Record, and continue to train staff on utilizing the EHR which has aided in more accurate reporting this past year. The health center has seen no turnover this past year in its clinical staff which greatly enhances the patient experience and for the administration. The County hired a new Project Director/Health Care Administrator in 2015 who has brought a wealth of knowledge and expertise to the program. The health center has also strengthened its governance structure by coming into compliance with HRSA's requirements for public centers to have co-applicant boards. This has improved our governance capabilities and provided greatly needed input from community members and patients. We continue to build on this structure and incorporate more opportunities for patient input. The County is pursuing Patient Centered Medical Home recognition and has obtained technical assistance from the University of Central Florida to help us through the process. We continue to work on the required must-pass elements and are training staff on the new policies and procedures required to obtain this recognition. We anticipate submitting our application for recognition in 2016. The County broke ground on our first bricks-and-mortar health clinic this year with capital funding obtained from HRSA. The new clinic will be located within yards of the County's largest homeless shelter and easily accessible to a large portion of the homeless population. We anticipate opening the clinic in the Spring of 2016 which will continue to enhance the patient experience and integrate primary care services with behavioral health and dental services in one location. We look forward to working with HRSA on improving our program, meeting the health center requirements, and providing the best patient experience possible for the most vulnerable residents of our community.

**Table EHR Comments**

1. No - Currently, there are no plans to change EHR vendors in the foreseeable future. 2. No - We use a combination of canned reports from NextGen's Practice Management system. Additional data is obtained from Pinellas County Business Technology Services Department. 3. Yes - Our Business Technology Services Department has the capacity to extract data from the EHR database.

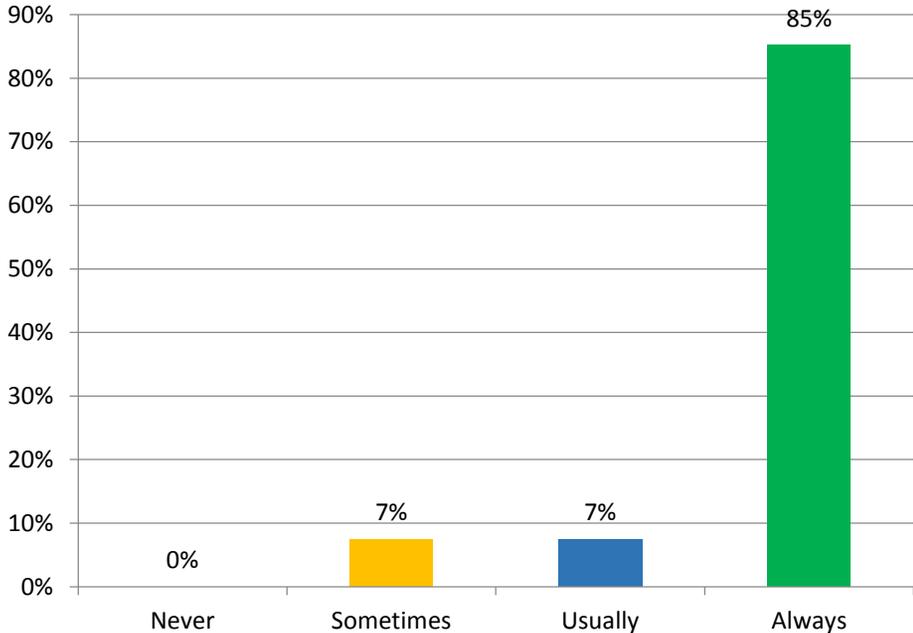
TAB 2 – PATIENT SATISFACTION SURVEY

**Pinellas County I MMU/Safe Harbor Program  
Patient Satisfaction Survey Results Report  
February 2016: Total surveys = 30**

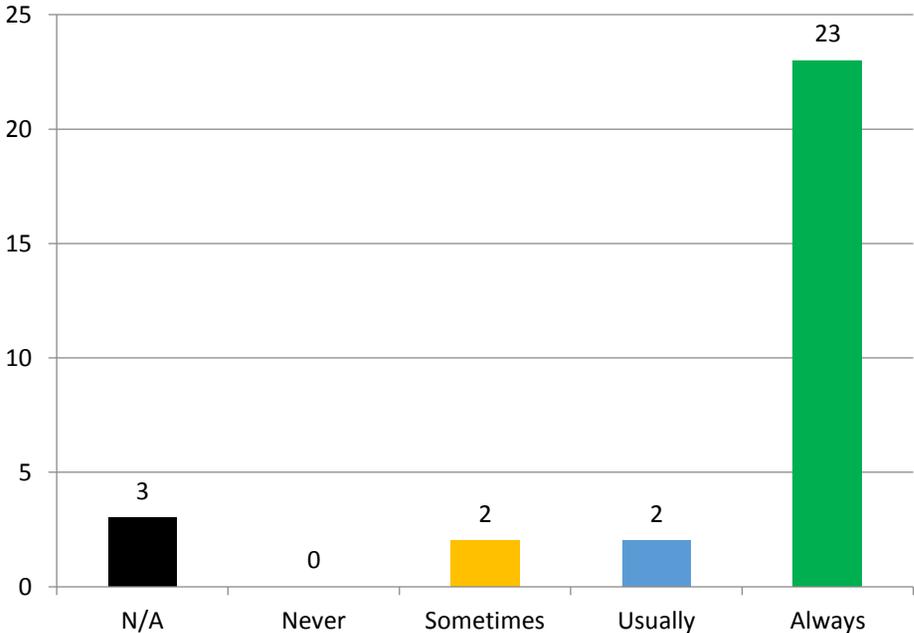


**Pinellas County I MMU/Safe Harbor Program  
Patient Satisfaction Survey Results Report  
February 2016: Total surveys = 30**

2. In the last 6 months, when you phoned MMU after normal business hours, how often did you get an answer to your medical question as soon as you needed?

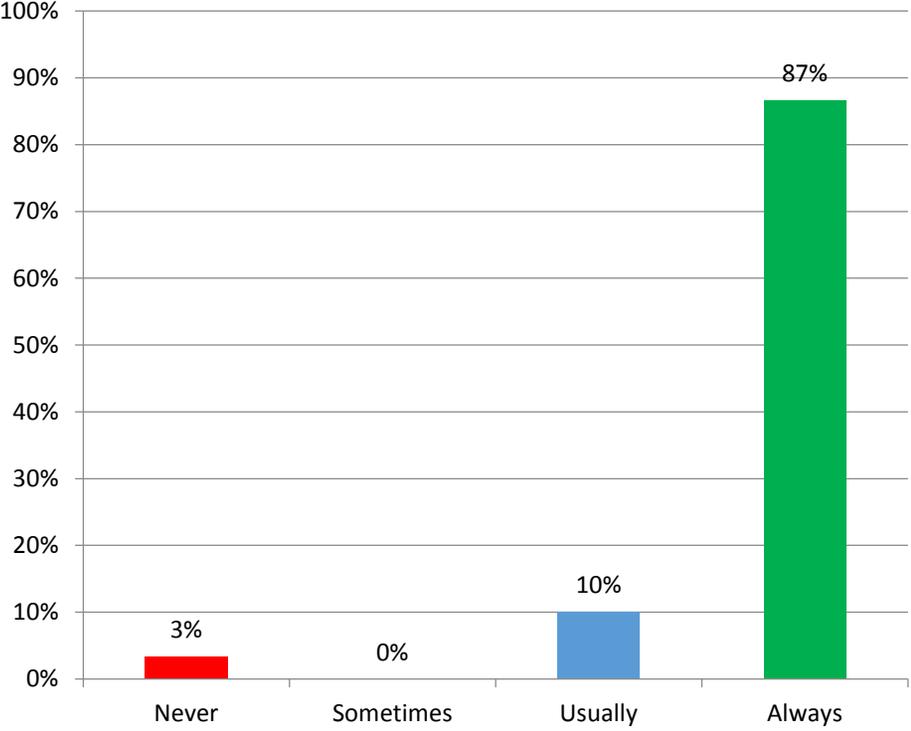


2. In the last 6 months, when you phoned MMU after normal business hours, how often did you get an answer to your medical question as soon as you needed?

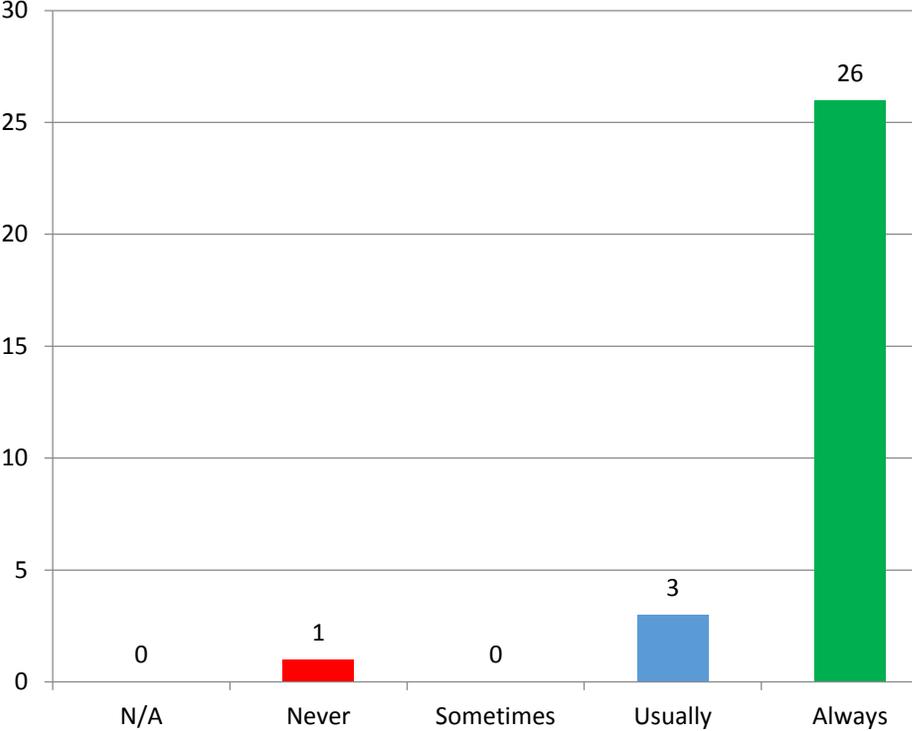


**Pinellas County I MMU/Safe Harbor Program  
Patient Satisfaction Survey Results Report  
February 2016: Total surveys = 30**

3. In the last 6 months, how often did the doctor explain things in a way that was easy to understand?

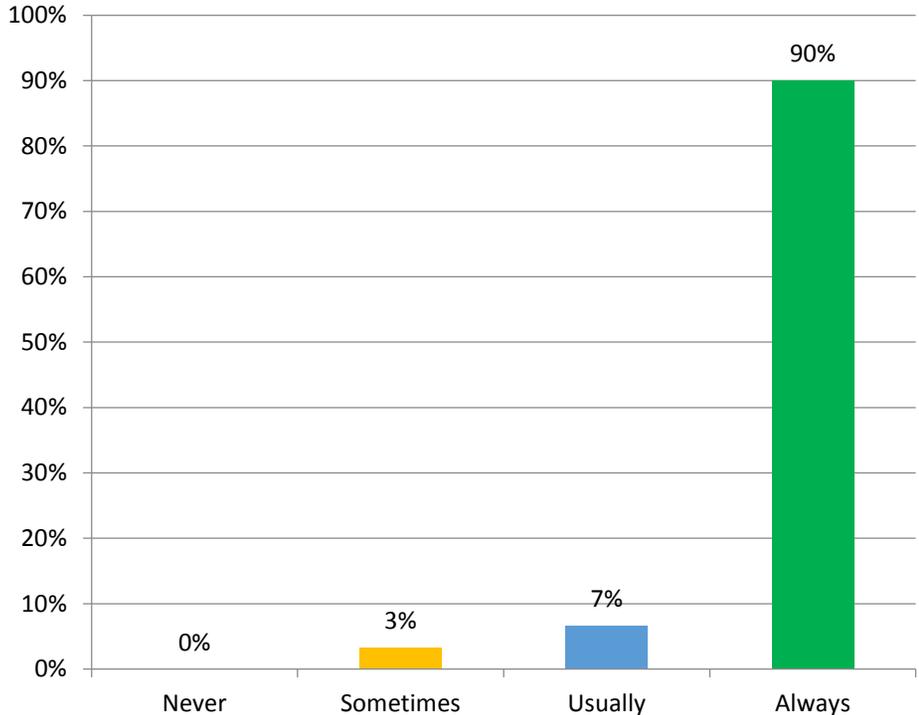


3. In the last 6 months, how often did the doctor explain things in a way that was easy to understand?

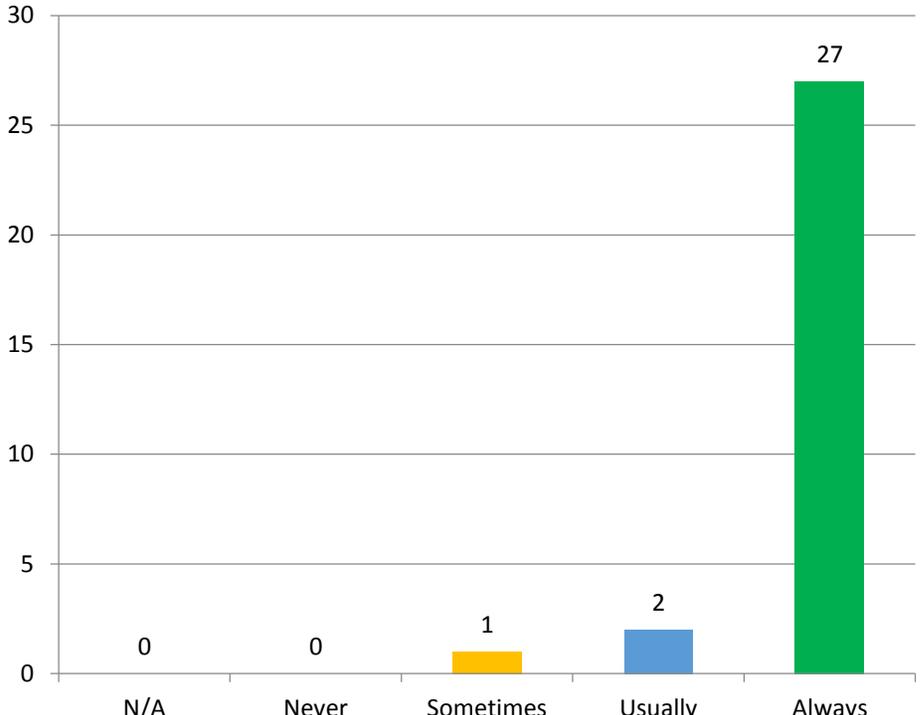


**Pinellas County I MMU/Safe Harbor Program  
Patient Satisfaction Survey Results Report  
February 2016: Total surveys = 30**

4. In the last 6 months, how often did MMU staff listen to you carefully and show respect for what you had to say?

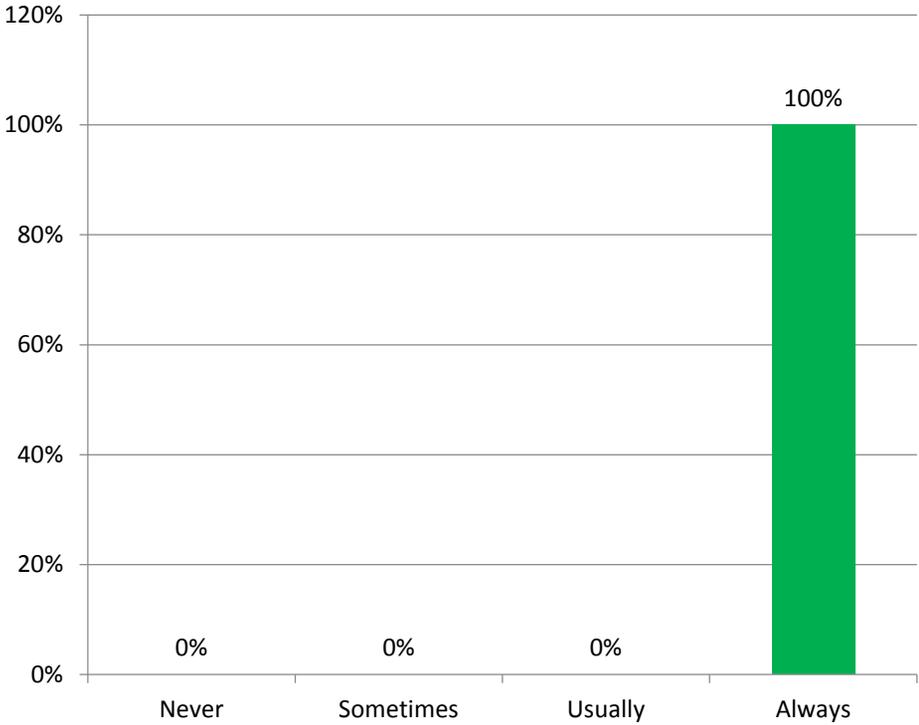


4. In the last 6 months, how often did MMU staff listen to you carefully and show respect for what you had to say?

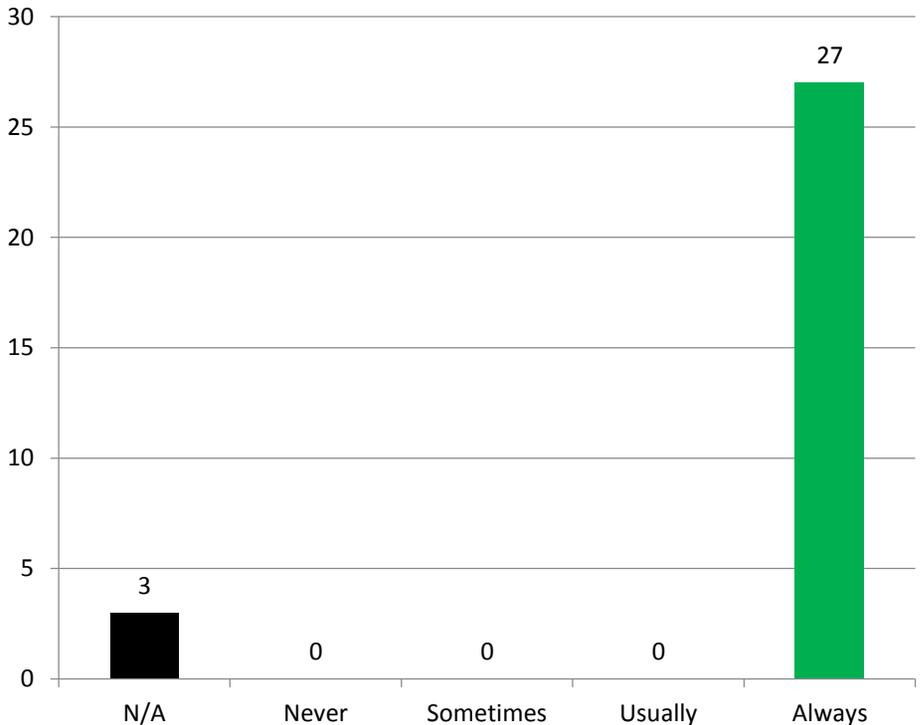


**Pinellas County | MMU/Safe Harbor Program  
Patient Satisfaction Survey Results Report  
February 2016: Total surveys = 30**

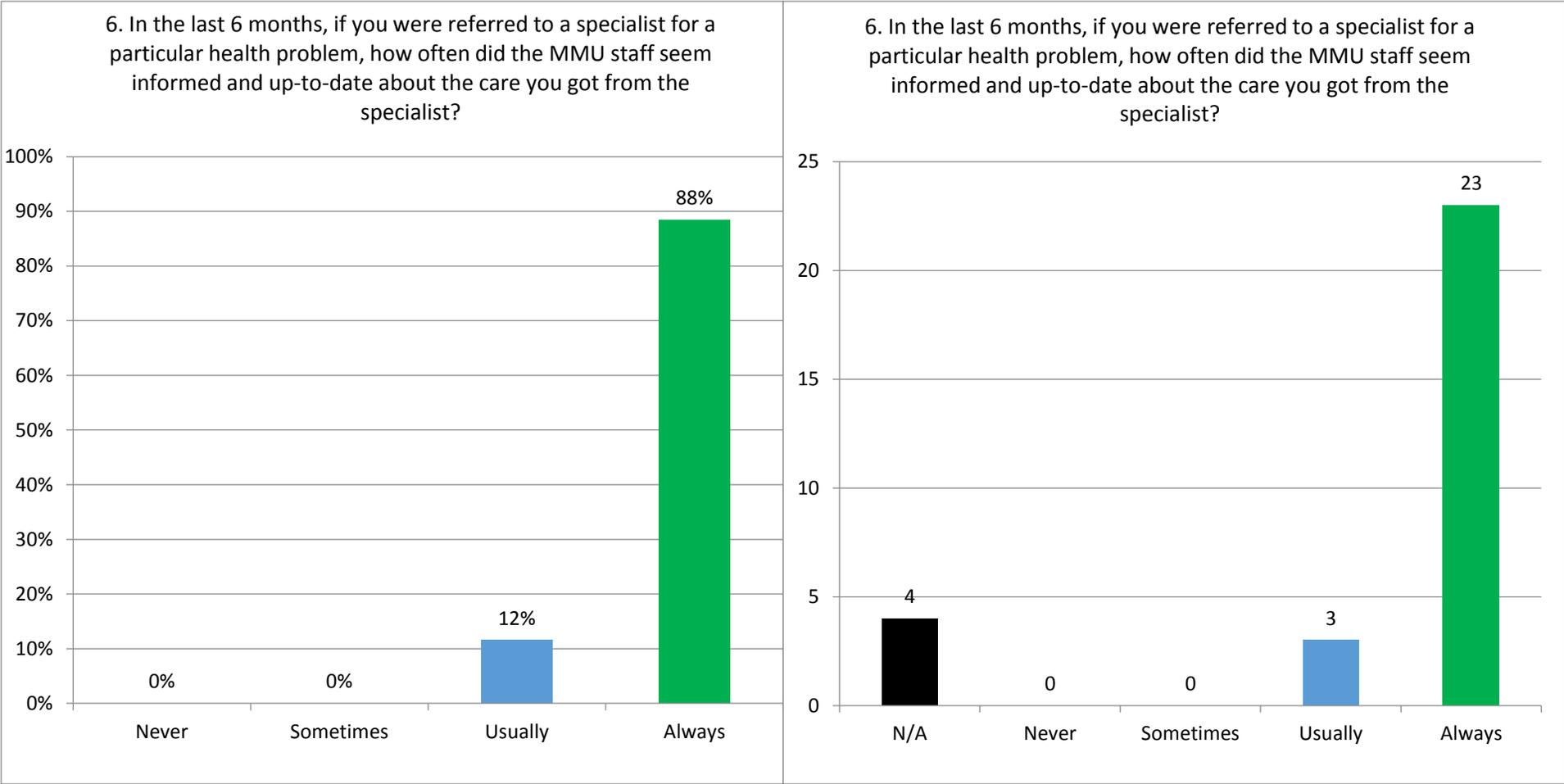
5. In the last 6 months, When you had a blood test, x-ray or other test, how often did someone from MMU follow up to give you the results?



5. In the last 6 months, When you had a blood test, x-ray or other test, how often did someone from MMU follow up to give you the results?

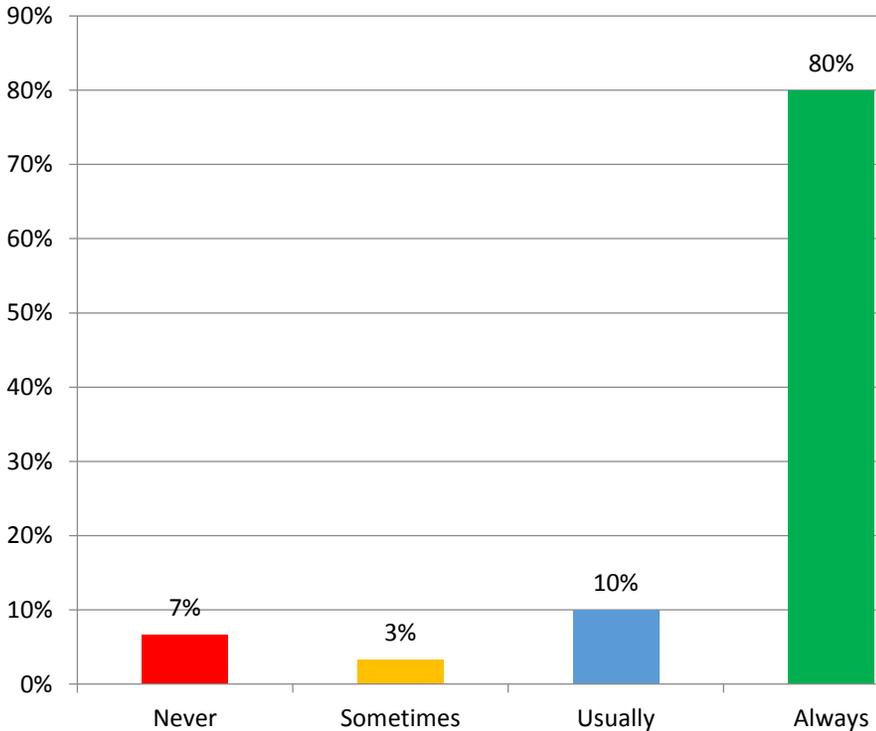


**Pinellas County I MMU/Safe Harbor Program  
 Patient Satisfaction Survey Results Report  
 February 2016: Total surveys = 30**

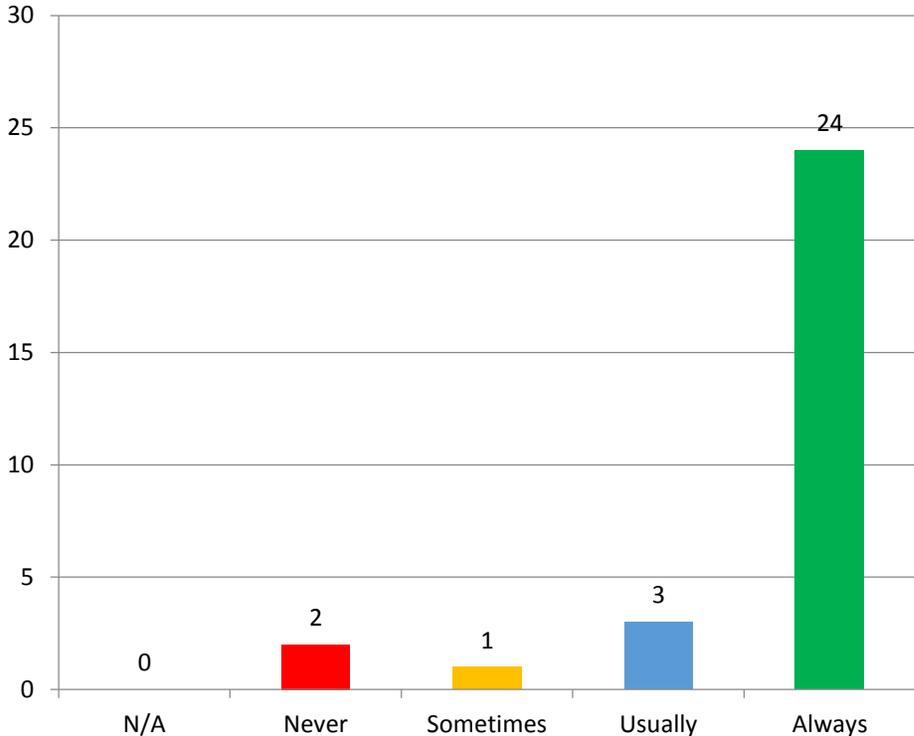


**Pinellas County I MMU/Safe Harbor Program  
Patient Satisfaction Survey Results Report  
February 2016: Total surveys = 30**

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

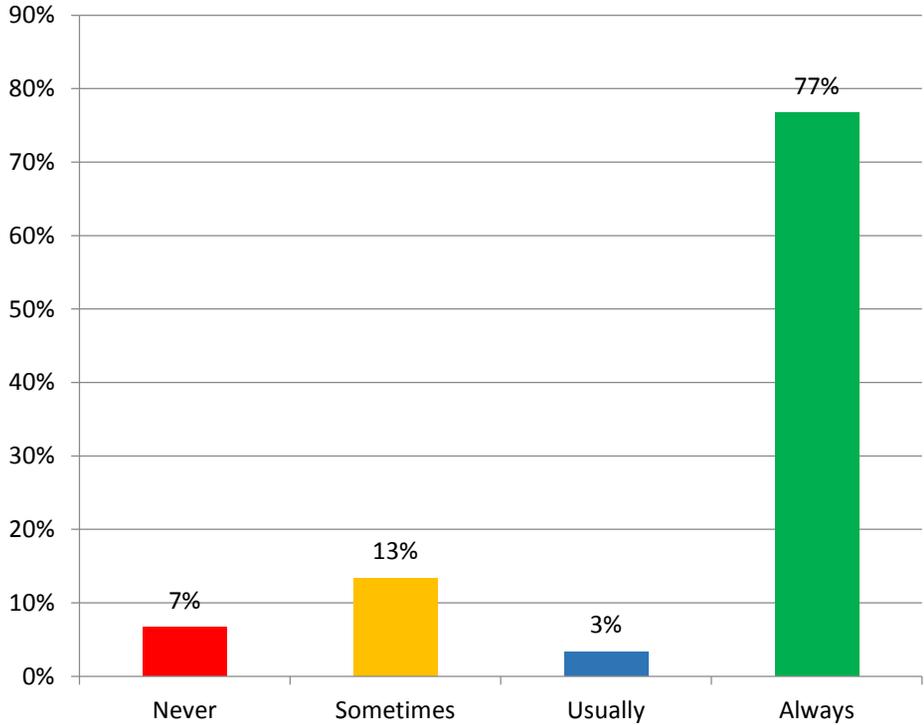


7. In the last 6 months, how often did someone talk to you about specific goals for your health?

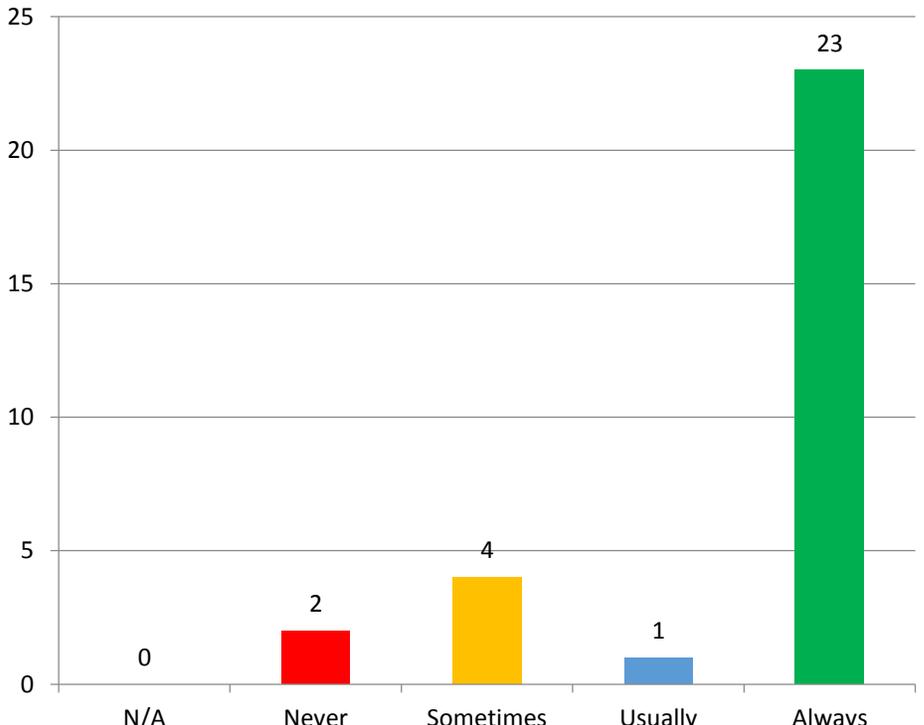


**Pinellas County I MMU/Safe Harbor Program  
Patient Satisfaction Survey Results Report  
February 2016: Total surveys = 30**

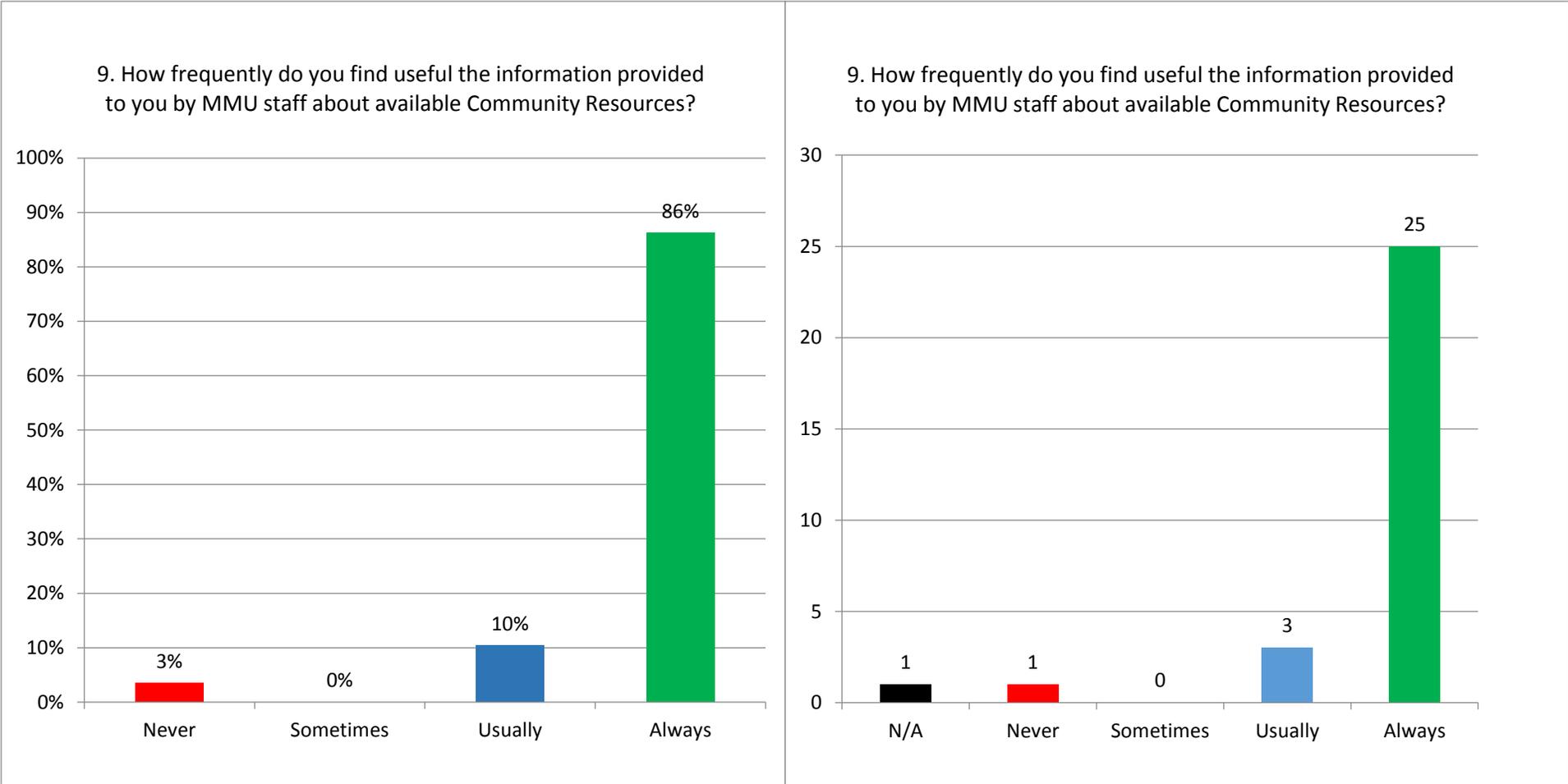
8. In the last 6 months, how often did someone talk with you about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?



8. 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?



**Pinellas County | MMU/Safe Harbor Program  
Patient Satisfaction Survey Results Report  
February 2016: Total surveys = 30**



**TAB 3 - NOTICE OF AWARDS**

Pinellas County received two (2) Notice of Awards

1) Dated 1/20/2016 that lifted the two conditions regarding OB/GYN services and Substance Abuse Services. There is no funding associated with this Notice of Award.

2) Dated 2/9/2016 that awards Pinellas County a new three-year project period for the HCH program. Total funding awarded is \$922,179.

**VOTE to accept needed....**

<b>1. DATE ISSUED:</b> 02/23/2016		<b>2. PROGRAM CFDA:</b> 93.224	
<b>3. SUPERSEDES AWARD NOTICE dated:</b> 01/20/2016 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
<b>4a. AWARD NO.:</b> 6 H80CS00024-14-19		<b>4b. GRANT NO.:</b> H80CS00024	<b>5. FORMER GRANT NO.:</b> H66CS00382
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 11/01/2001 <b>THROUGH:</b> 02/29/2016			
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 11/01/2014 <b>THROUGH:</b> 02/29/2016			



**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  
 Public Health Service Act, Section 330, 42 U.S.C. 254, as amended.  
 Authority: Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended  
 Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended  
 Public Health Service Act, Section 330(e), 42 U.S.C. 254b  
 Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended) and Section 10503 of The Patient Protection and Affordable Care Act (P.L. 111-148)  
 Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b)  
 Public Health Service Act, Section 330, as amended (42 U.S.C. 254b)  
 Section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b, as amended)

**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)  
 Daisy Rodriguez  
 Pinellas County Board of County Commissioners  
 440 Court Street, 2nd floor  
 Clearwater, FL 33756-5139

**11. APPROVED BUDGET:**(Excludes Direct Assistance)  
 Grant Funds Only  
 Total project costs including grant funds and all other financial participation

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

**12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:**

a. Authorized Financial Assistance This Period	<b>\$1,463,842.00</b>
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$1,463,842.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$0.00</b>

**13. RECOMMENDED FUTURE SUPPORT:** (Subject to the availability of funds and satisfactory progress of project)

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	<b>\$0.00</b>

**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 []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 : 02/23/2016**

**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/WebEPSExternal/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)

- The grant condition stated below on NoA 6 H80CS00024-14-17 is hereby lifted.

**R.7.1.120.60 Board Authority:** 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 board approved documentation that all board authority issues have been addressed per the HRSA approved, time-phased plan. Based upon a review of the required response or the failure to respond within the specified timeframe, your organization has not implemented the approved plan. Within 60 days, provide documentation the HRSA approved, time-phased plan has been implemented. Your organization has 60 days to address this condition. If your organization does not adequately address this condition, the organization will be given one final 30 day opportunity. Failure to adequately address this condition within this additional 30 day period will serve as documentation that your organization has failed to comply with the terms and conditions of this Federal award and will result in the announcement of a competition to identify an organization that can carry out a service delivery program consistent with Federal Health Center Program requirements. In addition, your current project period may be shortened through the termination of all or part of the Federal award before the current project period end date. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR 75.207(a) and 45 CFR 75.371)

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

## Contacts

### NoA Email Address(es):

Name	Role	Email
Daisy Rodriguez	Point of Contact	darodriguez@pinellascounty.org
Daisy Rodriguez	Program Director	darodriguez@pinellascounty.org
Daisy M Rodriguez	Authorizing Official	darodriguez@pinellascounty.org

Note: NoA emailed to these address(es)

### Program Contact:

For assistance on programmatic issues, please contact Arlene Walker at:  
DHHS/HRSA/BPHC  
61 Forsyth St SW  
Atlanta, GA, 30303-8931  
Email: [arlene.walker@hrsa.hhs.gov](mailto:arlene.walker@hrsa.hhs.gov)  
Phone: (404) 562-4150  
Fax: (404) 562-7999

### Division of Grants Management Operations:

For assistance on grant administration issues, please contact Eric Brown at:  
5600 Fishers Lane  
RM 10SWH03  
Rockville, MD, 20857-  
Email: [Ebrown@hrsa.gov](mailto:Ebrown@hrsa.gov)  
Phone: (301) 945-9844

<b>1. DATE ISSUED:</b> 02/09/2016		<b>2. PROGRAM CFDA:</b> 93.224	
<b>3. SUPERSEDES AWARD NOTICE dated:</b> except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
<b>4a. AWARD NO.:</b> 2 H80CS00024-15-00		<b>4b. GRANT NO.:</b> H80CS00024	<b>5. FORMER GRANT NO.:</b> H66CS00382
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 11/01/2001 <b>THROUGH:</b> 02/28/2019			
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 03/01/2016 <b>THROUGH:</b> 02/28/2017			



**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  
 Public Health Service Act, Section 330, 42 U.S.C. 254, as amended.  
 Authority: Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended  
 Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended  
 Public Health Service Act, Section 330(e), 42 U.S.C. 254b  
 Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended) and Section 10503 of The Patient Protection and Affordable Care Act (P.L. 111-148)  
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 Section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b, as amended)

**8. TITLE OF PROJECT (OR PROGRAM):** HEALTH CENTER CLUSTER

**9. GRANTEE NAME AND ADDRESS:**  
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 315 Court Street  
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**DUNS NUMBER:**  
 055200216  
 BHCMS # 042040

**10. DIRECTOR:** (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)  
 Daisy Rodriguez  
 Pinellas County Board of County Commissioners  
 440 Court Street, 2nd floor  
 Clearwater, FL 33756-5139

**11. APPROVED BUDGET:**(Excludes Direct Assistance)  
 Grant Funds Only  
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages :	\$0.00
b. Fringe Benefits :	\$0.00
c. Total Personnel Costs :	\$0.00
d. Consultant Costs :	\$0.00
e. Equipment :	\$0.00
f. Supplies :	\$17,367.00
g. Travel :	\$888.00
h. Construction/Alteration and Renovation :	\$0.00
i. Other :	\$92,990.00
j. Consortium/Contractual Costs :	\$1,813,889.00
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 :	\$1,925,134.00
p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00
q. TOTAL APPROVED BUDGET :	\$1,925,134.00
i. Less Non-Federal Share:	\$1,002,955.00
ii. Federal Share:	\$922,179.00

**12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:**

a. Authorized Financial Assistance This Period	<b>\$922,179.00</b>
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$691,634.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$230,545.00</b>

**13. RECOMMENDED FUTURE SUPPORT:** (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
16	\$1,046,615.00
17	\$1,046,615.00

**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	<b>\$0.00</b>

**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: \$2,000.00

**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 []Yes []No)

*Electronically signed by Sheila Gale , Grants Management Officer on : 02/09/2016*

**17. OBJ. CLASS:** 41.51    **18. CRS-EIN:** 1596000800A2    **19. FUTURE RECOMMENDED FUNDING:** \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
16 - 3980879	93.224	16H80CS00024	\$56,557.00	\$0.00	HCH	HealthCareCenters_16
16 - 398879F	93.527	16H80CS00024	\$173,988.00	\$0.00	HCH	HealthCareCenters_16

## 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/WebEPSExternal/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. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests. Reporting on the FFR (Federal Financial Report) SF 425-Federal Cash Transaction Report (FCTR) should reflect this number for all disbursements related to this project period.
2. By accepting these grant funds, the health center acknowledges its commitment to providing service to the number of unduplicated patients projected to be served on Form 1A: General Information Worksheet by December 31, 2017, as well as any additional unduplicated patient projections associated with supplemental awards received that can be monitored by this date via the 2017 UDS submission. Failure to meet this total patient commitment may result in a reduction of total funding announced for the service area in the next Service Area Competition.
3. The requirements of 48 CFR section 3.908 (found at <http://www.ecfr.gov>) implementing section 828 of the National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections" apply to this award. This notice requires that grantees inform their employees in writing of employee whistleblower rights and protections under [41 U.S.C. 4712](#) in the predominant native language of the workforce. The details of 41 U.S.C. 4712 can be found at <http://uscode.house.gov/browse.xhtml>. (regarding 48 CFR section 3.908, note that use of the term "contract," "contractor," "subcontract," or "subcontractor" for the purpose of this term, should read as "grant," "grantee," "subgrant," or "subgrantee").
4. The Service Area Competition application submitted by your organization requested a new or renewed waiver of the 51 percent patient majority governance requirement as documented in your Form 6B. A review of your SAC application indicates that your organization is eligible for such a waiver, and the HRSA assessment is that the application demonstrated both good cause for requesting the waiver as well as appropriate alternative mechanisms detailing how the health center intends to meet the intent of the statute for the waived requirement consistent with Policy Information Notice 2014-01: Health Center Program Governance (<http://bphc.hrsa.gov/programrequirements/policies/pin201401.html>). This waiver and the implementation of these alternative mechanisms for addressing patient representation are approved for the length of the project period established with this award. Please be advised that in all cases, an approved waiver does not relieve the health center's governing board from fulfilling all of the other Health Center Program requirements regarding board responsibilities, authorities and functions.
5. Based upon the review of your Service Area Competition application, your organization is being awarded a three year project period.
6. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>
7. The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. If your organization previously received a grant under this program, it was in a G type (cash pooled) account designated by a PMS Account Number ending in G or G1. Now that this grant is sub accounted the PMS Account Number will be changed to reflect either P or P1. For example, if the prior year grant was in payee account number 2AAG it will now be in 2AAP. Similarly, if the prior year grant was in payee account 2AAG1, the grant will be in payee account 2AAP1. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds.

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

8. FY 2016 outreach and enrollment (O/E) funding has been included with the ongoing level of funding to support continued O/E assistance activities. The grantee will be required to continue to report on O/E progress via a quarterly progress report (QPR) to be submitted through the HRSA Electronic Handbook (EHB). HRSA will provide additional guidance regarding future funding and reporting requirements.
9. This action approves the FY 2016 Budget Period Progress Report or Service Area Competition application and awards prorated support through May 31, 2016 based on the grantee's target FY 2016 funding under the Health Center Program (HCP). The HCP is currently operating under a Continuing Resolution since there is not a final FY 2016 appropriation for the program. A revised Notice of Award (NoA) will be issued later in the budget period after the final FY 2016 appropriation action is taken; the revised NoA will provide the remaining balance of grant support for the budget period that is consistent with the final appropriation for the HCP.

## Program Specific Term(s)

1. If Federal funds have been used toward the costs of acquiring a building, including the costs of amortizing the principal of, or paying interest on mortgages, you must notify the HRSA Grants Management Contact listed on this Notice of Award for assistance regarding Federal Interest in the property within 60 days of the issue date of this award.
2. The non-Federal share of the project budget includes all anticipated program income sources such as fees, premiums, third party reimbursements, and payments that are generated from the delivery of services, and from "other revenue sources" such as state, local, or other federal grants or contracts, private support or income generated from fundraising or contributions. In accordance with Section 330(e)(5)(D) of the PHS Act, health centers may use their non-grant funds, either "as permitted" under section 330 or "for such other purposes ... not specifically prohibited" under section 330 if such use "furtheres the objectives of the project." Health centers can meet the standard of "furthering the objectives of the project" by ensuring that the uses of non-grant funds benefit the individual health center's patient/target population.
3. Consistent with Departmental guidance, HRSA grantees that purchase, are reimbursed or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for the grantee organization and its patients. Eligible health care organizations/covered entities that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at [www.hrsa.gov/opa](http://www.hrsa.gov/opa).
4. Uniform Data System (UDS) report is due in accordance with specific instructions from the Program Office.
5. Health centers are reminded that separate Medicare enrollment applications must be submitted for each "permanent unit" at which they provide services. This includes units considered both "permanent sites" and "seasonal sites" under their HRSA scope of project. (See: <http://www.bphc.hrsa.gov/about/requirements/scope> for more information). Therefore, for Medicare purposes, a single health center organization may consist of two or more FQHCs, each of which must be separately enrolled in Medicare and submit bills using its unique Medicare Billing Number.

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

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

6. Pursuant to existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using Federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered).

## Standard Term(s)

1. Recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions outlined in applicable Department of Health and Human Services (HHS) Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.
2. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless

otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.

3. HRSA requires grantees to use the following acknowledgement and disclaimer on all products produced by HRSA grant funds:  
*"This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (specify grant number, title, total award amount and percentage financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government."*  
Grantees are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA supported publications and forums describing projects or programs funded in whole or in part with HRSA funding. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.
4. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item ....For which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.
5. Items that require prior approval from the awarding office as indicated in 45 CFR Part 75 [Note: 75 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] or 45 CFR Part 75 must be submitted in writing to the Grants Management Officer (GMO). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.  
In addition to the prior approval requirements identified in Part 75, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds \$100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or \$250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is \$200,000, if the total approved budget is \$300,000, cumulative changes within that budget period exceeding \$75,000 would require prior approval). For recipients subject to 45 CFR Part 75, this requirement is in lieu of that in 45 CFR 75 which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding \$25,000 (if not included in the approved application) or other prior approval action identified in Part 75 unless HRSA has specifically exempted the grantee from the requirement(s).]
6. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or [PMSSupport@psc.hhs.gov](mailto:PMSSupport@psc.hhs.gov). For additional information please visit the Division of Payment Management Website at [www.DPM.PSC.GOV](http://www.DPM.PSC.GOV).
7. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: [Htips@os.dhhs.gov](mailto:Htips@os.dhhs.gov) or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
8. Submit audits, if required, in accordance with 45 CFR Part 75, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551(310) 457-1551, (800)253-0696(800)253-0696 toll free <http://harvester.census.gov/sac/facconta.htm>
9. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at <http://www.hhs.gov/ocr/lep/revisedlep.html>.

10. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.htm>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.
11. The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L. 114-113) enacted December 18, 2015, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. HRSA funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II of the Federal Executive Pay Scale. The salary rate is currently set at \$185,100, effective January 10, 2016. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts for substantive work under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with institutional policy. Your award amount will not necessarily be recalculated to adjust for necessary reductions in salaries included in your proposal. However, none of the funds in this award shall be used to pay the salary of an individual at a rate in excess of the salary limitation. [It is important to note that an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements.]
12. To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/ocr/civilrights/understanding/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P. L. 88-352, as amended and 45 CFR Part 75). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.
13. Important Notice: The Central Contractor registry (CCR) has been replaced. The General Services Administration has moved the CCR to the System for Award Management (SAM) on July 30, 2012. To learn more about SAM please visit <https://www.sam.gov>.

It is incumbent that you, as the recipient, maintain the accuracy/currency of your information in the SAM at all times during which your entity has an active award or an application or plan under consideration by HRSA, unless your entity is exempt from this requirement under 2 CFR 25.110. Additionally, this term requires your entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information. This requirement flows down to subrecipients. Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. It is advisable that you do not wait until the last minute to register in SAM or update your information. According to the SAM Quick Guide for Grantees ([https://www.sam.gov/sam/transcript/SAM\\_Quick\\_Guide\\_Grants\\_Registrations-v1.6.pdf](https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf)), an entity's registration will become active after 3-5 days. Therefore, check for active registration well before the application deadline.

14. In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By "same-sex spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. This term applies to all grant programs except block grants governed by 45 CFR part 96 or 45 CFR Part 98, or grant awards made under titles IV-A, XIX, and XXI of the Social Security Act; and grant programs with approved deviations.

## Reporting Requirement(s)

1. **Due Date: Annually (Calendar Year) Beginning: 01/01/2016 Ending: 12/31/2016, due 75 days after end of reporting period.**  
The Uniform Data System (UDS) is a core set of information appropriate for reviewing the operation and performance of health centers. The UDS tracks a variety of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues. It is reviewed to ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report overall program accomplishments. The data help to identify trends over time, enabling HRSA to establish or expand

targeted programs and identify effective services and interventions to improve the health of underserved communities and vulnerable populations. UDS data are compared with national data to review differences between the U.S. population at large and those individuals and families who rely on the health care safety net for primary care. UDS data also inform Health Center programs, partners, and communities about the patients served by Health Centers. Health centers must report annually in the first quarter of the year. The UDS submission deadline is February 15 every year. Please consult the Program Office for additional instructions. Reporting technical assistance can be found at <http://bphc.hrsa.gov/healthcenterdatastatistics/reporting/index.html>.

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

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

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

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

## Contacts

### NoA Email Address(es):

Name	Role	Email
Daisy Rodriguez	Program Director	darodriguez@pinellascounty.org
Daisy M Rodriguez	Authorizing Official	darodriguez@pinellascounty.org
Daisy Rodriguez	Point of Contact	darodriguez@pinellascounty.org

Note: NoA emailed to these address(es)

### Program Contact:

For assistance on programmatic issues, please contact Arlene Walker at:  
DHHS/HRSA/BPHC  
61 Forsyth St SW  
Atlanta, GA, 30303-8931  
Email: [arlene.walker@hrsa.hhs.gov](mailto:arlene.walker@hrsa.hhs.gov)  
Phone: (404) 562-4150  
Fax: (404) 562-7999

### Division of Grants Management Operations:

For assistance on grant administration issues, please contact Eric Brown at:  
5600 Fishers Lane  
RM 10SWH03  
Rockville, MD, 20857-  
Email: [Ebrown@hrsa.gov](mailto:Ebrown@hrsa.gov)  
Phone: (301) 945-9844

**TAB 3 – FLORIDA ASSOCIATION OF COMMUNITY HEALTH CENTERS**

The County was notified this month that the FQHC is eligible to receive one-time funding in the amount of \$130,727 from the FY15 appropriation approved by the Florida Legislature last year.

Funding can be used for the increased provision of services for the uninsured, underinsure to increase the number of access points for patient services, the number of clinical providers, or the hours and operational efficiencies to improve primary care. Money can also be used to develop an ER Diversion program to offset non-essential hospital ER visits, or to increase efforts in disease management.

The County Administrator approved acceptance of the funding on behalf of the Board of County Commissioners on 2/27/2016.

VOTE needed to accept funds...



## Letter of Agreement

THIS LETTER OF AGREEMENT made and entered into on the 25 day of <sup>February</sup> 2016, by and between the Florida Association of Community Health Centers "FACHC" and the Pinellas County Board of County Commissioners, "FQHC".

156. Per the General Appropriations Act of State Fiscal Year 2015-2016, passed by the 2015 Florida Legislature, FACHC has established a disbursement schedule to disperse to the FQHCs a total of \$18,276,256, of which \$1,249,132 will be retained and disbursed by the Florida Department of Health to the County Health Department FQHCs.

- a. The FACHC and the FQHC have agreed that these funds will be used to increase the provision of health services for the uninsured, and underinsured people at the FQHC and the State of Florida at large.
- b. The FACHC has established reporting requirements for all FQHCs, and a timeline for completing these requirements for those FQHCs.
- c. The increased provision of uninsured, and underinsured funded health services will be accomplished through any of the following efforts:
  - i. Increase the number of access points for patient services,
  - ii. Increase the number of clinical providers,
  - iii. Develop an ER Diversion Program to offset non-essential hospital ER visits,
  - iv. Increase hours and operational efficiencies to improve primary care services, and
  - v. Increase efforts in disease management services

157. The FACHC will pay FQHC an amount not to exceed \$130,727. This payment will be made in one payment.

158. Timelines: This agreement must be signed and submitted to the FACHC no later than 30 days after receipt of this LOA, to be effective for SFY 2015- 2016. Funds not disbursed to this FQHC will be distributed among the other eligible FQHCs.

159. Reporting Requirements:

- a. FQHC must provide a complete and detailed report to the FACHC on how funds were utilized to improve access to primary and preventive care services.
- b. The report must provide details on the results of the activities outlined in Section 1.c. of this Agreement, and include:
  - i. A detail of what activities were accomplished to meet the requirements of 1.c.
  - ii. The number of unduplicated patients seen as a result of the use of these funds

- iii. The number of unduplicated patients who are uninsured, and the number covered by Medicaid
- iv. FQHC must submit a final report to FACHC no later than July 30, 2016

160. The FACHC and the FQHC agree that any modifications to this Letter of Agreement shall be in the same form, namely the exchange of signed copies of a revised Letter of Agreement.

This Letter of Agreement covers the period of July 1, 2015 through June 30, 2016.

**WITNESSETH:**

**IN WITNESS WHEREOF** the parties have duly executed this Letter of Agreement on the day and year above first written.

**Pinellas County Board of County Commissioners**

**Florida Association of Community Health Centers**



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Andrew R Behrman  
President/CEO

Mark S. Woodard

\_\_\_\_\_  
Name

Pinellas County Administrator

\_\_\_\_\_  
Title

**APPROVED AS TO FORM**

By:



\_\_\_\_\_  
Office of the County Attorney

**TAB 3 – AHCA Grant Agreement**

Pinellas County received the final grant agreement from the Agency for Health Care Administration. The agreement is in review, but needs acceptance by both the County and MMUAC. The total grant award is \$485,419.12.

**VOTE to accept needed....**

**STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION  
GRANT AGREEMENT**

**THIS AGREEMENT** is entered into between the State of Florida, **AGENCY FOR HEALTH CARE ADMINISTRATION**, hereinafter referred to as the "**Agency**," whose address is 2727 Mahan Drive, Tallahassee, Florida 32308, and **PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS**, hereinafter referred to as the "**Recipient**," whose address is c/o Office of Management and Budget, 14 S. Ft. Harrison Avenue, 5<sup>th</sup> Floor, Clearwater, FL 33756, a County Government Entity, to provide Community Primary Care Services.

**I. THE RECIPIENT HEREBY AGREES:**

**A. General Provisions**

1. To comply with the criteria and final date, as specified herein, by which such criteria must be met for completion of this Agreement. The Recipient shall not be eligible for reimbursement for work performed prior to the execution date of this Agreement.
2. To perform as an independent Recipient and not as an agent, representative or employee of the Agency.
3. To recognize that the State of Florida, by virtue of its sovereignty, is not required to pay any taxes on the services provided under the terms of this Agreement.

**B. Federal/State Laws and Regulations**

1. If this Agreement contains Federal Funds, the Recipient shall comply with the provisions of Federal law and regulations including, but not limited to Chapter 2 of the Code of Federal Regulations and any other final or interim rules, and other applicable regulations.
2. No Federal Funds received in connection with this Agreement may be used by the Recipient, or agent acting for the Recipient, or sub recipient to influence legislation or appropriations pending before the Congress or any State legislature. If this Agreement contains Federal funding in excess of **\$100,000.00**, the Recipient must, prior to Agreement execution, complete the Certification Regarding Lobbying form, **Attachment E**. If a Disclosure of Lobbying Activities form is required, it may be obtained from the Grant Manager. All disclosure forms as required by the Certification Regarding Lobbying form must be completed and returned to the Grant Manager, prior to payment under this Agreement.
3. Pursuant to 2 CFR, Part 376, the Recipient must, upon Agreement execution, complete the Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion Agreements/Subcontracts, **Attachment D**.
4. If this Agreement contains State assistance, the Recipient shall comply with the provisions set forth in Section 215.971, Florida Statutes. To provide quantifiable units of deliverables, including reports, findings, and drafts, in writing and/or in an electronic format agreeable to both Parties, as specified in **Attachment A**, Scope of Services, to be received and accepted by the Grant Manager prior to payment.

5. The Recipient shall comply with the provisions of Sections 11.062 and 216.347, Florida Statutes, which prohibit the expenditure of agreement funds for the purpose of lobbying the Legislature, judicial branch, or a State agency.
6. The Recipient shall submit bills for any travel expenses in accordance with Section 112.061, Florida Statutes. The Agency may establish rates lower than the maximum provided in Section 112.061, Florida Statutes.
7. The Recipient shall comply with all applicable Federal and State laws and regulations.

**C. Patents, Royalties, Copyrights, Right To Data and Sponsorship Statement**

1. The Recipient, without exception, shall indemnify and hold harmless the Agency and its employees from liability of any nature or kind, including cost and expenses for or on account of any copyrighted, patented, or unattended invention, process, or article manufactured or supplied by the successful applicant. The Recipient has no liability when such claim is solely and exclusively due to the combination, operation or use of any article supplied hereunder with equipment or data not supplied by the Recipient or is based solely and exclusively upon the Agency's alteration of the article.
2. The Agency will provide prompt written notification of a claim of copyright or patent infringement and shall afford the Recipient full opportunity to defend the action and control the defense. Further, if such a claim is made or is pending, the successful applicant may, at its option and expense procure for the Agency the right to continue the use of, replace or modify the article to render it non-infringing (if none of the alternatives is reasonably available, the Agency agrees to return the article on request to the successful applicant and receive reimbursement, if any, as may be determined by a court of competent jurisdiction).
3. If the Recipient brings to the performance of the resulting Agreement a pre-existing patent, patent-pending and/or copyright, the Recipient shall retain all rights and entitlements to that pre-existing patent, patent-pending and/or copyright, unless this Agreement provides otherwise.
4. If the Recipient uses any design, device, or materials covered by letter, patent, or copyright, it is mutually agreed and understood without exception that the proposed prices shall include all royalties or cost arising from the use of such design, device, or materials in any way involved in the work. Prior to the initiation of services under this Agreement, the Recipient shall disclose, in writing, all intellectual properties relevant to the performance of this Agreement which the Recipient knows, or should know, could give rise to a patent or copyright. The Recipient shall retain all rights and entitlements to any pre-existing intellectual property which is so disclosed. Failure to disclose will indicate that no such property exists. The Agency will then have the right to all patents and copyrights which arise as a result of performance under this Agreement as provided in this section.
5. If any discovery or invention arises or is developed in the course of, or as a result of, work or services performed under this Agreement, or in any way connected herewith, the Recipient shall refer the discovery or invention to the Agency for a determination whether patent protection will be sought in the name of the State of

Florida. Any and all patent rights accruing under or in connection with the performance of this Agreement are hereby reserved to the State of Florida. All materials to which the Agency is to have patent rights or copyrights shall be marked and dated by the Recipient in such a manner as to preserve and protect the legal rights of the Agency.

6. Recipients must seek prior approval from the Agency before distributing any form of advertisement/sponsorship materials regarding this agreement to the public. The recipient shall submit for review and approval to the Agency any written materials, including web-based materials and web site content, through funds from this grant at least ten (10) days, prior to the targeted dissemination date.
7. Where activities supported by this Agreement produce original writing, sound recordings, pictorial reproductions, drawings or other graphic representation and works of any similar nature, the Agency has the right to use, duplicate and disclose such materials in whole or in part, in any manner, for any purpose whatsoever and to have others acting on behalf of the Agency to do so. If the materials so developed are subject to copyright, trademark, or patent, legal title and every right, interest, claim, or demand of any kind in and to any patent, trademark or copyright, or application for the same, shall vest in the State of Florida, Department of State for the exclusive use and benefit of the State. Pursuant to Section 286.021, Florida Statutes, no person, firm, corporation, including parties to this Agreement shall be entitled to use the copyright, patent, or trademark without the prior written consent of the Florida Department of State.
8. The Agency will have unlimited rights to use, disclose, or duplicate, for any purpose whatsoever, all information and data developed, derived, documented, or furnished by the Recipient.
9. Pursuant to Section 286.25, Florida Statutes, all non-governmental Recipients must assure that all notices, information pamphlets, press releases, advertisements, descriptions of the sponsorship of the program, research reports, and similar public notices prepared and released by the Recipient shall include the statement: **"Sponsored by the Pinellas County Board of County Commissioners and the State of Florida, Agency for Health Care Administration."** If the sponsorship reference is in written material, the words, "State of Florida, Agency for Health Care Administration" shall appear in the same size letters or type as the name of the organization.
10. All rights and title to works for hire under this Agreement, whether patentable or copyrightable or not, shall belong to the Agency and shall be subject to the terms and conditions of this Agreement.
11. The computer programs, materials and other information furnished by the Agency to the Recipient hereunder shall be and remain the sole and exclusive property of the Agency, free from any claim or right of retention by or on behalf of the Recipient. The services and products listed in this Agreement shall become the property of the Agency upon the successful applicant's performance and delivery thereof. The Recipient hereby acknowledges that said computer programs, materials and other information provided by the Agency to the Recipient hereunder, together with the products delivered and services performed by the Recipient hereunder, shall be and remain confidential and proprietary in nature to the extent provided by Chapter 119, Florida Statutes, and

that the Recipient shall not disclose, publish or use same for any purpose other than the purposes provided in this Agreement; however, upon the Recipient first demonstrating to the Agency's satisfaction that such information, in part or in whole, (1) was already known to the Recipient prior to its receipt from the Agency; (2) became known to the Recipient from a source other than the Agency; or (3) has been disclosed by the Agency to third parties without restriction, the Recipient shall be free to use and disclose same without restriction. Upon completion of the Recipient's performance or otherwise cancellation or termination of this Agreement, the Recipient shall surrender and deliver to the Agency, freely and voluntarily, all of the above-described information remaining in the Recipient's possession.

12. The Recipient warrants that all materials produced hereunder will be of original development by the Recipient and will be specifically developed for the fulfillment of this Agreement and will not knowingly infringe upon or violate any patent, copyright, trade secret or other property right of any third party, and the Recipient shall indemnify and hold the Agency harmless from and against any loss, cost, liability or expense arising out of any breach or claimed breach of this warranty.
13. The terms and conditions specified in this section shall also apply to any sub-agreement made under this Agreement. The Recipient shall be responsible for informing the sub recipient of the provisions of this section and obtaining disclosures.

#### **D. Equipment & Vehicles**

1. Reimbursement for the purchase of any vehicles and/or equipment is subject to specific approval from the Agency. The Agency is not responsible for reimbursement of any equipment and/or vehicle purchases made without prior approval of the Agency under the terms and conditions of this Agreement and **Exhibit 1, Budget**.
2. The recipient in writing shall affirm its commitment to using any equipment and/or vehicle purchased through grant funds solely for the purposes of the grant and in accordance with its scope of work throughout the duration of this Agreement.
3. Vehicle and/or equipment purchases made for the purposes of this Agreement remain the property of the Agency. As such, the Recipient is responsible for the following:
  - a. Completing and submitting **Exhibit 5, Equipment/Vehicle Attestation**, is required during the lifespan of the vehicle and/or equipment. The due date for this form must match the invoice schedule of this Agreement, see **Attachment A, Scope of Services**. After this Agreement expires the form will be submitted on a yearly basis due on or before **July 31<sup>st</sup>**, of each calendar year for ten (10) years from purchase.
  - b. Implementation of adequate maintenance procedures to keep the vehicle and/or equipment in good operating condition. Unless otherwise specified, standard maintenance schedules and procedures provided by the manufacturer(s) are to be followed.
  - c. The Recipient is responsible for any loss, damage, or theft of, and any loss, damage, or injury caused by the use of the vehicle and/or equipment

purchase with State funds and held in the Recipient's possession for use in the Agreement with the Agency.

4. Upon satisfactory completion of this Agreement, the Recipient may choose to retain the vehicle and/or equipment only after written attestation that its continued use is in accordance with the purposes of the grant. Vehicles and/or equipment are subject to monitoring and yearly review by the Agency throughout its depreciative life valued at ten (10) years.
5. The Recipient must purchase the vehicle and/or equipment for any purposes outside of the scope of the agreement. Vehicles may be purchased by the Recipient for its fair market value as of the date of the title transfer.

**E. Audits and Records**

1. To maintain books, records, and documents (including electronic storage media) pertinent to performance under this Agreement in accordance with generally accepted accounting procedures and practices which sufficiently and properly reflect all revenues and expenditures of funds provided by the Agency under this Agreement.
2. In addition to the requirements of the preceding paragraph, the Recipient shall comply with the applicable provisions contained in **Attachment B, Special Audit Requirements**, attached hereto and incorporated herein by reference.
3. To assure that these records shall be subject at all reasonable times to inspection, review, or audit by state personnel and other personnel duly authorized by the Agency, as well as by federal personnel.
4. To maintain and file with the Agency such progress, fiscal and inventory reports as specified in **Attachment A, Scope of Services**, and other reports as the Agency may require within the period of this Agreement. In addition, access to relevant computer data and applications which generated such reports should be made available upon request.
5. To comply with public record laws as outlined in Section 119.0701, Florida Statutes.
6. To provide a financial and compliance audit to the Agency as specified in **Attachment B, Special Audit Requirements** and to ensure that all related party transactions are disclosed to the Agency Grant Manager.
7. To include these aforementioned audit and record keeping requirements in all approved sub-agreements and assignments.

**F. Retention of Records**

1. To retain all financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to performance under this Agreement for a period of six (6) years after termination of this Agreement, or if an audit has been initiated and audit findings have not been resolved at the end of six (6) years, the records shall be retained until resolution of the audit findings.
2. The rights of access in this section must not be limited to the required retention period but shall last as long as the records are retained.

3. In accordance with Section 20.055, Florida Statutes, the Recipient shall cooperate with the Office of the Inspector General in any investigation, audit, inspection, review or hearing; and shall grant access to any records, data or other information the Office of the Inspector General deems necessary to carry out its official duties.

#### **G. Public Records Requests**

In addition to the requirements of Section 287.058, Florida Statutes and other agreement requirements provided by law, the Recipient shall comply with Section 119.0701, Florida Statutes, if applicable, as follows:

- a. The Recipient shall keep and maintain public records that ordinarily and necessarily would be required in order to perform services under this Agreement;
- b. The Recipient shall provide the public with access to public records on the same terms and conditions that the Agency would provide the records and at a cost that does not exceed the cost provided in s. 119.0701, F.S., or as otherwise provided by law;
- c. The Recipient shall ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law;
- d. The Recipient shall meet all requirements for retaining public records and transfer, at no cost, to the Agency all public records in possession of the Recipient upon termination of this Agreement and destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. All records stored electronically must be provided to the Agency in a format that is compatible with the information technology systems of the Agency; and
- e. If the Recipient does not comply with a public records request, the Agency shall enforce the Agreement provisions in accordance with this Agreement.

#### **H. Background Screening**

1. The Recipient shall ensure that all Recipient employees including managing employees that have direct access to Medicaid recipient or provider personally identifiable information (PII), protected health information (PHI), or financial information have a County, State, and Federal criminal background screening comparable to a level 2 background screening as described in Section 435.04, Florida Statutes (F.S.) completed with results prior to employment.
2. Per Section 435.04(1)(a), F.S., level 2 screening standards include, but need not be limited to, fingerprinting for statewide criminal history records checks through the Department of Law Enforcement, and national criminal history records checks through the Federal Bureau of Investigation, and may include local criminal records checks through local law enforcement agencies.
3. If the Recipient employee or managing employee was employed prior to the execution of the resulting Agreement, the Recipient shall ensure that the County, State, and Federal criminal background screening comparable to a level 2

background screening is completed with results prior to the employee accessing Medicaid recipient or provider PII, PHI, or financial information.

4. Any Recipient employee or managing employee with background results that are unacceptable to the State as described in Section 435.04, F.S., or related to the criminal use of PII as described in Section 817, F.S., or has been subject to criminal penalties for the misuse of PHI under 42 USC 1320d-5, or has been subject to criminal penalties for the offenses described in Section 812.0195, F.S., Section 815, F.S., Section 815.04, F.S., or Section 815.06, F.S., shall be denied employment or be immediately dismissed from performing services under the resulting Agreement by the Recipient unless an exemption is granted.
5. Direct access is defined as having, or expected to have, duties that involve access to personally identifiable information, protected health information, or financial information by any means including, but not limited to, network shared drives, email, telephone, mail, computer systems, and electronic or printed reports.
6. The Recipient shall ensure that all Recipient employees including managing employees that have direct access to Medicaid recipient or provider PII or PHI have a county, state, and federal criminal background screening comparable to a level 2 background screening completed with results every five (5) years.
7. The Recipient shall develop and submit policies and procedures related to this criminal background screening requirement to the Agency for review and approval within thirty (30) calendar days of Agreement execution. The Recipient's policies and procedures shall include a procedure to grant an exemption from disqualification for disqualifying offenses revealed by the background screening, as described in Section 435.07, F.S.
8. The Recipient shall keep a record of all background screening records to be available for Agency review upon request.
9. Failure to comply with background screening requirements shall subject the Recipient to liquidated damages as described in Table 2, Performance Standards and Liquidated Damages.

#### **I. Reporting of Violations**

Any determination by the Recipient that any aspect of health care practice by any provider that might have short-term or long-term detrimental consequences to the health of the recipients shall be reported in writing to the Agency within twenty-four (24) hours of identification. The Recipient shall also immediately report:

- a. All instances of suspected physical or mental abuse of either adults or children, to the Agency Grant Manager and to the DCF hotline; and
- b. All instances of suspected provider and/or recipient fraud to the Agency Grant Manager and Medicaid Program Integrity Unit at 1-866-966-7226 or: [https://apps.ahca.myflorida.com/InspectorGeneral/fraud\\_complaintform.aspx](https://apps.ahca.myflorida.com/InspectorGeneral/fraud_complaintform.aspx).

**J. Monitoring**

1. To provide reports as specified in **Attachment A, Scope of Services**. These reports will be used for monitoring progress or performance of the Agreement as specified in **Attachment A, Scope of Services**.
2. To permit persons duly authorized by the Agency to inspect any records, papers, documents, facilities, goods and services of the Recipient which are relevant to this Agreement.

**K. Indemnification**

The Recipient shall save and hold harmless and indemnify the State of Florida and the Agency against any and all liability, claims, suits, judgments, damages or costs of whatsoever kind and nature resulting from the use, service, operation or performance of work under the terms of this Agreement, resulting from any act, or failure to act, by the Recipient, its sub-recipient, or any of the employees, agents or representatives of the Recipient or sub-recipient.

**L. Insurance**

1. To the extent required by law, the Recipient shall be self-insured against, or will secure and maintain during the life of this Agreement, Workers' Compensation Insurance for all its employees connected with the work of this project and, in case any work of this Agreement is subcontracted, the Recipient shall require the sub-recipient similarly to provide Workers' Compensation Insurance for all of the latter's employees unless such employees engaged in work under this Agreement are covered by the Recipient's self insurance program. Such self insurance or insurance coverage shall comply with the Florida Workers' Compensation law. In the event hazardous work is being performed by the Recipient under this Agreement and any class of employees performing the hazardous work is not protected under Workers' Compensation statutes, the Recipient shall provide, and cause each sub-recipient to provide, adequate insurance satisfactory to the Agency, for the protection of its employees not otherwise protected.
2. The Recipient shall secure and maintain Commercial General Liability insurance including bodily injury, property damage, personal & advertising injury and products and completed operations. This insurance will provide coverage for all claims that may arise from the services and/or operations completed under this Agreement, whether such services and/or operations are by the Recipient or anyone directly employed by it. Such insurance shall include the State of Florida as an Additional Named Insured for the entire length of the Agreement and hold the State of Florida harmless from subrogation. The Recipient shall set the limits of liability necessary to provide reasonable financial protections to the Recipient and the State of Florida under this Agreement.
3. All insurance policies shall be with insurers licensed or eligible to transact business in the State of Florida. The Recipient's current insurance policy(ies) shall contain a provision that the insurance will not be canceled for any reason except after thirty (30) calendar days written notice. The Recipient shall provide thirty (30) calendar days written notice of cancellation to the Agency's Grant Manager.

**M. Assignments and Subcontracts**

To neither assign the responsibility of this Agreement to another party nor subcontract for any of the work contemplated under this Agreement without prior written approval of the Agency. No such approval by the Agency of any assignment or subcontract shall be deemed in any event or in any manner to provide for the incurrence of any obligation of the Agency in addition to the total dollar amount agreed upon in this Agreement. All such assignments or subcontracts shall be subject to the conditions of this Agreement and to any conditions of approval that the Agency shall deem necessary.

**N. Return of Funds**

To return to the Agency any overpayments due to unearned funds or funds disallowed pursuant to the terms of this Agreement that were disbursed to the Recipient by the Agency. The Recipient shall return any overpayment to the Agency within forty (40) calendar days after either discovery by the Recipient, its independent auditor, or notification by the Agency, of the overpayment.

**O. Purchasing**

**1. P.R.I.D.E.**

It is expressly understood and agreed that any articles which are the subject of, or required to carry out this Agreement shall be purchased from the corporation identified under Chapter 946, Florida Statutes, if available, in the same manner and under the same procedures set forth in Section 946.515(2), and (4), Florida Statutes; and, for purposes of this Agreement, the person, firm or other business entity carrying out the provisions of this Agreement shall be deemed to be substituted for this Agency insofar as dealings with such corporation are concerned.

The "Corporation identified" is PRISON REHABILITATIVE INDUSTRIES AND DIVERSIFIED ENTERPRISES, INC. (P.R.I.D.E.) which may be contacted at:

P.R.I.D.E.  
12425 28th Street North, Suite 300  
St. Petersburg, FL 33716  
E-Mail: [info@pride-enterprises.org](mailto:info@pride-enterprises.org)  
(727) 556-3300  
Toll Free: 1-800-643-8459  
Fax: (727) 570-3366

**2. RESPECT of Florida**

It is expressly understood and agreed that any articles that are the subject of, or required to carry out, this Agreement shall be purchased from a nonprofit agency for the blind or for the severely handicapped that is qualified pursuant to Chapter 413, Florida Statutes, in the same manner and under the same procedures set forth in Section 413.036(1) and (2), Florida Statutes; and, for purposes of this Agreement, the person, firm, or other business entity carrying out the provisions of this Agreement shall be deemed to be substituted for this Agency insofar as dealings with such qualified nonprofit agency are concerned.

The "nonprofit agency" identified is RESPECT of Florida which may be contacted at:

RESPECT of Florida  
2475 Apalachee Parkway, Suite 205  
Tallahassee, Florida 32301-4946  
(850) 487-1471  
Website: [www.respectofflorida.org](http://www.respectofflorida.org)

**3. Procurement of Products or Materials with Recycled Content**

It is expressly understood and agreed that any products which are required to carry out this Agreement shall be procured in accordance with the provisions of Section 403.7065, Florida Statutes.

**P. MyFloridaMarketPlace Recipient Registration and Transaction Fee**

1. The Recipient is exempt under Rule 60A-1.030(3)(d)(11), Florida Administrative Code, from being required to register in MyFloridaMarketPlace for this Agreement. Therefore the Recipient is exempted from paying the transaction fee per 60A-1.032(1)(i) of the Florida Administrative Code.

**Q. Civil Rights Requirements/Recipient Assurance**

The Recipient assures that it will comply with:

1. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000d et seq., which prohibits discrimination on the basis of race, color, or national origin.
2. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap.
3. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits discrimination on the basis of sex.
4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age.
5. Section 654 of the Omnibus Budget Reconciliation Act of 1981, as amended, 42 U.S.C. 9849, which prohibits discrimination on the basis of race, creed, color, national origin, sex, handicap, political affiliation or beliefs.
6. The Americans with Disabilities Act of 1990, P.L. 101-336, which prohibits discrimination on the basis of disability and requires reasonable accommodation for persons with disabilities.
7. All regulations, guidelines, and standards as are now or may be lawfully adopted under the above statutes.

The Recipient agrees that compliance with this assurance constitutes a condition of continued receipt of or benefit from funds provided through this Agreement, and that it is binding upon the Recipient, its successors, transferees, and assignees for the period during which services are provided. The Recipient further assures that all recipient, sub-recipient, subgrantees, or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards.

**R. Discrimination**

An entity or affiliate who has been placed on the discriminatory recipient list may not submit a bid, proposal, or reply on an agreement to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on an agreement with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a recipient, supplier, sub-recipient, or consultant under an agreement with any public entity; and may not transact business with any public entity. The Florida Department of Management Services is responsible for maintaining the discriminatory recipient list and intends to post the list on its website. Questions regarding the discriminatory recipient list may be directed to the Florida Department of Management Services, Office of Supplier Diversity at (850) 487-0915.

**S. Final Invoice**

The Recipient must submit the final invoice for payment to the Agency no more than **fifteen (15)** calendar days after the Agreement ends or is terminated. If the Recipient fails to do so, all right to payment is forfeited and the Agency will not honor any requests submitted after the aforesaid time period. Any payment due under the terms of this Agreement may be withheld until all reports due from the Recipient and necessary adjustments thereto have been approved by the Agency.

**T. Public Entity Crime**

A person or affiliate who has been placed on the convicted recipient list following a conviction for a public entity crime may not be awarded or perform work as a recipient, supplier, sub-recipient, or consultant under an agreement with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, Florida Statutes, for category two, for a period of thirty-six (36) months from the date of being placed on the convicted recipient list.

**U. Health Insurance Portability and Accountability Act**

To comply with the Department of Health and Human Services Privacy Regulations in the Code of Federal Regulations, Title 45, Sections 160 and 164, regarding disclosure of protected health information as specified in **Attachment C**, Business Associate Agreement.

**V. Confidentiality of Information**

Not to use or disclose any confidential information, including social security numbers that may be supplied under this Agreement pursuant to law, and also including the identity or identifying information concerning a Medicaid recipient or services under this Agreement for any purpose not in conformity with state and federal laws, except upon written consent of the Recipient, or his/her guardian.

**W. Employment**

To comply with Section 274A (e) of the Immigration and Nationality Act. The Agency will consider the employment by any recipient of unauthorized aliens a violation of this Act. If the Recipient knowingly employs unauthorized aliens, such violation shall be cause for unilateral cancellation of this Agreement. The Recipient shall be responsible for including this provision in all subcontracts with private organizations issued as a result of this Agreement.

## **X. Work Authorization Program**

The Immigration Reform and Control Act of 1986 prohibits employers from knowingly hiring illegal workers. The Recipient shall only employ individuals who may legally work in the United States (U.S.) – either U.S. citizens or foreign citizens who are authorized to work in the U.S. The Recipient shall use the U.S. Department of Homeland Security's E-Verify Employment Eligibility Verification system, <https://e-verify.uscis.gov/emp>, to verify the employment eligibility of all new employees hired by the Recipient during the term of this Agreement and shall also include a requirement in its subcontracts that the sub-recipient utilize the E-Verify system to verify the employment eligibility of all new employees hired by the sub-recipient performing work or providing services pursuant to this Agreement.

## **Y. Order of Precedence**

In the event of conflicts among contract documents that are part of this Agreement, resolution shall be made as follows:

### **1. Federally Funded Agreements**

Services provided and federally funded under this Agreement shall be provided in accordance with the terms of this Agreement and the Recipient's Centers for Medicare and Medicaid Services (CMS) approved application. The order of precedence shall be as follows: (a) this Agreement, including all attachments and any subsequent amendments; and (b) the Recipient's CMS approved application.

### **2. State Funded Projects**

Services provided and State funded under this Agreement shall be provided in accordance with the terms of this Agreement; its associated Request for Application (RFA), including all addenda and the Recipient's response including information provided through negotiations. In the event of any conflict between any provision of this Agreement or its associated RFA, including all addenda, the order of precedence shall be as follows: (a) this Agreement, all its attachments and any subsequent amendments; (b) the associated RFA, including all addenda; and (c) the Recipient's response to the RFA including information provided through negotiations.

## **II. THE AGENCY HEREBY AGREES:**

### **A. Agreement Amount**

To pay for agreement services according to the conditions of **Attachment A**, Scope of Services, in an amount not to exceed **\$485,419.12**, subject to the availability of funds. The State of Florida's performance and obligation to pay under this Agreement is contingent upon an annual appropriation by the Legislature.

### **B. Agreement Term**

This Agreement shall begin upon execution by both Parties and end on **June 30, 2016**, inclusive.

In accordance with Section 287.057(13), Florida Statutes, this Agreement may be renewed for a period that may not exceed three (3) years or the term of the original Agreement, whichever period is longer. Renewal of the Agreement shall be in

writing and subject to the same terms and conditions set forth in the initial agreement. A renewal Agreement may not include any compensation for costs associated with the renewal. Renewals are contingent upon satisfactory performance evaluations by the Agency, are subject to the availability of funds, and optional to the Agency.

**1. Agreement Term for State Appropriated Funds (if applicable)**

For Agreements approved through State Legislature and appropriated from the State's General Revenue funds the availability for Agreement renewal is contingent upon the determination of the Legislature to appropriate and approve these funds for the next fiscal year. The Agency oversees the award, administration and distribution of current funds and is not responsible for determining the amount or availability of future funds.

If funds are appropriated to the Agency for Agreement renewal, the Agency's decision whether to approve or deny renewal will be based upon performance evaluation of the program(s) of the recipient. Renewal of the Agreement shall be in writing and subject to the same terms and conditions set forth in the initial Agreement.

**C. Agreement Payment**

Section 215.422, Florida Statutes, provides that agencies have five (5) business days to inspect and approve goods and services, unless bid specifications, Agreement or Purchase Order specifies otherwise. With the exception of payments to health care providers for hospital, medical, or other health care services, if payment is not available within forty (40) calendar days, measured from the latter of the date the invoice is received or the goods or services are received, inspected and approved, a separate interest penalty set by the Comptroller pursuant to Section 55.03, Florida Statutes, will be due and payable in addition to the invoice amount. To obtain the applicable interest rate, please contact the Agency's Fiscal Section at (850) 412-3901, or utilize the Department of Financial Services website at [www.myfloridacfo.com/aadir/interest.htm](http://www.myfloridacfo.com/aadir/interest.htm). Payments to health care providers for hospital, medical or other health care services, shall be made not more than thirty-five (35) calendar days from the date eligibility for payment is determined, and the daily interest rate is .0003333%. Invoices returned to a Recipient due to preparation errors will result in a payment delay. Invoice payment requirements do not start until a properly completed invoice is provided to the Agency. A Recipient Ombudsman, whose duties include acting as an advocate for Recipients who may be experiencing problems in obtaining timely payment(s) from a state agency, may be contacted at (850) 413-5516 or by calling the State Comptroller's Hotline, 1-800-848-3792.

**III. THE RECIPIENT AND AGENCY HEREBY MUTUALLY AGREE:**

**A. Termination**

**1. Termination at Will**

This Agreement may be terminated by the Agency upon no less than thirty (30) calendar days written notice, without cause, unless a lesser time is mutually agreed upon by both Parties. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.

## **2. Termination Due To Lack of Funds**

In the event funds to finance this Agreement become unavailable, the Agency may terminate the Agreement upon no less than twenty-four (24) hours' written notice to the Recipient. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. The Agency will be the final authority as to the availability of funds. The Recipient shall be compensated for all work performed up to the time notice of termination is received.

## **3. Termination for Breach**

Unless the Recipient's breach is waived by the Agency in writing, the Agency may, by written notice to the Recipient, terminate this Agreement upon no less than twenty-four (24) hours' written notice. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. If applicable, the Agency may employ the default provisions in Florida Administrative Code Rule 60A-1.006(3).

Waiver of breach of any provisions of this Agreement shall not be deemed to be a waiver of any other breach and shall not be construed to be a modification of the terms of this Agreement. The provisions herein do not limit the Agency's right to remedies at law or to damages.

## **B. Grant Managers**

1. The Agency's Grant Manager's contact information is as follows:

**Cruz Conrad**  
**Agency for Health Care Administration**  
**2727 Mahan Drive, MS #16**  
**Tallahassee FL, 32308**  
**(850) 412-3743**

2. The Recipient's Grant Manager's contact information is as follows:

**Daisy Rodriguez**  
**Pinellas County Board of County Commissioners**  
**Human Services Dept.**  
**440 Court Street, 2<sup>nd</sup> Floor**  
**Clear Water, FL 33756**  
**(727) 464-4206**

3. All matters shall be directed to the Grant Managers for appropriate action or disposition. A change in Grant Manager by either Party shall be reduced to writing through an amendment or minor modification to this Agreement by the Agency.

## **C. Renegotiation or Modification**

1. Modifications of provisions of this Agreement shall only be valid when they have been reduced to writing and duly signed during the term of the Agreement. The Parties agree to renegotiate this Agreement if federal and/or state revisions of any applicable laws, or regulations make changes in this Agreement necessary.

2. The rate of payment and the total dollar amount may be adjusted retroactively to reflect price level increases and changes in the rate of payment when these have been established through the appropriations process and subsequently identified in the Agency's operating budget.

**D. Name, Mailing and Street Address of Payee**

1. The name (Recipient name as shown on Page 1 of this Agreement) and mailing address of the official payee to whom the payment shall be made:

**Pinellas County Board of County Commissioners  
Human Services Dept.  
440 Court Street, 2<sup>nd</sup> Floor  
Clear Water, FL 33756**

2. The name of the contact person and street address where financial and administrative records are maintained:

**Clark Scott  
Pinellas County Board of County Commissioners  
Human Services Dept.  
440 Court Street, 2<sup>nd</sup> Floor  
Clear Water, FL 33756**

**E. All Terms and Conditions**

This Agreement and its attachments as referenced herein contain all the terms and conditions agreed upon by the Parties.

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IN WITNESS THEREOF, the Parties hereto have caused this fifty-four (54) page Agreement, which includes any referenced attachments, to be executed by their undersigned officials as duly authorized. This Agreement is not valid until signed and dated by both Parties.

**PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS**

**STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION**

SIGNED BY: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_

NAME: Mark Woodward

NAME: Molly McKinstry

TITLE: County Administrator

TITLE: Deputy Secretary for Health Quality Assurance

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

FEDERAL ID NUMBER (or SS Number for an individual): **59-6000800**

RECIPIENT FISCAL YEAR ENDING DATE: **9/30**

List of Attachments included as part of this Agreement:

Specify Type	Letter/ Number	Description
Attachment	A	Scope of Services (29 Pages)
Attachment	B	Special Audit Requirements (5 Pages)
Attachment	C	Business Associate Agreement (4 Pages)

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**ATTACHMENT A  
SCOPE OF SERVICES**

**A. Service(s) to be Provided**

Pursuant to Chapter 2015-232, Laws of Florida, Specific Appropriation 187A, funding is being provided in order to increase access to primary care services in the State of Florida and to reduce and prevent unnecessary emergency room visits and inpatient hospitalizations. The Recipient shall increase access to primary care services in Florida and reduce and prevent unnecessary emergency room visits and inpatient hospitalizations by improving overall health and decreasing the number of medical problems escalated to emergency status. Services under this Agreement shall be provided in a manner consistent with and described in AHCA RFA 001-15/16, Community and Primary Care Services Grant.

**B. Manner of Service(s) Provision**

1. The Recipient, a Federally Qualified Health Center in Pinellas County, Florida; shall provide coordinated behavioral health care services to clients/residents of Pinellas County, Florida, who are part of the medically underserved population. For the purpose of this grant, eligible participants include underinsured, uninsured or homeless individuals. The Health Center shall be operable at least five (5) days a week, and services provided shall be based on the needs of the client, which include, but are not limited to, substance abuse services, behavior health screenings and referrals for treatment, limited specialty care services, and counseling and health education services.

**2. Services to be Provided by the Recipient**

In order to achieve the goals of AHCA RFA 001-15/16, Community and Primary Care Services Grant, the following tasks shall be performed by the Recipient:

a. The Recipient shall provide coordinated behavioral health care services to members of the target population, as specified in the Recipient's original application and the Scope of Services.

1) The Recipient shall maintain a real property or facility for service delivery in Pinellas County, Florida, located so clients can easily access services.

a) The service delivery location(s) shall be as noted below:

a. Primary Mobile Medical Unit Locations:

Pinellas Safe Harbor Homeless Shelter  
14840 49<sup>th</sup> Street North  
Clearwater, FL 33762

Bayside Health Clinic  
14808 49<sup>th</sup> Street North  
Clearwater, FL 33762

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b. Auxiliary Mobile Medical Unit Locations:

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

St. Vincent de Paul Soup Kitchen  
1340 Pierce Street  
Clearwater, FL 33765

St. Vincent de Paul Center of Hope  
401 15<sup>th</sup> St. North  
Saint Petersburg, FL 33705

Salvation Army ARC  
5885 66<sup>th</sup> St. North  
Saint Petersburg, FL 33713

Salvation Army One Stop  
1400 4<sup>th</sup> Street South  
St. Petersburg, FL 33701

Homeless Empowerment Program (HEP)  
1051 Holt Ave.  
Clearwater, FL 33755

- 2) Services shall be provided to clients during the business hours of 8:30 a.m. to 8:00 p.m. Eastern Standard Time (EST) Monday through Thursday, 8:30 a.m. to 5:00 p.m. (EST) on Friday, and 8:30 a.m. to 12:00 p.m. (EST) on Saturday at the Pinellas Safe Harbor Homeless Shelter site, from the Execution of this Agreement through Spring 2016; 8:30 a.m. to 8:00 p.m. (EST) Monday through Thursday, 8:30 a.m. to 5:00 p.m. (EST) on Friday, and 8:30 a.m. to 12:00 p.m. (EST) on Saturday at the Bayside Health Clinic site, from Spring 2016 through June 30, 2016; with additional behavioral health services available during morning, afternoon, night and weekend hours at the remaining Mobile Medical Unit service delivery sites, in accordance with the Recipient's Monthly Mobile Medical Unit Calendar.
- 3) The Recipient will be responsible for any upkeep, security, repairs and maintenance to any established service delivery location; beyond the services provided for in **Exhibit 1**, Budget.
- 4) The Recipient is responsible for compliance with facility standards required by local fire and health authorities, federal requirements, and applicable Florida Statutes and Administrative Rules.
- 5) The Recipient shall notify the Agency Grant Manager of any anticipated changes in service delivery hours and locations for the Mobile Medical Unit prior to providing these services. An amendment must be executed to document this approved change.

- 6) The Recipient shall subcontract appropriate staffing for providing behavioral health care services to include one (1) Registered Nurse, one (1) Case Manager, one (1) Program Manager, two (2) Masters level Practitioners, one (1) Licensed Mental Health Clinician, one (1) Therapist, and one (1) Mobile Van Driver/Screeener.
  - a) Staff must maintain a clear and active Florida license, and/or certification where applicable, for the term of this Agreement; and must practice within the constraints of Florida Statutes, rules, and protocols of their respective profession.
  - b) The Recipient shall be responsible for all aspects of staff recruitment.
  - c) The Recipient shall be responsible for assuring that subcontracted providers maintain current medical liability insurance that covers the procedures being performed under this Agreement.
  - d) The Recipient shall be responsible for all aspects of staff training, including any applicable costs for continuing education, licensure, or certification fees.
  - e) Staffing changes are at the discretion of the Recipient. The Recipient will provide the Agency's Grant Manager with notification no later than ten (10) calendar days after staffing changes.
  
- 7) The Recipient will provide coordinate behavioral health care services to a minimum of twenty-five (25) eligible unduplicated clients during the first month of services, and to a minimum of fifty (50) eligible unduplicated clients per month for the remaining duration of this Agreement.
  - a) Coordinated behavioral health care services include, but are not limited to, behavioral health screenings, basic health education and counseling, and substance abuse treatment and counseling. Referrals for further services outside of the usual scope of behavioral health care services will be provided based on the needs of the patient.
  - b) The Recipient shall provide services in a manner consistent with current medical standards and practices, including referral of clients requiring specialized services outside of the usual scope of behavioral care services, to specialty providers and community partners if necessary.
  - c) The Recipient shall provide an information technology infrastructure for supporting performance of coordinate behavioral care services to include computers, software, and internet services as noted in the Recipient's original application. Patient information and appointments will be monitored utilizing an Electronic Health Record (EHR) system.
  - d) The Recipient shall maintain all client health records in accordance with Florida law and will ensure it meets all Federal regulations regarding standards for privacy and individually identifiable health information as identified in the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The Agency will impose upon the Recipient liquidated damages,

per incident per occurrence, depending upon the severity, if the Recipient inappropriately releases Protected Health Information.

- e) The Recipient shall not perform a change in services without the Agency's prior written approval of the changes and their costs. An amendment must be executed to document this approved change.

**C. Deliverables**

The Recipient shall submit the deliverables outlined in Table 1, Deliverable Schedule, in accordance with the timeframes outlined, in support of completion of the activities described above.

<b>TABLE 1 – DELIVERABLE SCHEDULE</b>			
<b>Deliverable</b>	<b>Deliverable Supporting Documentation</b>	<b>Due Date</b>	<b>Amount</b>
1. Program Implementation	Lease and utility documentation.	No later than the thirtieth (30th) day of the month following deliverable completion.	Reimbursement will be made only for expenses directly related to the project in accordance with the approved budget described in Exhibit 1, Budget and not to exceed \$485,419.12 for the term of this Agreement.
	Signed and executed hiring contract for retention of contracted program staff, specifying the hiring date, contracted hourly rate, and the duties that will be performed.		
	Summary of Program and Training information provided to contracted staff.		
	Project timesheet in accordance with the Scope of Services, check or payroll summary for assigned staff inclusive of fringes—as identified in Exhibit 1, Budget, associated with training and any applicable services rendered to clients during the program implementation period.		
	Invoice and proof of payment documentation for new equipment.		
2. The Recipient shall provide coordinate behavioral health care services to a <u>minimum of twenty-five (25) eligible unduplicated clients during the first month of services, and to a minimum of fifty (50) eligible unduplicated clients per month.</u>	Program timesheets for staff and payroll summary, in accordance with the Scope of Services.	No later than the thirtieth (30th) day of each month.	
	Copy of the Monthly Mobile Medical Unit Calendar for the upcoming month—up until the month of June.		
	Summary of services completed during the previous month accompanied by patient sign-in sheets and logs (initials only) with appointment times signed-off by patient (initials only) and provider rendering the service.		
	Receipts and/or invoices for applicable program supplies, services, and equipment described in Exhibit 1, Budget, supporting transactions and showing payment.		
	Documentation of travel mileage expended in accordance with the Scope of Services.		

		<b>Exhibit 4, Voucher for Reimbursement of Traveling Expenses</b> log accompanied by patient sign in sheets (initials only) with appointment times signed-off by patient (initials only), provider rendering the service, and staff in charge of issuing vouchers.		
		Copy of phone usage/call logs for telephone services, identified in <b>Exhibit 1, Budget</b> .		

**D. Reporting**

**Monthly Status Report**

At a minimum, the Recipient shall provide a detailed Monthly Status Report describing their progress, barriers encountered and delays that may affect or have affected the project. The report shall include a listing of services provided for the month as well as details of services (as outlined in Section B., Manner of Service(s) Provision, Item 2., Services to be Provided by the Recipient). The Agency reserves the right to modify the Monthly Status Report requirements.

Monthly Status Reports are considered supporting documentation for the services being provided and are not considered deliverables for purpose of payment. These reports shall be true and valid and truthfully represent agreement activities. If an error is found in the status report, the Agency will allow five (5) business days for a correction to be made.

1. The Recipient will complete and submit the Monthly Status Questionnaire included as **Exhibit 2**.

**E. Monitoring**

The Agency's Grant Manager shall monitor the monthly delivery of deliverables through the review of Monthly Status Reports and details of services being provided throughout this Agreement. The Agency reserves the right to use other means of monitoring as deemed necessary by the Agency.

**F. Method of Payment**

1. This is a cost reimbursement agreement in accordance with **Exhibit 1, Budget**. The Agency will pay the Recipient in arrears on a monthly basis, for the satisfactory completion and acceptance of deliverables in accordance with the deliverable schedule specified in Section C., Deliverables, Table 1, Deliverable Schedule. Payment shall not be made to the Recipient until the required deliverables have been submitted and subsequently approved in writing by the Agency.

**2. Invoicing**

The Agency shall reimburse for allowable expenditures incurred pursuant to the terms of the Grant Funding Agreement for a total dollar amount not to exceed the awarded amount subject to the availability of funds.

Payment shall be made upon the receipt, review, and approval of deliverables and properly completed invoices. Invoices shall be received within thirty (30) calendar days

following the end of the month for which reimbursement is being requested. Invoices must be supported with appropriate documentation and reports.

The Recipient shall submit a properly completed invoice to the Agency's Grant Manager no later than the thirtieth (30th) calendar day of the month following the reporting month.

The invoice shall include at a minimum:

- a. A detailed listing of the items the Recipient is seeking reimbursement for, in accordance with **Exhibit 1, Budget**.
- b. Documentation detailing deliverables completed and/or services rendered covered by the invoice;
- c. The time period in which deliverables were completed and/or services were rendered;
- d. The Recipient's unique identifying invoice number;
- e. Invoice date;
- f. The Recipient's payment remittance address;
- g. The Agency's Grant Funding Agreement number (GFA049);
- h. The Recipient's Federal employer Identification (FEID) Number;
- i. Copies of all receipts and invoices from suppliers showing proof of purchase along with **Exhibit 3, Reimbursement Request**. Items related to this project must be clearly noted and identifiable on the receipt or invoice;
- j. As applicable, the Voucher for Reimbursement of Traveling Expenses included in **Exhibit 4, - State Travel Guidelines For Sub-Grantees**, shall be included; and
- k. Other supporting documentation as requested by the Agency.

### 3. Late Invoicing

Unless written approval is obtained from the Agency, and at the discretion of the Agency, correct invoices with documentation received forty-six (46) to sixty (60) days after the Agency's acceptance of the deliverable(s) will be paid at ninety percent (90%) of the amount of the invoice. Correct invoices with documentation received sixty-one (61) to ninety (90) days after the Agency's acceptance of the deliverable(s) will be paid at seventy-five percent (75%) of the invoice. Invoices received ninety-one (91) days or more after the Agency's acceptance of the deliverable(s) will **not** be paid.

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**G. Performance Standards and Liquidated Damages**

The Agency reserves the right to impose liquidated damages upon the Recipient for failure to comply with the performance standard requirements set forth below.

<b>TABLE 2 - Performance Standards and Liquidated Damages</b>	
<b>Performance Standard Requirement</b>	<b>Liquidated Damages To Be Imposed</b>
The Recipient must submit Deliverables to the Agency, no later than the Due Date(s) specified in Section C., Deliverables, Table 1, Deliverable Schedule.	<b>\$100.00</b> per day for each calendar day beyond the due date until provided to the Agency.
The Recipient shall submit hiring and staffing documentation to the Agency no later than the thirtieth (30th) of each month.	<b>\$100.00</b> per day for each calendar day beyond the due date until provided to the Agency.
When applicable, the Recipient shall submit educational material used in workshops and one-on-one sessions to the Agency no later than the thirtieth (30th) of each month.	<b>\$100.00</b> per day for each calendar day beyond the due date until provided to the Agency.
The Recipient shall submit receipts of sale or paid invoices for office supplies and equipment to the Agency no later than the thirtieth (30th) of each month.	<b>\$100.00</b> per day for each calendar day beyond the due date until provided to the Agency.
Failure to complete initial and renewal background screenings within required timeframes.	<b>\$250.00</b> per occurrence.
The Recipient shall comply with public records laws, in accordance with Section 119.07, Florida Statutes.	<b>\$5,000.00</b> for each incident in which the Recipient does not comply with a public records request.

The Agency's Grant Manager will monitor the Recipient's performance in accordance with the monitoring requirements of this Agreement and may determine the level of sanction based upon an evaluation of the severity of the deficiency. Failure by the Recipient to meet the established minimum performance standards may result in the Agency, in its sole discretion, finding the Recipient to be out of compliance, and all remedies provided in this Agreement and under law, shall become available to the Agency.

If it is determined that the Recipient used grant funds to render services to patients that are not uninsured or underinsured—i.e., whose insurer does not cover these services, the Agency reserves the right to recoup funds from the Recipient.

**1. General Liquidated Damages**

- a. The Agency may impose up to a one percent (1%) reduction of the total, monthly invoice amount for each incident in which the Recipient has failed to meet a deadline as specified in this Agreement, not to exceed five percent (5%) per month.
- b. The Agency will impose upon the Recipient liquidated damages of five hundred dollars (**\$500.00**) to five thousand dollars (**\$5,000.00**), per incident per occurrence, depending upon the severity, if the Recipient inappropriately releases Protected

Health Information. In addition, federal penalties may apply in accordance with the Health Insurance Portability and Accountability Act of 1996.

## **2. Corrective Action Plan (CAP)**

- a. If the Agency determines that the Recipient is out of compliance with any of the provisions of this Agreement, the Agency may require the Recipient to submit a Corrective Action Plan (CAP) within a specified timeframe. The CAP shall provide an opportunity for the Recipient to resolve deficiencies without the Agency invoking more serious remedies, up to and including Agreement termination.
- b. In the event the Agency identifies a violation of this Agreement, or other non-compliance with this Agreement, the Agency shall notify the Recipient of the occurrence in writing. The Agency shall provide the Recipient with a timeframe for corrections to be made.
- c. The Recipient shall respond by providing a CAP to the Agency within the timeframe specified by the Agency.
- d. The Recipient shall implement the CAP only after Agency approval.
- e. The Agency may require changes or a complete rewrite of the CAP and provide a specific deadline.
- f. If the Recipient does not meet the standards established in the CAP within the agreed upon timeframe, the Recipient shall be in violation of the provisions of this Agreement and shall be subject to liquidated damages.
- g. Except where otherwise specified, liquidated damages of **\$100.00** per day may be imposed on the Recipient for each calendar day that the approved CAP is not implemented to the satisfaction of the Agency.
- h. The Agency may impose liquidated damages as identified above, when the Recipient has failed to meet the performance requirements of this Agreement. If the Agency finds the Recipient is in violation of the provisions of this Agreement, the Agency, at its discretion, may impose liquidated damages. Liquidated damages may be applied to all required components of this Agreement. The Agency reserves the right to determine the level of sanction based upon its evaluation of the severity of the problem, error or violation. The Agency will not accept a CAP for the Recipient's failure to meet the performance requirements listed in this paragraph.

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**H. Special Provision(s)**

**1. Monitoring by Recipient**

The Recipient shall ensure that each employee or subcontractor who performs activities related to the services associated with this Agreement, will report to the Agency areas of concern relative to the operation of any entity covered by this Agreement. To report concerns, the Recipient employee or subcontractor may contact the Agency Complaint Hotline by calling 1-888-419-3456 or by completing the online complaint form found at <http://apps.ahca.myflorida.com/hcfc>. Reports which represent individuals receiving services are at risk for, or have suffered serious harm, impairment or death shall be reported to the Agency immediately and no later than twenty-four (24) hours after the observation is made. Reports that reflect noncompliance that does not rise to the level of concern noted above shall be reported to the Agency within ten (10) calendar days of the observation.

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## ATTACHMENT A EXHIBIT 1 – BUDGET

### Composite Region IV Line Item Budget including Grant Request and Agency Portion

For the purpose of this Agreement the rates per hour listed in the following budget are the average reimbursement rates per hour. A payroll report (or equivalent) showing actual gross and employer paid benefits for FICA and retirement is required for each staff position, if applicable. The Agency will reimburse the Recipient according to the following budget for the actual costs paid by the Recipient.

Budget	
Expense Category	Amount
<b>A. Travel</b>	
Local Travel	
Travel	\$5,340.00
<b>Subtotal local travel</b>	<b>\$5,340.00</b>
<b>A. Subtotal Travel</b>	<b>\$5,340.00</b>
<b>B. Equipment</b>	
Laptop Computer Bundle	\$10,000.00
Cell Phone	\$1,000.00
<b>B. Subtotal Equipment (see below for details)</b>	<b>\$11,000.00</b>
<b>C. Supplies/Other Expense</b>	
Supplies	
Office Supplies	\$2,280.00
Services/Other	
Interpretive Services	\$840.00
Cellular Air Time	\$3,600.00
Transportation	\$2,000.00
<b>C. Subtotal Supplies/Other Expense (see below for details)</b>	<b>\$8,720.00</b>
<b>D. Contractual</b>	
BayCare Health System	
Mobile Van	
Mobile Van Driver/Screener	\$3,848.00
Mobile Van Usage	\$6,500.00
Travel	\$1,742.00
Licensed Mental Health Clinician	\$89,128.00
Masters Level Practitioners (2)	\$138,652.80
Program Manager	\$39,923.52
Directions for Living	
Therapist	\$58,676.80
Case Manager	\$45,635.20
Florida Department of Health	
Nurse	\$76,259.80

<b>D. Subtotal Contractual</b>	<b>\$460,359.12</b>
<b>E. Total Direct Costs</b>	
<b>E. Subtotal Direct Costs</b>	<b>\$485,419.12</b>
<b>F. GRAND TOTAL</b>	<b>\$485,419.12</b>

## Budget Narrative

### Travel

**Travel** - Travel expenses are paid in accordance with Chapter 112.061, F.S. & DOH Travel regulations. Travel expenditures will be incurred through local map travel mileage reimbursement needed for behavior health specialists to proactively meet the clients at the locations identified by the health center. 200 miles per month x \$0.445/mile x 12 months for each of the 5 FTE.

### Equipment

**Laptop Computer Bundle** – Includes purchase of computer, electronic health records software, Wi-Fi, antivirus, etc. 5 FTE x \$2,000 per unit.

**Cell Phone** – 5 FTE x \$60/month x 12 months.

### Supplies/ Other Expenses

**Office Supplies** – include pens/pencils, copy/printer paper, folders/notebooks, staples/binder and paper clips, ink, labels, etc.

**Interpretive Services** – Pinellas County health program clients often speak many languages. At times, we have a need to assist a client whose only language is one other than English. As an organization who works diligently to provide services to all clients regardless of culture, race, ethnicity, these services may be helpful to assist clients and communicate with staff. The County has a contract for services at the rate of \$50/hour for a minimum of two hours or \$1.50/min for a minimum of 30 minutes by phone.

**Cellular Air Time** – Cell phones are distributed to staff personnel who are assigned to the grant program. Each contracted organization has a cell phone/personal use policy in place. As a publicly funded program, phone records related to use of this equipment are subject to public records laws.

**Transportation** – Transportation funds have been designated to reduce barriers for clients reaching the services needed. Bus passes are distributed according to Pinellas County Health Program Policy. Long term transportation needs are processed through the Pinellas County Suncoast Transportation Authority's Transportation Disadvantaged Program. Bus passes are distributed to clients in need of transportation to/from medical visits. In order to receive a bus pass, individuals must be health program clients. All Health Care for the Homeless patients/clients are eligible grant patients.

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## Contractuals

### Behavior Health Staff

#### BayCare Health System

**Licensed Mental Health Clinician** – The Licensed Clinician provides solution focused behavioral health treatment through the use of individual, group and family counseling. The Clinician provides clinical impression and assessment, and performs crisis support and services as needed. The Clinician functions as Licensed Practitioner of the Healing Arts as applicable, and oversees clinical staff as assigned. This position request is for 2,080 hours with a contracted hourly rate of \$42.85/hour.

**Masters Level Practitioner** – The Master's Level Practitioner provides specialized services in a variety of settings. Responsibilities include outreach, screening and assessment, case management, intervention, counseling, and crisis response. On-call crisis intervention and transport of clients may be required as applicable for specialized programs. The Master's Level Practitioner is supervised by an LPHA. This position request is for 2,080 hours with a contracted hourly rate of \$33.33/hour.

**Program Manager** – Oversees the provision of services, conducts In-Service and community presentations, responds to program service related emergencies and provides crisis intervention, develops policies and procedures for assigned programs in accordance with all relevant regulations, ensures team members transporting individuals served meet driving criteria, ensures assigned program service areas are in compliance with established Infection Control Policy and Procedures and submits documentation, participates in addressing areas that do not meet standard, provides timely and documented corrective action as needed for compliance and patient experience, volunteers to serve on at least two task forces with impact service delivery, monitors medical records of individuals assigned to team members, communicates pertinent program service information to Director or appropriate personnel, ensures team members use efficient caseload management practice, facilitates program strategic planning, program planning and development, ensures assigned areas are ready for site visits, visits service sites, reviews clinical records and speaks with persons served, family or significant others and staff in order to evaluate key aspects of service delivery, ensures customer satisfaction surveys are distributed in assigned areas, oversees peer review process in assigned program service area, oversees site visit corrective action plans, implementation and monitoring, assures accurate and timely completion of required outcome measures and schedules remedial training with Outcomes Department as warranted, and oversees vehicles assigned to program service areas. This position request is for 624 hours with a contracted hourly rate of \$63.98/hour.

**Mobile Van** – Utilized to provide space for counseling at designated sites.

**Mobile Van Driver/Screeners** – Operates and maintains vehicles, carts, hydraulic lifts and forklifts according to protocols, and loads and transports supplies, correspondence, equipment and food for delivery throughout the healthcare system, performs other duties as assigned. This position request is for 1.0 FTE with a contracted hourly rate of \$18.50/hour for 208 hours.

**Mobile Van Usage** – The \$25/day rate is the rate charged by BayCare Behavioral Health for use of the vehicle and includes monthly maintenance and cleaning services. Rate is calculated based on 260 business days.

**Travel** – The van will travel to and from various service locations. Reimbursement will be based upon the state map mileage rate of \$0.445/mile for 3,915 miles.

### **Directions for Living**

**Therapist** – This is a professional clinical position providing therapy to adults, children, and families/guardians with family-related issues. Work involves the application of psychotherapeutic theories and practices. This position request is for 2,080 hours with a contracted hourly rate of \$28.21/hour.

**Case Manager** – Duties include assessing, linking, coordinating, and monitoring services from mental health, physical health, social, educational, entitlement, and vocational rehabilitation to help children, families and adults live work, and participate fully in their community. Additionally requires the collaborative coordination and development of a culturally specific individualized services plan in partnership with the individual, which reflects strengths and self – identified goals. This position request is for 2,080 hours with a contracted hourly rate of \$21.94/hour.

### **Medical Staff**

#### **Florida Department of Health**

**Nurse** – Uses the nursing process, utilizes nursing skills of interview, observation and assessment to determine the medical, social and psychological needs of client/family/community and provides interventions as needed. Plans for ongoing assessment of risk factors and service needs as prioritized by the client being served. Provides case management to established or referred clients in need of nursing intervention. Makes appropriate referrals and evaluates the effectiveness of this intervention. Provides direct services to clients including: immunization, administration of ordered medications, pregnancy testing, tuberculosis testing and other testing or services which fall within the nursing practice. Offers a broad range of effective

family planning methods and services in the most efficient and effective manner. Counsels clients/family/community in basic health promotion and risk behaviors, including but not limited to: communicable disease control, maternal and child health, family planning, nutrition, growth and development, safety and anticipatory guidance. Advises and counsels client on health promotion, STD & HIV risk reduction, and care and management of disease. Assists nursing supervisor with clinic management, monitoring clinic flow and caseload, and communicating with immediate supervisor or center manager regarding significant or critical issues that could affect the division, department, or client services. Performs nursing leadership functions in absence of Nursing Supervisor to facilitate client services. Professionally competent to perform in any multiple clinics (triage, Immunization, WH/STD, Pediatric and Primary Care or Maternity). \*Demonstrates willingness to cross train and increase competency in clinics as needed. Communicates, collaborates, and assists other professionals and para-professionals in other units within the agency (Examples: health fairs, immunization outreaches, disaster support) Respond promptly to emergency situations and Band-Aid announcements; provide nursing support, documentation of incident, and other support as needed. Completes assignments and functions independently, seeks assistance from supervisor as needed. Follows Pinellas County Health Department and Department of Health policies and procedures, including standing orders. Performs within the guidelines Florida Department of Health in Pinellas County and standards of the Florida Nurse Practice Act. Meets productivity expectations for this position. Informs supervisors of significant or critical issues that may affect the division or department. Assists examiners as needed. Assists in review of electronic laboratory results and provides follow-up and case management following Florida Department of Health in Pinellas County Local Policy. Documents all observations and actions accurately utilizing the electronic record, and the Florida Shots Registry. Complies with Smart objectives related to position. Provides Nurse Issuance of Medications following DOH policy and guidelines, and Florida Department of Health Pinellas County policy. This position request is for 2,080 hours with a contracted hourly rate of \$36.66/hour.

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**ATTACHMENT A  
EXHIBIT 2  
MONTHLY STATUS QUESTIONNAIRE**

Community and Primary Care Services Grant Monthly Summary

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Recipient Organization Name: \_\_\_\_\_ Report Date: \_\_\_\_\_

*Please briefly document your progress on the following dimensions as applicable.*

Increase access to primary care services:

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Number Served: \_\_\_\_\_

Reduce and prevent unnecessary emergency room visits:

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Number served: \_\_\_\_\_

Reduce and prevent unnecessary inpatient hospitalizations:

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Number served: \_\_\_\_\_

**ATTACHMENT A  
EXHIBIT 3  
REIMBURSEMENT REQUEST**

*Grant Program for Community Primary Care Services*

SUMMARY STATEMENT OF TOTAL PROJECT COSTS	
Recipient Name	County:
Address:	Telephone:
Project Number:	Date of Claim:
Claim Period:	Claim Number:
Salary, Wages & Benefits	\$ -
Contractual Services	\$ -
Expenses	\$ -
Travel	\$ -
Operating Capital Outlay (OCO)	\$ -
Indirect Costs if applicable	\$ -
Rate: 21.00%	
Total Expenditure Amount	\$ -

I hereby certify that the above costs are true and valid costs incurred in accordance with the project agreement.

Signed by Project Director \_\_\_\_\_ Date approved \_\_\_\_\_  
 Typed name *Insert name here*

*Internal AHCA use only*

This attached claim was reviewed and approved. All support documentation is included and all amounts claimed are allowed items in the grant budget.

Signed by Grant Manager \_\_\_\_\_ Date approved \_\_\_\_\_  
 Printed name











**ATTACHMENT A  
EXHIBIT 4**

**STATE TRAVEL GUIDELINES FOR SUB-GRANTEES**

Each traveler is responsible for traveling by the most economical means and by a usually traveled route. A person who travels by an indirect route for personal convenience shall bear any extra costs. Travel expenses must be reasonable and necessary expenses.

**A. TRAVEL REFERENCES**

- Section 112.061, Florida Statutes;
- Chapter 69I-42, Florida Administrative Code; and
- The Department of Financial Services' Reference Guide for State Expenditures.

**B. TRAVEL REIMBURSEMENT FORM**

The Voucher for Reimbursement of Traveling Expenses, AHCA form 2090-0021, is available in an Excel format and obtained from the AHCA Project Manager. Hand written travel reimbursement forms are not acceptable for reimbursement.

Complete the reimbursement form, print and sign the form. The traveler's supervisor must approve the reimbursement form. Attach all original back-up documentation to the printed reimbursement request. Submit the signed and approved travel reimbursement packet with the monthly claim package. Submit only paid traveler reimbursements with the monthly claim package.

The AHCA Project Manager must approve all conference, convention or other overnight travel costs before travel occurs. Without prior approval, the cost may not be eligible for reimbursement.

**C. TYPES OF TRAVEL COSTS ELIGIBLE FOR REIMBURSEMENT**

**1. Airline costs**

- The purchase of non-refundable economy class tickets is normally the lowest cost.
- Baggage fees should be justified if checking more than one bag.
- Submit airline tickets and boarding passes with the reimbursement package.
- Non-reimbursable fees:
  - ✓ Travel agent or 3<sup>rd</sup> party booking fees.
  - ✓ Preferred seating fees or boarding upgrade fees.

**2. Hotel costs**

- Travelers must be on continuous travel of twenty-four (24) hours or more away from the traveler's official headquarters and more than fifty (50) miles away from the traveler's headquarters or residence (whichever is less) in order for hotel costs to be reimbursed.
- Room rates exceeding **\$150.00** per night is not reimbursable unless authorized by the AHCA Project Manager.

- All rooms must be of a reasonable rate for the area. Staying at the training location is not always reasonable when there is an equivalent hotel nearby.
- Hotel receipts must show the payment amount and show a zero balance due.
- It is best practice to pay any non-reimbursable charges (i.e. room service, phone and movie charges) separately from hotel charges. Ineligible charges should not show on the hotel receipt submitted for reimbursement.

### 3. Parking

- Valet parking is only allowed when self-parking is not available.
- Parking receipts should have the vendor, date, time, and parking fees.

### 4. Mileage – Map

- Map mileage is considered the miles between the city of origin to the destination city. (This is not ACTUAL mileage).
- All travel must be via a usually traveled route.
- The reimbursable mileage rate is **0.445** cents per mile.
- Use of the official Florida Department of Transportation (FDOT) Highway Mileage Viewer is required for map mileage for available cities.

FDOT website: <http://fdotewp1.dot.state.fl.us/CityToCityMileage/viewer.aspx>

- If FDOT Highway Mileage Viewer does not contain the cities you traveled between, then MapQuest mileage should be used. Remember to enter the city of origin to the destination city. Do not enter the actual starting and destination addresses.

The MapQuest <http://www.mapquest.com/>

### 5. Mileage – Vicinity

- Vicinity mileage is mileage within cities.
- Calculate vicinity mileage by taking the actual mileage and subtracting map mileage claimed.
- Claim only vicinity mileage if travel occurs within one city for the day.

### 6. Registration Fee

- Attach a copy of the completed registration form and a paid receipt to the travel reimbursement.
- Submit the agenda with a schedule of events for any seminar, conference or convention.

### 7. Rental Car

- Class B, Compact cars should be rented. Any upgrades requiring increasing cost must be adequately justified to be reimbursable (i.e. carpooling with other travelers).
- The State of Florida will only reimburse for the cost of the car and applicable taxes.
- Itemized receipt required.

8. Rental Car Fuel

- All receipts must show date, time, vendor, location, gallons, cost per gallon, and total fuel costs.
- Fuel is only reimbursable for rental cars.

9. Shuttle or Taxi

- Use shuttles or taxis when other more reasonable transportation options are unavailable.
- Tips for taxi services are ineligible for reimbursement.

10. Tolls

- Receipts are required and online Transponder Reports (date, time, location, and amount) are sufficient for a receipt.

**D. INSTRUCTIONS FOR COMPLETING TRAVEL REIMBURSEMENT FORM**

All travelers are required to complete page 1 of the travel form. Instructions for the 1<sup>st</sup> page reimbursement fields are below:

1. **Payee:** Enter the legal name of the traveler.
2. **Address:** For non-employees, enter their work address.
3. **Personal Identifier Number:** Not required.
4. **Headquarters:** Enter city or town for traveler's normal office location.
5. **City of Residence:** Enter traveler's city of residence.
6. **Mark One:** Non-AHCA employees check the non-employee box.
7. **Special Shift Hours:** If the traveler works a shift other than a normal 8 to 5 workday, enter their shift.
8. **Date:** List the date for each day of travel beginning with the date of departure, each day away and date of return.
9. **Travel Performed from Point of Origin to Destination:** Enter the name of city or town of origin and final destination that day.
  - List each day's location.
  - List on separate lines each city visited during the day's travel in order to calculate Map Mileage between the cities. (i.e. Line 1 shows Tallahassee to Jacksonville, Line 2 shows Jacksonville to Orlando, Line 3 shows Orlando to Tallahassee.)
10. **Purpose or Reason (Name of Conference):** Enter the purpose of each trip in this column. Do not abbreviate.
11. **Hour of Departure and Return:** Indicate the actual hour of departure when the trip begins and indicate the actual hour of return on the line for the date the trip ends.
  - For vicinity travel in the headquarters area, indicate departure and return time for each day of travel.

- Departure and return times are always required, even if mileage is the only thing claimed.
12. **Per Diem or Actual Lodging Expenses:** Enter each day's hotel cost and taxes on the appropriate day of travel.
  13. **Map Mileage Claimed:** All mileage shall be from the city of origin to the destination city. Map mileage should align with the travel date on the left of the worksheet. Enter map mileage on the row for the date mileage was driven.
  14. **Vicinity Mileage Claimed:** Enter mileage consisting of miles driven within the cities traveled.
  15. **Incidental Expenses, Amount and Type fields:**
    - Enter all allowed travel costs other than Hotel or mileage in these fields.
    - List each receipt on a separate line. (i.e. 5 toll charges will be listed on 5 lines.)
    - The date related to incidental expenses will not align with the travel date on the left of the worksheet.
  16. **Benefit to State:** Required if the travel was for a conference, convention, or other overnight travel. The field must clearly identify the travel is allowed and authorized under the grant (i.e. Provide dentistry assistance in Miami serving under-served patients while dentist position is vacant.).
  17. **Totals:** No entry needed for these fields. All total columns contain calculations and extend to the summary total for the entire form.
  18. **Payee's Signature and Title:** The traveler must sign and enter their title. Ensure the title is legible.
  19. **Preparer's Name and Phone Number:** Not required.
  20. **Date Prepared:** Enter the date form was prepared.
  21. **Supervisor's Signature, Title, and Printed Supervisors Name:** Supervisors or managers who have direct knowledge that the travel costs are valid should approve the travel reimbursement. It is best practice to enter the supervisor's name and title before the reimbursement form is printed. If these fields are handwritten, ensure the name and titles are clear and easy to read.
  22. **All sections below signatures:** Not required.

Only State employees are required to complete page two of the travel form if any of the sections are applicable. State employees are to complete these fields as directed in their agency's travel manual.

1. **Travel by Common Carrier or State Vehicle:** Completed when using an agency vehicle for the trip or when common carrier costs are paid directly by the agency. Direct payment, for common carrier costs by an agency, is unusual (i.e. Rental car paid using a purchase order).
2. **State of Florida Purchasing Card (Pcard) Section:** Completed if the traveler used a state issued Pcard during the trip. List Pcard expenses in this section; do not list Pcard expenses on page one of the reimbursement form.

## **E. TRAVEL SUBMISSION AND DOCUMENTATION REQUIREMENTS**

1. Complete separate travel reimbursement forms for each out-of-town/overnight trip and include all reimbursable costs associated with the trip.
2. Complete single day trips at least monthly.
3. Complete (type) all travel information on the travel reimbursement form.
4. Attach the following supporting documentation:
  - Receipts for all expenses for reimbursement;
  - Airline tickets and boarding passes when applicable;
  - Agenda for any seminar, conference or convention when applicable;
  - Email from AHCA Project Manager authorizing conference, convention or other overnight travel when applicable; and
  - Any other documents that supports or clarifies travel reimbursement.

## **F. COMPLETED TRAVEL REIMBURSEMENT EXAMPLE**

Travel Reimbursement example completed with travel details below:

12/7

- Departed from Tallahassee and drove traveler's personal car to Gainesville.
- Stayed 3 days in hotel while conducting training.
- Flew to Miami directly from Gainesville after training concluded.

12/10

- Parked personal car at Gainesville airport.
- Checked one bag each way of the flight.
- Rented a car at Miami airport for 1 day.
- Paid tolls between the airport and the hotel.

12/11

- Conducted Miami training.

12/12

- Flew back to Gainesville.
- Retrieved car from Gainesville Airport parking.
- Returned from Gainesville to Tallahassee in personal car.

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**ATTACHMENT A  
EXHIBIT 5**

**VEHICLE/EQUIPMENT ATTESTATION**

In accordance with Chapter 2015-232, Laws of Florida, Specific Appropriation 187A and this Agreement, (Pinellas County Board of County Commissioners) attests to the following statement(s):

**I. Check all that apply:**

The vehicle and/or equipment purchased was approved by the Agency under the terms and conditions of this Agreement and its approved Budget, **Exhibit 1**. This vehicle and/or equipment will be used solely for the goals and purposes of this Agreement. I understand that this documentation will be submitted with each monthly invoice during the term of this Agreement. After this Agreement expires this form will be submitted on a yearly basis due on or before **July 31st** of each year, up to ten (10) years of the useful life expectancy. This obligation survives the expiration of this Agreement.

**II. If there has been a change in approved services check one (1) of the following:**

The above mentioned vehicle and/or equipment purchased will no longer be used solely for this Agreement's goals and purposes but for additional services not previously approved. The vehicle and/or equipment will be returned to the Agency for Health Care Administration.

The above mentioned vehicle and/or equipment purchased will no longer be used solely for this Agreement's goals and purposes but for additional services not previously approved. The vehicle and/or equipment will be purchased from the Agency for Health Care Administration at fair market value as of the date of title transfer.

I declare that the above statement(s) is/are true and accurate to the best of my knowledge.

\_\_\_\_\_  
Name of Recipient's Contract Manager

\_\_\_\_\_  
Signature of Recipient's Contract Manager

\_\_\_\_\_  
Name of Recipient's Signatory

\_\_\_\_\_  
Signature of Recipient's Signatory

**AHCA CONTRACT MANAGER USE ONLY:**

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

Signature: \_\_\_\_\_

## ATTACHMENT B SPECIAL AUDIT REQUIREMENTS

The administration of resources awarded by the Agency for Health Care Administration (which may be referred to as the "Agency" or "Grantor") to the recipient (which may be referred to as the "Vendor", "Facility" or "Recipient") may be subject to audits and/or monitoring by the Agency for Health Care Administration, as described in this Attachment.

### MONITORING

In addition to reviews of audits conducted in accordance with OMB Circular A-133 and Section 215.97, F.S., as revised (see "AUDITS" below), monitoring procedures may include, but not be limited to, on-site visits by Agency for Health Care Administration staff, limited scope audits as defined by OMB Circular A-133, as revised, and/or other procedures. By entering into this Agreement, the Recipient agrees to comply and cooperate with any monitoring procedures/processes deemed appropriate by the Agency for Health Care Administration. In the event the Agency for Health Care Administration determines that a limited scope audit of the Recipient is appropriate, the Recipient agrees to comply with any additional instructions provided by the Agency for Health Care Administration staff to the Recipient regarding such audit. The Recipient further agrees to comply and cooperate with any inspections, reviews, investigations, or audits deemed necessary by the Chief Financial Officer (CFO) or Auditor General.

### AUDITS

#### **PART I: FEDERALLY FUNDED**

This part is applicable if the Recipient is a State or local government or a non-profit organization as defined in OMB Circular A-133, as revised.

1. In the event that the recipient expends **\$300,000.00** (**\$500,000.00** for fiscal years ending after *December 31, 2003*) or more in Federal awards in its fiscal year, the Recipient must have a single or program-specific audit conducted in accordance with the provisions of OMB Circular A-133, as revised. **EXHIBIT 1** to this agreement indicates Federal resources awarded through the Agency for Health Care Administration by this Agreement. In determining the Federal awards expended in its fiscal year, the Recipient shall consider all sources of Federal awards, including Federal resources received from the Agency for Health Care Administration. The determination of amounts of Federal awards expended should be in accordance with the guidelines established by OMB Circular A-133, as revised. An audit of the Recipient conducted by the Auditor General in accordance with the provisions OMB Circular A-133, as revised, will meet the requirements of this part.
2. In connection with the audit requirements addressed in Part I, paragraph 1, the Recipient shall fulfill the requirements relative to auditee responsibilities as provided in Subpart C of OMB Circular A-133, as revised.
3. If the Recipient expends less than **\$300,000.00** (**\$500,000.00** for fiscal years ending after *December 31, 2003*) in Federal awards in its fiscal year, an audit conducted in accordance with the provisions of OMB Circular A-133, as revised, is not required. In the event that the Recipient expends less than **\$300,000.00** (**\$500,000.00** for fiscal years ending after *December 31, 2003*) in Federal awards in its fiscal year and elects to have an audit conducted in accordance with the provisions of OMB Circular A-133, as revised, the cost of the audit must be paid from non-Federal resources (i.e., the cost of such an audit must be paid from Recipient resources obtained from other than Federal entities).

4. The Recipient may access information regarding the Catalog of Federal Domestic Assistance (CFDA) via the internet at <https://www.cfda.gov/>.

## **PART II: STATE FUNDED**

This part is applicable if the Recipient is a nonstate entity as defined by Section 215.97(2), Florida Statutes.

1. In the event that the Recipient expends a total amount of state financial assistance equal to or in excess of **\$500,000.00** in any fiscal year of such Recipient (for fiscal years ending September 30, 2004 or thereafter), the Recipient must have a State single or project-specific audit for such fiscal year in accordance with Section 215.97, Florida Statutes; applicable rules of the Department of Financial Services; and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General. **EXHIBIT 1** to this agreement indicates state financial assistance awarded through the Agency for Health Care Administration by this Agreement. In determining the state financial assistance expended in its fiscal year, the Recipient shall consider all sources of state financial assistance, including state financial assistance received from the Agency for Health Care Administration, other state agencies, and other nonstate entities. State financial assistance does not include Federal direct or pass-through awards and resources received by a nonstate entity for Federal program matching requirements.
2. In connection with the audit requirements addressed in Part II, paragraph 1, the Recipient shall ensure that the audit complies with the requirements of Section 215.97(8), Florida Statutes. This includes submission of a financial reporting package as defined by Section 215.97(2), Florida Statutes, and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General.
3. If the Recipient expends less than **\$500,000.00** in state financial assistance in its fiscal year (for fiscal years ending September 30, 2004 or thereafter), an audit conducted in accordance with the provisions of Section 215.97, Florida Statutes, is not required. In the event that the Recipient expends less than **\$500,000.00** in state financial assistance in its fiscal year and elects to have an audit conducted in accordance with the provisions of Section 215.97, Florida Statutes, the cost of the audit must be paid from the nonstate entity's resources (i.e., the cost of such an audit must be paid from the recipient's resources obtained from other than State entities).
4. For information regarding the Florida Catalog of State Financial Assistance (CSFA), a Recipient should access the Florida Single Audit Act website located at <https://apps.fldfs.com/fsaa/>.

## **PART III: OTHER AUDIT REQUIREMENTS**

*(NOTE: This part would be used to specify any additional audit requirements imposed by the State awarding entity that are solely a matter of that State awarding entity's policy (i.e., the audit is not required by Federal or State laws and is not in conflict with other Federal or State audit requirements). Pursuant to Section 215.97(8), Florida Statutes, State agencies may conduct or arrange for audits of state financial assistance that are in addition to audits conducted in accordance with Section 215.97, Florida Statutes. In such an event, the State awarding agency must arrange for funding the full cost of such additional audits.)*

## PART IV: REPORT SUBMISSION

1. Copies of reporting packages for audits conducted in accordance with OMB Circular A-133, as revised, and required by PART I of this agreement shall be submitted, when required by Section .320 (d), OMB Circular A-133, as revised, by or on behalf of the recipient directly to each of the following:

- A. The Agency for Health Care Administration at the following address:

**Audit Director**  
Agency for Health Care Administration  
Office of Inspector General, MS#5  
2727 Mahan Drive  
Tallahassee, Florida 32308-5403

- B. The Federal Audit Clearinghouse designated in OMB Circular A-133, as revised (the number of copies required by Sections .320 (d)(1) and (2), OMB Circular A-133, as revised, should be submitted to the Federal Audit Clearinghouse), at the following address:

Federal Audit Clearinghouse  
Bureau of the Census  
1201 East 10<sup>th</sup> Street  
Jeffersonville, IN 47132

- C. Other Federal agencies and pass-through entities in accordance with Sections .320 (e) and (f), OMB Circular A-133, as revised.

2. In the event that a copy of the reporting package for an audit required by PART I of this agreement and conducted in accordance with OMB Circular A-133, as revised, is not required to be submitted to the Department of "ABC" for the reasons pursuant to Section .320 (e)(2), OMB Circular A-133, as revised, the recipient shall submit the required written notification pursuant to Section .320 (e)(2) and a copy of the recipient's audited schedule of expenditures of Federal awards directly to each of the following (*If the State awarding entity, pursuant to Section .320(f), OMB Circular A-133, wants a copy of the reporting package described in Section .320(c) and/or a management letter, the State awarding agency should replace the above language with the following language*) Pursuant to Section .320 (f), OMB Circular A-133, as revised, the recipient shall submit a copy of the reporting package described in Section .320 (c), OMB Circular A-133, as revised, and any management letter issued by the auditor, to the Department of "ABC" at each of the following addresses:

**Audit Director**  
Agency for Health Care Administration  
Office of Inspector General, MS#5  
2727 Mahan Drive  
Tallahassee, Florida 32308-5403

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3. Copies of financial reporting packages required by PART II of this agreement shall be submitted by or on behalf of the recipient directly to each of the following:

- A. The Agency for Health Care Administration at the following address:

**Audit Director**  
Agency for Health Care Administration  
Office of Inspector General, MS#5  
2727 Mahan Drive  
Tallahassee, Florida 32308-5403

- B. The Auditor General's Office at the following address:

Auditor General's Office  
Room 401, Pepper Building  
111 West Madison Street  
Tallahassee, Florida 32399-1450

4. Copies of reports or the management letter required by PART III of this agreement shall be submitted by or on behalf of the recipient directly to:

- A. The Agency for Health Care Administration at the following address:

**Audit Director**  
Agency for Health Care Administration  
Office of Inspector General, MS#5  
2727 Mahan Drive  
Tallahassee, Florida 32308-5403

5. Any reports, management letter, or other information required to be submitted to the Agency for Health Care Administration pursuant to this Agreement shall be submitted timely in accordance with OMB Circular A-133, Florida Statutes, and Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General, as applicable.
6. Recipients, when submitting financial reporting packages to the Agency for Health Care Administration for audits done in accordance with OMB Circular A-133 or Chapters 10.550 (local governmental entities) or 10.650 (nonprofit and for-profit organizations), Rules of the Auditor General, should indicate the date that the reporting package was delivered to the Recipient in correspondence accompanying the reporting package.

#### **PART V: RECORD RETENTION**

The Recipient shall retain sufficient records demonstrating its compliance with the terms of this Agreement for a period of six (6) years from the date the audit report is issued, and shall allow the Agency for Health Care Administration, or its designee, CFO, or Auditor General access to such records upon request. The Recipient shall ensure that audit working papers are made available to the Agency for Health Care Administration, or its designee, CFO, or Auditor General upon request for a period of three (3) years from the date the audit report is issued, unless extended in writing by the Agency for Health Care Administration.

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**ATTACHMENT B  
EXHIBIT 1**

**Federal Funds Awarded to the Recipient Pursuant to this Agreement Consist of the Following:**

Federal Program Number	Federal Agency	CFDA Number	CFDA Title	Funding Amount

**State Funds Awarded to the Recipient Pursuant to this Agreement Consist of the Following Matching Funds for Federal Programs:**

Federal Program Number	Federal Agency	CFDA Number	CFDA Title	Funding Amount

**State Funds Awarded to the Recipient Pursuant to this Agreement Consist of the Following Funds Subject to Section 215.97 F.S.:**

State Program Number	Funding Source	State Fiscal Year	CSFA Number	CSFA Title	Funding Amount
GFA049	General Revenue Fund Line Item 187A	15/16	68.012	Community and Primary Care Services	\$485,419.12
Total Award					\$485,419.12

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## ATTACHMENT C

### BUSINESS ASSOCIATE AGREEMENT

The parties to this Attachment agree that the following provisions constitute a business associate agreement for purposes of complying with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This Attachment is applicable if the Vendor is a business associate within the meaning of the Privacy and Security Regulations, 45 C.F.R. 160 and 164.

The Vendor certifies and agrees as to abide by the following:

1. Definitions. Unless specifically stated in this Attachment, the definition of the terms contained herein shall have the same meaning and effect as defined in 45 C.F.R. 160 and 164.
  - 1a. Protected Health Information. For purposes of this Attachment, protected health information shall have the same meaning and effect as defined in 45 C.F.R. 160 and 164, limited to the information created, received, maintained or transmitted by the Vendor from, or on behalf of, the Agency.
  - 1b. Security Incident. For purposes of this Attachment, security incident means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system and includes any event resulting in computer systems, networks, or data being viewed, manipulated, damaged, destroyed or made inaccessible by an unauthorized activity.
2. Applicability of HITECH and HIPAA Privacy Rule and Security Rule Provisions. As provided by federal law, Title XIII of the American Recovery and Reinvestment Act of 2009 (ARRA), also known as the Health Information Technology Economic and Clinical Health (HITECH) Act, requires a Business Associate (Vendor) that contracts with the Agency, a HIPAA covered entity, to comply with the provisions of the HIPAA Privacy and Security Rules (45 C.F.R. 160 and 164).
3. Use and Disclosure of Protected Health Information. The Vendor shall comply with the provisions of 45 CFR 164.504(e)(2)(ii). The Vendor shall not use or disclose protected health information other than as permitted by this Contract or by federal and state law. The sale of protected health information or any components thereof is prohibited except as provided in 45 CFR 164.502(a)(5). The Vendor will use appropriate safeguards to prevent the use or disclosure of protected health information for any purpose not in conformity with this Contract and federal and state law. The Vendor will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of electronic protected health information the Vendor creates, receives, maintains, or transmits on behalf of the Agency.

4. Use and Disclosure of Information for Management, Administration, and Legal Responsibilities. The Vendor is permitted to use and disclose protected health information received from the Agency for the proper management and administration of the Vendor or to carry out the legal responsibilities of the Vendor, in accordance with 45 C.F.R. 164.504(e)(4). Such disclosure is only permissible where required by law, or where the Vendor obtains reasonable assurances from the person to whom the protected health information is disclosed that: (1) the protected health information will be held confidentially, (2) the protected health information will be used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and (3) the person notifies the Vendor of any instance of which it is aware in which the confidentiality of the protected health information has been breached.
5. Disclosure to Third Parties. The Vendor will not divulge, disclose, or communicate protected health information to any third party for any purpose not in conformity with this Contract without prior written approval from the Agency. The Vendor shall ensure that any agent, including a subcontractor, to whom it provides protected health information received from, or created or received by the Vendor on behalf of, the Agency agrees to the same terms, conditions, and restrictions that apply to the Vendor with respect to protected health information. The Vendor's subcontracts shall fully comply with the requirements of 45 CFR 164.314(a)(2)(iii).
6. Access to Information. The Vendor shall make protected health information available in accordance with federal and state law, including providing a right of access to persons who are the subjects of the protected health information in accordance with 45 C.F.R. 164.524.
7. Amendment and Incorporation of Amendments. The Vendor shall make protected health information available for amendment and to incorporate any amendments to the protected health information in accordance with 45 C.F.R. 164.526.
8. Accounting for Disclosures. The Vendor shall make protected health information available as required to provide an accounting of disclosures in accordance with 45 C.F.R. 164.528. The Vendor shall document all disclosures of protected health information as needed for the Agency to respond to a request for an accounting of disclosures in accordance with 45 C.F.R. 164.528.
9. Access to Books and Records. The Vendor shall make its internal practices, books, and records relating to the use and disclosure of protected health information received from, or created or received by the Vendor on behalf of the Agency, available to the Secretary of the Department of Health and Human Services ("HHS") or the Secretary's designee for purposes of determining compliance with the HHS Privacy Regulations.
10. Reporting. The Vendor shall make a good faith effort to identify any use or disclosure of protected health information not provided for in this Contract.
  - 10a. To Agency. The Vendor will report to the Agency, within ten (10) business days of discovery, any use or disclosure of protected health information not provided for in this Contract of which the Vendor is aware. The Vendor will report to the Agency, within twenty-four (24) hours of discovery, any security incident of which the Vendor is aware. A violation of this paragraph shall be a material violation of this Contract. Such notice shall include the identification of each individual whose unsecured protected health

information has been, or is reasonably believed by the Vendor to have been, accessed, acquired, used, or disclosed during such breach.

- 10b. To Individuals. In the case of a breach of protected health information discovered by the Vendor, the Vendor shall first notify the Agency of the pertinent details of the breach and upon prior approval of the Agency shall notify each individual whose unsecured protected health information has been, or is reasonably believed by the Vendor to have been, accessed, acquired, used or disclosed as a result of such breach. Such notification shall be in writing by first-class mail to the individual (or the next of kin if the individual is deceased) at the last known address of the individual or next of kin, respectively, or, if specified as a preference by the individual, by electronic mail. Where there is insufficient, or out-of-date contract information (including a phone number, email address, or any other form of appropriate communication) that precludes written (or, if specifically requested, electronic) notification to the individual, a substitute form of notice shall be provided, including, in the case that there are 10 or more individuals for which there is insufficient or out-of-date contact information, a conspicuous posting on the Web site of the covered entity involved or notice in major print of broadcast media, including major media in the geographic areas where the individuals affected by the breach likely reside. In any case deemed by the Vendor to require urgency because of possible imminent misuse of unsecured protected health information, the Vendor may also provide information to individuals by telephone or other means, as appropriate.
- 10c. To Media. In the case of a breach of protected health information discovered by the Vendor where the unsecured protected health information of more than 500 persons is reasonably believed to have been, accessed, acquired, used, or disclosed, after prior approval by the Agency, the Vendor shall provide notice to prominent media outlets serving the State or relevant portion of the State involved.
- 10d. To Secretary of Health and Human Services (HHS). The Vendor shall cooperate with the Agency to provide notice to the Secretary of HHS of unsecured protected health information that has been acquired or disclosed in a breach.
- (i) Vendors Who Are Covered Entities. In the event of a breach by a contractor or subcontractor of the Vendor, and the Vendor is a HIPAA covered entity, the Vendor shall be considered the covered entity for purposes of notification to the Secretary of HHS pursuant to 45 CFR 164. 408. The Vendor shall be responsible for filing the notification to the Secretary of HHS and will identify itself as the covered entity in the notice. If the breach was with respect to 500 or more individuals, the Vendor shall provide a copy of the notice to the Agency, along with the Vendor's breach risk assessment for review at least 15 business days prior to the date required by 45 C.F.R. 164.408 (b) for the Vendor to file the notice with the Secretary of HHS. If the breach was with respect to less than 500 individuals, the Vendor shall notify the Secretary of HHS within the notification timeframe imposed by 45 C.F.R. 164.408(c) and shall contemporaneously submit copies of said notifications to the Agency.
- 10e. Content of Notices. All notices required under this Attachment shall include the content set forth Section 13402(f), Title XIII of the American Recovery and Reinvestment Act of 2009 and 45 C.F.R. 164.404(c), except that references therein to a "covered entity" shall be read as references to the Vendor.

- 10f. Financial Responsibility. The Vendor shall be responsible for all costs related to the notices required under this Attachment.
11. Mitigation. Vendor shall mitigate, to the extent practicable, any harmful effect that is known to the Vendor of a use or disclosure of protected health information in violation of this Attachment.
12. Termination. Upon the Agency's discovery of a material breach of this Attachment, the Agency shall have the right to assess liquidated damages as specified elsewhere in the contract to which this Contract is an attachment, and/or to terminate this Contract.
- 12a. Effect of Termination. At the termination of this Contract, the Vendor shall return all protected health information that the Vendor still maintains in any form, including any copies or hybrid or merged databases made by the Vendor; or with prior written approval of the Agency, the protected health information may be destroyed by the Vendor after its use. If the protected health information is destroyed pursuant to the Agency's prior written approval, the Vendor must provide a written confirmation of such destruction to the Agency. If return or destruction of the protected health information is determined not feasible by the Agency, the Vendor agrees to protect the protected health information and treat it as strictly confidential.
- 

The Vendor has caused this Attachment to be signed and delivered by its duly authorized representative, as of the date set forth below.

Vendor Name: **Pinellas County Board of County Commissioners**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Authorized Signer

**TAB 4 – TREND REPORT**

The trend report ending for February 2016 is attached.

The 2017 patient target for unduplicated patients is 2,390.

# MMU 2015-2016 Trend Report for Unduplicated Patients & Qualified Medical Encounters by RM O'Brien

Data source: NextGen EPM 3/1/16 @ 8:00 AM; and 2015-2016 Trend Reports

Unduplicated Patients				
Calendar Month	2016 Totals			2015 Totals
	Monthly increase, all sites except Safe Harbor	Safe Harbor ONLY monthly increase	Monthly cumulative including expanded clinic, Safe Harbor	Monthly cumulative including expanded clinic
January	216	135	351	413
<b>February</b>	154	65	570	626
March				840
April				1024
May				1165
June				1354
July				1512
August				1657
September				1794
October				1980
November				2109
December				
Total for year	<u>370</u>	<u>200</u>	<b>570</b>	<b>2241* less 2 test patients</b>

Qualified Medical Encounters				
Calendar Month	2016 Totals			2015 Totals
	Monthly increase, all sites except Safe Harbor	Safe Harbor ONLY monthly increase	Monthly cumulative including expanded clinic, Safe Harbor	Monthly cumulative including expanded clinic
January	252	209	461	505
<b>February</b>	276	165	902	991
March				1542
April				2117
May				2587
June				3148
July				3708
August				4208
September				4715
October				5371
November				5841
December				
Total for year	<u>528</u>	<u>374</u>	<b>902</b>	<b>6375</b>

MMU Unduplicated Patients report for 1/1/16-2/29/16 by RM O'Brien

Data source: NextGen EPM 3/1/16 @ 8:00 AM

Location/Site	2016 Totals for 1/1/16-2/29/16	
	Unduplicated Patient Count	Percentage of Total Unduplicated Patient Count
Ex Offender Showcase	0	0%
Pinellas Hope	99	17%
Safe Harbor	200	35%
Salvation Army (ARC)	83	15%
Salvation Army 1-Stop (St. Petersburg)	76	13%
St. Vincent DePaul (Clearwater)	55	10%
St. Vincent DePaul (St. Petersburg)	39	7%
Homeless Emergency Project (HEP)	18	3%
<b>Totals (570)</b>	<b><u>570</u></b>	100%

MMU Qualified Medical Encounter report for 1/1/16-2/29/16 by RM O'Brien

Data source: NextGen EPM 3/1/16 @ 8:00 AM

Location/Site	2016 Totals: Qualified Medical Encounters for 1/1/16-2/29/16			
	New: 99201-99205	Established: 99211-99215	Total of New & Established: 99201-99215	Percentage of Total New and Established
ExOffender Showcase	0	0	0	0%
Pinellas Hope	20	114	134	15%
Safe Harbor	59	315	374	41%
Salvation Army ARC	17	110	127	14%
Salvation Army 1-Stop (St. Petersburg)	16	101	117	13%
St. Vincent DePaul (Clearwater)	13	62	75	8%
St. Vincent DePaul (St. Petersburg)	14	35	49	5%
Homeless Emergency Project (HEP)	6	20	26	3%
<b>Totals (902)</b>	145	757	<b>902</b>	100%

**TAB 5 – OTHER UPDATES**

No Additional Attachments