



Application Submitted to HRSA

Submitted to HRSA

Organization: COUNTY OF PINELLAS, CLEARWATER, Florida

Grants.gov Tracking Number: GRANT14500261

EHB Application Number: 242854

Grant Number: 6 H80CS00024-24-03

Funding Opportunity Number: HRSA-26-002

Received Date: 10/29/2025 4:54:14 PM

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Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
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* 3. Date Received: <input type="text" value="09/22/2025"/>	4. Applicant Identifier: <input type="text"/>
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5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text" value="H80CS00024"/>
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State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
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8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="59-6000800"/>	* c. UEI: <input type="text" value="R37RMC63XKG1"/>
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d. Address:

* Street1:	<input type="text" value="C/O Office of Management and Budget"/>
Street2:	<input type="text"/>
* City:	<input type="text" value="Clearwater"/>
County/Parish:	<input type="text"/>
* State:	<input type="text" value="FL: Florida"/>
Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code:	<input type="text" value="33756-5015"/>

e. Organizational Unit:

Department Name: <input type="text"/>	Division Name: <input type="text"/>
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: <input type="text"/>	* First Name: <input type="text" value="Elisa"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="DeGregorio"/>	
Suffix: <input type="text"/>	

Title:

Organizational Affiliation:

* Telephone Number: <input type="text" value="727-464-8434"/>	Fax Number: <input type="text"/>
---	----------------------------------

* Email:

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

N/A

11. Assistance Listing Number:

Assistance Listing Title:

*** 12. Funding Opportunity Number:**

HRSA-26-002

* Title:

Service Area Competition

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Health Center Cluster

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,926,977.00"/>
* b. Applicant	<input type="text" value="5,156,447.00"/>
* c. State	<input type="text" value="221,460.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="33,792.00"/>
* g. TOTAL	<input type="text" value="7,338,676.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:

* Date Signed:

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Project Abstract Summary

OMB Approval No. 4040-0019

Expiration Date 2/28/2025

This Project Abstract Summary form must be submitted or the application will be considered incomplete. Ensure the Project Abstract field succinctly describes the project in plain language that the public can understand and use without the full proposal. Use 4,000 characters or less. Do not include personally identifiable, sensitive or proprietary information. Refer to Agency instructions for any additional Project Abstract field requirements. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.

Funding Opportunity Number

HRSA-26-002

CFDA(s)

93.224

Applicant Name

COUNTY OF PINELLAS

Descriptive Title of Applicant's Project

Health Center Cluster

Project Abstract

Authorized by Pinellas County Board of County Commissioners (BCC) and the Health Care for the Homeless Co-Applicant Board, Pinellas County Human Services' Health Care for the Homeless (HCH) program provides basic medical care and related services. The health center program, Service Area ID 023, is targeted to serve 2,315 homeless individuals in Pinellas County, FL by 2027. Medical Services include: primary care, including the treatment of illness or injury as well as preventive care, education, limited prescription coverage and referrals for lab work, specialty care, dental assistance, behavioral-mental health assistance and substance use disorder services. The HCH Program has two service sites including the Bayside Health Clinic located at 14808 49th Street North in Clearwater and the use of a Mobile Medical Unit (MMU) van in varied locations throughout the county where the homeless congregate. The County contracts with the Florida Department of Health (DOH) in Pinellas County to provide primary care clinical services. DOH contracts with various providers in the County for additional medical and supportive care services as needed by the program.



Key Contacts Form

*** Applicant Organization Name:**

County of Pinellas

Enter the individual's role on the project (e.g., project manager, fiscal contact).

*** Contact 1 Project Role:** Project Director

Prefix: Ms.

* First Name: Elisa

Middle Name:

* Last Name: DeGregorio

Suffix:

Title: Health Care Administrator

Organizational Affiliation:

Pinellas County Human Services

* Street1: 440 Court Street

Street2: 2nd Floor

* City: Clearwater

County: Pinellas

* State: FL: Florida

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 33756-5065

* Telephone Number: 727-464-8434

Fax:

* Email: edegregorio@pinellas.gov

[Skip to Main Content](#)

Project/Performance Site Location(s)

OMB Approval No. 4040-0010

Expiration Date 11/30/2025

Project/Performance Site Primary Location

Organization Name:

* Street1:

Street2:

* City:

County:

* State: Province:

* Country * ZIP / Postal Code:

UEI:

Project/ Performance Site Congressional District:

Project/Performance Site Location

Organization Name:

* Street1:

Street2:

* City: County:

* State: Province:

* Country * ZIP / Postal Code:

UEI:

Project/ Performance Site Congressional District:

Project/Performance Site Location

Organization Name:

* Street1:

Street2:

* City: County:

* State: Province:

* Country * ZIP / Postal Code:

UEI:

Project/ Performance Site Congressional District:

Pinellas County Board of County Commissioners | H80CS00024 | Service Area Competition Project Narrative

Need

See merit review criterion 1: Need

1. Describe the proposed service area (consistent with [Attachment 1: Service Area Map and Table](#)), including: The service area boundaries.

- a. If it is located in an [Opportunity Zone](#).
- b. How the boundaries of the service area ensure that services are available and accessible to the residents of the area.
- c. How the overlap of political subdivisions, school districts, and areas served by Federal and State health and social programs affect access to primary health care services in the service area.
- d. How you will annually review the proposed service area to identify where your patients reside, available health resources, and unmet need.
- e. If your urban/rural selection on Form 1A is different from the service area type listed for the proposed service area on the SAAT, explain why, including data sources.
- f. **Competing continuation applicants:** Using Uniform Data System (UDS) data, describe changes to the service area since your last SAC application.

a. Opportunity Zone: Pinellas County has 16 census tracts identified as Opportunity Zones according to IRS 2018-2B. Pinellas County's opportunity zone census tracts are geographically dispersed with one located in the northern most end of the county, seven (7) centrally located and the remaining eight (8) located in the southern portion of the County. The opportunity zones encompass 12.76 square miles, approximately 4% of Pinellas County's area. The Bayside Health Clinic, the bricks and mortar facility for the Pinellas County Health Care for the Homeless program, is in opportunity zone census tract 12103024510 in the central portion of the County. Additionally, of the five (5) sites the mobile medical unit travels two (2) are directly located in opportunity zone census tracts (12103025900 and 12103021600) and one (1) is located directly across the street from the edge of an opportunity zone census tract (12103020500).

b. Service Area Boundaries: Pinellas County is a 280 square mile peninsula on Florida's Gulf Coast bordered by the Gulf of Mexico to the west, Tampa Bay to the east, and borders Pasco & Hillsborough Counties to the North and East.

c. Overlap of political subdivisions, school districts, and areas served by Federal and State health and social programs affects: Pinellas County has 24 incorporated municipalities, two districts within the US House of Representatives, and one unified school district. As a local county government health center, the program has worked collaboratively with other local government agencies and non-profit entities for decades. The County has a close working relationship with the Florida Department of Health in Pinellas County and has collaborated with various health resources throughout the service area.

d. Service Area Review: The health center collects zip code data from all clients served and maintains a Power BI Dashboard to easily present and review the data. Key management staff and the HCH Co-Applicant Board review the dashboard and specifically the Zip Code data regularly to ensure alignment with the service area as listed on Form 5B: Service Sites. The Co-Applicant Board reviewed the dashboard during the February and May 2025 meetings this calendar year. The Co-Applicant board also reviews external data to ensure services are being offered in areas of the

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County that have the greatest needs. For example, the Board recently reviewed Point in Time data collected by the Homeless Continuum of Care in Pinellas County.

- e. Urban/Rural Selection on Form 1A:** The urban/rural selection on Form 1A is not different from the service area type listed for the proposed service area on the SAAT.
- f. Description of UDS Data Changes to Service Area since last SAC application:** There are no changes to the Service Area since the last SAC application. Service area data including zip codes have remained consistent.

2. *Describe health care needs in the announced service area, including those that you are meeting, or which are met by the current Health Center Program award recipient. If your service area includes HP, RPH, and/or MSAW funding, include the needs of each special medically underserved population. Address needs related to the following:*

- a. *Comprehensive primary health care services, including in-scope nutrition, chronic disease management, preventive health education, cancer screening, and mental health services.*
- b. *Patient support services (for example, services that enable patients to access health center services, health and nutrition education services, and case management and care coordination services that can address health-related social factors such as those related to food insecurity, housing insecurity, and financial strain).*
- c. *Any other significant needs that impact health status or needs for primary care services.*

- a. Comprehensive Primary Care Services:** The Pinellas County Community Health Needs Assessment completed in 2025 identified 10 significant needs by the community members and stakeholders. The identified significant needs were prioritized as follows: Health Care Access and Quality, Mental Health, Nutrition and Healthy Eating, Economic Stability, Oral Health, Neighborhood and Built Environment, Heart Disease and Stroke, and Cancer.

Related to health care access and quality, according to the US Census Bureau, American Community Survey (2019-2023), in Pinellas County in 2023, 16.4% (99,885) of community members aged 19 – 64 were found to lack health insurance. Without access to health insurance, these individuals may experience delayed care, resulting in more serious health conditions and increased treatment costs. Of the health center’s patient population served, 87.3% of patients were uninsured. Although health insurance coverage levels can be a strong indicator of a person’s ability to access care, there are other potential barriers that can delay care for many people. (CDC, Health Insurance and Access to Care). In addition to insurance coverage, access to a health care professional can also be a barrier to care. In Pinellas County, there is one primary care physician per 723, higher than the state average 1:858. The health center employs 3.5 providers (MD/APRN) for the population in CY24.

From overall comprehensive primary care services, the health center is an NCQA recognized Patient Centered Medical Home and strategically focuses on access specific to the homeless population and quality from a chronic disease management and quality measures focus. In Pinellas County, nearly 50% of the population served by the health center have a chronic condition such as hypertension, diabetes and hypertension to name a few. In CY24, 1,452 patients had a reported mental health or substance use diagnosis.

- b. Patient Support Services:** The health center provides patient support services in various ways to meet the many needs of the target population. Through a combination of contracts and direct services, our care teams work to connect patients to housing resources, benefit programs, provide

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nutritional support through food bags, when available and connection to resources. The health center also has legal resources and disability advocates working at the health center on a monthly basis. Our street medicine team has strong case management staff working with unhoused individuals in the community.

- c. Other Significant Needs:** People who experience homelessness have a higher prevalence of mental health disorders and chronic health conditions such as hypertension, diabetes, cancer, and asthma. Preventative, primary, and specialty health services are critical to address the complex health needs of this vulnerable population. As a Health Care for the Homeless program, we strive to adapt our care model to best meet the multifaceted needs of individuals experiencing homelessness. Within the health center program, dental care patients have increased by 18.3%, mental health patients have increased by 15.7% and substance use patients increased by 5.1% in the past five years. In CY24, our Street Medicine Program reached 456 patients by going to locations where unhoused residents frequent.

3. Describe any recent or potential changes in the local health care landscape and how those changes may affect the needs of the target population.

Effective October 1, 2024, Florida enacted an anti-camping legislation, House Bill 1365, that prohibits public camping and sleeping on public property, with some exceptions for locally designated areas that meet state-mandated standards.

Natural disasters significantly impacted Pinellas County in 2024, including Hurricanes Debby, Milton, and Helene. These storms caused widespread housing damage across the county, including damage to nearly 30,000 housing homes. Storm-related displacement likely affected local shelter needs and service capacity.

While the current Federal government shutdown does not directly impact health care benefits or homeless services for veterans, outreach activities from the VA have been paused along with career counseling and transition assistance.

4. Describe how you determined the number of:

- Unduplicated patients that you project to serve in the assessment period. If your projection is different than the Patient Target advertised in the SAAT, explain why.*
- Patients that you project to serve for each service type that is required for the service area (listed in the Service Type column of the SAAT).*

- a. Unduplicated Patients:** The health center proposes serving 2,315 unduplicated patients in the assessment period.

- b. Projections per service type:** The health center proposes serving 1,835 medical patients, 850 dental patients, 535 mental health patients, 160 substance use patients, 40 vision patients and 250 patients for enabling services. These all align and are consistent with our UDS Baseline values.

5. Describe how you will:

- Conduct and update your needs assessment.*
- Regularly update your Scope of Project in response to the needs for additional services.*
- Use patient and community input to inform and improve your service delivery.*

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- a. Needs Assessment** The health center completes or updates its Needs Assessment annually, which includes a review of the Service Area in correlation with the health center’s UDS data and the HUD required Continuum of Care Point in Time (PIT) homeless counts to ensure continued access to clients in need. In addition, in 2026, the health program has contracted with a consultant to review health care access and system of care related to the services provided by the health center to further refine our Needs Assessment for the next 4-year grant period. The health center also reviews and utilizes community and stakeholder input from the County’s Community Health Needs Assessment conducted by the major hospitals in the County with input from community stakeholders.
- b. Scope of Project Updates:** The Pinellas County HCH Program operates through two service sites at six different locations weekly – the Mobile Medical Unit (MMU) and Bayside Health Clinic. The MMU travels throughout the county to five homeless service sites over the course of a week. The MMU has the most flexibility to relocate to locations that will best meet the needs of the target population. The staff and Co-Applicant Board reviews site utilization monthly and periodically review and approve changes to the MMU placement in accordance with new/updated data and needs assessment analysis. The Bayside Health Clinic is a stationary site nearly central to the county and provides approximately 57% of the program’s medical encounters monthly. The clinic is located within a two-mile radius of the two largest homeless shelters in Pinellas County, which can serve over 700 homeless individuals per night. The Bayside Health Clinic is open from 8:00am to 8:00pm Monday through Thursday, 8:00am to 5:00pm on Friday, and 8:00am to 12:00pm on Saturday. The health center also has Portable Clinical Care identified in our Scope of Project, Form C to accommodate our Street Medicine program which delivers limited primary care and case management/outreach to unhoused individuals throughout the County.
- c. Patient and Community Input:** Patient surveys and interviews are utilized to update the needs assessment and inform service delivery. Patient satisfaction surveys are provided to each new patient at the conclusion of every appointment. Patient interviews are conducted 1-1 periodically throughout the year to further inform the program. Survey data is captured and available for review at any time in our HCHP Dashboard. Survey results are also shared with the Co-Applicant Board annually. The health center has also presented and collected feedback from the Homeless Leadership Alliance’s Continuum of Care (CoC) Lived Experience Committee. The Lived Experience Committee meets monthly, and the health center staff presented at the meeting in September 2025. The health center also has held various health fairs and meet and greets to educate and inform community members and patients about the program and available services. All opportunities to speak with our target population are considered when reviewing the program’s strategic plan priorities and needs assessment.

Response

See merit review criterion 2: Response

- a.** Describe how the proposed service delivery sites on [Form 5B: Service Sites](#) will support access to your services (consistent with [Form 5A: Services Provided](#)) and minimize barriers within the proposed service area, including:
- a.** Where your service delivery sites are located, compared to where the target population lives and works.
 - b.** How you will address geographic barriers, location of sites, and hours of operation.

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c. **Competing supplement applicants:** *If the proposed service area is not contiguous with the Health Center Program service area for which you are currently funded, how you will make all required and additional services accessible to all patients in the resulting combined service area.*

- a. **Service Delivery Sites:** The Pinellas County Health Care for the Homeless Program offers two service sites consistent with Form 5B: Service Sites including the Bayside Health Clinic and a Mobile Medical Unit. The Bayside Health Clinic is a bricks-and-mortar facility located adjacent to the County's largest emergency homeless shelter (Pinellas Safe Harbor) and located two miles from the second largest homeless shelter (Pinellas Hope). The Bayside Health Clinic offers primary care, dental, mental health, case management, legal and disability benefits assistance on-site.

The Mobile Medical Unit (MMU) is a 40 foot, fully equipped medical van that travels to different locations throughout the county. The MMU offers primary care and mental health case management services and connection to care to homeless individuals at six locations throughout the county where homeless individuals frequent.

- b. **Geographic barriers, location of sites, and hours of operation:** The Pinellas County Health Care for the Homeless Program offers individuals opportunities to engage in services to assist overcoming health care utilization barriers. These include the provision of a Mobile Medical Unit (MMU), the location of a bricks-and-mortar clinic with expanded services hours, street medicine team (Portable Clinic Care), community telehealth hotspots, prescription delivery services, and the provision of 10-day (non-consecutive) bus pass per month.

The MMU travels throughout Pinellas County five days per week and parks at various service sites identified within low-income, uninsured hotspots, and central to homeless shelters or locations that the population frequents to provide appointments and walk-up services to clients. The HCH Co-Applicant Board reviews service utilization by site to ensure access is distributed throughout the County to areas most in need.

The Bayside Health Clinic, opened in 2016, is a bricks-and-mortar medical and dental clinic located adjacent to the largest emergency homeless shelter in Pinellas County and two miles from the second largest emergency shelter. The clinic operates six days per week and offers evening and weekend hours. A 2,000 square foot expansion of the clinic was completed in 2024 to accommodate an additional dental operator, and on-site mental health and substance use service providers.

American Rescue Plan funding (H8F) funding was utilized to develop a street medicine program to help target street/unsheltered homeless individuals in Pinellas County. Partnerships with law enforcement, street outreach teams and drop-in centers are key stakeholders to connecting with and building relationships with the hardest to engage homeless residents in our County.

Also utilizing American Rescue Plan funding, the health center expanded the use of telehealth within community homeless organizations throughout the County. Having telehealth hotspots available in homeless service sites assists with follow-up engagement of individuals when the MMU is not present and when traveling to the Bayside Health Clinic is unnecessary or the patient is unable to.

- c. **Accessibility of all required and additional services (if not contiguous with service area):** The proposed service area is contiguous with the Health Center Program service area for which we are currently funded.

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b. Document how you will provide all required services and any proposed additional services on [Form 5A: Services Provided](#) directly, through formal written contracts or agreements in which the health center pays or through formal written referral arrangements. In the narrative, address the following:

- a. How all age groups will have access to all required services and any additional services that are identified in your needs assessment.
- b. Which required services on [Form 5A: Services Provided](#) you will not provide in-person at all service delivery sites and how you will make those services accessible to all patients.
- c. How you will provide in-scope patient-centered chronic disease prevention and management, preventive health services and education, cancer screening, nutrition, mental health, and patient support services.
- d. How you will support continuity, clinical effectiveness, and patient-centered care coordination.
- e. How you will provide patient support services (for example, services that enable patients to access health center services, health and nutrition education services, and case management and care coordination services) to address health-related social factors such as those related to food insecurity, housing insecurity, and financial strain.
- f. How your services will account for patient-centered care that is tailored to the individual, empowers them to make informed decisions about their health and to actively participate in their care, and supports the development of a comprehensive care plan to support patients in meeting their health goals.
- g. How the additional services you provide will address any other unique needs that impact health status.

- a. **Access to all required and additional services:** The health center utilizes all three service delivery methods indicated on the Scope of Project (Form 5A): direct, formal written contract/agreement, and formal written referral arrangement, to serve all clients, regardless of age.

Pinellas County Human Services (PCHS) staff providing eligibility assistance and outreach and are located at various Human Services locations, Department of Health sites, and community organizations in Pinellas County. Staff attend community and outreach events and help connect residents to County & community programs where appropriate. PCHS staff also fill key management and supporting administrative roles to the operation and governance of the program.

Pinellas County contracts directly with the Florida Department of Health in Pinellas County (DOH)(primary & dental care), Lucy Rx, LLC (pharmacy), Evara (maternal & child wellness), Pinellas Suncoast Transit Authority (transportation), and BayCare Home Care (DME, OT/PT) for various in-scope services. The Florida Department of Health provides clinical staff for operation of all health care clinic sites for primary care and dental services and subcontracts with a network of providers for diagnostic laboratory, diagnostic radiology, coverage for emergencies during and after hours, immunizations, gynecological care, preventive and additional dental, case management, eligibility assistance, health education, outreach, mental health and psychiatric services, substance use, translation, and podiatry.

Prescription services are provided to health center clients via contractual agreement with Lucy Rx. As the health center's Pharmacy Benefit Manager, Lucy Rx dispenses medications through

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local pharmacies throughout the service area to address the medication needs of clients. Many of the medication aid in treating and managing chronic health conditions.

Dental services are provided to health center clients at the Bayside Health Clinic as well as at various Department of Health locations. The Bayside Health Clinic is staffed by a full-time dentist and support staff to provide preventive and restorative dental treatment. Services include dental exams, oral cancer screenings, oral health education, dental x-rays, cleaning, extractions, restorations, incisions, drainage, dentures, and prescriptions.

- b. **Required Services not Provided In-Person at Service Delivery Sites:** Services with contracted vendors (specialists, laboratories, diagnostic radiology, medication assisted treatment for example) that are not integrated on-site with the health center clinic or mobile medical unit, are offered at those vendor sites. The health center will work with patients on any transportation needs to ensure engagement in services referred by the provider which may include bus passes, cab coordination and/or medical Uber programs.
- c. **Patient-Centered In-Scope Services Delivery:** As a recognized Patient Centered Medical Home, the health center program is highly dedicated to quality service delivery for all in-scope services for chronic disease prevention and management, preventive health services and education, cancer screening, nutrition, mental health, and patient support services. The Health Care for the Homeless (HCH) program provides comprehensive primary care services including diagnosis and treatment for acute and chronic conditions; on-going monitoring and follow-up for chronic diseases; breast, cervical and colorectal cancer screenings, behavioral health screenings, pharmacy services and specialty care services including medical and behavioral health specialty referrals; laboratory services, vaccines and wound care. The Quality Improvement Team is responsible for maintaining/updating the policies and procedures to ensure adherence to the NCQA-PCMH standards and guidelines and national clinical guidelines for the purpose of improving patient outcomes, reducing costs and improving client and staff satisfaction.
- d. **Supporting Continuity, Clinical Effectiveness, and Patient-Centered Care Coordination:** The health center program promotes continuity of care by allowing clients to select a personal clinician who works with a defined care team (the primary provider and the associated clinical employees who work with the provider). All staff are aware of a client's personal clinician and work to accommodate clients for visits and other communication with the selected clinician. The program acknowledges that a client, family and caregiver may choose a personal clinician who represents the physician, advanced practice provider, or a team of providers, under a supervising physician, who share a panel of clients. It is the policy of the HCHP program to document the choice of the personal clinician by the client, family and/or caregiver in the client's medical record. If the client, family and/or caregiver does not select a personal clinician the intake staff will enter the name of the clinician who sees the client on the initial visit.
- e. **Patient Support Services:** Pinellas County has a long-standing history of working with social service agencies in the community. These agencies range from homeless service providers (Continuum of Care) for sheltering, transitional and permanent housing; financial assistance programs; legal services; feeding programs, and more. The health center staff can make referrals and connections to these programs for patients based upon individual needs identified. The Bayside Health Clinic currently brings various social service agencies on-site to assist with legal services and disability advocacy to assist patients with SSI/SSDI benefits and makes referrals to other service providers. Case management services are also incorporated into service delivery sites to assist with referral and warm-handoff coordination to community

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providers, when appropriate. The street medicine team has a partnership with Feeding Tampa Bay to bring food bags with the team to distribute to individuals served in the community.

- f. ***Empowering, Patient-Centered Care Tailored to Individual:*** While all patients are given the opportunity to participate in engagement in their care, the health center serves a high acuity set of patients with various, multiple needs. Health center patients are evaluated for more intensive care coordination and care planning when they meet the eligible criteria to include hospital utilization, depression screening, and chronic disease diagnosis such as diabetes. Patients enrolled in care plans provide input and feedback into the development of the goals and strategies to work towards those goals. Care plans are reviewed with patients at each visit, and they are provided resources to help meet their needs.
- g. ***Additional Services to Address Unique Needs:*** The health center provides additional dental services, mental health services, occupational therapy, physical therapy, and nutrition along with specialty services of podiatry and psychiatry. Mental Health services and psychiatry have been a long-standing service offered by the health center and we continue to build upon and improve the service delivery through integration of services within the health center sites. This integration helps reduce transportation barriers and offers a one-stop shop for most services offered by the mental health provider. Podiatry is an important service offering as the health center serves a high proportion of diabetic clients. Occupational and Physical Therapy services are delivered by contract and with a volunteer Occupational Therapist onsite at the clinic. Dental services beyond preventive care are offered as well including dentures which is especially beneficial to the population served.

a. Describe how you will expand access to additional services such as nutrition counseling and wellness promotion in response to your needs assessment.

Nutrition counseling is provided by the clinical nursing team relative to the patient's needs and diagnosis. In addition, the health center hosts quarterly wellness and educational resource fairs to patients to increase engagement in various preventive services. For example, the health center hosted a women's health fair to promote health screenings with the mammography bus and other educational efforts relative to women's health. Pinellas County Human Services maintains relationships with and referrals to various community partners for services as well. Letters of support from these agencies are included in Attachment 9: Collaboration Documents

b. Describe how you will keep providing the services that HRSA has previously supported through a supplemental award. Address all supplements awarded since FY 2023. If you have questions about the supplemental services provided in your service area, contact us using the [BPHC Contact Form](#). In your narrative, include:

What level of services you currently provide and how you will continue to provide, change, or expand these services to meet the needs you identified in your needs assessment.

- a. Competing supplement and new applicants:*** Describe how you plan to ensure patients continue to have access to the services that the current Health Center Program award recipient received funding to expand, including services supported by one-time funding for infrastructure improvements.

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The health center was the recipient of the Bridge Access Program (H8L) in FY2023 to sustain its Covid-19 vaccination program. This program hosted weekly outreaches to shelters, rehabilitation centers, soup kitchens, targeting individuals experiencing homelessness. This was one-time funding and is not a supplemental award. Efforts to continue education and vaccination services are still offered by the program as part of the overall services for the program.

The health center was not awarded any other supplemental awards after FY2023.

5. Describe the following aspects of your sliding fee discount program policies:
- a. How you assess all patients for sliding fee discount eligibility based only on income and family size. See income definition in [Chapter 9: Sliding Fee Discount Program](#) of the Compliance Manual.
 - b. How you adjust patient charges based on the ability to pay (consistent with [Attachment 10: Sliding Fee Discount Schedule](#)).
 - c. Whether you have a nominal charge for patients with incomes at or below 100% of the [Federal Poverty Guidelines \(FPG\)](#). If so, describe how the amount is nominal from the perspective of the patient and would not reflect the actual cost of the service being provided.
 - d. How you evaluate your sliding fee discount program to ensure that it reduces financial barriers to care.

- a. **Assessing All Patients:** All patients who enroll into the Pinellas County Health Program are assessed for Sliding Fee Discounts based only on family size and income. All services within the health center’s approved scope of project will be provided to all clients regardless of ability to pay. Per the Sliding Fee Discount Policy, unless specified to the contrary in the policy, clients will be charged for services within the health center’s approved scope of project based upon the sliding fee scale based on family size and income. No fees will be charged for pharmacy or specialty services as deemed medically necessary by the primary care provider. The poverty guidelines are updated annually in accordance with HHS regulations.

Family Size	0%	100%	100%	125%	125%	150%	150%	175%	175%	200%	200%+
1	\$0	\$15,650	\$15,651	\$19,563	\$19,564	\$23,475	\$23,476	\$27,388	\$27,389	\$31,300	\$31,301
2	\$0	\$21,150	\$21,151	\$26,438	\$26,439	\$31,725	\$31,726	\$37,013	\$37,014	\$42,300	\$42,301
3	\$0	\$26,650	\$26,651	\$33,313	\$33,314	\$39,975	\$39,976	\$46,638	\$46,639	\$53,300	\$53,301
4	\$0	\$32,150	\$32,151	\$40,188	\$40,189	\$48,225	\$48,226	\$56,263	\$56,264	\$64,300	\$64,301
5	\$0	\$37,650	\$37,651	\$47,063	\$47,064	\$56,475	\$56,476	\$65,888	\$65,889	\$75,300	\$75,301
6	\$0	\$43,150	\$43,151	\$53,938	\$53,939	\$64,725	\$64,726	\$75,513	\$75,514	\$86,300	\$86,301
7	\$0	\$48,650	\$48,651	\$60,813	\$60,814	\$72,975	\$72,976	\$85,138	\$85,139	\$97,300	\$97,301
8	\$0	\$54,150	\$54,151	\$67,688	\$67,689	\$81,225	\$81,226	\$94,763	\$94,764	\$108,300	\$108,301
Fee Paid	No Fee		20% of Full Fee		40% of Full Fee		60% of Full Fee		80% of Full Fee		100% of Full Fee

- b. **Adjusting Charges based on Ability to Pay:** Attachment 10 includes the health center’s Sliding Fee Discount Policy, which includes the fee schedule. The health center provides a full discount to clients with incomes at or below 100 percent of FPG and does not impose a nominal fee. There are four discount pay classes for clients with incomes between 100 and 200 percent of the FPG that are adjusted accordingly. No discounts are provided to clients with incomes above 200 FPG. The Sliding Fee Discount Policy is updated annually with HHS poverty guidelines, the current policy incorporating 2025 figures which were published in the Federal Register on January 16, 2025. Fees charged to the client after application of the Sliding Fee Discount, may be eligible for a waiver of fees in accordance with the health center’s Waiver policy.

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- c. **Nominal Charge:** Pinellas County does not utilize a nominal charge and informs client of the availability of sliding fee discounts verbally, at enrollment, via the Health Care for the Homeless Program website and promotional materials, and via signage (in both English and Spanish) in the lobby/waiting areas of the program's sites.
- d. **Evaluation of Sliding Fee Discount Program:** The HCH Co-Applicant Board reviews and approves policies for discounting fees (i.e. sliding fee scale) based on patient/family size and income. The Sliding Fee Discount Program policy is evaluated every three years.

6. *Describe how you provide care that: Engages patients to participate in their care and maximize their experience of their care.*

- a. *Involves families and caregivers, as appropriate.*
- b. *Aligns with the needs of the underserved populations in the area.*

- a. **Involvement of Family and Caregivers:** The health center population consists primarily of individual adults that meet the homeless definition and often have limited family/caregiver participation. However, all patients are encouraged to actively participate in care planning and engagement in treatment. For patients identified for care management, the practice consistently uses patient information and collaborates with patients and families/caregivers, when available, to develop a care plan that addresses barriers and incorporates patient preference and lifestyle goals documented in the patient's chart.
- b. **Alignment with Needs of Underserved Populations:** As a homeless population only provider, the health center has tailored most strategies for care planning and engagement specific to serving the unhoused population. This includes where and how we deliver services, where services can be integrated into care sites to minimize travel and/or hand-off barriers. Since the expansion of the Bayside Health Clinic, the program has incorporated on-site mental health services, legal services, occupational therapy, disability advocacy, vision screenings, mammography buses, expanded dental services and often collaborates with partners to bring services to the patients when possible. The health program also seeks to engage technology limited individuals and still provide telehealth hotspots to minimize having to travel for care, when services are appropriate for telehealth. Our street medicine team brings services to patients who are hesitant to engage in traditional clinical care settings. Outreach, relationship building, and trust are pivotal to working effectively with the target population.

7. *Describe your process to ensure continuity of care for patients. Include:*

- a. *Communication tools, referral processes, and electronic exchange of patient health records.*
- b. *Hospital admitting privileges.*
- c. *Receipt, follow-up, and recording of medical information from referral sources.*
- d. *Follow-up for patients who are hospitalized or visit a hospital's emergency department.*

- a. **Communication Tools, Referral processes, and Electronic Exchange of Health Records:** The health center tracks referrals to specialists, including medical, behavioral health and substance abuse specialists using a referral tracking log. Referrals tracked are those determined by the client's primary provider and care team to be important for a client's treatment or as indicated by evidence-based guidelines. When the provider decides to refer the client to another Specialty Care provider, they document the referral in the client's electronic health record in the section SOAP under Plan.

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The health center is in the process of changing/upgrading its electronic health record in late 2025 and will be working to develop an electronic exchange of health records.

- b. ***Hospital Admitting Privileges:*** The health center, through Pinellas County Human Services (HS) department has agreements with hospitals in Pinellas County for services to HCHP clients. This procedure establishes arrangements for health center clients that require emergency department visits and/or hospitalizations and ensures continuity of care in accordance with program requirements. The ER/Hospital In-Patient Admission Tracking Log review occurs monthly by the HCHP Program Manager and the Care Coordinator. If needed, corrective action plans are developed and implemented.
- c. ***Receipt, Follow-Up and Recording of Medical Information from Referral Sources:*** When clients establish with the HCHP, they are informed that they should communicate with the HCHP when they choose to seek care with another health care provider. They are encouraged to communicate this information to maintain a complete record of their care in order that their chosen personal provider and care team can coordinate their care. Providers routinely ask clients if they have seen a specialist or are receiving care from a specialist, including emergency rooms and/or hospitals. If the client has been treated by a specialist, the report is requested for inclusion in the client's medical record. The client is asked to sign a release for information to be sent to the referral source requesting the documentation for the self-referral.
- d. ***Follow-up for Hospitalized or Emergency Department Patients:*** The health center Care Coordinator scans the hospital discharge summary and/or hospital discharge records into the Physician's Provider Approval Queue (PAQ) upon receipt and enters information in patient's Interim History in the EHR. The Care Coordinator follows up with client by the end of next business day to schedule the client's follow up appointment in the EHR with reason for visit: 1) an Emergency Department discharge or 2) Hospitalization discharge. If a client notifies HCHP staff of hospitalization, the Care Coordinator will contact the hospital to request discharge orders by the end of the next business day and send the hospital the patient's Continuity of Care Document as requested. The Care Coordinator maintains the Hospital Referral and Discharge Tracking Log. Pertinent staff have access to the Tracking Log on the shared drive to document updates, as needed.

8. ***New or competing supplement applicants:*** Describe plans to limit disruption for patients that may result from the transition of the award to a new recipient (consistent with [Attachment 12: Operational Plan](#)).

N/A.

Collaboration

See merit review criterion 3: ***Collaboration***

1. Describe how you collaborate with community partners to increase awareness of and address the community's health and health-related needs.

Pinellas County has a long-standing history of working with social service agencies in the community. These agencies range from homeless service providers (Continuum of Care) for sheltering, transitional and permanent housing; financial assistance programs; legal services; feeding programs, and more. The health center staff can make referrals and connections to these programs for patients based upon individual needs identified. Pinellas County Human Services also meets regularly with hospitals, free

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and charitable clinics, the other FQHC in Pinellas County, and other non-profit wellness programs, and hospital established respite programs among homeless communities. The County is an active participant in the County's Community Health Assessment Team (CHAT) group, participates in all Community Health Needs Assessment planning, and various system of care meetings for Behavioral Health, Acute Care, Opioid task forces and more.

2. Describe your efforts to collaborate and coordinate services with other providers and community organizations. In [Attachment 9: Collaboration Documentation](#), provide Letters of Support from providers you work with. You should also note providers on [Attachment 1: Service Area Map and Table](#). Include documentation from:

- a. Other HRSA-supported health centers, including look-alikes. If you cannot obtain a requested letter of support from other health centers, provide evidence of your request for the letter of support.
- b. Providers of specialty services and other services not available through your organization.
- c. Local hospitals, to reduce non-urgent use of hospital emergency departments.
- d. Others that serve similar populations (such as health departments, schools, community organizations, homeless shelters, and [Indian Health Service](#) health facilities).

- a. **Collaboration w/Other HRSA-supported Health Centers:** The Pinellas County Human Services Department meets monthly with Community Health Centers of Pinellas (dba Evara Health), the only other FQHC/Health Center grantee in Pinellas County. A letter of support is included in Attachment 9: Collaboration Documents. The health center maintains a formal written agreement with Evara for pediatric and maternal health services. In addition, Pinellas County, as a local government, provides support to Evara via Intergovernmental Transfers on Evara's behalf for the organization's participation in the State Low Income Pool (LIP). Through this support, Evara is able to expand services provided to: 1) expand its efforts in substance abuse prevention and treatment; 2) expand access to high-quality health services for residents of the Lealman community; and 3) improve access to dental care for residents of Clearwater and south St. Petersburg. The health center also has a collaborative working relationship with the Ryan-White funded entity in Pinellas County, Metro Behavioral Health (a look-a-like health center program dba Metro Wellness), to refer and collaborate on HIV prevention, screening and outreach opportunities.
- b. **Specialty Service Providers:** Pinellas County contracts for a substantial portion of the scope with the Florida Department of Health (DOH) for the clinical operations, which includes subcontracts to a robust specialty care network of providers to meet the needs of the target population.
- c. **Local Hospitals:** Pinellas County Human Services contracts with several local hospitals to coordinate care for health center patients accessing hospital services. HS receives hospital reports and utilization data for continuity of care for health center clients. The hospitals and Human Services meet quarterly to coordinate amongst these partners. From these meetings, partners have worked to enhance eligibility screening processes within the hospitals, improve discharge planning information with the Florida Department of Health in Pinellas, and identifying high use emergency room clients to look for trends and treatment needs. Human Services intends to continue to facilitate these meetings to further progress these efforts that positively impact the health center's patients.

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d. ***Collaboration with health departments, community organizations and homeless shelters:***

Pinellas County Human Services contracts with the Florida Department of Health in Pinellas County for clinical service delivery at the health center sites (Mobile Medical Unit and Bayside Health Clinic). In addition, Human Services works closely has several operational meetings not only related to health center operations, but as a public health agency and Human Services Department. The County collaborates on emergency management response and partially funds public health services in the County including school-based nurses and community dental services for indigent/vulnerable populations. The health center collaborates for HIV prevention, screening and treatment with the Florida Department of Health, the Ryan-White lead agency for planning and collaboration to End the HIV Epidemic in Pinellas County, and Metro Inclusive Health, a Ryan-White service provider in Pinellas County.

The Bayside Health Clinic is located adjacent to the County's largest emergency homeless shelter (Pinellas Safe Harbor) and located two miles from the second largest homeless shelter (Pinellas Hope). Voting members of the Co-Applicant Board represent these homeless shelters, the homeless Continuum of Care, feeding and/or drop-in locations or other service providers that serve the homeless population.

Pinellas County has included letters of support for: Community Health Centers of Pinellas County (dba Evara Health), the only other funded FQHC/Health Center grantee in Pinellas County, the Florida Department of Health in Pinellas County, the contracted clinical services and staff provider for the health center; Pinellas County among other collaborative partners.

3. Describe how you collaborate with the Primary Care Association (PCA) in your state or region and access training and technical assistance resources available to improve programmatic, clinical, and financial performance. If you are a participating health center in a Health Center Controlled Network (HCCN), also describe how you work with that HCCN to improve patient care with information technology and data.

The health center is a member of the Florida Association of Community Health Centers (FACHC) and has a Memorandum of Understanding with FACHC in which the Health Center commits to provide status reports and/or critical information to FACHC in the instance of a disaster or public health emergency to promote situational awareness, regarding:

- Continuity of services
- Supply inventories and resource needs
- Other areas, as indicated by a specific disaster or emergency

The Health Center maintains two (2) emergency management (EM) points of contact and an executive point of contact (C-Suite/decision-making Position) with FACHC.

The health center participates in technical assistance and training offered by FACHC for UDS Training, Fiscal Training, and actively participates in Emergency Management programs and committees offered by the Council.

4. Applicants requesting RPH Funding, describe:

- a. *How residents of the targeted public housing helped develop the service delivery plan*
- b. *How residents of the targeted public housing will be involved in administration of the proposed project.*

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The health center is not seeking RPH funding.

5. Competing supplement applicants: *If your proposed service area is not contiguous with your currently funded Health Center Program service area, describe how the target population in the new service area provided input into the service delivery plan.*

The health center is not a competing supplement applicant.

Capacity

See merit review criterion 4: Capacity

Based on your Response section and Budget Narrative, describe:

1. Your organizational structure. Refer to [Attachment 3: Project Organizational Chart](#).
 - a. *If you are a public agency with a co-applicant board, describe the relationship between your organization and the co-applicant board (consistent with [Attachment 6: Co-Applicant Agreement](#)).*
 - b. *If you have subrecipients or contractors, describe how they will help carry out the proposed project (consistent with current Attachments 2: Bylaws and 3: Project Organizational Chart, and, as applicable, Attachments 6: Co-Applicant Agreement and 7: Summary of Contracts and Agreements). If you will contract for a majority of the required health services, attach the contract to [Form 8: Health Center Agreements](#).*
 - c. *Describe how you will play a substantive role in your Health Center Program project, if you are part of a parent, affiliate, or subsidiary organization, or have a contract with another organization to provide a majority of the proposed required health services on your behalf (consistent with [Form 8: Health Center Agreements](#)). Include whether key staff are directly employed by you, whether most clinical and administrative staff are directly employed by you, and how your board carries-out its required functions and executes its authorities over the project, including a description of how any agreements do not restrict your board's authorities and functions.*
- a. **Public Agency and Co-Applicant Board Relationship:** Pinellas County, as a public agency, is a unit of local government in the State of Florida. Pinellas County (grantee), as a public health center, utilizes a co-applicant board governance structure to meet all Health Center Program requirements. The Co-Applicant Board has approved Bylaws and Co-Applicant Agreement. Roles and responsibilities are delineated in the agreement providing the County maintain fiscal control of the program with the Board serving as the patient/community-based governing board overseeing the implementation of the Section 330 grant and the operation of the Health Care for the Homeless Program. The County's role in the program includes the direct employment of a Health Care Administrator (Project Director), who is accountable to the Co-Applicant Board (Board) and responsible for the administration and management of the Health Care for the Homeless Program. The Project Director is employed by the County, but the selection, evaluation, and dismissal is at the discretion of the Board. The Project Organizational Chart depicts the reporting structure of the Pinellas County Health Care Homeless Program (HCHP).

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- b. **Subrecipients/Contractors:** Pinellas County contracts for a substantial portion of the scope with the Florida Department of Health (DOH) for the clinical operations. Clinical operations include direct primary medical care services, day-to-day clinical operations of the mobile van and Bayside Health Clinic, contracting and maintenance of a specialty care network, quality assurance, and clinical oversight by the Medical Director. The annual contract with DOH, included in the Attachments section, is reviewed and approved by both the Co-Applicant Board and the Board of County Commissioners (BCC). Both the DOH and County have a comprehensive list of contracts for services within the scope of the health center program. A complete list is included in Attachment 7: Summary of Contracts and Agreements.
- c. **Key Staff Employment:** The health center program is housed within the Human Services Department of the Pinellas County Board of County Commissioners, a public entity. A project organizational chart has been developed specific to the health center program.
- **CEO/Project Director** – Pinellas County Health Care Administrator, Elisa DeGregorio – 0.20 FTE. Ms. DeGregorio is a direct employee of Pinellas County (grantee) and provides oversight, monitoring and evaluation of health care services delivery ensuring funded programs delivers efficient, effective and compassionate care to clients and assures contract compliance and delivery of services. Ms. DeGregorio has an extensive background in directing and overseeing programs and has managed over \$20 million in federal grant funding for Pinellas County Human Services, including the County's Health Care for the Homeless program. She obtained her Master of Arts degree at the University of Phoenix.
 - **Chief Medical Officer** – Pinellas County Medical Director, Mahima Pandey 0.5 FTE. Dr. Pandey, as the County Medical Director, is instrumental in executing health care for the indigent population. She oversees all clinical providers and directs the Quality Improvement program including use of evidence-based practices. She received her MBBS degree from Lady Hardinge Medical College in New Delhi, India in 2006, and ABIM Certifications in Geriatrics and Internal Medicine in 2022. She recently joined the Florida Department of Health in January 2025.
 - **Chief Financial Officer** – Pinellas County Business Services Division Director, Keri Vizandiou – 0.05 FTE. Ms. Vizandiou is the Business Services Division Director for the Pinellas County Human Services Department (PCHS), with over 25 years of professional experience. In her role as Division Director, Ms. Vizandiou leads the preparation of budgets exceeding \$70 million with over 100 FTE positions. She is a Certified Public Accountant, licensed in the State of Florida.
 - **Chief Operating Officer** – Pinellas County Human Services Division Director, Tim Burns – 0.05 FTE. Mr. Burns is the Human Services Programs Division Director for the Pinellas County Human Services Department. In this role he is tasked with management of the Planning and Quality Assurance, Grants, Consumer Protection and Justice Coordination Sections. Division with 34 employees. Responsibilities include accountability of over \$20 million in human services federal and state grants including compliance with the health center program regulations and terms and conditions. His

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educational background includes a Master of Science in Public Management and Policy with a twenty-six-year progressive career within Pinellas County.

2. *Your management team, including the project director (PD)/chief executive officer (CEO), clinical director (CD), and chief financial officer (CFO). Reference [Attachment 4: Position Description](#) and [Attachment 5: Biographical Sketches for Key Management Staff](#) as needed.*

- a. *How the team will support the operation and oversight of your Health Center Program project, including accountability, policies, and risk management.*
- b. *How the team will promote innovation and a culture of quality improvement that is responsive to the needs of the community.*

a) ***Key Management Team Operational Support:*** The Health Care Administrator is responsible for management and oversight of the Health Care Services' programs within Pinellas County Human Services Dept. This position plans, organizes, directs and coordinates Human Services-funded health care services delivery through supervision and management of internal programs and externally through contractual arrangements with vendors and providers. The position requires extensive senior level management dealings and interactions with public and private organizations including individuals and officials representing citizens, hospitals, managed care organizations, practitioners, community agencies and other parties. The PD/CEO works in collaboration with the other named key management positions for the delivery of services and operations of the health center program.

b) ***Team promotion of Innovation and Quality Improvement:*** The Pinellas County Health Care for the Homeless Program has implemented a Quality Improvement (QI) Team to guide and evaluate the QI processes and activities. The QI Plan includes the implementation, tracking and reporting of activities, projects and team meetings designed to improve processes, efficiencies and performance measures. Monthly trend reports and quarterly clinical quality measure dashboards are presented to the Co-Applicant Board to make informed decisions about health center and community needs.

3. *How you recruit, develop, engage, and retain the appropriate staffing mix of qualified providers to provide care to your target population.*

The Florida Department of Health maintains a recruitment strategy for all clinical positions. The County supplements recruitment, when appropriate with additional advertising support through relevant associations and recruitment outlets. The County and Department of Health support appropriate clinical training to maintain licensure and enhance best practices, especially appropriate for the target population. Licensed staff take continuing medical education as required for licensure. Licensed, certified and registered staff are credentialed every two years which requires an annual performance evaluation. DOH training for all staff includes cultural competence training.

4. *How your financial accounting and internal control systems, and policies:*

- a. *Ensure effective control over all health center funds, property, and other assets.*
- b. *Track the financial performance of the health center.*
- c. *Separate accounting for this award from other federal awards, including documentation of the receipt and expenditure of SAC funds.*

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d. Mitigate conflict of interest by board members, employees, and others when buying supplies, property, equipment, and services.

- a. **Accounting & Internal Controls:** Pinellas County utilizes an Oracle based financial management system that fully complies with all GAAP and GASB requirements. OPUS Project Accounting (PA) provides Pinellas County with full lifecycle support for grant projects using a single, accurate view of all project related costs. OPUS project billing allows the County to be able to simplify grants invoicing, improve cash flow, and measure outside financial support. It provides a useful tool for grants reporting, managing cash flow, and providing information to assist with the planning, execution and analysis of current and future projects.

Pinellas County has procedures in place to ensure that grant awards are reconciled at minimum on a quarterly basis, with monthly being the preferred method. The reconciliation process ensures expenditures are allowable, allocable, necessary, and reasonable based on the terms and conditions of the grant award; expenditures are adequately supported by documentation; expenditures are charged to the correct project; and award spending is commensurate with the project timeframe. Reconciliation involves checking expenditures/revenues recorded in Project Accounting to those recorded in General Ledger; and checking revenues billed during a reporting/billing period against expenditures charged to the project during the same period.

- b. **Track Financial Performance of Program:** As a County Government, all income/expenses are tracked and monitored according to local government accounting procedures. The HCH program expenses are provided to key management in a monthly expenditure report and presented to the HCH Co-Applicant Board monthly. In addition, presentations on specific financial investments and grant budgets are shared, discussed and voted upon by the Co-Applicant Board. The Co-Applicant agreement also defines the responsibilities of each governing body for financial oversight and procurement.
- c. **Separation of Funds Management:** In accordance with County policy, the County utilizes an Oracle based financial management program in which funds are allocated and expended on specific project, grant funding source basis.
- d. **Mitigation of Conflict of Interest in procurement:** Procurement of goods and services for the Health Care for the Homeless Program, are governed by the Pinellas County Board of County Commissioners. Certain authorities and responsibilities have been delegated by the Board of County Commissioners to the County Administrator who manages the day-to-day County business and reports directly to the Board of County Commissioners. Pinellas County Government is an agency of the State of Florida and governed by the authority of a "Home Rule Charter" granted by the State.

Additionally, the Purchasing Department conducts business in compliance with specific rules and regulations set forth in the Purchasing Ordinance (law) policies and procedures. The department manages complete, accurate records and handles procurement activity utilizing good business practices in an efficient, effective, economical manner. It is the policy of Pinellas County Government that officers, employees, and agents of Pinellas County shall comply with all applicable Federal laws in the procurement of any assets or services utilizing federal funds, whether awarded directly or indirectly from a Federal Entity. All officers, employees, and agents of the County shall also comply with the specific requirements of any federal contract or federal grant award. Further, all officers, employees, and agents of Pinellas County shall comply with all requirements outlined under 2 CFR Part 200 when executing procurements using federal funds. In addition, for federal

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procurement of the health center program, the HS shall also refer to 45 CFR 75 Subpart E: Cost Principles, including the specific requirements of saving bids 45 CFR 75.361, competition 45 CFR 75.330, and contractor monitoring 45 CFR 75.342, which is specific to the U.S. Department of Health and Human Services (HHS).

5. *Your experience and plans for maintaining continuity of services and responding to urgent primary health care needs during natural or man-made disasters and public health emergencies. Your response should be consistent with all applicable Federal, state, and local laws and regulations.*

As a public entity grantee, the health center program has access to a full range of emergency management preparedness, training, and resources to assist in the implementation of the health center program's emergency management plan, specifically:

- a. Preparation, Response, and Recovery Plans: The health center maintains a Continuity of Operations Plan for the Human Services Department and a specific plan for the health center program in accordance with federal and state guidelines. Staff are fully trained and participate in testing exercises to respond to emergency situations.
- b. Backup systems to facilitate communications: The health center owns and operates four (4) 800mghz radios tuned to channels directly connected to the Pinellas County Human Services Department and within the health center sites and Florida Department of Health should communication systems fail.
- c. Patient Records Access: In the event of an emergency and/or if the clinic isn't accessible staff have access to the electronic health record system, including the patient's record utilizing laptops remotely.
- d. Integration into State and local preparedness plans: Pinellas County's base emergency management operations system during major disasters/emergencies are established in the Pinellas County Comprehensive Emergency Management Plan (CEMP). The CEMP is applicable countywide and includes all elected officials, political subdivisions, county Departments and agencies, special fire control districts, other disaster response agencies, non-governmental organizations (NGO), and business and industry. Chapter 252, Florida Statutes, mandates the development of the Pinellas County CEMP. While the CEMP outlines functions assigned to organization and agencies providing support during disaster, responsibilities such as the preparation of internal operating procedures for these assignments lie with the assigned organization or agency. Pinellas County's first response agencies are organized using the National Incident Management System (NIMS). As the health center program is a program within a County Department, the health center program is directly connected to the County CEMP and response.
- e. Provision of status updates to HRSA PCAs: The health center has a Memorandum of Understanding with the Florida Association of Community Health Centers (FACHC) in which the Health Center commits to provide status reports and/or critical information to FACHC in the instance of a disaster or public health emergency to promote situational awareness, regarding:
 - a. Continuity of services
 - b. Supply inventories and resource needs
 - c. Other areas, as indicated by a specific disaster or emergency

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The Health Center maintains two (2) emergency management (EM) points of contact and an executive point of contact (C-Suite/decision-making Position) with FACHC.

6. **Competing continuation applicants:** *Citing your UDS data for the number of unduplicated patients served in calendar year 2024, describe factors that have affected your patient trend since your last SAC application. Explain any downward trend in your total unduplicated patients.*

The UDS baseline data in the last SAC application was as follows: 1816 total patients served (1798 homeless), 1816 medical, 695 dental, 451 mental health, 146 substance use, 22 vision, and 377 enabling. In CY24 UDS, we continued to see an increase in patients across all services as follows: 2,311 total patients, 1834 medical, 849 dental, 536 mental health, 164 substance use, 37 vision, and 252 enabling. While the number of homeless individuals identified in the annual HUD PIT Count has decreased over the same time period, that does only reflect one day of the year which can often be impacted by weather and/or other circumstances. The health program continues to see a consistent number of homeless individuals and has seen an increase in eligible homeless patients over the past few years. We have limited sites (1 brick and mortar) and 2 mobile vehicles that extend into the community which has been effective at reaching many hard-to-reach homeless clients. Other factors that have affected patient trends included anti-camping laws that have moved individuals around and into harder to find places. Housing costs and the availability of affordable housing continues to remain a challenge for patients. Weather related emergencies such as the recent hurricanes Helene and Milton in 2024 severely impacted the Service Area and presented other unique challenges to residents of the community.

Impact/Evaluative Measures

See merit review criterion 5: **Impact/Evaluative measures**

1. Describe how your Quality Improvement/Quality Assurance (QI/QA) program:

- a. Follows clinical guidelines and standards of care.
- b. Addresses patient safety.
- c. Improves patient experience and satisfaction.
- d. Uses systems such as electronic health records or population management systems to monitor and track risk factors that impact health.

The Pinellas County Health Care for the Homeless Program has implemented a Quality Improvement (QI) Team to guide and evaluate the QI processes and activities. The QI Plan includes the implementation, tracking and reporting of activities, projects and team meetings designed to improve processes, efficiencies and performance measures.

- a) **Adherence to Clinical Guidelines:** The clinic's medical and nursing staff are expected to be familiar with and follow the national health care guidelines, when such guidelines are defined. Examples include, but are not limited to, Asthma, Chronic Obstructive Lung Disease, Diabetes Mellitus, Hypertension, Immunizations, and Low Back Pain. Selected links for guidelines are included to assist clinicians, provide an analytical framework for a process and propose approaches to a problem, but never to replace their clinical judgment. Clinical staff may deviate from national/consensus guidelines and standards where clinically applicable; reasons for such deviation should be documented in the chart. Such reasons may include, but not be limited to, allergies or

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intolerances to certain medicines, contraindication to certain modes of treatment, etc. Clinical staff may utilize “Up-To-Date” an evidence based, peer reviewed information resource with a faculty of more than 4,000 leading physicians, peer reviewers, and editors. The topic reviews include a synthesis of the literature, the latest evidence, and specific recommendations for client care.

- b) **Patient Safety:** The Human Services Planning & Quality Assurance staff in coordination with DOH, receive and analyze data monthly, prepare visual presentations of the data to present to key management, and can target those most at-risk identified through hospital notification services, EMS transport data, and chronic disease management monitoring. The QI team has various opportunities to address concerns, trends, or adverse events with key management staff and contractors when appropriate to continuity of care. Official incidents must be investigated, reported and addressed in a timely and appropriate manner. DOH must notify the County HS Department within one (1) business day of any circumstance or event which may reasonably be considered to jeopardize its capability to continue to meet its obligations. Incidents may include, but are not limited to, those resulting in injury, media coverage or public reaction that may have an impact on the health center’s ability to protect and serve its patients. Incident report information shall not include identifying information.
- c) **Patient Experience and Satisfaction Improvement:** The health center assesses patient satisfaction in three (3) ways: 1) Exit surveys following an encounter with the health center staff; 2) monthly in-person interviews with patients presenting for care at one of the health center sites; and 3) focus groups conducting once every three years as part of the needs assessment process. The exit survey is a real-time point of service assessment of the most recent visit experienced by the patient. The monthly interviews give non-health center staff the opportunity to dig a little deeper into the patients’ overall experience and collects additional data that helps the quality team learn more and strategize for better patient engagement. Focus groups assess both patients and non-patients about services offered, barriers faced by homeless individuals and guide long-term strategic plan development.
- d) **Use of Patient Data:** Patient data is reviewed by the Quality Improvement Coordinator and Clinical Subcommittee in the review of data related to clinical quality measures and chronic disease management. The clinical subcommittee will conduct root cause analysis and if needed corrective action plans are developed for improving health care service delivery, documentation, tracking and reporting.

2. *Describe how you will improve clinical quality and health outcomes within your patient population, including within the following specified areas:*

- a. *Body Mass Index (BMI) screening and follow-up plan*
- b. *Breast, cervical, and colorectal cancer screenings*
- c. *Diabetes and hypertension control*
- d. *Screening for depression and follow-up planning, including depression remission*
- e. *Tobacco use screening and cessation intervention*
- f. *Weight assessment and counseling for nutrition and physical activity for children and adolescents*

The health center, with a special population of homeless individuals, faces multiple chronic disease management needs among its patients. The Quality Improvement staff focuses on improving clinical quality and health outcomes, and reducing disparities, as follows:

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BMI Screening & Follow Up Plan: The UDS Clinical Quality measure for BMI screening goal is 94%. CY24 (78.33%) and CY25 January-July 2025 (76.60%). Health center patients are evaluated for more intensive care coordination and care planning when they meet the eligible criteria. Patients enrolled in care plans provide input and feedback into the development of the goals and strategies to work towards those goals. Care plans are reviewed with patients at each visit, and they are provided resources to help meet their needs.

Breast, Cervical and Colorectal: The UDS Clinical Quality measure for Breast Cancer Screening goal is 42%. CY24 (27.69%) and CY25 January-July 2025 (27.14%). The UDS Clinical Quality measure for Colorectal Cancer Screening goal is 31%. CY24 (22.66%) and CY25 January-July 2025 (21.19%). The UDS Clinical Quality measure for Cervical Cancer Screening goal is 50%. CY24 (43.55%) and CY25 January-July 2025 (44.97%). Health center patients are evaluated for more intensive care coordination and care planning when they meet the eligible criteria. Patients enrolled in care plans provide input and feedback into the development of the goals and strategies to work towards those goals. Care plans are reviewed with patients at each visit, and they are provided resources to help meet their needs.

Diabetes: The patient's laboratory tests (blood sugars and A1c test results) are monitored and the medications are reviewed with the patient. Shared decision making between the patient and the provider is utilized to update the treatment plan including medication adjustments. Patient teaching is provided as needed including education for insulin administration and daily foot care. The QI Team staff reviews the measure monthly and manually adds alerts to individual patient records for all patients who are due for an A1c. A Prescription Assistance Program (PAP) staff member, located on-site at the Bayside Clinic, can assist patients with an application for the "Compassionate Drug Programs". Monthly Care Team meetings are used to re-enforce action plans. The UDS Clinical Quality measure for Diabetes A1c poor control goal is <40%. Since CY21 the program continues to exceed the goal: CY24 (37.79%) and CY25 January-July 2025 (36.10%). The program offers educational materials in Spanish and on-site staff who are certified in Spanish and/or interpretation services. Referrals are available when needed for Specialty care services including to Endocrinologists. Referrals for nutritional counseling are provided by a registered dietician.

Hypertension: In 2020, the health center initiated the Hypertension Control initiative designed to increase provider and staff engagement in implementing evidence-based practices, including using advanced self-measured blood pressure technology, to increase the number of adult patients with controlled hypertension. The UDS Clinical Quality measure for Hypertension Blood Pressure control goal is 60%. Since CY21 the program has been trending toward the goal and as of CY25 July 2025 the measure is at 54.17% for the total patient population.

Mental Health (Depression Screening and Follow Up): Mental health services are the prevention, assessment, diagnosis, treatment/intervention, and follow-up of mental health conditions and disorders (e.g., depression, anxiety, attention deficit and disruptive behavior disorders) including care of patients with severe mental illness who have been stabilized. These services may include treatment and counseling for health center patients such as individual or group counseling/psychotherapy, cognitive-behavioral therapy or problem-solving therapy, 24-hour crisis services, and case management services. The UDS Clinical Quality measure for Depression Remission at 12 months is 15%. The measure result was 7.48% for CY24 and for Jan-July 2025 the measure is at 4.9%. Since CY21 the

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program is working toward the goal with action plans to improve the measure. The PHQ-2 and PHQ-9 is used for Depression screening during new patient visits, annually and more often if deemed necessary by the clinician. Patients may be provided antidepressants during medical visits and/or referrals for specialty care services to Mental Health/Psychiatry depending on the individual patient; this is a shared decision between the patient and clinic team. The Care Coordinator tracks all referrals until they are completed.

Tobacco Use Screening and Cessation Intervention: Tobacco use education is provided by clinical staff. Patients enrolled in care plans provide input and feedback into the development of goals and strategies to work towards those goals. Care plans are reviewed with patients at each visit, and they are provided resources to help meet their needs.

Weight Assessment & Counseling for Nutrition: Nutrition education and monitoring is provided by clinical staff. Patients enrolled in care plans provide input and feedback into the development of goals and strategies to work towards those goals. Care plans are reviewed with patients at each visit, and they are provided resources to help meet their needs.

Governance

See merit review criterion 6: Governance

Items 1 and 2 do not apply to Native American tribal or urban Indian organizations.

1. *Describe how your governing board reflects the community you serve and how board members engage with patients to ensure that the health center is responsive to patient needs. Reference [Form 6A: Current Board Member Characteristics](#).*

The health center Co-Applicant Board is made up of representatives primarily reflecting the target unhoused population served by the program. Members are from local emergency shelters, law enforcement, feeding programs, behavioral health providers, the local continuum of care, local government and consumers when available. Board members regularly engage with the patient population through services rendered by their agencies, involvement in social service coalitions, committees and system of care opportunities.

2. *Describe how you have implemented effective governance to ensure that the health center board meets its fiduciary responsibilities and continually promotes excellence in the delivery of care to your community. Specifically address:*

- *How the governing board leverages their expertise (consistent with [Form 6A: Current Board Member Characteristics](#)) to improve patient-centered care provided by the health center.*
- *How the governing board provides oversight and strategic direction as needs and opportunities evolve.*
- *How the governing board evaluates the organization's financial health and performance on quality improvement activities.*

Co-applicant Board Members represent the target population served in various ways and offer their expertise and guidance on topics of Governance, Operations, Clinical Quality, and Finance at each meeting. Voting members represent homeless shelters, the homeless Continuum of Care, feeding and/or drop-in locations or other service providers that serve the homeless population. Their expertise

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with the target population often provides valuable insights in helping determine access, engagement and services needed to improve the delivery of services.

The Co-Applicant Board participates in strategic planning, participates in educational quality improvement reviews and overviews, medical and dental trend reports, hears from guest speakers, learns about clinical quality initiatives, and assesses patient satisfaction.

The Co-Applicant Board reviews monthly program financial reports, grant budget submissions, grant awards and applications, and have participated in procurement evaluation reviews, when applicable.

3. **Native American tribal or urban Indian organization applicants only:** Describe your governance structure and how you: Get input from the community/target population on health center priorities.
 - a. Ensure fiscal and programmatic oversight of the proposed project.

Not Applicable

4. **Competing supplement applicants:** Describe how you will make sure that your board composition reflects the community and target population of your new service area. The new service area is the combination of the currently announced service area and your currently funded service area. Document that at least one board member lives or works in the currently announced service area.

Not Applicable

5. **Public agency applicants:** If you will meet the Health Center Program governance requirement by using a co-applicant, describe the co-applicant's roles and responsibilities consistent with Attachment 6: Co-Applicant Agreement.

Attachments to this application include the Co-Applicant Board Bylaws and the Co-Applicant Agreement. Both documents delineate specific authorities and responsibilities regarding the required authorities and functions.

Support Requested

See merit review criterion 7: Support requested

Describe how your budget is appropriate for the proposed project and will support your planned increases in patients and services. Your budget should:

1. Be consistent across all documents, including the Budget Narrative and SF-424A
2. Align with the proposed work plan
3. Support patient projections and services in your scope of project.
 - a. Support patient projections and services in your scope of project. If your patient projection on [Form 1A: General Information Worksheet](#) is greater than the [SAAT](#) patient target, describe in the Project Narrative how you will accomplish this increase with the funding amount announced in the [SAAT](#).
 - b. If your federal funding amount will be reduced based on a patient projection that is less than 95% of the patient target, explain how the reduction will affect your overall budget.

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Budget Consistency: The federal portion of grant funds to the total project budget has remained consistent and has been leveraged to provide the highest quality of care to meet the needs of and number of individuals served in the target population. Due to continued cost increases, the program has minimally increased the projections of clients served in this application and hopes to maintain and/or slightly increase with available funds.

Budget Alignment with Work Plan: The budget reflects a significant contractual investment for clinical services for staff FTE for the sites and subcontracts for various specialists and services for clients. The services, budgets, and strategies are all monitored monthly and discussed with the leadership and governance of the program. The work plan is focused on access and engagement in care, quality care, and seamless operational efficiencies of the program.

Patient Projection Support: No significant increases in patient projections are identified for this year. The Federal funding amount will not be reduced.

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Homeless Population	93.224	\$ 0.00	\$ 0.00	\$ 1,926,977.00	\$ 5,411,699.00	\$ 7,338,676.00
2.						0.00
3.						0.00
4.						0.00
5. Totals		\$ 0.00	\$ 0.00	\$ 1,926,977.00	\$ 5,411,699.00	\$ 7,338,676.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Federal	(2) Non-Federal	(3)	(4)	
a. Personnel	\$ 0.00	\$ 27,543.00			\$ 27,543.00
b. Fringe Benefits	0.00	9,459.00			9,459.00
c. Travel	25,500.00	0.00			25,500.00
d. Equipment	0.00	0.00			0.00
e. Supplies	8,274.00	0.00			8,274.00
f. Contractual	1,846,603.00	5,374,697.00			7,221,300.00
g. Construction	0.00	0.00			0.00
h. Other	46,600.00	0.00			46,600.00
i. Total Direct Charges (sum of 6a-6h)	1,926,977.00	5,411,699.00	0.00	0.00	7,338,676.00
j. Indirect Charges	0.00	0.00			0.00
k. TOTALS (sum of 6i and 6j)	\$ 1,926,977.00	\$ 5,411,699.00	\$ 0.00	\$ 0.00	\$ 7,338,676.00
7. Program Income	\$ 0.00	\$ 33,792.00	\$	\$	\$ 33,792.00

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SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. Homeless Population	\$ 0.00	\$ 221,460.00	\$ 5,190,239.00	\$ 5,411,699.00
9.				0.00
10.				0.00
11.				0.00
12. TOTAL (sum of lines 8-11)	\$ 0.00	\$ 221,460.00	\$ 5,190,239.00	\$ 5,411,699.00

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 1,926,977.00	\$ 481,744.00	\$ 481,744.00	\$ 481,744.00	\$ 481,745.00
14. Non-Federal	5,411,699.00	1,352,924.75	1,352,924.75	1,352,924.75	1,352,924.75
15. TOTAL (sum of lines 13 and 14)	\$ 7,338,676.00	\$ 1,834,668.75	\$ 1,834,668.75	\$ 1,834,668.75	\$ 1,834,669.75

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Homeless Population	\$ 1,926,977.00	\$ 1,926,977.00	\$ 1,926,977.00	\$ 1,926,977.00
17.				
18.				
19.				
20. TOTAL (sum of lines 16-19)	\$ 1,926,977.00	\$ 1,926,977.00	\$ 1,926,977.00	\$ 1,926,977.00

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

SF-424A: BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0004

Expiration Date 8/31/2016

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity	Catalog of Federal Domestic Assistance Number	Estimated Unobligated Funds		New or Revised Budget		
		Federal	Non-Federal	Federal	Non-Federal	Total
Homeless Population	93.224	\$0.00	\$0.00	\$1,926,977.00	\$5,411,699.00	\$7,338,676.00
Total		\$0.00	\$0.00	\$1,926,977.00	\$5,411,699.00	\$7,338,676.00

SECTION B - BUDGET CATEGORIES			
Object Class Categories	Federal	Non-Federal	Total
a. Personnel	\$0.00	\$27543.00	\$27543.00
b. Fringe Benefits	\$0.00	\$9459.00	\$9459.00
c. Travel	\$25500.00	\$0.00	\$25500.00
d. Equipment	\$0.00	\$0.00	\$0.00
e. Supplies	\$8274.00	\$0.00	\$8274.00
f. Contractual	\$1846603.00	\$5374697.00	\$7221300.00
g. Construction	\$0.00	\$0.00	\$0.00
h. Other	\$46600.00	\$0.00	\$46600.00
i. Total Direct Charges (sum of a-h)	\$1926977.00	\$5411699.00	\$7338676.00
j. Indirect Charges	\$0.00	\$0.00	\$0.00
k. TOTALS (sum of i and j)	\$1926977.00	\$5411699.00	\$7338676.00

SECTION C - NON-FEDERAL RESOURCES				
Grant Program Function or Activity	Applicant	State	Other Sources	TOTALS
Homeless Population	\$0.00	\$270,000.00	\$5,141,699.00	\$5,411,699.00
Total	\$0.00	\$270,000.00	\$5,141,699.00	\$5,411,699.00

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Federal	\$1,926,977.00	\$481,744.00	\$481,744.00	\$481,744.00	\$481,745.00
Non-Federal	\$4,237,136.00	\$1,059,284.00	\$1,059,284.00	\$1,059,284.00	\$1,059,284.00
Total	\$6,164,113.00	\$1,541,028.00	\$1,541,028.00	\$1,541,028.00	\$1,541,029.00

SECTION E - FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	First	Second	Third	Fourth
Homeless Population	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00

SECTION F - OTHER BUDGET INFORMATION	
Direct Charges	No information added.
Indirect Charges	No information added.
Remarks	No information added.

Budget Justification	Annual Budget FY2026-2030		
	Federal Grant Request	Non-Federal Resources	Total
REVENUE – Should be consistent with information presented in Budget Information: Budget Details form and Form 3: Income Analysis			
HHS HRSA Health Center Program Funding FY26	\$ 1,926,977.00	\$ -	\$ 1,926,977.00
STATE FUNDS	\$ -	\$ 221,460.00	\$ 221,460.00
LOCAL FUNDS	\$ -	\$ 5,156,447.00	\$ 5,156,447.00
FEDERAL FUNDING	\$ -	\$ -	\$ -
OTHER FEDERAL FUNDING	\$ -	\$ -	\$ -
(break out by source — e.g., HUD, CDC)	\$ -	\$ -	\$ -
OTHER SUPPORT	\$ -	\$ -	\$ -
PROGRAM INCOME (fees, third party reimbursements, and payments generated from the projected delivery of services)	\$ -	\$ 33,792.00	\$ 33,792.00
TOTAL REVENUE	\$ 1,926,977.00	\$ 5,411,699.00	\$ 7,338,676.00
EXPENSES: Object class totals should be consistent with those presented in Section B of the Budget Information: Budget Details form.			
PERSONNEL			
ADMINISTRATION			
Project Director/Health Care Administrator (CEO) 0.20 FTE \$137,713.47 annual salary E. DeGregorio	\$ -	\$ 27,543.00	\$ 27,543.00
MEDICAL STAFF	\$ -	\$ -	\$ -
DENTAL STAFF	\$ -	\$ -	\$ -
BEHAVIORAL HEALTH STAFF	\$ -	\$ -	\$ -
ENABLING STAFF	\$ -	\$ -	\$ -
OTHER STAFF	\$ -	\$ -	\$ -
TOTAL PERSONNEL	\$ -	\$ 27,543.00	\$ 27,543.00
FRINGE BENEFITS			
FICA @ 0.0765	\$ -	\$ 2,107.00	\$ 2,107.00
State Retirement Contribution @ 0.1119	\$ -	\$ 3,082.00	\$ 3,082.00
Group Life Insurance @ 0.0006	\$ -	\$ 17.00	\$ 17.00
Long-Term Disability @ 0.0039	\$ -	\$ 107.00	\$ 107.00
Medical @ \$17,350 x 0.20 FTE	\$ -	\$ 3,870.00	\$ 3,870.00
Dental @ \$990 x 0.20 FTE	\$ -	\$ 198.00	\$ 198.00
Short-Term Disability@ \$390 x 0.20 FTE	\$ -	\$ 78.00	\$ 78.00
TOTAL FRINGE	\$ -	\$ 9,459.00	\$ 9,459.00
TRAVEL			
Health Care for the Homeless National Conference (June 2026) 4 FTEs @ \$2,000 per person - Local Mileage (Orlando), Hotel 3 nights, transp/per diem	\$ 6,800.00	\$ -	\$ 6,800.00
Ntl Annual Mobile Health Clinics Conference (Sept 2026) 2 FTE (\$400 flight, \$750 2 nights hotel, \$500 transp/per diem)	\$ 3,300.00	\$ -	\$ 3,300.00
FL Assoc of Community Health Centers Conference (July 2026) (Tampa) 4 FTEs @ \$1,000 per person - Mileage, Hotel 2 nights, Per Diem	\$ 4,000.00	\$ -	\$ 4,000.00
Fiscal Summit & UDS Training by FACHC (Nov 2026) 4 FTEs @ \$750 PP - Local Travel, 1 night Hotel, Per diem/Transp/Parking	\$ 3,000.00	\$ -	\$ 3,000.00

Budget Justification	Annual Budget FY2026-2030		
	Federal Grant Request	Non-Federal Resources	Total
AthenaHealth (new EHR) Thrive Summit 2026 (Location TBD) 2 FTEs @ \$1400 pp - (Flight (\$300 pp), Hotel - 3 nights (\$300/night), and Per Diem (\$200))	\$ 2,800.00	\$ -	\$ 2,800.00
AthenaHealth (new EHR) SuperUser Training (Boston, Atlanta, Austin) 2 FTEs @ 2500 pp (flight(\$500), Hotel - 5 nights (\$300/night), and Per Diem (\$500))	\$ 5,000.00	\$ -	\$ 5,000.00
O/E Coordinator - Local Travel (1 FTE @ 812 miles/yr @ .56/mile)	\$ 600.00	\$ -	\$ 600.00
TOTAL TRAVEL	\$ 25,500.00	\$ -	\$ 25,500.00
EQUIPMENT – Include items of moveable equipment that cost \$5,000 or more and with a useful life of one year or more.			
Not Applicable	\$ -	\$ -	\$ -
TOTAL EQUIPMENT	\$ -	\$ -	\$ -
SUPPLIES			
Program Outreach Brochures/Displays (as needed) (Options include: Yard signs 4 @ \$200; Postcards 500 @ \$300; Brochures 500 @ \$750; One page color flyers 250 @ \$50; Pop-Up Free-Standing Movable Banners 1 @ \$600; Banners 3'x5' approx 1 @ \$250)	\$ 3,274.00	\$ -	\$ 3,274.00
Mobile Equipment Supplies	\$ 5,000.00	\$ -	\$ 5,000.00
TOTAL SUPPLIES	\$ 8,274.00	\$ -	\$ 8,274.00
CONTRACTUAL – Include sufficient detail to justify costs.			
Contractor: Florida Department of Health in Pinellas County (DOH): provides or subcontracts for a significant portion of required and additional services within the health center's scope of project. DOH also provides quality improvement services, and patient support staff in support of the Patient Centered Medical Home concepts. DOH will serve the patient target of 2,940 unduplicated patients with qualified primary care medical encounters along with identified clinical measure goals as reported in the UDS report. Pinellas County meets monthly with management of the organization, as well as through several sub-committees to support the contract monitoring and program service delivery.			
Clinical Primary Care Services			
Medical Director M Pandey .5 FTE x (\$201,208 salary + \$69,550.52 fringe)	\$ -	\$ 135,379.26	\$ 135,379.26
Program Manager A. Hossley 1.0 FTE x (\$60,469.24 salary + \$24,706.76 fringe)	\$ -	\$ 85,176.00	\$ 85,176.00
QI Coordinator R. O'Brien .70 FTE x (\$92,076 salary + \$51,184.12 fringe)	\$ -	\$ 100,282.08	\$ 100,282.08
Computer Program Analyst D. Druyor 0.50 FTE x (\$46,580 salary + \$21,127.86 fringe)	\$ -	\$ 33,853.93	\$ 33,853.93
APRN (OPS) L. Bosch/S. Robinson 0.3 FTE x (\$34,320 salary + 6,603 fringe)	\$ -	\$ 40,923.00	\$ 40,923.00
ARNP L. Fitzgerald 1.0 FTE x (\$113,930.18 salary + \$48,590.62 fringe)	\$ 162,520.80	\$ -	\$ 162,520.80
ARNP C. Odonohoe 1.0 FTE x (\$114,733.58 salary + \$48,765.08 fringe)	\$ 163,498.66	\$ -	\$ 163,498.66
Nurse Senior LPN O. Hernandez 1.0 FTE x (\$50,323.78 salary + \$34,801 fringe)	\$ 85,124.78	\$ -	\$ 85,124.78
Medical Assistant C. Smith 1.0 FTE x (\$41,828.80 salary + \$32,959 fringe)	\$ 74,787.80	\$ -	\$ 74,787.80
MD T. Le 1.0 FTE x (\$161,388 salary + \$65,857 fringe)	\$ -	\$ 227,245.00	\$ 227,245.00
Registered Nurse A. Newman 1.0 FTE x (\$69,339.40 salary + \$38,923.82 fringe)	\$ -	\$ 108,263.22	\$ 108,263.22

Budget Justification	Annual Budget FY2026-2030		
	Federal Grant Request	Non-Federal Resources	Total
Registered Nurse Vacant 1.0 FTE x (\$69,339.40 salary + \$34,322.30 fringe)	\$ -	\$ 108,263.22	\$ 108,263.22
Nurse Care Coordinator A. Perez 1.0 FTE x (\$71,440.72 salary + \$39,379 fringe)	\$ -	\$ 110,819.72	\$ 110,819.72
Nurse Senior LPN L. Feldhouse 1.0 FTE x (\$49,409.10 salary + \$34,602.62 fringe)	\$ -	\$ 84,011.72	\$ 84,011.72
Medical Assistant Gomez 1.0 FTE x (\$41,828.80 salary + \$20,097 fringe)	\$ -	\$ 61,925.80	\$ 61,925.80
Medical Assistant Vacant 1.0 FTE x (\$41,828.80 salary + \$20,097 fringe)	\$ -	\$ 61,925.80	\$ 61,925.80
Street Med - Nurse Practitioner Vacant 1.0 FTE x (\$55/hr x 1900 hrs) + fringe (\$19,812.96)	\$ -	\$ 124,312.96	\$ 124,312.96
Street Med - RN R. Abbott 1.0 FTE x (\$38/hr x 1920 hrs) + fringe (\$12,129)	\$ -	\$ 85,089.00	\$ 85,089.00
Street Med - C. Harden 1.0 FTE x (\$41,491.32 salary + \$20,024.42 fringe)	\$ -	\$ 61,515.74	\$ 61,515.74
HS Program Specialist - C. Martin 1.0 FTE x (\$25/hr x 1900 hrs) + fringe (\$11,700)	\$ -	\$ 59,200.00	\$ 59,200.00
Human Services Analyst K. McCobb 1.0 FTE x (\$43,502 salary + \$20,460 fringe)	\$ 63,962.00	\$ -	\$ 63,962.00
HS Analyst Wittstruck 1.0 FTE x (\$41,491.32 salary + \$32,886.1 fringe)	\$ 74,377.42	\$ -	\$ 74,377.42
Family Support Worker J. Brenzel 1.0 FTE x (\$41,828.80 salary + \$32,959.68 fringe)	\$ 74,788.48	\$ -	\$ 74,788.48
Clinic Supervisor Vacant 1.0 FTE x (\$51,000 salary + \$24,260 fringe)	\$ -	\$ 75,260.00	\$ 75,260.00
MMU/Stree Medicine Supervisor J. McGrogan 1.0 FTE x (\$51,000 salary + \$11,125.40 fringe)	\$ -	\$ 62,125.40	\$ 62,125.40
Clerk A. Brooks 1.0 FTE x (\$41,828.8 salary + \$20,097.22 fringe)	\$ -	\$ 61,926.02	\$ 61,926.02
Clerk Vacant 1.0 FTE x (\$41,828.8 salary + \$20,097.22 fringe)	\$ -	\$ 61,926.02	\$ 61,926.02
Care Coordinator C. Ufondu 1.0 FTE x (\$50,819.86 salary + \$34,909 fringe)	\$ -	\$ 85,728.86	\$ 85,728.86
Dental Services			
Dentist Dr. Gatons 1.0 FTE x (\$156,595.40 salary + \$44,978.7 fringe)	\$ 201,574.10	\$ -	\$ 201,574.10
Dental Assistant M. Daly 1.0 FTE x (\$39,349.96 salary + \$19,560.32 fringe)	\$ -	\$ 58,910.28	\$ 58,910.28
Dental Assistant S. Peterson 1.0 FTE x (\$39,349.96 salary + \$19,560.32 fringe)	\$ -	\$ 58,910.28	\$ 58,910.28
Hygienist A. Islami 1.0 FTE x (\$72,610.72 salary + \$39,633.1 fringe)	\$ -	\$ 112,243.82	\$ 112,243.82
Encounter w/Dentist @ \$120/visit (External location)	\$ -	\$ 96,000.00	\$ 96,000.00
Encounter w/Hygienist @ \$75/visit (External location)	\$ -	\$ 18,750.00	\$ 18,750.00
Dentures Labs/Supplies	\$ -	\$ 76,000.00	\$ 76,000.00
DOH Subcontracts			
Lab Services Quest Laboratories (Avg of \$2783/mo x 12 mo)	\$ 32,900.00	\$ 500.00	\$ 33,400.00

Budget Justification	Annual Budget FY2026-2030		
	Federal Grant Request	Non-Federal Resources	Total
Lab Services - HIV Specific	\$ 3,000.00	\$ -	\$ 3,000.00
HIV Prevention/Prep Metro Wellness	\$ 146,580.00	\$ -	\$ 146,580.00
Mental & Substance Use Services Directions for Living (PAR sub) Integrated Behavioral Health Services + Encounter Based Services	\$ 714,750.00	\$ 950,000.00	\$ 1,664,750.00
Specialty Care Services Network of Contracted Providers for Required and Additional Services within the Health Center's Approved Scope of Project (Radiology; Podiatry; Psychiatry; Other...)	\$ -	\$ 840,870.80	\$ 840,870.80
Travel			
Local Travel Approx 100 miles/month @ .445 cost per mile x 12 months	\$ -	\$ 534.00	\$ 534.00
Health Care for the Homeless National Conference (June 2026) 2 FTEs @ \$1,080 per person - Local Mileage (Orlando), Hotel 3 nights, transp/per diem	\$ 2,160.00	\$ -	\$ 2,160.00
Ntl Annual Mobile Health Clinics Conference (Sept 2026) 2 FTEs @ \$1,050 per person (\$350 flight, \$450 2 nights hotel, \$250 transp/per diem)	\$ 2,100.00	\$ -	\$ 2,100.00
FL Assoc of Community Health Centers Conference (July 2026) (Tampa) 2 FTEs @ \$625 per person - Mileage, Hotel 2 nights, Per Diem	\$ 1,250.00	\$ -	\$ 1,250.00
Fiscal Summit & UDS Training by FACHC (Nov 2026) 2 FTEs @ \$450 PP - Local Travel, Per diem/Transp/Parking	\$ 900.00	\$ -	\$ 900.00
Office Supplies			
Office Supplies Two HC Sites: (@\$346/mo x 12 mos 2 sites)	\$ 7,200.00	\$ 1,100.00	\$ 8,300.00
Medical Supplies			
Medical Supplies Avg. \$3,442/month for 3 sites	\$ 35,128.96	\$ 6,171.07	\$ 41,300.03
Other Services			
Cell Phone (\$70/month approx x 12 month 5.0 FTE)	\$ -	\$ 4,180.00	\$ 4,180.00
Data Circuit (monthly @ \$1,527.12 x 12 mo)	\$ -	\$ 18,325.00	\$ 18,325.00
Provider Training Basic Life Support Training CPR @ \$58 pp/8 FTE	\$ -	\$ 464.00	\$ 464.00
Transportation Assistance Vouchers/taxi services (\$3,333/mo)	\$ -	\$ 40,000.00	\$ 40,000.00
Administrative Service Fee 10% (personnel only)	\$ -	\$ 296,585.00	\$ 296,585.00
Sub-Total: FL DOH	\$ 1,846,603.00	\$ 4,414,697.00	\$ 6,261,300.00
Lucy RX (Pharmacy): The County contracts with a Pharmacy Benefit Manager and its Pharmacy Network to provide needed prescriptions to HCH clients. The County meets with the provider weekly and reviews performance data monthly.			
Health Care for the Homeless (primary care) (Average invoice approximately \$80k/month)	\$ -	\$ 960,000.00	\$ 960,000.00
Sub-Total: Lucy RX	\$ -	\$ 960,000.00	\$ 960,000.00
TOTAL CONTRACTUAL	\$ 1,846,603.00	\$ 5,374,697.00	\$ 7,221,300.00

Budget Justification	Annual Budget FY2026-2030		
	Federal Grant Request	Non-Federal Resources	Total
OTHER – Include detailed justification. Note: Federal funding CANNOT support construction, fundraising, or lobbying costs.			
Fiscal Summit & UDS Training, FL Assoc of Comm Health Centers (Nov 2026) Registration Fee: 2 FTEs @ \$800 pp (full summit) and 2 FTEs @ \$500 pp for UDS or Fiscal only.	\$ 2,600.00	\$ -	\$ 2,600.00
Health Care for the Homeless National Conference (May 2026) Registration Fee: 4 FTEs @ up to \$1,000 per person - Registration Fee	\$ 4,000.00	\$ -	\$ 4,000.00
Ntl Annual Mobile Health Clinics Conference (Sept 2026) Registration Fee: 2 FTE (Registration - \$1,000 each)	\$ 2,000.00	\$ -	\$ 2,000.00
Florida Association of Community Health Centers Conference (July 2026) Registration Fee: 4 FTEs @ \$900/pp	\$ 3,600.00	\$ -	\$ 3,600.00
AthenaHealth (new EHR) Thrive Summit (2026) Registration Fee: 2 FTEs @ \$1,200 pp	\$ 2,400.00	\$ -	\$ 2,400.00
AthenaHealth (new EHR) SuperUser Training (2026)Registration Fee: 2 FTEs @ \$2,000 pp	\$ 4,000.00	\$ -	\$ 4,000.00
PCMH Training (NCQA Offered In-Person/Virtual Opportunities TBD)	\$ 1,500.00	\$ -	\$ 1,500.00
AthenaHealth 2025 Implementation; additional 3rd party technology enhancements identified for year 1 implementation (Phreesia, Insurance Discovery, HIE, other, TBD)	\$ 26,500.00	\$ -	\$ 26,500.00
TOTAL OTHER	\$ 46,600.00	\$ -	\$ 46,600.00
TOTAL DIRECT CHARGES (Sum of TOTAL Expenses)	\$ 1,926,977.00	\$ 5,411,699.00	\$ 7,338,676.00
INDIRECT CHARGES – Include approved indirect cost rate.	\$ -	\$ -	\$ -
X% indirect cost rate (includes utilities and accounting services)	\$ -	\$ -	\$ -
TOTALS (Total of Total Direct Charges & Indirect Charges)	\$ 1,926,977.00	\$ 5,411,699.00	\$ 7,338,676.00

Personnel Justification Table

Name	Position Title	% of FTE	Base Salary	Adjusted Annual Salary	Federal Amount Requested
L. Fitzgerald	ARNP	100%	\$ 113,930.00		\$ 113,930.00
C. Odonohoe	ARNP	100%	\$ 114,734.00		\$ 114,734.00
O. Hernandez	Nurse Senior LPN	100%	\$ 50,324.00		\$ 50,324.00
C. Smith	Medical Assistant	100%	\$ 41,829.00		\$ 41,829.00
K. McCobb	Human Services Analyst	100%	\$ 43,502.00		\$ 43,502.00
C. Wittstruck	Human Services Analyst	100%	\$ 41,491.00		\$ 41,491.00
J. Brenzel	Family Support Worker	100%	\$ 41,829.00		\$ 41,829.00
Dr. Gatons	Dentist	100%	\$ 156,595.00		\$ 156,595.00
E. DeGregorio	Health Care Administrator	20%	\$ 137,713.00		\$ -
M. Pandey	Medical Director	50%	\$ 201,208.00		\$ -
R. O'Brien	QI Coordinator	70%	\$ 92,076.00		\$ -
A. Hossley	Program Manager	100%	\$ 60,469.00		\$ -
D. Druyor	Computer Program Analyst	50%	\$ 46,580.00		\$ -
L. Bosch / S. Robinson	APRN (OPS)	30%	\$ 34,320.00		\$ -
T. Le	MD	100%	\$ 161,388.00		\$ -
A. Newman	Registered Nurse	100%	\$ 69,340.00		\$ -
VACANT	Registered Nurse	100%	\$ 69,340.00		\$ -
A. Perez	Nurse Care Coordinator	100%	\$ 71,441.00		\$ -
L. Feldhouse	Nurse Senior LPN	100%	\$ 49,409.00		\$ -
Gomez	Medical Assistant	100%	\$ 41,829.00		\$ -
VACANT	Medical Assistant	100%	\$ 41,829.00		\$ -
VACANT	Street Med - Nurse Practitioner	100%	\$ 104,500.00		\$ -
R.Abbott	Street Med - RN	100%	\$ 72,960.00		\$ -
C. Harden	Street Med	100%	\$ 41,491.00		\$ -
C. Martin	HS Program Specialist	100%	\$ 47,500.00		\$ -
VACANT	Clinic Supervisor	100%	\$ 51,000.00		\$ -
J. McGrogan	MMU / Street Medicine Supervisor	100%	\$ 51,000.00		\$ -
A. Brooks	Clerk	100%	\$ 41,829.00		\$ -
VACANT	Clerk	100%	\$ 41,829.00		\$ -
C. Ufodu	Care Coordinator	100%	\$ 50,820.00		\$ -
M. Daly	Dental Assistant	100%	\$ 39,350.00		\$ -
S. Peterson	Dental Assistant	100%	\$ 39,350.00		\$ -
A. Islami	Hygenist	100%	\$ 72,611.00		\$ -

[Skip to Main Content](#)

DISCLOSURE OF LOBBYING ACTIVITIES

OMB Approval No. 0348-0046

Expiration Date 12/31/2013

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

1. * Type of Federal Action:

- a. contract
- b. grant
- c. cooperative agreement
- d. loan
- e. loan guarantee
- f. loan insurance

2. * Status of Federal Action:

- a. bid/offer/application
- b. initial award
- c. post-award

3. * Report Type:

- a. initial filing
- b. material change

For Material Change

Year

Quarter

Date of Last Report

4. Name and Address of Reporting Entity:

Prime SubAwardee Tier If Known:

*Name

*Street 1

Street 2

* City State

* Zip Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency:

7. * Federal Program Name/Description:

CFDA Number, if applicable:

8. Federal Action Number, if known:

9. Award Amount, if known:

10. a. Name and Address of Lobbying Registrant:

Prefix * First Name

Middle Name

* Last Name

Suffix

* Street 1

* Street 2

* City State

* Zip

b. Individual Performing Services (including address if different from No. 10a)

Prefix * First Name

Middle Name

* Last Name

Suffix

* Street 1

Street 2

* City State

* Zip

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:

* Name Prefix:

* First Name

Middle Name

* Last Name

Yatchum

Suffix

Title: Human Services Director

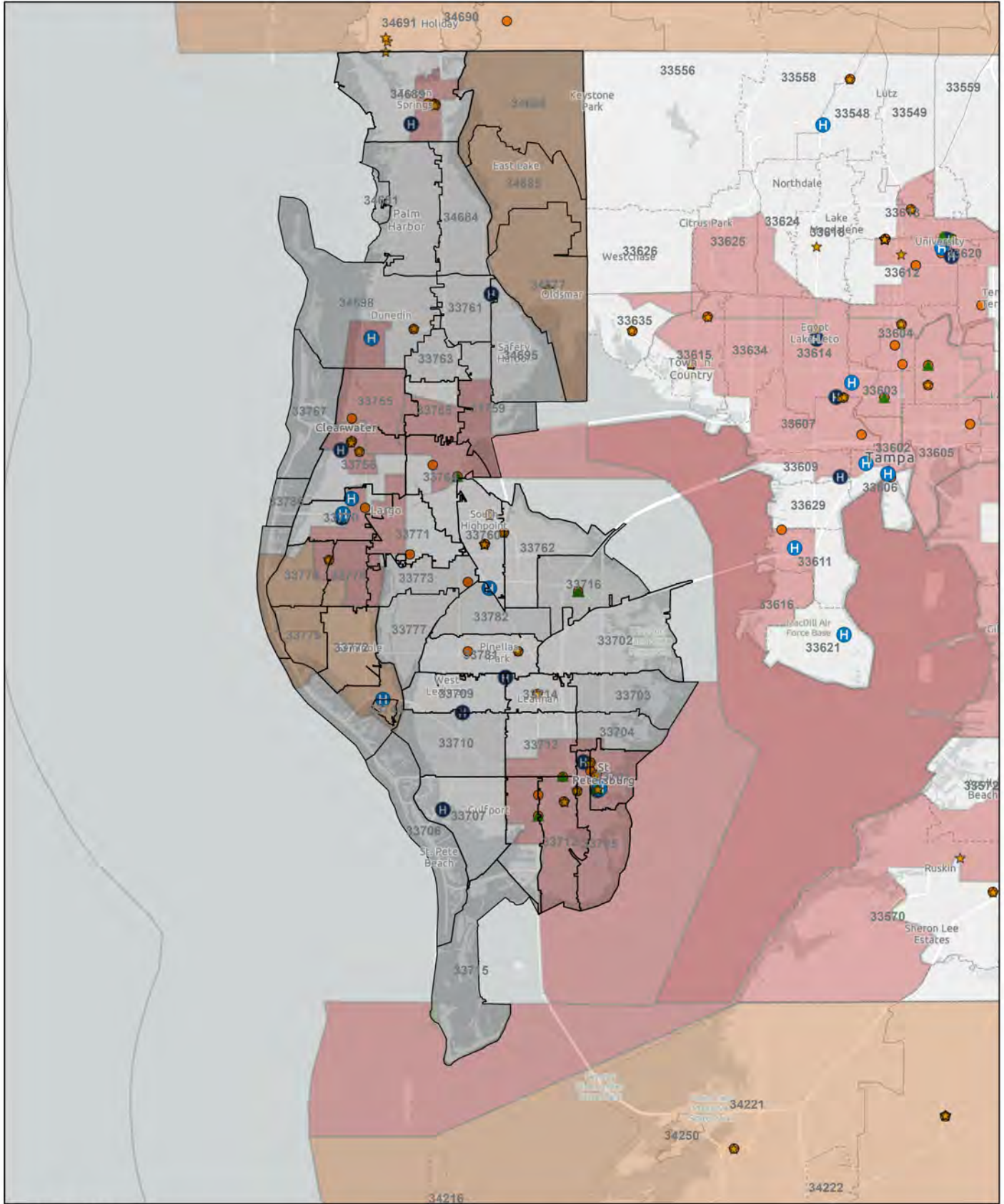
Telephone No.: (727) 464-5045

Date: 10/29/2025

Federal Use Only:

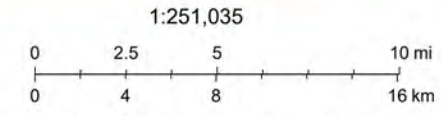
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SAC Pinellas County



October 3, 2025

- ★ Health Center Service Delivery Sites
- ▲ Look-Alike Service Delivery Sites
- H Short Term
- H Other
- National Health Service Corps (NHSC) Sites
- Medically Underserved Areas/Populations (MUA/Ps)
- Medically Underserved Area
- Medically Underserved Population
- States



1:251,035

Sources: Esri, TomTom, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community.
 Sources: Esri, TomTom, Garmin, © OpenStreetMap contributors, and the GIS User Community

Data Table

ZCTA	Pop: Total (#) 2018-2022	Pop: Low-Income (#) 2018-2022	HCP: Penetration of Total Population (%)	HCP: Penetration of Low-Income (%)	HCP: Total Patients (#) 2023	HCP: Health Center Count 2023	HCP: Uninsured Not Served by Health Centers (#) 2023	HCP: Dominant Health Center 2023
Summary	959918	260591	6.5	23.8	61943	171	86426	
33711	17984	5185	14.6	50.6	2624	5	1273	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33701	17464	5352	6.4	20.9	1120	4	1151	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33713	32713	8934	8.3	30.5	2729	5	3558	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33770	25811	8674	5.5	16.5	1429	4	3091	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33755	27279	12307	11.0	24.3	2989	4	4079	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33771	28412	8944	8.2	25.9	2320	5	2421	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33772	23664	4937	2.4	11.7	578	4	1944	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33756	32615	12316	9.1	24.0	2955	4	3647	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
34689	27076	7303	6.9	25.6	1870	6	2432	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33764	27681	8239	6.2	21.0	1729	4	2522	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33707	25059	6713	3.6	13.6	910	4	2376	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33760	20401	6063	12.4	41.9	2539	4	2355	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33702	31119	8302	6.6	24.9	2068	4	3142	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33714	20370	9643	13.4	28.3	2729	4	2601	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33712	25178	8699	17.7	51.3	4463	6	1805	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.

Data Table

ZCTA	Pop: Total (#) 2018-2022	Pop: Low-Income (#) 2018-2022	HCP: Penetration of Total Population (%)	HCP: Penetration of Low-Income (%)	HCP: Total Patients (#) 2023	HCP: Health Center Count 2023	HCP: Uninsured Not Served by Health Centers (#) 2023	HCP: Dominant Health Center 2023
33705	27426	9122	14.3	43.0	3918	6	2305	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33762	5103	703	14.3	100.0	728	4	0	PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS
33781	26315	9293	14.1	39.9	3710	4	2659	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33765	14578	5027	9.4	27.2	1365	4	1703	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33709	24120	8725	9.8	27.2	2372	4	2402	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
34683	34031	7827	2.0	8.8	688	5	2578	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
34684	27607	6101	2.4	10.7	651	4	1911	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
34681	994	6	2.8	100.0	28	1	0	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
34698	37838	9270	3.3	13.5	1256	4	3550	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33761	18558	4289	2.7	11.5	492	4	2512	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
34695	17853	3306	2.7	14.6	484	4	1319	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
34677	22634	5845	4.1	16.0	936	4	2510	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
34685	17869	2350	1.7	12.9	302	3	980	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
34688	9074	1794	2.3	11.5	206	3	621	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33763	21272	8256	3.9	10.1	832	3	1885	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33759	17607	5823	7.0	21.1	1229	4	1694	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.

Data Table

ZCTA	Pop: Total (#) 2018-2022	Pop: Low-Income (#) 2018-2022	HCP: Penetration of Total Population (%)	HCP: Penetration of Low-Income (%)	HCP: Total Patients (#) 2023	HCP: Health Center Count 2023	HCP: Uninsured Not Served by Health Centers (#) 2023	HCP: Dominant Health Center 2023
33767	7458	1011	1.5	11.4	115	1	478	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33786	1579	193	0.0	0.0	0	0	53	
33785	4871	827	1.0	6.2	51	1	512	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33716	18987	4361	5.6	24.4	1064	3	1430	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33782	23723	6380	8.4	31.2	1993	4	2126	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33773	16272	4006	5.4	22.1	885	4	1763	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33774	19629	4810	4.1	16.9	813	3	1364	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33778	15651	3810	5.4	22.3	851	4	1857	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33776	13304	1541	1.3	10.9	168	2	539	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33777	17860	3189	4.1	23.2	740	3	873	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33703	25900	3653	2.8	19.8	724	4	2255	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33710	34102	8574	4.2	16.6	1424	4	2819	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33704	16275	2619	2.2	13.5	353	3	1105	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33708	15222	3499	1.5	6.5	228	3	1309	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33706	15433	1999	1.3	10.0	200	2	702	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.
33715	7876	771	1.1	11.0	85	2	215	COMMUNITY HEALTH CENTERS OF PINELLAS, INC.

Data Table

ZCTA	Pop: Total (#) 2018-2022	Pop: Low-Income (#) 2018-2022	HCP: Penetration of Total Population (%)	HCP: Penetration of Low-Income (%)	HCP: Total Patients (#) 2023	HCP: Health Center Count 2023	HCP: Uninsured Not Served by Health Centers (#) 2023	HCP: Dominant Health Center 2023
33744	71	0	0.0		0	0	0	

Health Care for the Homeless Co-Applicant Board BYLAWS

Approved by HCH Co-Applicant Board - June 2, 2015

Reviewed & Revised by BCC October 6, 2015

- changes included reference to co-applicant (Article III) & Termination (Article XV)

For Initial Review April 4, 2017; Approval May 2, 2017; BCC Approval 8/1/2017

- changes include Council Name*
- Changes from MMU to HCH*
- Addition of Alternate Members*
- Change in fiscal year to align with new grant year*

Reviewed and Approved by Co-Applicant Board on February 9, 2021

Approved by the Board of County Commissioners on March 9, 2021

- removal of standing committees*
- Changes authority of approval of Sliding fee Discount Program Policy to HCH Co-App Board from BCC*
- Changes BCC approval of the board roster to once every three-years in advance of the Service Area Competition Grant Application submitted to HRSA.*
- Clarifies the budget approval process between the Co-Applicant Board and BCC*
- Allows for Bylaw changes to be reviewed and adopted at the same meeting of the Co-Applicant Board.*

Approved by Co-Applicant Board on April 9, 2024

Approved by the Board of County Commissioners on June 11, 2024

- Requirement that no other entity, organization, or individual has veto power over the Board*
- Change from 51% majority to Simple Majority (50%)*
- Executive Committee roles and responsibilities added*

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

BYLAWS

ARTICLE I – NAME

This organization shall be known as the Health Care for the Homeless (HCH) Co-Applicant Board.

ARTICLE II – MISSION

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

ARTICLE III – GOALS

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

ARTICLE IV – OBJECTIVES

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

ARTICLE V – SIZE AND COMPOSITION

A. Size

The HCH Co-Applicant Board shall consist of not less than nine (9) and not more than twenty-five (25) members.

B. Composition

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

ARTICLE VI – MEMBERSHIP AND TERMS OF OFFICE

A. Recruitment/Appointment

On an annual or as needed basis, the HCH Co-Applicant Board shall nominate between one (1) and three (3) individuals to the HCH Co-Applicant Board for each vacant Board seat for consideration and appointment. The HCH Co-Applicant Board may solicit nominations from the community, current or former consumers of the HCH, persons who are currently or formerly homeless, and other interested individuals who are committed and interested in the delivery of

services of the Health Care for the Homeless Program. The Board of County Commissioners shall review and approve the board roster in advance of the project period Service Area Competition application submission by the HCH Co-Applicant Board. The HCH Co-Applicant Board and the Board of County Commissioners will use their best efforts to maintain the same ratio of consumer members, provider members and consumers-at-large as set out in Article V above.

B. Alternate Membership

If desired, the community organization may appoint, by action taken at an official meeting of the co-applicant board, an alternate for its elected member. The alternate member must be a professional, preferably senior level, full-time employee of the organization, not a volunteer. An alternate voting member's term shall be for no longer than the term of the voting member he or she represents. The alternate member, when attending an *HCH Co-Applicant Board* meeting in the place of a regular member, shall have full voting rights and be counted towards a quorum. The community organization shall notify the HCH Project Director in writing that the appointed individual may act as an alternate member if the regular member cannot attend a meeting. The *HCH Co-Applicant Board* shall acknowledge the appointment of each alternative member by reading the notification of appointment into the minutes of the first *HCH Co-Applicant Board* meeting following notification by the community organization.

C. Terms of Office

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

D. Removal

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

E. Vacancies and Resignations

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

All resignations must be in writing and submitted to the HCH Co-Applicant Board Chairperson thirty (30) days prior to effective date.

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

F. Compensation

Members of the Board shall serve without compensation. However, members may be reimbursed for reasonable expenses actually incurred related to their service on the HCH Co-Applicant Board.

ARTICLE VII – MEETINGS AND VOTING

A. Annual Meeting

The HCH Co-Applicant Board shall hold an annual meeting during the second quarter of each year. The date and time are to be decided by the Board members.

B. Regular and Special Meetings

Regular meetings of the HCH Co-Applicant Board shall be monthly at a time and place to be decided by the Board. The agenda of each meeting will be distributed to the membership not later than one (1) business days prior to each meeting. Notices of meetings will be included on the MMU/Bayside monthly calendar. The agenda may be modified by a majority vote of the members present. All meetings of the HCH Co-Applicant Board shall be open to the public.

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

Special meetings may be called by the Board Chairperson or by four (4) members of the HCH Co-Applicant Board, at such time and place as may be deemed necessary.

C. Notice of Special Meetings

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

D. Quorum

A simple majority (50%) of the HCH Co-Applicant Board members appointed and serving shall constitute a quorum for the transaction of business. Board officers can act in absence of quorum, but any actions shall be ratified by the full board at the next Co-Applicant Board meeting.

E. Voting

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

The Health Center does not allow for any other individual, entity or committee (including, but not limited to, an executive committee authorized by the board) to reserve approval authority or have veto power over the health center board with regard to the required authorities and functions;

In cases where a health center collaborates with other entities in fulfilling the health center's HRSA-approved scope of project, such collaboration or agreements with the other entities do not restrict or infringe upon the health center board's required authorities and functions.

F. Recording, Distribution and Storage of Minutes

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

ARTICLE VIII -- OFFICERS AND STAFF ASSISTANCE

A. Officers

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

B. Election and Terms of Office

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

C. Removal

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

D. Vacancy

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

E. Chairperson

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

F. Vice-Chairperson

The Vice-Chairperson shall perform the duties of the Chairperson in the absence of the Chairperson and shall perform such other duties as from time to time may be assigned by the HCH Co-Applicant Board.

G. Secretary

The Secretary shall keep the minutes of all meetings of the HCH Co-Applicant Board. The Secretary shall give notices of all meetings of the HCH Co-Applicant Board in accordance with the provisions of these bylaws or as required by statute or resolution. The Secretary shall perform other duties as assigned by the HCH Co-Applicant Board.

H. Staff Assistance

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

ARTICLE IX – COMMITTEE(S)

A. Executive Committee

The Executive Committee shall meet on an as needed basis and at such time and place as it may designate and shall keep a record of all its proceedings and actions. Special meetings of the Executive Committee may be called on one (1) day’s notice by the Chair.

The Executive Committee shall consist of the Chair, Vice-Chair, and one (1) member of the Board elected as a member-at-large. Patient members shall be strongly encouraged to serve on the Executive Committee.

The designation of such Executive Committee and the delegation of authority to it shall not operate to relieve the Board or any individual Member of any responsibility imposed on it or him/her by law, by the program, or these Bylaws. The Executive Committee shall coordinate the activities of all Board committees, may take action on behalf of the Board in emergencies on which the full Board will subsequently vote, and perform such other duties as prescribed by the Board.

B. Ad-hoc Committees

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

C. General Committee Procedures

1. Term: Each Committee, except a Nominating Committee, shall be appointed at the annual meeting of the Co-Applicant Board and shall serve for the ensuing year. Board chairpersons shall also serve for the ensuing year.
2. Meeting Procedure: Every meeting of a Committee of the Co-Applicant Board shall be called by its chairperson or by a majority of Board members. At the first meeting of a Committee, a meeting schedule shall be determined. In the event that a special meeting is necessary, Board members shall be notified of the time, place and purpose of the special Board meeting at least two (2) business days prior by facsimile, correspondence, or hand delivery in person. A quorum for the conduct of Board business shall require the presence of a majority of the Board members.
3. Membership: Only Board members may be appointed to Committee of the HCH Co-Applicant Board. The Board may request that non-Board members attend HCH Co-Applicant Board meetings to provide assistance or information.
4. Voting: When the Board meets and votes on an issue, only members, or approved alternate members of that Board may vote.

ARTICLE X -- RESPONSIBILITIES OF THE CO-APPLICANT BOARD

A. Personnel Policies and Procedures

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

B. Financial Management

The HCH Co-Applicant Board shall annually review the budget prepared by the PCHS Department for the operation of the HCH. The HCH Co-Applicant Board shall review and approve the annual Section 330 grant budget. The HCH Co-Applicant Board and Board of County Commissioners

shall jointly approve the three-year Service Area Competition application and budget for Section 330 submitted to the Bureau of Primary Health Care.

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

Audits, as required by law for the 330 Grant Agreement shall be performed by an independent auditor. The audits may be performed in conjunction with other Pinellas County audits.

C. Evaluate Health Center Activities

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

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

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

D. Compliance with Laws

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

E. Health Care Policies

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

F. Grants

The Co-Applicant Board shall work with the PCHS to identify and make application for grant opportunities.

G. Administrative Assistance

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

H. Conflict of Interest

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

ARTICLE XI -- FISCAL YEAR

The fiscal year of the Board shall be March 1 – February 28 (February 29 in leap year).

ARTICLE XII -- ORDER OF BUSINESS

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

Regular Meeting

1. Welcome and Call to Order
2. Guest Speaker, if applicable
3. Community Input (limited to 3 minutes unless extended by the Chairperson)
4. Chairman’s Report
5. Consent Agenda - Approval of Minutes
6. Staff Reports (Governance, Fiscal, Clinical)
7. Committee Reports, if any
8. New Business/Other
9. Adjournment

Annual Meeting

1. Welcome, and Call to Order
2. Community Input (limited to 3 minutes unless extended by the Chairperson)
3. Chairperson's Annual Report
4. Consent Agenda - Approval of Minutes
5. Election of Board Officers
6. Staff Reports (Governance, Fiscal, Clinical)
7. Committee Reports, if any
8. New Business
9. Board Announcements
10. Adjournment

ARTICLE XIII—AMENDMENTS

These bylaws may be amended at a regular meeting of the Board by a two-thirds vote of the entire membership of the HCH Co-Applicant Board. Amendments to the bylaws do not become effective until voted and approved by the Board of County Commissioners.

ARTICLE XIV -- PROXY

An absent HCH Co-Applicant Board alternate member shall be allowed to vote by proxy.

ARTICLE XV – PROGRAM TERMINATION

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

Notwithstanding the foregoing, the Pinellas County Board of County Commissioners may terminate the HCH Co-Applicant Board at any time. However, any such termination may affect Section 330 funding.

ARTICLE XVI -- PARLIAMENTARY AUTHORITY

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

CONCLUSION

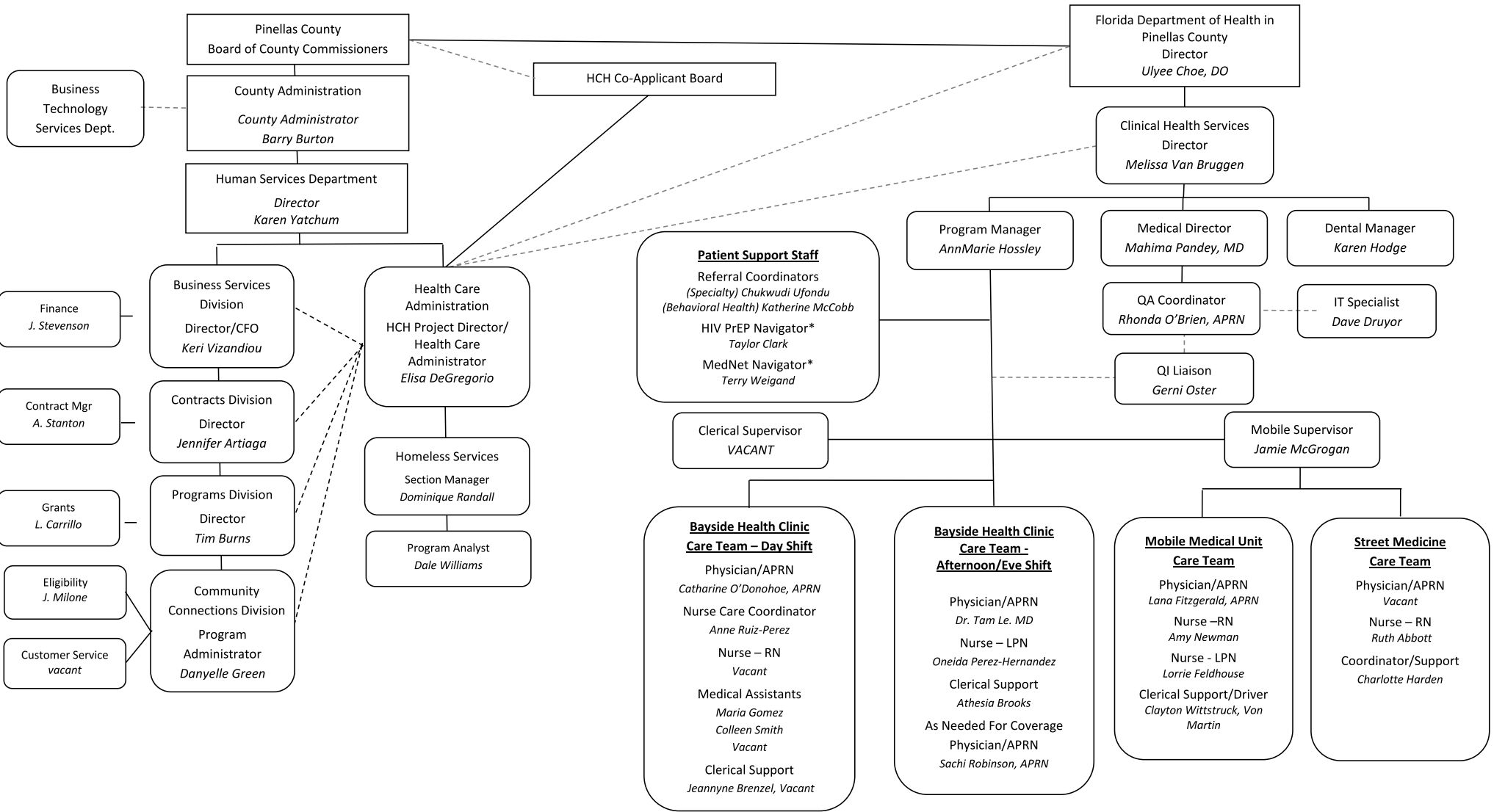
To the extent that any of the HCH Co-Applicant Board By-laws are contrary to statutory requirements or the PCHS' authorization, they shall be of no force or effect.

ADOPTED -

Approved by HCH Co-Applicant Board 11/04/2014
Updated Draft as of 4/10/2015 per feedback from HRSA on 3/30/2015
Provided to HCH Co-Applicant Board for review on 5/5/2015
Approved by HCH Co-Applicant Board 06/02/2015
Updated on 10/1/2015 per feedback from HRSA on 9/23/2015

Approved by HCH Co-Applicant Board on 10/6/2015
Updated in March 2017, distributed for review by Co-Applicant Board on 4/4/2017
Approved by Co-Applicant Board 5/2/2017
Approved by Pinellas County BCC 8/1/2017
Approved by Co-Applicant Board 02/09/2021
Approved by Pinellas County BCC 03/09/2021
For Review by the Co-Applicant Board 04/09/2024
For Review by Pinellas County BCC 06/11/2024

Pinellas County – Healthcare for the Homeless Program (Section 330 (h)) | Project Organizational Chart – updated 10/17/2025



*Subcontracted partner

Pinellas County – Healthcare for the Homeless Program (Section 330 (h))

Roles/Responsibilities – updated 10/17/2025

Human Services Department

- **Health Care Administration**

- **Health Care Administrator/HCH Project Director**

- The Project Director is accountable to the Co-Applicant Board and will provide strategic leadership and will oversee daily executive operations of this Federally Qualified Health Center. The Project Director is responsible for board governance including recruitment and retention, communications and community outreach, oversight of program operations, finance, grant compliance, performance measures, and is mission driven, highly collaborative, capable of providing strong leadership for health center and administrative functions. The Project Director oversees the Patient Centered Medical Home Recognition effort and coordinates with the Public Health Services Manager (PCMH Manager) and Medical Director (Clinician Lead).

- **Homeless Services:** Consults w/health center on homeless population, unmet needs, outreach programs, and liaison with PC Continuum of Care, HLA.

- **Program Analyst:** HS Liaison with DOH staff; publishes and communicates changes to schedule, operations of the MMU; technical assistance with clinical staff on electronic health record/reporting – liaison with BTS. Supports the Quality Improvement team and PCMH effort.

- **Senior Services:** Consults w/health center on senior population, resources, and also supports program marketing efforts.

- **Contracts Division:** Reviews and Manages contracts/sub-contracts for clinical services with DOH and other subcontractors as needed.

- **Programs Division:**

- **Grants:** Liaison with Federal Project Officer; reviews and submits all grant program reports; ensures compliance with health center program requirements; writes and submits all grant applications/renewals; processes all NOAs with BCC and HCH Co-Applicant Board. Supports the Quality Improvement team and PCMH effort.

- **Business Services Division:** Prepares and submits all financial reports; manages department budget including cost center for health center program

- **Community Connections:** Assists with eligibility and enrollment into the Pinellas County Health Program/Health Care for the Homeless Program; provides customer service support for client concerns; and can refer and link clients to community resources, benefit specialists etc.

- **BTS:** Pinellas County's information technology department provides assistance and is responsible for the hardware and software integrations, upgrades, networks, and facilitates training on system software and general IT support for technical issues to program staff.

Florida Department of Health in Pinellas County (Sub-Contractor for Clinical Services)

- **Medical Director:** Provides clinical oversight of medical care for clients. Serves as the clinical lead for the National Committee for Quality Assurance (NCQA) Patient Centered Medical Home (PCMH) medical home transformation. Provides clinical support to ensure continued and sustained success.

- **Quality Assurance Team:** Directs the quality improvement programs including peer review, credentialing and privileging, patient centered medical home practices, and programmatic data and performance measure review. Participates in the PCMH workgroup to complete assigned tasks and duties related to processes and evidence (reports) for the National Committee for Quality Assurance (NCQA) Patient Centered Medical Home (PCMH) Recognition. Provides support to the transformation manager and clinical lead. Works with the manager and clinical lead for the National Committee for Quality Assurance (NCQA) PCMH transformation. Completes assigned tasks for reporting and evidence required for maintenance and sustained success with

recognition. G. Oster participates in the PCMH workgroup to complete assigned tasks and duties related to processes and evidence (reports) for the National Committee for Quality Assurance (NCQA) Patient Centered Medical Home (PCMH) Recognition.

- **Clinical Health Services Director:** Provides oversight of the contract and directs clinical operations of the Dept. and the County. Provides support to the Transformation leader (S. Louaked) in the National Committee for Quality Assurance (NCQA) Patient Centered Medical Home (PCMH) medical home transformation. Allocates resources to the team to ensure the implementation of processes (policies & procedures) and taking steps to achieve and maintain recognition status.
- **Public Health Services Manager:** Manages on-site clinical operations and serves as liaison between community organizations and programs for HCH patients. Serves as the Manager and Point person for leading the National Committee for Quality Assurance (NCQA) Patient Centered Medical Home (PCMH) medical home transformation. Ensures the implementation of processes (policies & procedures) and taking steps to achieve and maintain recognition status. Ensures team is working effectively and in an organized manner. Documents recurring Care Team meetings to include staff participate in the Quality Improvement Processes.
- **Care Teams:** Provides direct medical care to clients including lab work, primary medical care, and follow-up.
 - **Providers:** Documents all HCHP services in the Nextgen Electronic Health Record System in compliance with the National Committee for Quality Assurance (NCQA) Patient Centered Medical Home (PCMH) policies and procedures to include, but not limited to patient encounters, Medication Reconciliation, Problem List Updates, and documenting clinical advice during and after hours (on-call duty) *. Responds daily to the Physician's Acceptance Que in the patient's electronic health record system, Nextgen.
 - **Clinical Support:** Documents all HCHP services in the Nextgen Electronic Health Record System in compliance with the National Committee for Quality Assurance (NCQA) Patient Centered Medical Home (PCMH) policies and procedures to include, but not limited to maintaining the Care Management Registry and updating Care Plans, documenting the Comprehensive Health Assessments (i.e. Medical History and Family History, Mental Health/Substance Use History) and documenting the Behavioral Health Assessments.
- **Patient Support Staff Teams:** Supports eligibility, appointment scheduling, referral tracking and care coordination for patients.
 - **Patient Support Staff:** Documents all HCHP services in the Nextgen Electronic Health Record System in compliance with the National Committee for Quality Assurance (NCQA) Patient Centered Medical Home (PCMH) policies and procedures to include, but not limited to providing information to patients at the start of care including the Patient Handbook, documenting the Selected Primary Care Provider and documentation of daily Huddles.
 - **Referral Coordinators:** Documents all HCHP services in the Nextgen Electronic Health Record System in compliance with the National Committee for Quality Assurance (NCQA) Patient Centered Medical Home (PCMH) policies and procedures to include, but not limited to Specialty Care Referral Management (processing, tracking, and reporting).



Health Care Administrator

Category: Exempt
Pay Grade: E28
Job Code: 18196

To perform this job successfully, an individual must be able to perform the essential job functions satisfactorily. Reasonable accommodations may be made to enable individuals with disabilities to perform the primary job functions herein described. Since every duty associated with this position may not be described herein, employees may be required to perform duties not specifically spelled out in the job description, but which may be reasonably considered to be incidental in the performing of their duties just as though they were actually written out in this job description.

JOB SUMMARY

Performs professional and administrative management level work in the Pinellas County Health & Human Services Department requiring strong leadership, coordinator, program management, and decision-making skills. An incumbent in this position is responsible for management and oversight of the Health Care Services' programs within Pinellas County Health & Human Services. These programs impact the health and welfare of Pinellas County citizens and residents in need. This position requires an understanding of health care systems, including business, government/industry policies/regulations, financial information plus the ability to analyze trends, interpret data, and solve problems. The position reports to the Bureau Director, Health & Human Services and may represent the department in the absence of the director. This position plans, organizes, directs and coordinates Human Services-funded health care services delivery through supervision and management of internal programs and externally through contractual arrangements with vendors and providers. The position requires extensive senior level management dealings and interactions with public and private organizations including individuals and officials representing citizens, hospitals, managed care organizations, practitioners, community agencies and other parties. The position reports to the department director or designee.

ESSENTIAL JOB FUNCTIONS (examples, not all inclusive)

- Develops plans, policies, and procedures to ensure program implementation;
- Provides oversight, monitoring and evaluation of health care services delivery;
- Assures contract compliance and delivery of services;
- Prepares health care budget;
- Assures that funded programs deliver efficient, effective and compassionate care to clients;
- Works closely and collaboratively with other Health & Human Services Managers to assure department outcomes and objectives are met;
- Reviews and analyzes information and data to aid planning and improve service delivery and utilization;
- Coordinates and collaborates with other health care providers to assess community health needs for program planning;
- Remains current on advances in medicine and health care delivery information technology, government regulations and standards, health insurance changes and financing;
- Acts as Health & Human Services liaison to Pinellas County Health Department, Community Health Centers of Pinellas, and other community organizations delivering health care services. Serves on coalitions and partnerships related to health care;
- Prepares for and holds discussions on service delivery issues, coordinates short and long range planning, promotes health programs and resolves problems;

- Supervises assigned staff. Communicates with, motivates, trains, disciplines, evaluates and recruits. Evaluates staff performance and provides feedback and recommendations to supervisors and staff;
- Prepares reports as needed;
- Performs other related job duties as assigned.

QUALIFICATIONS

Education and Experience:

Bachelor's degree in health care administration, hospital administration, public health, business administration, public administration or related field, with specialized experience in health management or similar field and two (2) years' experience in health care management that includes one (1) year supervisory experience or supervisory training; or Master's degree and one (1) year of experience as described above; or an equivalent combination of education, training, and/or experience.

Special Qualifications (May be required depending on area of assignment):

- Florida Driver's License or Florida Commercial Driver's License and endorsement, if any.
- Advanced training or master's degree in health care third-party reimbursement administration, hospital administration, public health, or business administration, with major college level course work, training, and professional experience specializing in the complexities, management, administration, and delivery of health care systems, medical/hospital industry, and related services.
- Assignment to work a variety of work schedules including compulsory work periods in special, emergency, and/or disaster situations.
- Other highly desirable knowledge, skills, abilities, and credentials relevant to a position.

Knowledge, Skills and Abilities:

- Knowledge of professional health care theory, practice and principles;
- Knowledge of health care administration budgeting and program management; community resources and public health programs;
- Knowledge of administrative and supervisory techniques, practices and procedures;
- Knowledge of the federal, state and local regulations pertaining to the provision of health care and related issues;
- Knowledge of recent developments, current literature and sources of information in public welfare and medical care;
- Knowledge of principles and practices of leadership and management;
- Knowledge of governmental regulations and standards in health care;
- Knowledge of basic principles of finance;
- Ability to apply computer applications and software;
- Ability to maintain current in all health management issues and areas;
- Ability to analyze health care services programs, interpret data and prepare reports;
- Ability to plan, organize and supervise multiple staff;
- Ability to communicate effectively, orally and in writing;
- Ability to establish and maintain effective working relationships with employees, other agencies and the public.

PHYSICAL/MENTAL DEMANDS

The work is sedentary work which requires exerting up to 10 pounds of force occasionally and/or negligible amount of force frequently or constantly to lift, carry, push, pull, or otherwise move objects, including the human body. Additionally, the following physical abilities are required:

- Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching with skin, particularly that of fingertips.
- Fingering: Picking, pinching, typing, or otherwise working, primarily with fingers rather than with the whole hand as in handling.
- Visual ability: Sufficient to effectively operate office equipment including copier, computer, etc.; and to read and write reports, correspondence, instructions, etc.

- Hearing ability: Sufficient to hold a conversation with other individuals both in person and over a telephone; and to hear recording on transcription device.
- Speaking ability: Sufficient to communicate effectively with other individuals in person and over a telephone.
- Mental acuity: Ability to make rational decisions through sound logic and deductive processes.
- Talking: Expressing or exchanging ideas by means of the spoken word including those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.
- Repetitive motion: Substantial movements (motions) of the wrist, hands, and/or fingers.
- Walking: Moving about on foot to accomplish tasks, particularly for long distances or moving from one work site to another.

WORKING CONDITIONS

Work is performed in a dynamic environment that requires sensitivity to change and responsiveness to changing goals, priorities, and needs.

Pinellas County Human Services Director of Business Services

Part-Time Health Care for the Homeless Program Chief Financial Officer: 0.05 FTE

Role:

This is highly responsible administrative, technical, and management work directing the operations of a division within the Department of Human Services, (HS). Work involves responsibility for the leadership, organization, direction, and coordination of the day-to-day operations of the division. Duties involve responsibility for resource allocation, including budget and personnel. Duties also involve working closely with the Director of HS on critical issues and organizational policies. *The difference between this class and the Division Director I, HS is the more advanced levels in scope of work, complexity, fiscal responsibility, impact on the organization, span of control, or finality of action.* Considerable independent judgment and initiative are exercised in carrying out the daily operations of the division. Work is performed under the general supervision of the Director of HS.

Responsibilities:

- Provides leadership management principles and processes for a specific division within the HS.
- Directs the programs and activities of a specific division within the HS.
- Oversees administrative and technical staff, managers, and supervisors in the administration of the division.
- Prepares reviews, approves and submits the operating budget for the division.
- Provides and initiates recommendations, presentations, and reports on division-related functions.
- Directs, supports, and guides managers and subordinates in project development.
- Develops general policies, in consultation with the Director of HS and other Division Directors, for maximum utilization of available financial resources through appropriate allocation of manpower and equipment services.
- Provides oversight and direction in response to inquiries from the Board of County Commissioners, the media, and the public to ensure consistency with county policies and goals.

Minimum Qualifications:

8 years of progressively responsible professional experience in; public administration, human services, or non-profit services related to families and children which includes at least 2 years of supervisory management experience; or Bachelor's degree in human services, social work, psychology, business administration, public administration, or closely related field and 4 years of experience as described above; or Master's degree and 2 years of experience as described above; or An equivalent combination of education, training, and/or experience.

Pinellas County Human Services Director of Programs

Part-Time Health Care for the Homeless Program Chief Operations Officer: 0.05 FTE

Role:

This is highly responsible administrative, technical, and management work directing the operations of a division within the Department of Human Services (HS). Work involves responsibility for the leadership, organization, direction, and coordination of the day-to-day operations of the division. Duties involve responsibility for resource allocation, including budget and personnel. Duties also involve working closely with the Director of HS on critical issues and organizational policies. Work is performed under the general supervision of the Director of HS. Considerable independent judgment and initiative are exercised in carrying out the daily operations of the division.

Responsibilities:

- Provides leadership management principles and processes for a specific division within the HS.
- Directs the programs and activities of a specific division within the HS.
- Oversees administrative and technical staff, managers, and supervisors in the administration of the division.
- Prepares reviews, approves and submits the operating budget for the division.
- Provides and initiates recommendations, presentations, and reports on division-related functions.
- Directs, supports, and guides managers and subordinates in project development.
- Develops general policies, in consultation with the Director of HS and other Division Directors, for maximum utilization of available financial resources through appropriate allocation of manpower and equipment services.
- Provides oversight and direction in response to inquiries from the Board of County Commissioners, the media, and the public to ensure consistency with county policies and goals.

Minimum Qualifications:

8 years of progressively responsible professional experience in; public administration, human services, or non-profit services related to families and children which includes at least 2 years of supervisory management experience; or Bachelor's degree in human services, social work, psychology, business administration, public administration, or closely related field and 4 years of experience as described above; or Master's degree and 2 years of experience as described above; or An equivalent combination of education, training, and/or experience.

Florida Department of Health in Pinellas County – Medical Director

Part-Time Health Care for the Homeless Program Chief Medical Officer: 0.15 FTE

Role:

The incumbent is part of a global public health organization and is expected to support the Florida Department of Health in Pinellas County in its mission to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts and its vision To be the Healthiest State in the Nation. Furthermore the incumbent is expected to incorporate the agency values of Innovation, Collaboration, Accountability, Responsiveness and Excellence in all aspects of their work.

Responsibilities:


- Act as the clinical physician liaison for internal and contractual programs, including, but not limited to the PCHP, Pharmacy Program, and Health Care for the Homeless Program (HCHP).
- Provide medical consultation, oversight, and monitoring to the PCHP, Pharmacy Program, and HCHP programs.
- Supervise the Quality Assurance Coordinator, HCHP, Pharmacy and Utilization Management.
- Meet with Health and Community Services staff and contractual providers to discuss issues relating to the provision of health care service delivery, including client care and quality assurance issues.
- Provide on-site, telephone, or electronic consultation, as needed.
- Attend HCHP and other health care related meetings, as needed.
- Participate in State and Federal site reviews.
- Facilitate medical chart reviews with the Quality Assurance Coordinator.
- Assess HCHP service delivery, including cost effective methods for health care delivery. Ensure that all necessary remedial actions are documented and taken whenever significant deviations from established performance specifications are identified on the HCHP.
- Assess and make recommendations on HCHP staff training and continuing medical education needs, provide guidance to medical staff on training opportunities for on-going medical education, continuing medical education, and continue education needs.

Minimum Qualifications:

Florida Medical License - MD



Elisa DeGregorio

-  [linkedin.com/in/edegregorio](https://www.linkedin.com/in/edegregorio)
-  End424@att.net
-  (813) 495-6830

Professional Profile

Senior operations manager with extensive and broad experience in directing and overseeing programs. Skilled in program development, strategic planning, grants management, budgets, staff and contractor supervision, investor/membership engagement and fundraising, and marketing. Excellent leadership, problem-solving and relationship building skills. Expertise includes:

- Organizational Management
- Marketing
- Grants Management
- Project Management
- Communications
- Event Management
- Strategic Planning
- Community Relations
- Research Analysis

Professional Experience

Pinellas County, Human Services Dept., 440 Court Street, Clearwater, FL

Health Care Administrator February 2024 - Present

- Responsible for management and oversight of the Health Care Services’ programs within Pinellas County Human Services Department that impact the health and welfare of Pinellas County citizens and residents in need.
- Understanding of health care systems, including business, government/ industry policies/regulations, financial information plus the ability to analyze trends, interpret data, and solve problems.
- Plans, organizes, directs and coordinates Human Services-funded health care services delivery through supervision and management of internal programs and externally through contractual arrangements with vendors and providers.
- Senior level management interactions with public and private organizations including individuals and officials representing citizens, hospitals, managed care organizations, practitioners, and community agencies.

Grants Section Manager March 2014 – February 2024

- Write, maintain, review and coordinate federal and state grant programs totaling over \$20 million.
- Develop active grant collaborations around County goals to bring resources into the community
- Host and facilitate stakeholder grant meetings, grant program design, and facilitate grant completion and submission for competitive grants
- Set up and manage grant agreements, grant reporting, site visits, award acceptance.
- Managed team responsibilities for over \$20M in federal grants including:
 - Health Care for the Homeless Grant – funding supports healthcare for the homeless program at 2 sites including a mobile medical van that travels to five locations weekly serving nearly 3,000 patients annually.
 - Bayside Health Clinic Capital Grant – capital funding for initial 3,000 square foot permanent health clinic in 2016 and 2023-24 2,000 expansion on the Safe Harbor Homeless Shelter. Coordinated design/build workgroups, serve as liaison to federal agency, tracked construction deadlines and milestones for successful completion of building.
 - Navigators Cooperative Agreement – funding supports 13 trained healthcare navigators to assist consumers with the purchase of insurance on the federal healthcare exchange.
 - SAMHSA CABHI Cooperative Agreement - \$800,000 annual grant award to increase access to mental health and substance use treatment for chronically homeless individuals.

Tampa Bay Partnership March 2000 – September 2013

The Tampa Bay Partnership is the regional organization focused on stimulating economic growth and development in the eight county Tampa Bay region through marketing, research, advocacy and education.

- | | |
|--|-------------------------------|
| SVP, Operations & Strategic Direction | (March 2011 – September 2013) |
| Director, Foundation & Leadership Programs | (January 2009 – March 2011) |
| Investor Relations Marketing Manager | (March 2005 – January 2009) |
| Marketing Manager | (March 2002 – March 2005) |
| Marketing & Event Coordinator | (March 2000 – March 2002) |

Elisa N. DeGregorio**Page 2**

Worked with professional staff and leadership on creating \$2.2 million work program annually. Increased program expenditures by 43 percent into three focused priority areas.

- Supervised six professional program staff leaders, headed staff meetings and consulted on matters involving employee engagement and improving the organization's culture.
- Generated over \$2 million in sponsorships and grants, and brought thousands of individuals together towards the development of a shared regional vision for livable and healthy communities by engaging the public, private and civic organizations in the eight-county region.
- Educated over 150 C-Level and senior leaders on community issues and institutions of regional significance by launching and implementing a proactive leadership driven program called CEO Direct.
- Managed all high-profile events designed to elevate the Partnership's leadership position in the region. Responsibilities included budget and sponsorship development, speaker and program facilitation, volunteer leadership involvement, logistics, and all promotional outreach.
- Increased investor engagement to 60% from under 40% through staffing changes supported by a more direct communications strategy.
- Managed and consulted on marketing strategies including developing, launching and maintaining websites; social media, e-newsletters and reviewing analytics to make adjustments to improve performance.
- Recruited and interviewed over 50 professionals for a new Brand Ambassador program designed to leverage individual's business networks to distribute positive business messages and improve perceptions of the region by executives seeking to relocate or expand a business.

Contract/Consultant Projects**Allegany Franciscan Ministries – Palm Harbor, Florida****Communications Consultant – January 2014 – March 2014**

- Developed Communications Plan and Conversation Calendar - An easy to follow strategy for communicating with organizations and identified stakeholders through a variety of communications tools. A conversation calendar was created to maintain timeliness of messages for each audience.
- Event Planning Timeline - A calendar of the organization's key meetings and events was developed with a planning timeline for each program.
- Organizational/Project Management Review & Plan - An assessment to identify the organization's various activities and record them for the organization's records to ensure timeliness of tasks and activities. An assessment would be made as to whether technology systems can assist with this and the above mentioned deliverables.

Urban Land Institute, Florida - Florida**Author, Building Healthy Places Statewide Report – Published, June 2014**

- Attended five regional workshops throughout Florida to capture themes, outcomes, and action steps
- Collaborated with regional directors and volunteer leaders to write and summarize workshops
- Wrote final report, edited with graphic designer and provided photographs from each event

Tampa Tribune - Tampa, Florida**Freelance Photographer – October 2013 – December 2014**

- Photograph family, community and charitable events for the Northwest and Carrollwood sections of the paper

Other Positions Held**Comprehensive Behavioral Care, Inc. - Tampa, Florida****Marketing Projects Specialist – March 1998 – March 2000**

- Designed, edited and produced in-house product brochures, employee newsletter, corporate presentations and all marketing materials distributed by CompCare nationwide
- Coordinated 15-20 trade shows each year; Corporate Website Manager
- Chaired the Charitable Giving Committee and Employee Functions Committee

Well Care HMO & Stay Well Health Plans - Tampa, Florida

Executive Assistant – (June 1997 – March 1998)

- Coordinated Chairman's schedule, mailings, and databases; Assisted HR Director with design of employee handbook
- Worked with consultants on special projects including RFPs, presentations, speeches and letters

Big Brothers Big Sisters of Warren County - Washington, New Jersey

Public Relations Coordinator (July 1994 – May 1997)

- Wrote media releases for all agency events and fundraisers, edited quarterly newsletter
- Implemented all Special event fundraisers including Bowl for Kids Sake

Education

University of Phoenix

Master of Arts,
Organizational Management

Rowan University

Glassboro, NJ
Bachelor of Arts, Communications/
Public Relations

Timothy L. Burns

Cell Phone: (727) 743-9396 | E-Mail: tburns@pinellascounty.org

EDUCATION

May 1995

Master of Science: Public Management and Policy
Carnegie Mellon University, H. John Heinz III School of Public Policy and Management Concentration: Policy Analysis

May 1993

Bachelor of Science: Political Science and Justice Studies
Frostburg State University

EXPERIENCE

November 2013-
Present

Division Director

Department of Human Services, Pinellas County

Manage Planning and Contracts Division with 34 employees. Oversee Contract Services, Planning and Quality Assurance, Grants, Justice Coordination, and Consumer Protection operational sections. Ensure accountability of over \$32 million in human services contracts and federal healthcare grants. Provide high-level policy and program planning.

June 1995-
November 2013

Bureau Director (12/06-11/13)

Interim Bureau Director (7/06-12/06)

Department of Justice and Consumer Services, Pinellas County

Office of Justice Coordination (OJC): Provide a high level of research and development expertise, including monitoring and evaluation of present and future justice programs within Pinellas County, coordination of justice system activities, and collaborative system planning to ensure that the citizens of Pinellas receive quality justice services for the resources provided. The Office enhances access to the justice system while focusing on effective policies, operation, and collaboration around the right mix of programs to reduce recidivism and unnecessary system involvement.

Office of Consumer Protection (OCP): Strive to reduce victimization and loss within the Community through mediation, investigation, regulatory enforcement, and education. The Office targets prevention and enforcement strategies to combat the unethical or illegal business practices that can financially destabilize and harm individuals.

Responsibilities and Accomplishments

- Oversee a \$12 million budget for department operations, system programs, and grants
- Supervise staff of twenty four employees
- Coordinate critical system projects such as the development of a criminal justice mental health data exchange for improved diversion and expanded reentry services
- Facilitate system analyses and studies such as frequent flyer and cross-system involvement, a justice system study with 144 participants across 30 entities, and development of a systems indicators report to better information decision making
- Perform grant seeking and administration with \$12 million in funds received through twenty one awards from 2009 through 2013
- Perform contract administration of justice programs such as Drug Court, Gulfcoast Legal Services, County Funded Court Employees, and Guardian Ad Litem
- Pursue Juvenile Justice System reform to reduce detention use, reduce costs, and improve outcomes for youth including establishing a local working group, implementing electronic monitoring with 3,308 usage days in one year, and recent successes in billing litigation with substantial expected savings
- Review justice system policies and emerging trends and provide updates and briefings to County Administration and the Board of County Commissioners
- Through the efforts of OCP staff, the Office received close to \$9 million for consumers in refunds, restitution, and fines
- OCP received a total of 241,201 consumer calls and investigated 20,349 written complaints including 1,432 criminal cases reflecting 2,026 victims (*during the period from October 2002 through September 2011*)

Justice Program Coordinator (9/05-7/06)***Department of Justice and Consumer Services, Pinellas County***

Managed all activities of the Office of Justice Coordination including supervision of five employees; Provided program oversight through agreements and budgetary control for juvenile justice billing, Help a Child, Gulfcoast Legal Services, Drug Court, Justice Assistance Grants, Juvenile Assessment Center, Guardian Ad Litem, Medical Examiner, and Forensic Lab

Responsibilities and Accomplishments

- Conducted internal investigations and due diligence research for BCC departments
- Researched issues impacting criminal justice and generated recommendations to address Pinellas County interests
- Performed legislative, policy, and program analysis
- Conducted court related surveys of all 67 Florida counties, a review of Pinellas County Alternatives to Incarceration, and Drug Court Evaluation.

Justice Information Analyst (2/99-9/05)**Justice Programs Analyst (7/97-2/99)****Justice Planner (11/95-7/97)*****Department of Justice Coordination, Pinellas County***

Responsible for the development and oversight of countywide projects for Pinellas County's Criminal Justice System including interdepartmental coordination, fiscal oversight, and project design and development; Conducted intensive research, analysis, and planning on various criminal justice areas for process evaluation and program development; Conducted legislative, political, and program analysis on criminal justice issues, policies; Performed grant writing in related criminal justice areas

January 2001-May 2009 Assistant Professor**Schiller International University, Largo, FL**

Provided course instruction related to technology curriculum; Developed course materials

May 2003-May 2006 Assistant Professor**St. Petersburg College, St. Petersburg, FL**

Provided course instruction related to criminal justice; Developed new course curriculum and course materials

CONTINUING EDUCATION

September 2007	Certification, Achieve Global Trainer Certification, Leadership and Customer Service
December 2004	Graduate, Harvard's Innovations in Governance Executive Program, Harvard University

PROFESSIONAL ACTIVITIES

- Participant on Pinellas Workgroups: Healthy Communities Team, Effective Government Team, Stakeholder Capacity Team, Leadership Capacity Team, Contract Review Team (CRT), Public Safety Initiatives Team, Pinellas County Security Panel, Coordinator/Staff, Public Safety Coordinating Council, Participant, Pinellas Police Standards Council
- Formed/Participant, Pinellas Juvenile Collaboration Team
- Member, Health and Human Services Coordinating Council's Administrative Forum
- Participant, Mental Health Coalition, Department of Health Community Health Assessment Team, Coplink Regional Data Share Committee, Statewide Juvenile Justice Working Group, Florida Association of Counties Workgroups, Tampa Bay Regional Gang Task Force, National Criminal Justice Coordinator Council Network

Keri R. Vizandiou, CPA

kerivizandiou@gmail.com

ACCOUNTING PROFESSIONAL

Accountant with over 25 years of experience. Proficient in Oracle eBusiness Suite and MS Office programs. Have experience as an external auditor and financial accountant.

AREAS OF STRENGTH

Preparing financial statements
Supervise and train staff

Auditor Relations
Analytical skills

Research and analysis skills
Proactive problem solver

EMPLOYMENT HISTORY

Pinellas County

Business Services Division Director – Human Services Department	01/29/2024 - Present
Finance Manager - Human Services Department	02/09/14 – 01/26/2024
Accounting Services Coordinator - Community Development Department	08/27/12 – 02/08/14

- Oversee staff of seven, perform training for duties assigned.
- Prepare all year end schedules for Community Development.
- Analyze and prepare annual Community Development budget and Human Services budget.
- Prepare and submit quarterly Federal Financial Reports for several federal grants.
- Calculate and prepare entry for quarterly indirect and direct cost allocations to appropriate grants.
- Review and approve account coding for invoices for payment and all deposits in Department.
- Review and approve monthly reconciliations between Oracle GL and Community Development’s customized database tracking system and perform year end close of database.
- Perform Sub-Recipient Fiscal Monitoring for HUD grants within Community Development.
- Determine proper account coding for all new grants within Department and submit for set up.
- Maintain current knowledge of Federal Grant Uniform Guidance.

Robert Half International, 401 E. Jackson St. Suite 1800, Tampa, FL

Consultant 03/19/12 – 08/15/12

- Develop standard operating procedures for year-end audit preparation and year-end closing process for all areas of the balance sheet.

Pursue Teaching Certification for Secondary Mathematics 04/01/11-03/01/12

During which time:

Pinellas County Schools, 301 Fourth St. SW Largo, FL 02/08/12-03/16/12

Substitute Teacher - Various

Davidson, Jamieson & Cristini, PA, 1956 Bayshore Blvd, Dunedin, FL 09/06/11-12/16/11

Divorce Litigation Support – Temporary position

City of St. Petersburg, FL, 1 4th St. N., St. Petersburg, FL 11/15/04 – 02/17/11

Accountant III 08/21/06 – 02/17/11

Internal Auditor 11/15/04 - 08/20/06

- Prepare Annual Financial Statements and selected financial statement notes.
- Coordinate annual financial statement audit with external audit firm.
- Prepare quarterly Budget-to-Actual statements for city council sub-committee.
- Maintain current knowledge of GAAP and accounting standards.
- Reconcile Construction in Progress to Project Module, General Ledger and Fixed Asset reports and train new staff on this process.
- Coordinate with department representatives on proper capitalization of Construction in Progress and train new staff on this subject.
- Work with Finance Systems Coordinator in monthly closing process.
- Perform daily functions of preparing and posting journal entries, running journal imports, account analysis and answering questions of the Finance Staff.

Raymond James Tax Credit Funds, 880 Carillon Parkway, St. Petersburg, FL

10/1/2003 – 11/12/04

Senior Accountant

- Prepare analyses of tax losses and credits including explanations of variances from projections.
- Prepare bills for investors and reconcile capital contributed to internal rate of return schedule.
- Prepare financial statements for tax credit funds.

Gregory Sharer & Stuart, 100 2nd Ave. S. STE 600, St. Petersburg, FL

1/1/2000 – 9/8/2003

Senior Auditor 2/03 – 9/03**Staff Auditor** 1/00 – 2/03

- Plan and perform audits, reviews and compilations for clients in industries including manufacturing, not-for-profit and retail.
- Prepare financial statements and present them to Boards of Directors and Audit Committees.
- Resolve technical issues related to Generally Accepted Accounting Principles and Generally Accepted Auditing Standards.
- Supervise, review work and perform evaluations on staff employees.
- Provide valuable insight into the development of individual audit plans, evaluation of internal controls and preparation of each audit program.
- Perform tests of internal control and document procedures. Prepare formal and informal management letters to communicate suggestions for improvements in procedures.

Bama Sea Products, 756 28th St. S., St. Petersburg, FL

1996 - 2000

Assistant in Operations 1/99 – 12/99**Accounting Clerk** 3/96 – 12/98

- Assist in implementation of new software system with various duties such as inputting master file information and developing item codes for inventory items.
- Work in the accounts payable department, enter vouchers and match invoices with back-up receiving documentation.
- Run reports for commission brokers and write up the general ledger entries.

EDUCATION AND CERTIFICATIONS

Certified Public Accountant, State of Florida, license # AC35267

University of South Florida, St. Petersburg, FL

Bachelor of Arts Degree in Accounting, 1999

Member of Golden Key National Honor Society

MAHIMA PANDEY, MD ABIM# 330314
855 Central Avenue, Unit 909, St. Petersburg, FL-33701
Contact: 646-927-9465 (Cell), pdmahima@gmail.com

Education:

Duke University, Durham, NC - Geriatrics fellowship 07/01/2020- 06/30/2021

Cambridge Health Alliance, Cambridge, MA

Internal Medicine Resident (PGY-2 and 3) 07/01/2010-06/30/2012 - Trained at Harvard University affiliated teaching program which emphasizes on outstanding primary care and inpatient training.

Mount Sinai School of Medicine, Bronx, NY

Internal Medicine Resident (PGY-1) 07/01/2009-06/30/2010 Trained at New York University affiliated teaching program with clinical rotation at James J. Peters Department of Veterans Affairs and North Central Bronx Hospital.

Lady Hardinge Medical College, New Delhi, India

Internship 04/01/2005-04/10/2006 One year rotation in Internal Medicine, Surgery, Ob-Gyn, Pediatrics, Public Health and different subspecialties after graduation from medical school.

Lady Hardinge Medical College, New Delhi, India

Medical student 08/01/2000-03/31/2005

Graduation Date 04/10/2006

Degree: MBBS

Examinations and Certifications:

BLS Certified 2025

ABIM (Geriatrics) Certified 2022

ABIM (Internal Medicine) Certified 2012, recertified 2022 with LKA

AMDA course for Post Acute Long term Care 2019 Wound Treatment Associate (WTA) course 01/05/2018

Professional Experiences:

1. **Department of Health, Pinellas County, FL**
1/3/2025-current- Medical director for Primary care clinics, Attending Physician providing medical care for patients
2. **My Physician 360 telemedicine**
6/1/2024-12/31/2025 - Virtual adult patient care via audio and video visits
3. **Dedicated Senior Medical Center, ChenMed, Saint Petersburg, FL**
8/31/2021 - 8/31/2023 Primary care to medicare advantage eligible patients, underserved population care with HEDIS measures
4. **Piedmont Senior Care, Cone Health Medical Group, Greensboro, NC**
Primary Care physician 9/1/2012--9/30/2019 - Primary Care to Geriatric population in clinic, assisted living, post-acute and long term care settings
Medical Director of 4 skilled nursing facilities 06/01/2013-09/30/2019
Lead physician for the clinic group 06/01/2014-05/31/2017
5. **Westchester Medical Center, Valhalla, NY**
05/2008-12/2008- Research Assistant Supervisor: Marcelo Facciuto, MD Research Assistant in the Department of Liver Transplant Surgery
6. **Kasthamandap Health Care Center, Kathmandu, Nepal**
05/01/2006-06/20/2007 Provided service as Medical Officer in outpatient clinic on site and in several rural health camps

Publications and Presentations:

1. ATC poster presentation in June 2009, Boston, MA titled "Can we direct organ allocation based on outcome?" Hepatocellular transplant outside of Milan or re-transplant.
2. Co-author for abstract titled: Surgical dilemma: Liver Resection or Liver transplant for Hepatocellular carcinoma and cirrhosis. Intention to treat analysis in patient within and outside Milan Criteria . This abstract was presented in the annual Hepato-pancreato biliary association meeting on March 12-15 in Miami, FL. The manuscript has been published by the American Hepato-pancreato-biliary association (AHPBA)

CO-APPLICANT AGREEMENT

Health Care for the Homeless Co-Applicant Board & Pinellas County Board of County Commissioners Co-Applicant Agreement

Approved by Mobile Medical Unit Advisory Council/Health Care for the Homeless Co-Applicant Board, June 2, 2015| Approved by Board of County Commissioners, August 18, 2015

Approved by Health Care for the Homeless Co-Applicant Board, February 9, 2021| Review & Approval by Board of County Commissioners, March 9, 2021

Proposed Changes:

- Name change from MMUAC to Health Care for the Homeless Co-Applicant Board
- MMU changed to health center to reflect all sites (MMU & Bayside Health Clinic)

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

CO-APPLICANT AGREEMENT

CO-APPLICANT AGREEMENT

BETWEEN

Health Care for the Homeless Co-Applicant Board (Co-Applicant Board)

AND

Pinellas County Board of County Commissioners (BCC)

This Co-Applicant Agreement (hereinafter referred to as “Agreement”) is entered into this entered into and effective upon the date executed below , by and between the Health Care for the Homeless Co-Applicant Board (Co-Applicant Board) and the Pinellas County Board of County Commissioners (BCC), herein represented by Co-Applicant Board and BCC, defined below, shall be collectively referred to as the “Parties”).

Recitals

Whereas, the Co-Applicant Board was established to serve as an advocate for consumers of the Health Care for the Homeless program and per HRSA governance requirements, to oversee operations of the Health Care for the Homeless program in Pinellas County; and

Whereas, The Co-Applicant Board will assist the Pinellas County Human Services (PCHS) department to implement health services for homeless residents of Pinellas County. These services represent a significant effort by the PCHS to assure that homeless residents have access to an organized system of health care; and

Whereas, The Co-Applicant Board shall review budgets that are included as part of the 330(h) initial and renewal applications; and

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

Whereas, pursuant to such funding by the HHS, the BCC and the Co-Applicant Board must set forth the responsibilities of each party; and

Whereas, the BCC wishes to give support to the Co-Applicant Board, and recognizes the powers, privileges, and functions of each party as contained herein.

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

1. Co-Applicant Board’s Role.

1.1. Co-Applicant Board’s Purpose:

The Co-Applicant Board shall oversee the implementation of the Section 330 grant and

CO-APPLICANT AGREEMENT

the operation of the Health Care for the Homeless Program operated by the PCHS Department in accordance with the terms of this Agreement and the Bylaws as adopted by the BCC and Co-Applicant Board. The Bylaws are incorporated herein by reference and attached as Exhibit A. The Co-Applicant Board will provide guidance and assist the BCC and the PCHS Department to implement health services for Pinellas County homeless residents. These services shall provide assurance that homeless Pinellas County residents have access to an organized system of health care and shall assure that County residents have adequate access to categorical public health programs. The Co-Applicant Board, BCC and PCHS Department shall be particularly committed to meeting the needs of the homeless population in the county.

1.2. Composition of and Appointments to the Co-Applicant Board.

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

1.3. Joint Application

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

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

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

- 1.4.1. Access to Care: To increase the accessibility of primary care services to the homeless population which experiences a shortage of primary care.
- 1.4.2. Program Evaluation: Evaluating the health center's achievements at least annually and utilizing the knowledge gained thereby to revise the health center's goals, objectives, plan and budget as necessary and appropriate, including providing advise regarding the establishment of linkages with other health care providers and/or health care programs.
- 1.4.3. Evaluation of Project Director: The Project Director shall be primarily responsible for the management and operation of the Health Care for the Homeless Program. The Co-Applicant Board shall have the authority to suspend, remove, appoint and/or reappoint a person to the position of Project Director in accordance with the Pinellas County personnel rules and other procedures and policies of the Board of County Commissioners. The Co-Applicant Board shall participate in the annual performance evaluation of the Project Director, to be conducted in accordance with HHS Health Resources and Services Administration's Bureau of Primary Health Care's Program Requirements.

CO-APPLICANT AGREEMENT

- 1.4.4. Personnel Policies: Personnel policies and procedures of the health center shall be those adopted by the Board of County Commissioners for Pinellas County employees (See Section 2.1.6 below). The Co-Applicant Board may make recommendations to the BCC regarding the terms and conditions of those agreements as might benefit the operation of the Health Care for the Homeless Program.
- 1.4.5. Compliance: Evaluating itself periodically for efficiency, effectiveness, and compliance with all requirements imposed upon community health centers, as set forth in Section 330 of the Public Health Service Act, 42 U.S.C. § 254b;

In conjunction with PCHS, assuring that the Health Care for the Homeless Program is operated in compliance with applicable Federal, State and local laws and regulations; and
- 1.4.6. Subject to Section 2.1 of this Agreement, performing all other authorities and responsibilities that are required by Section 330 and its implementing regulations and policies to be vested in a Section 330-compliant governing Board.
- 1.4.7. Financial Plan and Budget: The Project Director, in collaboration with the finance department, shall prepare a budget and financial plan for each fiscal year, in accordance with Pinellas County policies and procedures. The Co-Applicant Board shall annually review and approve the budget prepared by PCHS for the operation of the Health Care for the Homeless Program and recommend this budget to the BCC. The Co-Applicant Board and BCC shall jointly approve the project period Service Area Competition grant application and Section 330 budget submitted to the Bureau of Primary Health Care.
- 1.4.8. Amendments to the Budget: Pinellas County budget policies and procedures will be utilized for all amendments to the jointly adopted Health Care for the Homeless Program budget. Amendments requiring full approval of the BCC shall also require approval of the Co-Applicant Board. Co-Applicant Board approval shall either be obtained prior to the submission of the adjustment to the BCC or the action of the BCC shall be contingent upon the concurrence of the Co-Applicant Board .
- 1.4.9. Strategic Planning: The Co-Applicant Board shall participate in the strategic planning process based on (i) an assessment of the health care needs of the community served by the health center, (ii) the scope and capabilities of other health care providers in the community, (iii) the resources available to the health center; and (iv) any policy changes that may be required to comply with such strategic plan.

2. The BCC's Role.

2.1. Governance Authorities and Responsibilities for the Health Center.

The BCC shall exercise certain governance responsibilities and authorities with respect to the Health Care for the Homeless Program. These authorities and responsibilities include:

CO-APPLICANT AGREEMENT

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

The BCC shall fulfill the following obligations with respect to Health Care for the Homeless Program:

- 2.2.1. Applying for and maintaining all licenses, permits, certifications, and other approvals necessary for the operation of the Health Care for the Homeless Program.
- 2.2.2. Budget: The Project Director, in collaboration with the finance department, shall prepare a budget and financial plan for each fiscal year, in accordance with Pinellas County policies and procedures. The Co-Applicant Board shall annually review and approve the budget prepared by PCHS for the operation of the Health Care for the Homeless Program. The Co-Applicant Board and BCC shall jointly approve the project period's Service Area Competition Section 330 budget submitted to the Bureau of Primary Health Care.
- 2.2.3. Amendments to the Budget: Pinellas County budget policies and procedures

CO-APPLICANT AGREEMENT

will be utilized for all amendments to the jointly adopted Health Care for the Homeless Program budget. Amendments requiring full approval of the BCC shall also require approval of the Co-Applicant Board. Co-Applicant Board approval shall either be obtained prior to the submission of the adjustment to the BCC or the action of the BCC shall be contingent upon the concurrence of the Co-Applicant Board.

- 2.2.4. Revenues: In accordance with Federal Section 330 regulations, receiving, managing and disbursing HealthCare for the Homeless Program revenues, if any, consistent with the Health Care for the Homeless Program budget approved and Federal Program Requirements in accordance with this Agreement. Co-Applicant Board shall not be required to disburse funds for any expenditure not authorized by a budget approved in accordance with this Agreement. BCC shall advise in writing to the Co-Applicant Board before implementing any material change in the Health Care for the Homeless Program approved budget.
- 2.2.5. Personnel: Directly employing or contracting for all Health Care for the Homeless Program personnel (including the Project Director, other key management, and all clinical, administrative, and support staff) as may be necessary to operate the Health Care for the Homeless Program and to furnish, or arrange for the provision of, the full range of primary, preventive, and supplemental health care services required by Section 330. Clinicians hired by the Health Care for the Homeless Program shall meet the credentialing requirements and qualifications established by the State of Florida.
- 2.2.6. Internal Controls: Developing and establishing management and control systems for the Health Care for the Homeless program that are in accordance with sound financial management procedures, including:
- 2.2.6.1. The establishment of billing and collection systems pursuant to which the health center shall make every reasonable effort to bill and collect payment from patients in accordance with the fee schedule and schedule of discounts established in accordance with 42 CFR §51c.303 and other billing and collection policies developed in consultation with the BCC, as well as make reasonable efforts to bill and collect payments without application of any discounts from public and private third party payors; and
- 2.2.7. Financial Reports: On behalf of the BCC, PCHS is responsible for preparing monthly financial and operational reports for the Co-Applicant Board , and any other reports reasonably requested by the Co-Applicant Board in order to enable the Co-Applicant Board to fulfill its responsibilities for the Health Care for the Homeless Program;
- 2.2.8. Management Operations: The health center's Project Director shall oversee the day-to-day business affairs of the health center. Such management functions may include, but are not limited to:
- 2.2.8.1. Developing clinical protocols, medical standards, productivity standards, and quality assurance programs designed to meet the

CO-APPLICANT AGREEMENT

health care policies and procedures established by the Co-Applicant Board, as well as standards imposed by appropriate funding sources, government agencies, and certifying agencies; and

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

3. Mutual Obligations.

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

CO-APPLICANT AGREEMENT

necessary for audit, examination, excerpt, transcription, and copy purposes, for as long as such systems, records, reports, books, documents, and papers are retained.

3.4.3. The Parties agree that the BCC shall retain ownership of all medical records established and maintained relating to diagnosis and treatment of patients served by the Health Care for the Homeless Program.

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

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

3.6. Copyrightable Material.

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

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

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

4. Third Party Affiliations.

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

5. Governing Law.

5.1. Applicable Federal Laws, Regulations and Policies.

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

5.2. Compliance with State and Local Law.

This Agreement is governed by the laws of the State of Florida. Each Party covenants to comply with all applicable laws, ordinances and codes of the State of

CO-APPLICANT AGREEMENT

Florida and local governments in the performance of the Agreement, including all licensing standards and applicable accreditation standards.

5.3. New BPHC Directives.

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

5.4. Non-Discrimination.

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

6. **Term.**

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

7. **Termination.**

7.1. Immediate Termination.

This Agreement shall terminate immediately upon the effective date of non-renewal or termination of the Section 330 grant, or upon the loss of any license, permit or other authorization required by law or regulation for operation of the Health Care for the Homeless Program.

7.2. For Cause Termination.

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

7.3. Termination for Mutual Convenience.

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

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

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

CO-APPLICANT AGREEMENT

8. **Dispute Resolution.**

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

9. **Proprietary Information and Confidentiality.**

- 9.1. The Parties (and their directors, officers, employees, agents, and contractors) shall maintain the privacy and confidentiality of all information regarding the personal facts and circumstances of the patients receiving care provided by the Health Care for the Homeless Program, in accordance with all applicable State and Federal laws and regulations and the Parties' policies and procedures regarding the privacy and confidentiality of such information. The Parties (and their directors, officers, employees, agents, and contractors) shall not divulge such information to any third parties without the patient's written consent, except as may be required by law or as may be necessary to provide service to such patient.
- 9.2. Except as is necessary in the performance of this Agreement, or as authorized in writing by a Party or by law, neither Party (nor its directors, officers, employees, agents, and contractors) shall disclose to any person, institution, entity, company, or any other party, any information which is directly or indirectly related to the other Party that it (or its directors, officers, employees, agents, and contractors) receives in any form (including, but not limited to, written, oral, or contained on video tapes, audio tapes or computer diskettes) as a result of performing obligations under this Agreement, or of which it is otherwise aware. The Parties (and their directors, officers, employees, agents, and contractors) also agree not to disclose, except to each other, any proprietary information, professional secrets or other information obtained in any form (including, but not limited to, written, oral, or contained on video tapes, audio tapes or computer diskettes) during the course of carrying out the responsibilities under this Agreement, unless the disclosing Party receives prior written authorization to do so from the other Party or as authorized by law.
- 9.3. Each Party shall retain title and all rights to the confidential and proprietary information which has been disclosed to the other Party. Upon expiration or termination of this Agreement, or upon request of a Party for any reason, each Party agrees to return promptly to the other Party all confidential and proprietary information in any physical form whatsoever (including, but not limited to, writings, audio tapes, video tapes, and computer diskettes). Further, each Party agrees: (i) to turn over promptly to the other Party any memoranda, notes, records, and/or other documents created by it which contain references to such other Party's confidential or proprietary information; and (ii) that it will not retain any copies, extracts or other reproductions, in whole or in part, of such returned confidential or proprietary information or any memoranda, notes, records and/or other documents related to such information.

CO-APPLICANT AGREEMENT

- 9.4. The Parties agree that their obligations and representations regarding all confidential and proprietary information shall be in effect during the term of this Agreement and shall survive the expiration or termination (regardless of the cause of termination) of this Agreement.
- 9.5. The Parties shall ensure that their respective directors, officers, employees, agents, and contractors are aware of and shall comply with the aforementioned obligations.

10. Notices.

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

For Co-Applicant Board: Health Care for the Homeless Co-Applicant Board
 Attn: Chairman
 Care of: Pinellas County Human Services
 Health Care Administrator
 440 Court Street, 2nd Floor
 Clearwater, FL 33756

For BCC: Pinellas County Human Services Department
 Attn. Health Care Administrator, Human Services
 440 Court Street, 2nd Floor
 Clearwater, FL 33756

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

11. Assignment.

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

12. Non-Severability.

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

CO-APPLICANT AGREEMENT

13. Amendments.

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

14. Descriptive Headings.

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

15. Waiver.

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

16. Agency.

Neither Party is, nor shall be deemed to be, an employee, agent, co-venturer or legal representative of the other Party for any purpose. Neither Party shall be entitled to enter into any contracts in the name of, or on behalf of the other Party, nor shall either Party be entitled to pledge the credit of the other Party in any way or hold itself out as having the authority to do so.

17. Third-Party Beneficiaries.

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

18. Entire Agreement.

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

CO-APPLICANT AGREEMENT

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

ATTEST:
Ken Burke
Clerk of the Circuit Court

PINELLAS COUNTY, FLORIDA
Acting by and through its Board of County
Commissioners

By: *Deidra Lewis*
Deputy Clerk

By: *Kathleen Peter*
Chairman

APPROVED AS TO FORM
By: *Cody J. Ward*
Office of the County Attorney



Date: April 16, 2024.

HEALTH CARE FOR THE HOMELESS
CO-APPLICANT BOARD

By: Lauren Grimsland
Chairman

Date: _____

Signature: *Lauren Grimsland*
Lauren Grimsland (Feb 10, 2021 12:01 EST)

Email: laureng@hepempowers.org






HCH Co-Applicant Agreement - CoApp Approved 020921

Final Audit Report

2021-02-10

Created:	2021-02-10
By:	Elisa DeGregorio (edegregorio@pinellascounty.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAL1Oy-gcouM8MESUKZv3TrXDgNK6N275H

"HCH Co-Applicant Agreement - CoApp Approved 020921" History

-  Document created by Elisa DeGregorio (edegregorio@pinellascounty.org)
2021-02-10 - 4:42:18 PM GMT- IP address: 72.186.198.114
-  Document emailed to Lauren Grimsland (laureng@hepempowers.org) for signature
2021-02-10 - 4:43:27 PM GMT
-  Email viewed by Lauren Grimsland (laureng@hepempowers.org)
2021-02-10 - 5:00:59 PM GMT- IP address: 108.9.227.130
-  Document e-signed by Lauren Grimsland (laureng@hepempowers.org)
Signature Date: 2021-02-10 - 5:01:37 PM GMT - Time Source: server- IP address: 108.9.227.130
-  Agreement completed.
2021-02-10 - 5:01:37 PM GMT

Service Type	Provider Organization	Period of Performance	Brief Description of the good(s) or service(s)
Required Services			
General Primary Medical Care	Fl Department of Health in Pinellas County	10/01/2023 - 09/30/2026	Healthcare Services
Diagnostic Laboratory	Quest (DOH Sub-Contract)	07/01/2025 - 06/30/2026	Miscellaneous lab testing for Medical Services
Diagnostic Radiology	Various Specialty Providers (DOH Sub-Contract - Purchase Orders for Radiology Providers)	07/01/2025 - 06/30/2026	Radiology services
Screenings	Fl Department of Health in Pinellas County	10/01/2023 - 09/30/2026	Screening services are performed based on identified risk factors in the patient population and/or communities to evaluate, treat, and educate a health center patient.
Coverage for Emergencies During and After Hours	Bay Area Medical Exchange (DOH Sub-Contract)	07/01/2025 - 06/30/2026	Answering service 24/7 live operator staffed call center to transmit caller information to the designated DOH staff.
Voluntary Family Planning	Fl Department of Health in Pinellas County	10/01/2023 - 09/30/2026	Provided by referral
Immunizations	Fl Department of Health in Pinellas County	10/01/2023 - 09/30/2026	Immunization portion of Florida Department of Health agreement
Well Child Services	Evara MOU	04/29/2024 - 09/30/2027	MOU between Pinellas County and Evara
Gynecological Care	Bayfront Health St Petersburg Medical Group (DOH Sub-Contract)	07/01/2025 - 06/30/2026	Gynecological specialty care
Prenatal Care	Evara MOU	04/29/2024 - 09/30/2027	MOU between Pinellas County and Evara
Intrapartum Care (Labor & Delivery)	Evara MOU	04/29/2024 - 09/30/2027	MOU between Pinellas County and Evara
Postpartum Care	Evara MOU	04/29/2024 - 09/30/2027	MOU between Pinellas County and Evara
Preventive Dental	Fl Department of Health in Pinellas County	10/01/2023 - 09/30/2026	Preventive dental services prevent diseases of the oral cavity and related structures.
Pharmaceutical Services	Lucy RX	10/01/2025 - 09/30/2030	Pharmacy network maintenance, pharmacy help desk services, specialty pharmacy, and immunizations.
HCH Required Substance Abuse Services	Operation PAR, subcontract of Directions for Living (DOH Sub-Contract)	10/01/2025 - 02/28/2026	SOW-1 Substance Use Treatment services to include: case management, counseling, and medication assisted treatment.
Case Management	Directions for Living (DOH Sub-Contract)	10/01/2025 - 09/30/2026	Mental Health and Substance Use services - evaluation, treatment planning, counseling, Advanced Practice Registered Nurse (APRN), psychiatric evaluations, and medication management
Eligibility Assistance	Pinellas County Human Services and DOH and Suncoast Health Council	10/01/2025 - 09/30/2026	Suncoast Health Council = Prescription Assistance
Health Education	Fl Department of Health in Pinellas County and St Pete Free Clinic	10/01/2023 - 09/30/2026	Health education services are a variety of learning experiences designed to help individuals improve their health.
Outreach	Family Healthcare Foundation MOU	04/02/2023 - 04/01/2028	ACA enrollment assistance
Transportation	PSTA	10/01/2021 - 09/30/2026	10-day bus fare per client per month
Translation	Gulf Coast Jewish Family and Community Services	11/01/2024 - 10/31/2027	On-site or phone interpretation services
Additional Services			
Additional Dental Services	Florida Department of Health	10/01/2023 - 09/30/2026	Additional dental services are basic services at a general practice level to diagnose and treat disease, injury, or impairment in teeth and associated structures of the oral cavity and include any diagnostic x-rays or imaging.
Mental Health Services	Directions for Living (DOH Sub-Contract)	10/01/2025 - 02/28/2026	Mental Health and Substance Use services - evaluation, treatment planning, counseling, Advanced Practice Registered Nurse (APRN), psychiatric evaluations, and medication management
Occupational Therapy	BayCare Home Care	10/01/2021 - 09/30/2026	Home health services
Physical Therapy	BayCare Home Care	10/01/2021 - 09/30/2026	Home health services
Nutrition	Florida Department of Health	10/01/2023 - 09/30/2026	Nutrition services prevent and treat diseases and conditions through nutritional assessment, diagnosis and treatment.
Podiatry	Various Specialty Providers (DOH Sub-Contract - Purchase Orders for 4 Podiatry Providers)	07/01/2025 - 06/30/2026	Podiatry specialty care
Psychiatry	Directions for Living (DOH Sub-Contract)	10/01/2025 - 02/28/2026	Mental Health and Substance Use services - evaluation, treatment planning, counseling, Advanced Practice Registered Nurse (APRN), psychiatric evaluations, and medication management
Hospital Agreements			
	BayCare Health System, Inc	10/01/2021 - 09/30/2026	Coordinate Ambulatory Surgical Center procedures, including diagnostic imaging, pathology and anesthesiology and all other ancillary services as related to outpatient procedures
	Bayfront Hospital	10/01/2024 - 09/30/2026	Coordinate Ambulatory Surgical Center procedures, including diagnostic imaging, pathology and anesthesiology and all other ancillary services as related to outpatient procedures
	AdventHealth North Pinellas	10/01/2024 - 09/30/2026	Coordinate Ambulatory Surgical Center procedures, including diagnostic imaging, pathology and anesthesiology and all other ancillary services as related to outpatient procedures



October 2, 2025

The Honorable Brian Scott
Chairman, Pinellas County Board of County Commissioners
315 Court Street
Clearwater, Florida 33756

Dear Commissioner Scott:

Please accept this letter of support for Pinellas County's Service Area Competition grant application for the Health Care for the Homeless (HCH) health center program.

Evara Health, formerly Community Health Centers of Pinellas, Inc., a HRSA community health center grantee, operates 20 health centers, including 3 mobile health centers. Evara offers affordable healthcare to a wide range of individuals and families that would not otherwise have access to medical care. The agency has been designated a Federally Qualified Health Center since 1993.

The County's HCH program has been serving homeless citizens with primary care, specialty care including behavioral health and substance abuse services, since 2001. In 2024, the County reported serving 2,311 unduplicated patients in the service area. The program operates the Bayside Clinic and a Mobile Medical Unit (MMU), and a Street Medicine team. The Bayside Clinic is located adjacent to Pinellas Safe Harbor, the county's largest emergency shelter, and operates 6 days per week. The MMU travels throughout the county five days a week to meet patients where they are - homeless shelters, soup kitchens and treatment facilities. The mobile van gives the County the flexibility to take medical services directly to the clients who often lack transportation and other means of getting access to care.

The County has worked closely with Evara and the local homeless providers in the community to promote access to the health care services needed by the homeless population. Evara fully supports this application to continue providing medical services for the homeless and supports the target of 2,311 unduplicated patients by 12/31/2026. We commit to work alongside our colleagues and partners to ensure a seamless system of care for all homeless citizens.

Sincerely,

A handwritten signature in black ink, appearing to read "Elodie Dorso".

Elodie Dorso
CEO & President

Mission:

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



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

September 18, 2025

The Honorable Brian Scott
Chairman, Pinellas County Board of County Commissioners
315 Court Street
Clearwater, Florida 33756

Dear Commissioner Scott:

Please accept this letter of support for Pinellas County's Service Area Competition grant application for the Health Care for the Homeless (HCH) health center program.

The Florida Department of Health in Pinellas County works to protect, promote & improve the health of all people in Florida through integrated state, county, and community efforts. We currently contract with the applicant to provide primary care services to the identified target population.

The County's HCH program has been serving homeless citizens with primary care, specialty care including behavioral health and substance abuse services, since 2001. In 2024, the County reported serving 2,311 unduplicated patients in the service area. The program operates the Bayside Clinic and a Mobile Medical Unit (MMU), and a Street Medicine team. The Bayside Clinic is located adjacent to Pinellas Safe Harbor, the county's largest emergency shelter, and operates 6 days per week. The MMU travels throughout the county five days a week to meet patients where they are - homeless shelters, soup kitchens and treatment facilities. The mobile van gives the County the flexibility to take medical services directly to the clients who often lack transportation and other means of getting access to care.

The County has worked closely with the Florida Department of Health and the local homeless providers in the community to promote access to the health care services needed by the homeless population. The Florida Department of Health fully supports this application to continue providing medical services for the homeless and supports the patient target of 2,311 unduplicated patients by 12/31/2026. We commit to work alongside our colleagues and partners to ensure a seamless system of care for all homeless citizens.

Sincerely,

Ulyee Choe, DO
Director, Florida Department of Health in Pinellas
County Health Systems Statewide Medical Director

UC/mb

Florida Department of Health in Pinellas County

Director's Office
205 Dr. Martin Luther King Jr. St. N. • St. Petersburg, FL 33701-3109
PHONE: (727) 824-6900 • FAX (727) 820-4285

FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board



Sheriff Bob Gualtieri

Pinellas County Sheriff's Office

"Leading The Way For A Safer Pinellas"

September 22, 2025

The Honorable Brian Scott
Chairman, Pinellas County Board of County Commissioners
315 Court Street
Clearwater, Florida 33756

Dear Commissioner Scott:

Please accept this letter of support for Pinellas County's Service Area Competition grant application for the Health Care for the Homeless (HCH) health center program.

The Pinellas County Sheriff's Office (PCSO) has partnered with Pinellas County and numerous homeless service providers at the Safe Harbor homeless shelter to serve the chronically homeless, keep them out of the county jail and the criminal justice system, and give them the necessary tools to redirect their lives. The program is continually adjusting services to meet the various and transitional needs of the homeless population.

The County's HCH program has been serving homeless citizens with primary care, specialty care including behavioral health and substance abuse services, since 2001. In 2024, the County reported serving 2,311 unduplicated patients in the service area. The program operates the Bayside Clinic and a Mobile Medical Unit (MMU), and a Street Medicine team. The Bayside Clinic is located adjacent to Pinellas Safe Harbor, the county's largest emergency shelter, and operates 6 days per week. The MMU travels throughout the county five days a week to meet patients where they are - homeless shelters, soup kitchens and treatment facilities. The mobile van gives the County the flexibility to take medical services directly to the clients who often lack transportation and other means of getting access to care.

PCSO fully supports this application to continue providing medical services for the homeless and supports the patient target of 2,311 unduplicated patients by 12/31/2026. We commit to participate in the HCH program through representation on the Co-Applicant Board, the patient centered governing board, and by educating and referring residents at Safe Harbor for primary and preventive medical care. Finally, we will continue to work alongside our colleagues and partners to ensure a seamless system of care for all homeless citizens.

Sincerely,

Sheriff Bob Gualtieri
Pinellas County, Florida

BG/cm



Homeless Leadership Alliance of Pinellas, Inc.

Mailing address: 740 4th Street North, Suite 206, St. Petersburg, FL 33701

Street address: 647 1st Avenue North, St. Petersburg, FL 33701

Phone: 727-933-0100 | www.pinellashomeless.org

October 17, 2025

The Honorable Brian Scott
Chairman, Pinellas County Board of County Commissioners
315 Court Street
Clearwater, Florida 33756

Dear Commissioner Scott:

Please accept this letter of support for Pinellas County’s Service Area Competition grant application for the Health Care for the Homeless (HCH) health center program.

The Homeless Leadership Alliance of Pinellas (HLA) is an independent agency that serves as Lead Agency, Collaborative Applicant, HMIS Lead Agency, and Coordinated Entry System Manager for the Pinellas Continuum of Care (CoC). The CoC works to secure resources and funding that support prevention and the swift re-housing of individuals and families experiencing homelessness, aiming to minimize trauma and dislocation. A key focus of the CoC is to ensure access to essential programs and services, helping those in need achieve and maintain self-sufficiency.

The County’s HCH program has been serving homeless citizens with primary care, specialty care – including behavioral health and substance abuse services, since 2001. In 2024, the County reported serving 2,311 unduplicated patients in the service area. The program operates the Bayside Clinic and a Mobile Medical Unit (MMU), and a Street Medicine team. The Bayside Clinic is located adjacent to Pinellas Safe Harbor, the county’s largest emergency shelter, and operates 6 days per week. The MMU travels throughout the county five days a week to meet patients where they are - homeless shelters, soup kitchens and treatment facilities. The mobile van gives the County the flexibility to take medical services directly to the clients who often lack transportation and other means of getting access to care.

The County has worked closely with the Homeless Leadership Alliance to promote access to the health care services needed by the homeless population. The Homeless Leadership Alliance fully supports this application to continue providing medical services for the homeless and supports the target of 2,311 unduplicated patients by 12/31/2026. We commit to working alongside our colleagues and partners to ensure a seamless system of care for all homeless citizens.

Sincerely,

A handwritten signature in black ink that reads "Cheri".

Cheri Holzbacher
Chief Executive Officer
Homeless Leadership Alliance of Pinellas



September 23, 2025

The Honorable Brian Scott
Chairman
Pinellas County Board of County Commissioners
315 Court Street
Clearwater, Florida 33756

Dear Commissioner Scott:

Please accept this letter of support for Pinellas County's Service Area Competition grant application for the Health Care for the Homeless (HCH) health center program.

Established in 1992, Metropolitan Charities, Inc. is a 501(c)(3) Federally Qualified Health Center Look-Alike organization with active Health Centers locations throughout the Tampa Bay area. These health centers provide premier comprehensive medical and social services. This includes HIV services, medical care, support groups, counseling, health and wellness programs, psychiatric medication management, and more.

The County's HCH program has been serving homeless citizens with primary care, specialty care including behavioral health and substance abuse services, since 2001. In 2024, the County reported serving 2,311 unduplicated patients in the service area. The program operates the Bayside Clinic and a Mobile Medical Unit (MMU), and a Street Medicine team. The Bayside Clinic is located adjacent to Pinellas Safe Harbor, the county's largest emergency shelter, and operates 6 days per week. The MMU travels throughout the county five days a week to meet patients where they are - homeless shelters, soup kitchens and treatment facilities. The mobile van gives the County the flexibility to take medical services directly to the clients who often lack transportation and other means of getting access to care.

METRO and Pinellas County are aligned in mission and purpose to serve the communities of Pinellas County. METRO fully supports this application to continue providing medical services for the homeless and supports the patient target of 2,311 unduplicated patients by 12/31/2026. We commit to work alongside our colleagues and partners to ensure a seamless system of care for all homeless citizens.

Sincerely,

A handwritten signature in black ink, appearing to read "Priya Rajkumar", written over a white background.

Priya Rajkumar
Chief Executive Officer
Metropolitan Charities, Inc.
701 94th Avenue North, Suite 250
St. Petersburg, Florida 33702
727-321-3854



Catholic Charities
Diocese of St. Petersburg, Inc.

September 17, 2025

The Honorable Brian Scott
Chairman, Pinellas County Board of County Commissioners
315 Court Street
Clearwater, Florida 33756

Dear Commissioner Scott:

Please accept this letter of support for Pinellas County's Service Area Competition grant application for the Health Care for the Homeless (HCH) health center program.

Pinellas Hope started out as an emergency shelter for over 250 homeless men and women, located in Clearwater on 10 acres provided by Bishop Robert N. Lynch and the Diocese of St. Petersburg. It opened its doors on December 1, 2007, and in 2017 opened an additional ten buildings with 156 permanent supportive apartments for the homeless in Pinellas County. Pinellas Hope provides much needed services in the form of food, clothing, medical respite, and job and housing placement assistance. Pinellas Hope currently partners with the County serving clients through the Health Care for the Homeless health center program.

The County's HCH program has been serving homeless citizens with primary care, specialty care including behavioral health and substance abuse services, since 2001. In 2024, the County reported serving 2,311 unduplicated patients in the service area. The program operates the Bayside Clinic and a Mobile Medical Unit (MMU), and a Street Medicine team. The Bayside Clinic is located adjacent to Pinellas Safe Harbor, the county's largest emergency shelter, and operates 6 days per week. The MMU travels throughout the county five days a week to meet patients where they are - homeless shelters, soup kitchens and treatment facilities. The mobile van gives the County the flexibility to take medical services directly to the clients who often lack transportation and other means of getting access to care.

The County has worked closely with Pinellas Hope to promote access to the health care services needed by the homeless population. Pinellas Hope fully supports this application to continue providing medical services for the homeless and supports the patient target of 2,311 unduplicated patients by 12/31/2026. We commit to work alongside our colleagues and partners to ensure a seamless system of care for all homeless citizens.

Sincerely,

Joe Pondolfino
Catholic Charities
Pinellas Hope Director

6247 Seminole Boulevard, Seminole FL 33772
727-893-1314 - www.ccdosp.org - catholic.charities@ccdosp.org



863 3rd Avenue N.
St. Petersburg, FL 33701
P: 727.821.1200
www.thespfc.org

October 7, 2025

The Honorable Brian Scott
Chairman, Pinellas County Board of County Commissioners
315 Court Street
Clearwater, Florida 33756

Dear Commissioner Scott:

Please accept this letter of support for Pinellas County's Service Area Competition grant application for the Health Care for the Homeless (HCH) health center program.

St. Petersburg Free Clinic is a multi-service, independent, not-for-profit human services agency providing our community neighbors assistance with food, shelter and health care. We have been caring for the underserved facing temporary emergency needs throughout Pinellas County since 1970. The Clinics programs provide food, clothing, transitional housing, and health care to the uninsured and needy.

The County's HCH program has been serving homeless citizens with primary care, specialty care including behavioral health and substance abuse services, since 2001. In 2024, the County reported serving 2,311 unduplicated patients in the service area. The program operates the Bayside Clinic and a Mobile Medical Unit (MMU), and a Street Medicine team. The Bayside Clinic is located adjacent to Pinellas Safe Harbor, the county's largest emergency shelter, and operates 6 days per week. The MMU travels throughout the county five days a week to meet patients where they are - homeless shelters, soup kitchens and treatment facilities. The mobile van gives the County the flexibility to take medical services directly to the clients who often lack transportation and other means of getting access to care.

The St. Petersburg Free Clinic fully supports this application to continue providing medical services for the homeless and supports the patient target of 2,311 unduplicated patients by 12/31/2026. We commit to work alongside our colleagues and partners to ensure a seamless system of care for all homeless citizens.

Sincerely,

Jennifer Yeagley
Chief Executive Officer





2985 Drew St.
Clearwater, FL 33759

September 18, 2025

The Honorable Brian Scott
Chairman, Pinellas County Board of County Commissioners
315 Court Street
Clearwater, Florida 33756

Dear Commissioner Scott:

Please accept this letter of support for Pinellas County's Service Area Competition grant application for the Health Care for the Homeless (HCH) health center program.

BayCare Health System (BCHS) is the area's leading not-for-profit integrated health services delivery network - connecting individuals and families to a wide range of services at 16 hospitals and over 290 service locations serving a population of over 4.3 million across Hillsborough, Pasco, Pinellas, Polk, Sarasota, and Manatee counties. BCHS works diligently to execute our mission to improve the health of all we serve through community-owned health care services that set the standard for high-quality, compassionate care. BayCare has a formal contract with Pinellas County to provide these services for residents who participate in the County's healthcare programs at four hospitals: Mease Countryside Hospital, Mease Dunedin Hospital, Morton Plant Hospital, and St. Anthony's Hospital.

The County's HCH program has been serving homeless citizens with primary care, specialty care including behavioral health and substance abuse services, since 2001. In 2024, the County reported serving 2,311 unduplicated patients in the service area. The program operates the Bayside Clinic and a Mobile Medical Unit (MMU), and a Street Medicine team. The Bayside Clinic is located adjacent to Pinellas Safe Harbor, the county's largest emergency shelter, and operates 6 days per week. The MMU travels throughout the county five days a week to meet patients where they are - homeless shelters, soup kitchens and treatment facilities. The mobile van gives the County the flexibility to take medical services directly to the clients who often lack transportation and other means of getting access to care.

BayCare Health System fully supports this application to continue providing medical services for the homeless and supports the patient target of 2,311 unduplicated patients by 12/31/2026. We commit to work alongside our colleagues and partners to ensure a seamless system of care for all homeless citizens.

Sincerely,

A handwritten signature in blue ink that reads "Keri Eisenbeis".

Keri Eisenbeis
Chief of Staff
BayCare Health System, Inc.

2025 NextGen Sliding Fee Schedule - Calculated using the 2024 Federal Poverty Guidelines (Updated 12.1.2025)

Family Size	0%	100%	101%	125%	126%	150%	151%	175%	176%	200%	200%+
1	\$0	\$15,650	\$15,808	\$19,563	\$19,720	\$23,475	\$23,633	\$27,388	\$27,545	\$31,300	\$31,301
2	\$0	\$21,150	\$21,363	\$26,438	\$26,650	\$31,725	\$31,938	\$37,013	\$37,225	\$42,300	\$42,301
3	\$0	\$26,650	\$26,918	\$33,313	\$33,580	\$39,975	\$40,243	\$46,638	\$46,905	\$53,300	\$53,301
4	\$0	\$32,150	\$32,473	\$40,188	\$40,510	\$48,225	\$48,548	\$56,263	\$56,585	\$64,300	\$64,301
5	\$0	\$37,650	\$38,028	\$47,063	\$47,440	\$56,475	\$56,853	\$65,888	\$66,265	\$75,300	\$75,301
6	\$0	\$43,150	\$43,583	\$53,938	\$54,370	\$64,725	\$65,158	\$75,513	\$75,945	\$86,300	\$86,301
7	\$0	\$48,650	\$49,138	\$60,813	\$61,300	\$72,975	\$73,463	\$85,138	\$85,625	\$97,300	\$97,301
8	\$0	\$54,150	\$54,693	\$67,688	\$68,230	\$81,225	\$81,768	\$94,763	\$95,305	\$108,300	\$108,301
Fee Paid	No Fee		20% of Full Fee		40% of Full Fee		60% of Full Fee		80% of Full Fee		100% of Full Fee

2025 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
1	\$15,650
2	\$21,150
3	\$26,650
4	\$32,150
5	\$37,650
6	\$43,150
7	\$48,650
8	\$54,150
For families/households with more than 8 persons, add \$5,550 for each additional person.	

2025 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
1	\$15,650
2	\$21,150
3	\$26,650
4	\$32,150
5	\$37,650
6	\$43,150
7	\$48,650
8	\$54,150
For families/households with more than 8 persons, add \$5,500 for each additional person.	

Health Center Program Compliance Narrative

Sliding Fee Discount Program

When a client applies for enrollment, he/she will be financially screened based on family size and income only to determine eligibility for the Sliding Fee Discount Program. This process will determine the extent of his/her financial responsibility. Self-declaration of their financial status will be acceptable. The final determination from the financial screening process will be documented in the client’s file and renewed annually upon recertification of enrollment.

Definitions: Discounts will be based on income and family size only and as defined below:

- **Family** is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered members of one family.
- **Income** is defined as: monetary payment received for any reason. There are two types of income: Earned Income and Unearned Income. (see page 12, for a detailed definition of income)

The following figures in the are the 2025 HHS poverty guidelines which were published in the Federal Register on January 15, 2025, and are reviewed and approved annually by the HCH Co-Applicant Board. Persons below 100% of the Federal Poverty Level will pay no fee. Persons with family incomes between 101 and 200 percent of the Federal Office of Management and Budget poverty guidelines may be charged a fee on a sliding scale based on family size and income up to the following increments: **The poverty guidelines are updated annually in accordance with HHS regulations.**

Family Size	0%	100%	101%	125%	126%	150%	151%	175%	176%	200%	200%+
1	\$0	\$15,650	\$15,808	\$19,563	\$19,720	\$23,475	\$23,633	\$27,388	\$27,545	\$31,300	\$31,301
2	\$0	\$21,150	\$21,363	\$26,438	\$26,650	\$31,725	\$31,938	\$37,013	\$37,225	\$42,300	\$42,301
3	\$0	\$26,650	\$26,918	\$33,313	\$33,580	\$39,975	\$40,243	\$46,638	\$46,905	\$53,300	\$53,301
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5	\$0	\$37,650	\$38,028	\$47,063	\$47,440	\$56,475	\$56,853	\$65,888	\$66,265	\$75,300	\$75,301
6	\$0	\$43,150	\$43,583	\$53,938	\$54,370	\$64,725	\$65,158	\$75,513	\$75,945	\$86,300	\$86,301
7	\$0	\$48,650	\$49,138	\$60,813	\$61,300	\$72,975	\$73,463	\$85,138	\$85,625	\$97,300	\$97,301
8	\$0	\$54,150	\$54,693	\$67,688	\$68,230	\$81,225	\$81,768	\$94,763	\$95,305	\$108,300	\$108,301
Fee Paid	No Fee		20% of Full Fee		40% of Full Fee		60% of Full Fee		80% of Full Fee		100% of Full Fee

All services within the health center’s approved scope of project will be provided to all HCHP clients regardless of ability to pay. While services provided on the Mobile Medical Unit and Bayside Health Clinic are free of charge for individuals whose income is below 100% of the Federal Poverty, there are instances where a fee assessment is conducted and/or where fees may occur as described below.

All fees for services rendered will be based upon a relative value study of the area’s prevailing fees (ex. Ingenix Fee Analyzer). The fee schedule will be reviewed annually by Pinellas County Human Services HCHP administrative/management team and approved by the governing boards.

Application Forms:

- Attachment 10: Sliding Fee Discount Schedule
- Form 5A: Services Provided

Health Center Program Compliance Narrative

Key Management Staff

No additional narrative required beyond the narrative included in the attachments and forms.

Application Forms:

- Attachment 3: Project Organizational Chart
- Attachment 4: Position Descriptions for Key Management Staff
- Form 2: Staffing Profile

Contracts and Subawards

The Pinellas County Human Services team maintains oversight of all Health Center Program contracts, ensuring compliance with statutory, regulatory, and policy requirements of other Federal programs associated with their HRSA- approved scope of project. All costs paid will be allowable and consistent with Federal Cost Principles. No subawards will be issued from this federal grant award.

Application Forms:

- Attachment 7: Summary of Contracts and Agreements
- Form 8: Health Center Agreements

Collaborative Relationships

No additional narrative required beyond the narrative included in the attachments and forms.

Application Forms:

- Attachment 1: Service Area Map and Table
- Attachment 9: Collaboration Documentation

Billing and Collections

Narrative: All services within the health center's approved scope of project will be provided to all HCHP clients regardless of ability to pay. At the time of application and enrollment, clients are financially screened to determine the extent of their financial responsibility. (*NOTE: Self declaration of income and family size are acceptable.*) While services provided on the Mobile Medical Unit and Bayside Health Clinic are free of charge for individuals whose income is below 100% of the Federal Poverty, there are instances where a fee assessment is conducted and/or where fees may occur as described

The health center has contractual arrangements to collect reimbursement of its costs with the State Medicaid plan approved under title XIX of the Social Security Act (SSA) [42 U.S.C. 1396, et seq.] and Medicare coverage under title XVIII of the SSA [42 U.S.C. 1395 et seq.] for the payment of all or a part of the center's costs in providing health services to persons who are eligible for such assistance. The health center refers pediatric patients to a contractual provider, who maintains the ability to see reimbursement under the State's Children's Health Insurance Program (CHIP) under title XXI of the SSA [42 U.S.C. 1397aa, et seq.] with respect to individuals who are State CHIP beneficiaries. In addition, the health center works to connect patients to other public assistance programs, grant program, or private health insurance or benefit program, when applicable.

Health Center Program Compliance Narrative

All fees for services rendered will be based upon a relative value study of the area's prevailing fees (ex. Ingenix Fee Analyzer). The fee schedule will be reviewed annually by Pinellas County Human Services HCHP administrative/management team and approved by the governing boards.

Except where specified in the "Waiver of Charges" below, clients will be charged for services within the health center's approved scope of project based upon a sliding fee scale based on family size and income. The sliding scale will be based on the current fiscal year's federal poverty level guidelines.

Administrative, gate, flat, and minimum fees are not to be charged to any client receiving services from the Pinellas County Human Services Department Healthcare for the Homeless Program.

No fee will be charged for the following services:

- Medicaid reimbursable service to any Pinellas County Human Services client who is enrolled in the Medicaid program.
- No charge for the cost of vaccine shall be assessed for any vaccine purchased under federal/state contracts, regardless of funding source. Services with vaccines purchased through federal/state contracts shall not be denied if the client is unable to pay.
- Pharmacy or Specialty Services as deemed medically necessary by the primary care provider.

No fee will be charged to the following clients:

- Clients who receive services for tuberculosis, sexually transmitted diseases, or HIV/AIDS communicable disease control, if unable to pay fee, regardless of income

WAIVER OF CHARGES:

The Pinellas County Human Services Director has the authority to reduce or waive charges for all clients actively enrolled in Pinellas County's indigent health program (Pinellas County Health Program (PCHP) and Health Care for the Homeless (HCH) or in situations, based on the criteria below, where a person is unable to pay. Criteria reviewed includes, but not limited to:

- Patients who have been determined to be homeless, or formerly homeless within the last 12 months (not as the sole reason for waiver).
- Current income of patient limits their ability to pay for medical services (limiting conditions could include an unhoused patient's ability to save for housing needs; housing expenses exceed 30% of income, economic inflation costs are rising, or other)
- Recent loss of employment
- Recent change in marital status (within 1 year)
- Currently in the process of declaring bankruptcy
- Medical crisis requiring several return visits
- Catastrophic situation (death, disability, etc.)

Application Forms:

- Form 3: Income Analysis

Health Center Program Compliance Narrative

Budget

No additional narrative required beyond the Budget Narrative included in the application.

Application Forms:

- SF-424A

Governance: Board Authority

Monthly Meetings: Board meetings occur monthly. This is established in Article VII – Meetings and Voting, Section B of the HCH Bylaws on page 5.

Project Director/CEO: The Co-Applicant Agreement, Section 1.4.3 Governance Authorities and Responsibilities for Operation of the Health Center, the Co-Applicant Board shall exercise the authority and responsibility to suspend, remove, appoint and/or reappoint a person to the position of Project Director in accordance with the Pinellas County personnel rules and other procedures and policies of the Board of County Commissioners. The Co-Applicant Board shall participate in the annual performance evaluation of the Project Director, to be conducted in accordance with HHS Health Resources and Services Administration’s Bureau of Primary Health Care’s Program Requirements.

Approving Applications and Annual Budget: In the Co-Applicant Agreement, Section 1.3, page 3, the BCC and Co-Applicant Board will take such actions required to make application for the Section 330 grant. Per Section 1.4.7, page 4, Governance Authorities and Responsibilities for Operation of the Health Center, the Co-Applicant Board shall annually review and approve the budget prepared for the operation of the Health Care for the Homeless Program.

Approval of Services, Sites, and Hours: In the Co-Applicant Agreement, Section 1.3 and 1.4.1, the Co-Applicant Board and Board of County Commissioners shall increase the accessibility of primary care services to the homeless population which experiences a shortage of primary care. In the Bylaws, Article X, Section E, page 9, the Board shall work with the HCH clinical staff to establish policies for health care delivery, including those dealing with the scope, availability and types of services, location and hours of services.

Health Center Performance: In the Co-Applicant Agreement, Section 1.4.2 the Board shall evaluate the health center’s achievements at least annually and utilizing the knowledge gained thereby to revise the health center’s goals, objectives, plan and budget as necessary and appropriate, including providing advice regarding the establishment of linkages with other health care providers and/or health care programs.

Adopting Policies: In the Bylaws, Article X, Section A & E pertains to Personnel Policies and Procedures, and Health Care Policies.

Compliance with Applicable Laws: Bylaws, Article X, Section D, and in the Co-Applicant Agreement, Section 5.1, page 8, The Board shall assure that the HCH is operated in compliance with applicable Federal, State and local laws and regulations.

Authorities & Functions: Pinellas County, as a public center, utilizes a Co-Applicant Board and Board of County Commission to maintain oversight and authority over the proposed project. In the Co-Applicant

Health Center Program Compliance Narrative

Agreement, Section 1.4.6, vests all required authorities between the Co-Applicant Board and Board of County Commissioners.

Collaboration with Other Entities: The Co-Applicant Agreement is between the Board of County Commissioners and the Co-Applicant Board to define the roles and responsibilities of the Board to jointly administer the program in accordance with federal law.

Public Agency Applicants: Attachments to this application include the Co-Applicant Board Bylaws and the Co-Applicant Agreement. Both documents delineate specific authorities and responsibilities regarding the required authorities and functions.

Reference Forms:

- Attachment 6: Co-Applicant Agreement
- Form 8: Health Center Agreements

Governance: Board Composition

Board Size: The size of the Board is established in the HCH Bylaws, Article V, Section A Size on page 3.

Patient Majority: Pinellas County, as an HCH only grantee, has an active waiver of the 51% patient majority governance. The patient majority is established on page 3 in Article V, Section B.1 of the HCH Bylaws.

Demographic Representation: Also in Article V, Section B.1, page 3, the Board, as a group, represent the individuals being serviced or to be served in terms of demographic factors, such as race, ethnicity and gender.

Non-patient Members: As indicated in Article V, Section B.3, page 3, HCH Co-Applicant Board members shall be representatives of the community in which the catchment area is located.

Relevant Expertise: Continuing withing Article V, Section B.3, page 3..."and shall be selected for their expertise in community affairs, local government, finance, and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social services agencies within the community."

Income & Health Care Industry: Non-patient board members shall not derive no more than 10% of their income from the health industry as established in Article V, Section B.3 on page 3 of the HCH Bylaws.

Employees: No Board member shall be an employee of Pinellas County or the spouse or child, parent, brother or sister by blood or marriage of such an employee, as established in Article V, Section B.4 of the HCH Bylaws

Application Forms:

- Attachment 2: Bylaws
- Attachment 6: Co-Applicant Agreement
- Form 6A: Current Board Member Characteristics
- Form 6B: Request for Waiver of Board Member Requirements

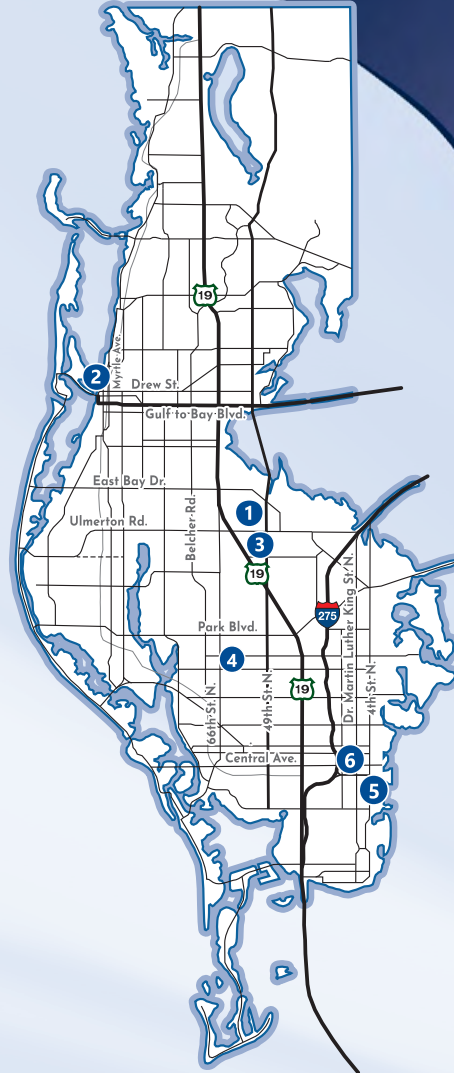
Service Locations

Operational times may vary and are subject to change. Please check the **HCH Calendar** for more information:



[Pinellas.gov/mobile-medical-unit-weekly-calendar](https://pinellas.gov/mobile-medical-unit-weekly-calendar)

- 1 Bayside Health Clinic**
14808 49th St. N.
Clearwater, FL 33762
- 2 Clearwater Health Department**
310 N. Myrtle Ave.
Clearwater, FL 33755
- 3 Pinellas Hope**
5726 126th Ave. N.
Clearwater, FL 33760
- 4 Salvation Army ARC**
(Adult Recovery Center)
5885 66th St. N.
St. Petersburg, FL 33709
- 5 Salvation Army One Stop**
1400 4th St. S.
St. Petersburg, FL 33701
- 6 Pinellas County Human Services**
647 1st Ave N.
St. Petersburg, FL 33701



Services Offered

- Wellness and prevention services
- Prescribed medications
- Vaccinations
- Cancer screenings
- Mental health and substance use treatment
- Preventative and restorative dental care
- Lab services
- Specialty care by referral

Contact the **Bayside Health Clinic** at **(727) 453-7866**.

For more information on the Healthcare for the Homeless program visit [Pinellas.gov/programs/health-care-for-the-homeless-program/](https://pinellas.gov/programs/health-care-for-the-homeless-program/)



[Pinellas.gov/humanservices](https://pinellas.gov/humanservices)

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$8,164,586.00 or (\$1,96,977.00) 23% with federal funds) and (\$6,237,609.00) 77% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government. For more information, please visit HRSA.gov.

Pinellas County complies with the Americans with Disabilities Act. To obtain accessible formats of this document, please call (727) 464-4062 (V/TDD).

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Health Care for the Homeless

A Healthier Community for All



Pinellas County Human Services is dedicated to **improving access to quality health care** for individuals who are experiencing homelessness.

Access and Quality Healthcare

Pinellas County Human Services operates the Health Care for the Homeless Program in our ongoing effort to help improve the quality of life for Pinellas County citizens. We serve all individuals experiencing homelessness regardless of their ability to pay.

Telehealth

Patients with internet access and smart phone/computers can make follow-up appointments from where they are or visit one of our many Telehealth access sites.



Street Medicine

Our Street Medicine team is bringing health care to our neighbors by traveling throughout the county to meet those experiencing homelessness where they are. The team provides free primary care, wound care, vaccinations and mental health support and referral.

Mobile Medical Unit

The MMU brings medical services to individuals experiencing homelessness. The MMU includes exam rooms, an interview room and medical equipment to provide patients with state-of-the-art care.

The vehicle visits shelters, soup kitchens, drop-in centers and other locations to serve homeless residents. Appointments can be scheduled and walk-ins are welcome.

There is a monthly calendar of open hours and scheduled locations for the MMU at: Pinellas.gov/mmu-bayside-calendar



Bayside Health Clinic

The clinic provides a full array of primary care, medical services, preventive care, chronic disease management and preventive and restorative dental care. Primary health care is provided at no cost to individuals experiencing homelessness with incomes at or below 100% of the Federal Poverty Level.

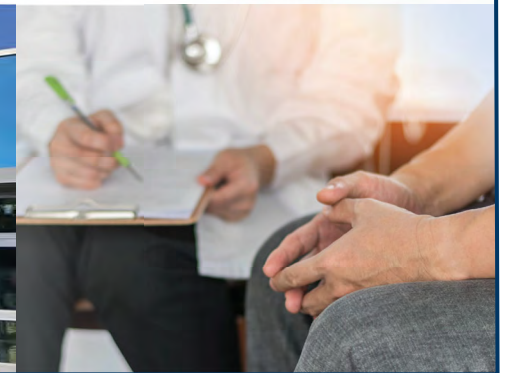
A sliding fee scale for services is applied for incomes between 101% and 200% of the Federal Poverty Level.

Appointments can be scheduled and walk-ins are welcome.

Bayside Health Clinic Hours

Monday – Thursday: 8 a.m. – 8 p.m.
Friday: 8 a.m. – 5 p.m.
Saturday: 8 a.m. – noon

Note: Our last appointment time is approximately 30 minutes prior to the closing time.



Ubicaciones de servicio

Los horarios de funcionamiento pueden variar y están sujetos a cambios. Favor de consultar el **calendario HCH** para obtener más información.



[Pinellas.gov/mobile-medical-unit-weekly-calendar](https://pinellas.gov/mobile-medical-unit-weekly-calendar)

- 1 Bayside Health Clinic**
14808 49th St. N.
Clearwater, FL 33762
- 2 Clearwater Health Department**
310 N. Myrtle Ave.
Clearwater, FL 33755
- 3 Pinellas Hope**
5726 126th Ave. N.
Clearwater, FL 33760
- 4 Salvation Army ARC (Adult Recovery Center)**
5885 66th St. N.
St. Petersburg, FL 33709
- 5 Salvation Army One Stop**
1400 4th St. S.
St. Petersburg, FL 33701
- 6 Pinellas County Human Services**
647 1st Ave N.
St. Petersburg, FL 33701



Servicios Ofrecidos

- Servicios de bienestar y prevención
- Medicamentos recetados
- Vacunas
- Exámenes de detección de cáncer
- Tratamiento de salud mental y abuso de sustancias
- Atención dental preventiva y restaurativa

Comuníquese con la **Clínica de Salud Bayside** al: **(727) 453-7866**.

Para mas información sobre el Programa de Atención Médica para Personas sin Hogar, visite: **Pinellas.gov/programs/health-care-for-the-homeless-program/**



[Pinellas.gov/humanservices](https://pinellas.gov/humanservices)

Esta publicación cuenta con el apoyo de la Administración de Recursos y Servicios de Salud (HRSA, por sus siglas en inglés) del Departamento de Salud y Servicios Humanos de los Estados Unidos (HHS, por sus siglas en inglés) como parte de una adjudicación por un total de \$8,164,586.00 or (\$1,96,977.00) 23% con fondos federales) y (\$6,237,609.00) 77% financiados con fuentes no gubernamentales.

El contenido es el del autor o autores y no representa necesariamente los puntos de vista oficiales de la HRSA, el HHS o el Gobierno de los EE. UU., ni un respaldo. Para obtener más información, visite HRSA.gov.

Para obtener formatos accesibles de este documento, llame al (727) 464-4062 (V/TDD).



Atención de Salud para las Personas sin Hogar

Una Comunidad Mas Saludable para Todos.



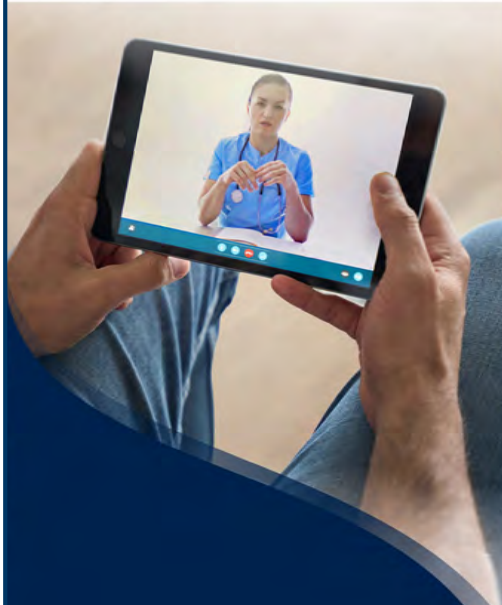
Los Servicios Humanos del Condado Pinellas se dedican a **mejorar el acceso a la atención médica de calidad** para las personas que están experimentando la falta de hogar.

Acceso y Asistencia Médica de Calidad

El Departamento de Servicios Humanos del Condado Pinellas opera el Programa de Atención Médica para Personas sin Hogar y es nuestro esfuerzo continuo para ayudar a mejorar la calidad de vida de los ciudadanos del Condado de Pinellas. Servimos a todas las personas que experimentan la falta de hogar sin importar su capacidad de pago.

Telesalud

Los pacientes con acceso a internet y teléfonos inteligentes/computadoras pueden programar citas de seguimientos desde donde se encuentren o visitar uno de nuestros múltiples lugares de acceso a Telesalud.



Medicina Callejera

Nuestro equipo de Medicina Callejera está brindando atención médica a nuestros vecinos viajando por todo el condado para conocer a las personas que experimentan la falta de hogar donde se encuentren. El equipo brinda atención primaria gratuita, cuidado de heridas, vacunas y apoyo de salud mental y remisión.

Unidad Médica Móvil

La UMM brinda servicios médicos a las personas que experimentan la falta de hogar. La UMM incluye salas de examen, una sala de entrevistas y equipos médicos para brindar a los pacientes atención de vanguardia.

El vehículo visita refugios, comedores de beneficencia, centros de acogida y otros lugares para atender a los residentes sin hogar. Se pueden programar citas y las visitas sin cita previa son bienvenidas.

Hay un calendario mensual de horarios de apertura y lugares programados para el UMM en: Pinellas.gov/mmu-bayside-calendar



Clínica de Salud Bayside

La clínica ofrece una amplia gama de atención primaria, servicios médicos, atención preventiva, manejo de enfermedades crónicas y atención dental preventiva y restaurativa.

La Atención Primaria de Salud se proporciona sin costo a las personas que sufren de falta de hogar con ingresos de 100% o menos del nivel federal de pobreza.

Se aplica una escala móvil de tarifas por servicios para ingresos entre el 101% y el 200% del nivel federal de pobreza.

Las citas pueden ser programadas y las visitas sin cita previa son bienvenidas.

Horario de la Clínica de Salud Bayside

Lunes – Jueves: 8 a.m. – 8 p.m.

Viernes: 8 a.m. – 5 p.m.

Sábado: 8 a.m. – mediodía

Nota: Nuestra última cita es aproximadamente 30 minutos antes de la hora de cierre.



Health Care for the Homeless **Street Medicine**



Pinellas County Human Services is making it easier to access health care by providing quality medical care to unsheltered individuals through Street Medicine.



Services* are FREE and include:

- Primary Medical Care
- Vaccinations
- Wound Care
- Mental Health Counseling

*Enrollment in the Pinellas County Health Program may be required for some services

Make today the beginning of a healthier you!

Call **Mobile Street Medicine** for more information **727-946-6714**

Pinellas County complies with the Americans with Disabilities Act. To obtain accessible formats of this document, please call (727) 464-4062 (VTDD). This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$5,906,214.00 or (\$2,001,543) 34% with federal funds and (\$3,904,671.00) 66% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government. For more information, please visit HRSA.gov. 7/24

Programa de Atención Médica para Personas sin Hogar

Medicina Callejera



Los Servicios Humanos del Condado Pinellas están facilitando el acceso a la atención médica al proporcionar atención médica de calidad a personas sin hogar a través de la Medicina Callejera.



Los servicios* son **GRATUITOS** e incluyen:

- Atención médica primaria
- Vacunas
- Cuidado de heridas
- Consejería de salud mental

*La inscripción en el Programa de Salud del Condado Pinellas puede ser necesaria para obtener algunos servicios.

¡Haz que hoy sea el comienzo de una vida más Saludable!

Llame a **Mobile Street Medicine** para más información

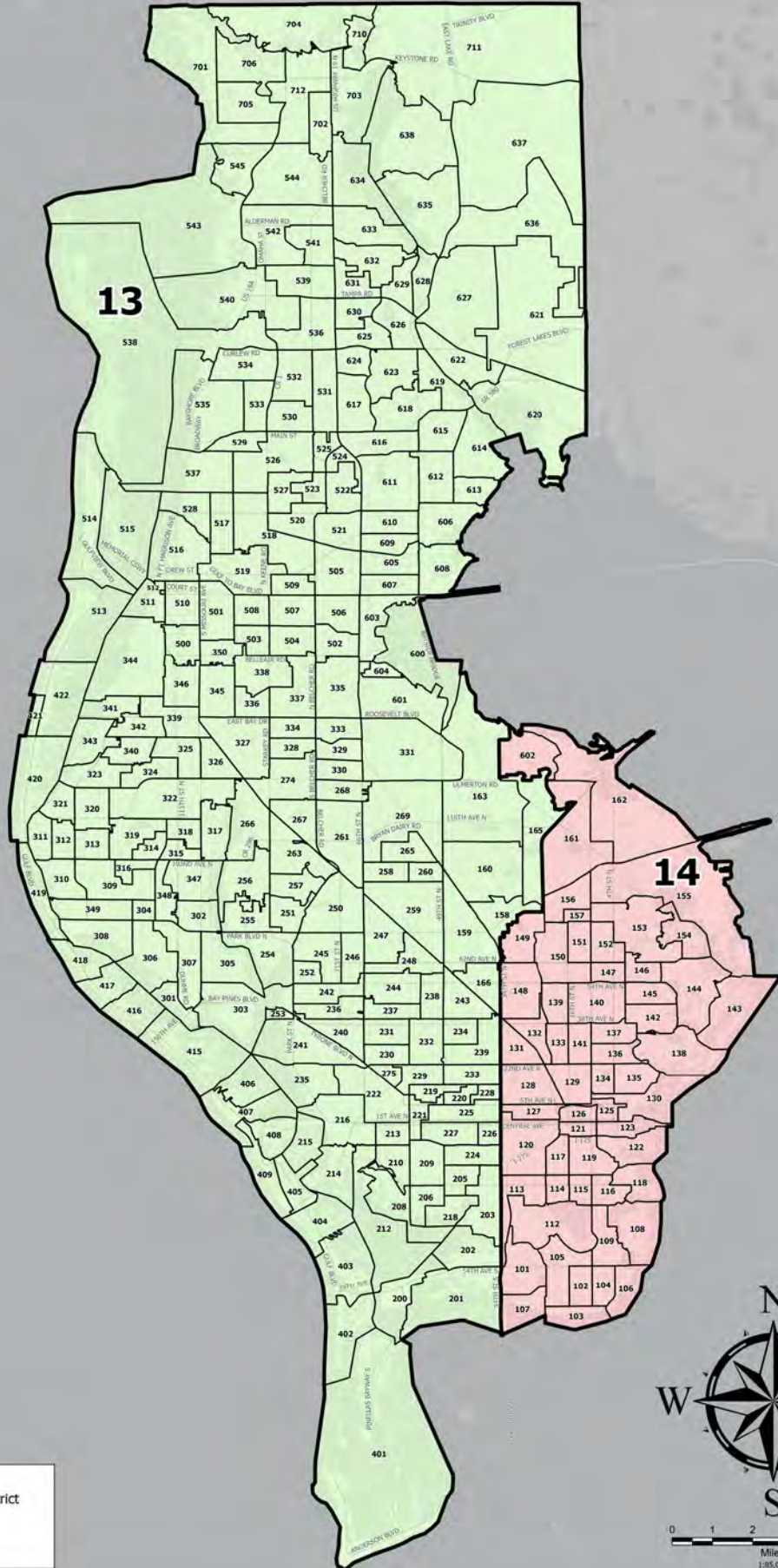
727-946-6714

El Condado de Pinellas cumple con la Ley Estadounidenses con Discapacidades. Para obtener formatos accesibles de este documento, llame al (727)464-4062 (VTDD). Este programa cuenta con el apoyo de la Administración de Recursos y Servicios de Salud (HRSA) del Departamento de Salud y Servicios Humanos de los Estados Unidos (HHS) como parte de una adjudicación por un total de \$5,906,214.00 o (\$2,001,543) 34% con fondos federales y (\$3,904,671.00) 66% financiados con fuentes no gubernamentales. El contenido es el del autor o autores y no representa necesariamente las opiniones oficiales, ni un respaldo, de HRSA, HHS o el Gobierno de los Estados Unidos. Para obtener más información, visite HRSA.gov. 7/24.



VOTER PRECINCTS AND CONGRESSIONAL DISTRICTS

Pinellas County, Florida
Effective: May 24, 2022
Supervisor of Elections
Julie Marcus



Form 1A - General Information Worksheet

00242854: COUNTY OF PINELLAS		Due Date: 10/29/2025 (Due In: 0 Days)
Announcement Number: HRSA-26-002	Announcement Name: Service Area Competition	Application Type: Competing Continuation
Grant Number: H80CS00024	Target Population: Homeless Population	Target Audience: Not Available

Resources

As of 10/29/2025 04:54:50 PM
OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

1. Applicant Information	
Applicant Name	COUNTY OF PINELLAS
Fiscal Year End Date	February 28/29
Application Type	Competing Continuation
Grant Number	H80CS00024
Business Entity (Select one option that aligns with the type entered in SAM.gov)	<input type="checkbox"/> Tribal <input type="checkbox"/> Urban Indian <input type="checkbox"/> Private, non-profit (non-Tribal or Urban Indian) <input checked="" type="checkbox"/> Public (non-Tribal or Urban Indian)
Organization Type (Select all that apply)	<input type="checkbox"/> Faith based <input type="checkbox"/> Hospital <input type="checkbox"/> State government <input checked="" type="checkbox"/> City/County/Local Government or Municipality <input type="checkbox"/> University <input type="checkbox"/> Community based organization <input type="checkbox"/> Other If 'Other' please specify:

2. Proposed Service Area	
2a. Service Area Designation	
Select MUA/MUP (Each ID must be 5 to 12 digits. Use commas to separate multiple IDs, without spaces) Find an MUA/MUP	<input checked="" type="checkbox"/> Medically Underserved Area (MUA) ID # 1122682555, 1125037780 <input checked="" type="checkbox"/> Medically Underserved Population (MUP) ID # 07404, 07407, 05047, 07400, 07122 <input type="checkbox"/> Medically Underserved Area Application Pending ID # <input type="checkbox"/> Medically Underserved Population Application Pending ID #

2b. Service Area Type	
★ Choose Service Area Type	<input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural
If your selection differs from what is listed on the SAAT, explain why using publicly available data	

2c. Patients and Visits	
Unduplicated Patients and Visits by Population Type	
How many unduplicated patients do you project to serve in the assessment period? For a 4-year period of performance, the assessment period is CY 2028.	2315

Population Type	UDS / Baseline Value		Projected in the assessment period (January 1 - December 31)	
	Patients	Visits	Patients	Visits
Total	2311	16906	2315	16910
Medically Underserved Populations (CHC) (Include all patients/visits not reported in the rows below)	0	0	0	0
Migratory and Seasonal Agricultural Workers (MSAW)	1	0	0	0
Residents of Public Housing (RPH)	0	0	0	0

Homeless Population (HP) 2311 16906 2315 16910

Patients and Visits by Service Type				
Service Type	UDS / Baseline Value		Projected in the assessment period (January 1 - December 31)	
	Patients	Visits	Patients	Visits
Total Medical Services	1834	4915	1835	4915
Total Dental Services	849	3118	850	3120
Behavioral Health Services				
Total Mental Health Services	536	3100	535	3100
Total Substance Use Disorder Services	164	1643	160	1645
Total Vision Services	37	56	40	60
Total Enabling Services	252	3339	250	3330

Form 1C - Documents On File

00242854: COUNTY OF PINELLAS

Due Date: 10/29/2025 (Due In: 0 Days)

Announcement Number: HRSA-26-002

Announcement Name: Service Area Competition

Application Type: Competing Continuation

Grant Number: H80CS00024

Target Population: Homeless Population

Target Audience: Not Available

Resources

As of 10/29/2025 04:54:57 PM

OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

Management and Finance	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Personnel policies, including selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices.	03/06/2025	
Policies/procedures consistent with E.O. 14273 and terms of awards to make insulin and injectable epinephrine available at or below the discounted price paid by the health center awardee or sub-awardee under the 340B Drug Pricing Program (plus a minimal administration fee) to individuals with low incomes who: (a) have a high cost-sharing requirement for either insulin or injectable epinephrine; (b) have a high unmet deductible; or (c) have no health care insurance. For this purpose, "a low-income individual" means an individual living in a household with an income level at or below 200 percent of the Federal Poverty Guidelines.		[X]
Procurement procedures.	09/01/2021	
Standards of Conduct/Conflict of Interest policies/procedures.	07/23/2024	
Financial Management/Accounting and Internal Control policies and/or procedures to ensure awarded Health Center Program federal funds are not expended for restricted activities.	08/25/2023	
Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds for the purchase of sterile needles or syringes for the hypodermic injection of any illegal drug. ¹ (Only applicable if your organization provides syringe exchange services or is otherwise engaged in syringe service programs; otherwise, indicate as N/A.)		[X]
Financial Management/Accounting and Internal Control policies/procedures related to restrictions on the use of federal funds to provide abortion services, except in cases of rape or incest or where there is a threat to the life of the mother. ² (Only applicable if your organization provides abortion services; otherwise, indicate as N/A.)		[X]
Billing and Collections policies/procedures, including those regarding waivers or fee reductions and refusal to pay.	10/10/2023	
Services	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Credentialing/Privileging operating procedures.	03/12/2024	
Coverage for Medical Emergencies During and After Hours operating procedures.	03/12/2024	
Continuity of Care/Hospital Admitting operating procedures.	03/12/2024	
Sliding Fee Discount Program policies, operating procedures, and sliding fee schedule.	02/11/2025	
Quality Improvement/Assurance Program policies and operating procedures that address clinical services and management, patient safety, and confidentiality of patient records.	03/12/2024	
Governance	Date of Last Review/Revision (MM/DD/YYYY)	Not Applicable (N/A)
Governing Board Bylaws.	04/09/2024	
Co-Applicant Agreement (Only applicable to public agency health centers; otherwise, indicate as N/A.)	03/09/2021	[_]
Evidence of Nonprofit or Public Agency Status.	01/01/1950	



Form 2 - Staffing Profile

00242854: COUNTY OF PINELLAS

Due Date: 10/29/2025 (Due In: 0 Days)

Announcement Number: HRSA-26-002

Announcement Name: Service Area Competition

Application Type: Competing Continuation

Grant Number: H80CS00024

Target Population: Homeless Population

Target Audience: Not Available

Resources [🔗](#)

As of 10/29/2025 04:55:06 PM

OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

Management and Support Personnel

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Project Director/Chief Executive Officer (CEO)	0.20	N/A
Finance Director/Chief Financial Officer (CFO)	0.00	NO
Chief Operations Officer (COO)	0.00	NO
Chief Information Officer (CIO)	0.00	NO
Clinical Director/Chief Medical Officer (CMO)	0.00	YES
Other Management and Support Personnel	0.00	YES

Facility and Non-Clinical Support Personnel

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Fiscal and Billing Personnel	0.00	NO
IT Personnel	0.00	NO
Facility Personnel	0.00	NO
Patient Support Personnel	0.00	YES

Physicians

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Family Physicians	0.00	NO
General Practitioners	0.00	YES
Internists	0.00	NO
Obstetrician/Gynecologists	0.00	NO
Pediatricians	0.00	NO
Other Specialty Physicians	0.00	NO

Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Nurse Practitioners	0.00	YES
Physician Assistants	0.00	YES
Certified Nurse Midwives	0.00	NO

Medical Care Services

Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Nurses	0.00	YES
Other Medical Personnel (e.g. Medical Assistants, Nurse Aides)	0.00	YES
Laboratory Personnel	0.00	NO
X-Ray Personnel	0.00	NO

▼ Dental		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Dentists	0.00	YES
Dental Hygienists	0.00	YES
Dental Therapists	0.00	NO
Other Dental Personnel	0.00	YES

▼ Behavioral Health (Mental Health and Substance Use Disorder Services)		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Psychiatrists	0.00	NO
Licensed Clinical Psychologists	0.00	NO
Licensed Clinical Social Workers	0.00	NO
Other Licensed Mental Health Providers	0.00	YES
Other Mental Health Personnel	0.00	YES
Substance Use Disorder Providers	0.00	YES

▼ Professional Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Other Professional Health Services Personnel	0.00	NO

▼ Vision Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Ophthalmologists	0.00	NO
Optometrists	0.00	NO
Other Vision Care Personnel	0.00	NO

▼ Pharmacy Personnel		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Pharmacy Personnel	0.00	NO

▼ Enabling Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Case Managers	0.00	YES
Patient and Community Education Specialists	0.00	YES
Outreach Workers	0.00	NO
Transportation Workers	0.00	NO
Eligibility Assistance Workers	0.00	YES
Interpretation Personnel	0.00	NO
Community Health Workers	0.00	NO
Other Enabling Services Personnel	0.00	NO

▼ Other Programs and Services		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/Agreement FTEs
Quality Improvement Personnel	0.00	YES
Other Programs and Services Personnel	0.00	NO

▼ Total FTEs		
--------------	--	--

Totals	Direct Hire FTEs	Contract/Agreement FTEs
Totals	0.20	N/A

Form 3 - Income Analysis

00242854: COUNTY OF PINELLAS

Due Date: 10/29/2025 (Due In: 0 Days)

Announcement Number: HRSA-26-002

Announcement Name: Service Area Competition

Application Type: Competing Continuation

Grant Number: H80CS00024

Target Population: Homeless Population

Target Audience: Not Available

Resources [🔗](#)

As of 10/29/2025 04:55:15 PM

OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

Payer Category	Patients By Primary Medical Insurance (a)	Billable Visits (b)	Income Per Visit (c)	Projected Income (d)	Prior FY Income (e)
Part 1: Patient Service Revenue - Program Income					
1. Medicaid	120	200	\$168.96	\$33,792.00	\$1,070.00
2. Medicare	0	0	\$0.00	\$0.00	\$0.00
3. Other Public	0	0	\$0.00	\$0.00	\$0.00
4. Private	0	0	\$0.00	\$0.00	\$0.00
5. Self Pay	2,195	4,715	\$0.00	\$0.00	\$0.00
6. Total (Lines 1 to 5)	2315	4915	N/A	\$33,792.00	\$1,070.00
Part 2: Other Income - Other Federal, State, Local and Other Income					
7. Other Federal	N/A	N/A	N/A	\$0.00	\$0.00
8. State Government	N/A	N/A	N/A	\$221,460.00	\$387,312.00
9. Local Government	N/A	N/A	N/A	\$5,156,447.00	\$2,903,226.00
10. Private Grants/Contracts	N/A	N/A	N/A	\$0.00	\$0.00
11. Contributions	N/A	N/A	N/A	\$0.00	\$0.00
12. Other	N/A	N/A	N/A	\$0.00	\$0.00
13. Applicant (Retained Earnings)	N/A	N/A	N/A	\$0.00	\$0.00
14. Total Other (Lines 7 to 13)	N/A	N/A	N/A	\$5,377,907.00	\$3,290,538.00
Total Non-Federal (Non-Health Center Program) Income (Program Income Plus Other)					
15. Total Non-Federal (Lines 6+14)	N/A	N/A	N/A	\$5,411,699.00	\$3,291,608.00

Comments/Explanatory Notes (if applicable)

Form 5A - Required Services Provided

00242854: COUNTY OF PINELLAS Due Date: 10/29/2025 (Due In: 0 Days)

Announcement Number: HRSA-26-002 Announcement Name: Service Area Competition Application Type: Competing Continuation
 Grant Number: H80CS00024 Target Population: Homeless Population Target Audience: Not Available

Resources [↗](#)

As of 10/29/2025 04:55:24 PM
 OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

Form 5A - Required Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
General Primary Medical Care	[_]	[X]	[_]
Diagnostic Laboratory	[_]	[X]	[_]
Diagnostic Radiology	[_]	[X]	[_]
Screenings	[_]	[X]	[_]
Coverage for Emergencies During and After Hours	[_]	[X]	[_]
Voluntary Family Planning	[_]	[_]	[X]
Immunizations	[_]	[X]	[_]
Well Child Services	[_]	[_]	[X]
Gynecological Care	[_]	[X]	[X]
Obstetrical Care			
Prenatal Care	[_]	[_]	[X]
Intrapartum Care (Labor & Delivery)	[_]	[_]	[X]
Postpartum Care	[_]	[_]	[X]
Preventive Dental	[_]	[X]	[_]
Pharmaceutical Services	[_]	[X]	[_]
HP Required Substance Use Disorder Services	[_]	[X]	[_]
Case Management	[_]	[X]	[_]
Eligibility Assistance	[X]	[X]	[_]
Health Education	[_]	[X]	[_]
Outreach	[X]	[X]	[_]
Transportation	[_]	[X]	[_]
Translation	[_]	[X]	[_]

Form 5A - Additional Services Provided

00242854: COUNTY OF PINELLAS Due Date: 10/29/2025 (Due In: 0 Days)

Announcement Number: HRSA-26-002 Announcement Name: Service Area Competition Application Type: Competing Continuation
 Grant Number: H80CS00024 Target Population: Homeless Population Target Audience: Not Available

Resources [↗](#)

As of 10/29/2025 04:55:32 PM
 OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

Form 5A - Additional Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Additional Dental Services	[_]	[X]	[_]
Behavioral Health Services			
Mental Health Services	[_]	[X]	[_]
Substance Use Disorder Services	[_]	[_]	[_]
Optometry	[_]	[X]	[_]
Recuperative Care Program Services	[_]	[_]	[_]
Environmental Health Services	[_]	[_]	[_]
Occupational Therapy	[_]	[X]	[_]
Physical Therapy	[_]	[X]	[_]
Speech-Language Pathology/Therapy	[_]	[X]	[_]
Nutrition	[_]	[X]	[_]
Complementary and Alternative Medicine	[_]	[_]	[_]
Additional Enabling/Supportive Services	[_]	[_]	[_]

Form 5A - Specialty Services Provided

00242854: COUNTY OF PINELLAS		Due Date: 10/29/2025 (Due In: 0 Days)
Announcement Number: HRSA-26-002	Announcement Name: Service Area Competition	Application Type: Competing Continuation
Grant Number: H80CS00024	Target Population: Homeless Population	Target Audience: Not Available
Resources 🔗		

As of 10/29/2025 04:55:39 PM
OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

Form 5A - Specialty Services

Service Type	Column I - Direct (Health Center Pays)	Column II - Formal Written Contract/Agreement (Health Center Pays)	Column III - Formal Written Referral Arrangement (Health Center DOES NOT Pay)
Podiatry	[_]	[X]	[_]
Psychiatry	[_]	[X]	[_]
Endocrinology	[_]	[_]	[_]
Ophthalmology	[_]	[_]	[_]
Cardiology	[_]	[_]	[_]
Pulmonology	[_]	[_]	[_]
Dermatology	[_]	[_]	[_]
Infectious Disease	[_]	[_]	[_]
Gastroenterology	[_]	[_]	[_]
Advanced Diagnostic Radiology	[_]	[_]	[_]

Form 5B - Service Sites

00242854: COUNTY OF PINELLAS **Due Date: 10/29/2025 (Due In: 0 Days)**

Announcement Number: HRSA-26-002 Announcement Name: Service Area Competition Application Type: Competing Continuation
 Grant Number: H80CS00024 Target Population: Homeless Population Target Audience: Not Available

Resources [🔗](#)

As of 10/29/2025 04:55:46 PM
 OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

MOBILE MEDICAL UNIT (BPS-H80-000672) **Action Status: Picked from Scope**

Site Name	MOBILE MEDICAL UNIT	Physical Site Address	647 1st Ave N, Saint Petersburg, FL 33701-3601
Site Type	Service Delivery Site	Site Phone Number	(727) 582-7781
Web URL	www.pinellascounty.org		
Location Type	Mobile Van	Site Setting	All Other Clinic Types
Date Site was Added to Scope	12/7/1987	Site Operational By	12/7/1987
FQHC Site Medicare Billing Number Status	Health center does not/will not bill under the FQHC Medicare system at this site	FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	27
Months of Operation	November, December, October, September, April, March, February, January, August, July, June, May		
Number of Intermittent Sites	0		
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes	33760, 33764, 33705, 33781, 33707, 33711, 33770, 33771, 33712, 33765, 33713, 34689, 33702, 33709, 33755, 33701, 33756, 33714, 33772
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Pinellas County BCC Admin Office (BPS-H80-014512) **Action Status: Picked from Scope**

Site Name	Pinellas County BCC Admin Office	Physical Site Address	440 Court Street, 2nd Floor, Clearwater, FL 33756
Site Type	Administrative	Site Phone Number	(727) 464-8416
Web URL			
Location Type	Permanent	Site Setting	
Date Site was Added to Scope	1/6/2015	Site Operational By	
FQHC Site Medicare Billing Number Status		FQHC Site Medicare Billing Number	
FQHC Site National Provider Identification (NPI) Number		Total Hours of Operation	0
Months of Operation	December, October, September, November, April, March, February, January, August, July, June, May		
Number of Intermittent Sites	0		
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes	
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Bayside Health Clinic (BPS-H80-018057)		Action Status: Picked from Scope	
Site Name	Bayside Health Clinic	Physical Site Address	14808 49th St N, Clearwater, FL 33762-2835
Site Type	Service Delivery Site	Site Phone Number	(727) 453-7866
Web URL			
Location Type	Permanent	Site Setting	All Other Clinic Types
Date Site was Added to Scope	6/3/2016	Site Operational By	6/3/2016
FQHC Site Medicare Billing Number Status	FQHC Site Medicare Billing Number		
FQHC Site National Provider Identification (NPI) Number	Total Hours of Operation		60
Months of Operation	May, June, July, August, January, February, March, April, September, October, December, November		
Number of Intermittent Sites	0		
Site Operated by	Health Center/Applicant		

Organization Information

No Organization Added

Service Area Zip Codes	34689, 33770, 33764, 33707, 33705, 33755, 33756, 33771, 33772, 33760, 33765, 33762, 33711, 33714, 33701, 33713, 33702, 33709, 33712, 33781
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Form 5C - Other Activities/Locations

00242854: COUNTY OF PINELLAS

Due Date: 10/29/2025 (Due In: 0 Days)

Announcement Number: HRSA-26-002


Announcement Name: Service Area Competition

Application Type: Competing Continuation

Grant Number: H80CS00024

Target Population: Homeless Population

Target Audience: Not Available

Resources 

As of 10/29/2025 04:55:57 PM

OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

Activity/Location Information

Type of Activity

Portable Clinical Care

Frequency of Activity

The Street Medicine team works five days a week - Monday through Friday, during normal business hours of 8am - 5pm.

Description of Activity

The Street Medicine Program/Team is providing outreach, engagement, and limited primary care services to individuals experiencing homelessness living on the street and in encampments in Pinellas County. The Street Medicine team consists of an ARNP, RN, Analyst/Outreach Coordinator, and a Case Manager from a Mental Health Treatment provider. Together, they are building relationships among those individuals they encounter, offer to look at/triage medical concerns and can begin connecting them to resources available.

Type of Location(s) where Activity is Conducted

The Street Medicine Program/Team utilize a Sprinter Van to traverse the County and specifically are working in City/County parks, known encampments and with community agencies in which the larger Mobile Medical Unit is unable to go. This may include soup kitchens, drop-in centers, etc.

Form 6A - Current Board Member Characteristics

00242854: COUNTY OF PINELLAS **Due Date: 10/29/2025 (Due In: 0 Days)**

Announcement Number: HRSA-26-002 **Announcement Name:** Service Area Competition **Application Type:** Competing Continuation
Grant Number: H80CS00024 **Target Population:** Homeless Population **Target Audience:** Not Available

Resources [🔗](#)

As of 10/29/2025 04:56:05 PM
OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

List of All Board Member(s)

Name	Current Board Office Position Held	Area of Expertise	>10% of Income from Health Industry	Health Center Patient	Live or Work in Service Area
Edi Erb	Chairperson	Homeless Shelter	No	No	Work
Matthew Smith		Law Enforcement	No	No	Work
Joseph Pandolfino		Homeless Shelter	No	No	Live, Work
Sara Mollo		Judicial	No	No	Live, Work
Avery Slyker		Government	No	No	Live, Work
Melvin Thomas		Social Services	No	No	Work
Carolyn Keogh		Behavioral Health	No	No	Work
Abbey Collins	Secretary	Homeless Housing	No	No	Live, Work
Kip Corriveau		Social Services	No	No	Work

If the applicant is a public organization/center, do the board members listed above represent a co-applicant board?

YES NO N/A

Form 6B - Request for Waiver of Board Member Requirements

00242854: COUNTY OF PINELLAS		Due Date: 10/29/2025 (Due In: 0 Days)
Announcement Number: HRSA-26-002	Announcement Name: Service Area Competition	Application Type: Competing Continuation
Grant Number: H80CS00024	Target Population: Homeless Population	Target Audience: Not Available

Resources

As of 10/29/2025 04:56:13 PM
OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

Request for Waiver

Name of Organization: COUNTY OF PINELLAS

1. New Waiver Request

Are you requesting a new waiver of the 51% patient majority governance requirement? Yes No

2. For Applicants With Previous Waiver

2a. Do you currently have a waiver of the 51% patient majority governance requirement? Yes No

2b. Are you requesting the patient majority waiver to be continued? Yes No Not Applicable
(This question is required if you answered Yes to question 2a.)

3. Demonstration of Good Cause for Waiver (Demonstrate good cause for the waiver request by addressing the following areas)

3a. Provide a description of the population to be served and the characteristics of the population/service area that would necessitate a waiver.
(This question is required if you answered Yes to question 1 and/or question 2b.)

The 2025 Pinel I as County Point-in -Time Survey, a count of sheltered and unsheltered people experiencing homelessness on a single night in January, identified 1,863 people comprising 1,618 households as literally homeless. This marks a 12% decrease from 2024 and a 33% decline since 2016. Notably, the unsheltered population dropped by 25%, while the sheltered population declined by a more modest 5%. Of the 1,863 total people counted, 54% (1,015) were in Emergency Shelters, 29% (538) were Unsheltered, 13% (234) were in Transitional housing, and 4% (76) were in Safe Haven. With no Medicaid expansion in Florida, many uninsured, low-income adults remain without health insurance. Under Florida’s Medicaid system, coverage is only for pregnant women, children, parents or caretaker relatives of children with income within certain limits, aged or disabled individuals not receiving SS1 and former foster care individuals. These eligibility requirements leave many homeless individuals without health care coverage. Pinellas County also has two (2) HHS designated Low Income Population Health Professional Shortage Areas (HPSA). The Medically Underserved Populations (MUP) mirror those that have a shortage of health care professionals; however, they represent smaller geographic areas.

3b. Provide a description of the health center’s attempts to meet the requirement to date and explain why these attempts have not been successful.
(This question is required if you answered Yes to question 1 and/or question 2b.)

Members of the HCH Co-Applicant Board and staff continually recruit consumers to participate in the Board. Since 2020 and shifting to a virtual environment during COVID-19, consumer recruitment declined. The health center has faced challenges with on-going consumer participation, including making the commitment to a monthly meeting due to their personal issues of homelessness, individuals who got jobs and individuals who moved out of the area. Recruitment efforts include having staff members provide copies of the board brochure/flyer to patients, staff and board members present to eligible clients at homeless shelter intake meetings and site announcements and regularly encourage patients to consider participation. We had one consumer board member from September 2024 through February 2025; however, he resigned to focus on personal health matters. In October 2025, we identified another consumer interested in joining the board and look forward to getting them onboarded as a member.

4. Alternative Mechanism Plan for Addressing Patient Representation

Pinellas County maintains a Board-approved Recruitment Plan with strategies to recruit and cultivate board participation and engagement. Strategies include 1) Peer to Peer recruitment by existing Board members, 2) Stakeholder recruitment to leaders in the community with expertise in working with the homeless, 3) Marketing tools to educate and encourage participation including a flyer distributed

Present a plan for complying with the intent of the statute via an alternative mechanism that ensures patient input and participation in the organization, as well as direction and ongoing governance of the health center.

(This question is required if you answered Yes to question 1 and/or question 2b.)

in clinics, homeless shelters, and other areas where the target population gathers, distribution to individuals during survey interviews, focus groups, satisfaction surveys, a Monthly email Newsletter, a website with meeting minutes, and applications and promotion of the Board during community presentations by PCHS Staff. The health center also seeks on going consumer feedback and participation through satisfaction surveys and patient interviews, focus groups and reviewing input of people with lived experience from other community partners including the HUD Continuum of Care partner in Pinellas. Pinellas County is also in the process of procuring a consultant to conduct a comprehensive evaluation of the health center program that will engage additional feedback from clients and stakeholders. Core processes of the health center program being evaluated are (1) access to care, (2) effectiveness and operational efficiencies, and (3) the County's investment in public health services.

Form 8 - Health Center Agreements

00242854: COUNTY OF PINELLAS		Due Date: 10/29/2025 (Due In: 0 Days)
Announcement Number: HRSA-26-002	Announcement Name: Service Area Competition	Application Type: Competing Continuation
Grant Number: H80CS00024	Target Population: Homeless Population	Target Audience: Not Available

Resources

As of 10/29/2025 04:56:20 PM
OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

PART I: Health Center Agreements

★ 1. Does your organization have a parent, affiliate, or subsidiary organization?
If **Yes**, indicate the number of each agreement by type in 1a, 1b, or 1c below and complete Part II. If **No, Part II is Not Applicable**. [] Yes [X] No

1a. Number of Parent Organizations

1b. Number of Affiliate Organizations

1c. Number of Subsidiary Organizations

Total Number of Parent, Affiliate, or Subsidiary Organizations 0

2. Do you currently have, or plan to utilize:

a) Contract(s) with another organization to perform substantive programmatic work within the proposed scope of project? *For the purposes of the Health Center Program, contracting for substantive programmatic work applies to contracting with a single entity for the majority of health care providers.*

Or

b) Subawards to carry out a portion of the proposed scope of project. *The purpose of a subaward is to carry out a portion of the **Federal award** and creates a Federal assistance relationship with the subrecipient.*

[X] Yes [] No

Note(s):

- Subawards or contracts made to related organizations such as a parent, affiliate, or subsidiary must be identified and addressed in this form. The acquisition of supplies, material, equipment, or general support services (e.g., janitorial services, contracts with individual providers) is not considered programmatic work.

If **Yes**, indicate the number of each agreement by type in 2a and/or 2b below and complete Part II. If **No, Part II is Not Applicable**.

2a. Number of contracts with another organization to perform substantive programmatic work within the proposed scope of project. 1

2b. Number of subawards made to subrecipients to carry out a portion of the proposed scope of project. 0

2c. **Total** number of contracts for substantive programmatic work and/or subawards. 1

Part II: Attachments

All parent, affiliate or subsidiary agreements, as well as contracts for substantive programmatic work and subawards, including contracts or subawards which involve a parent, affiliate, or subsidiary organization referenced in Part I must be uploaded in full. Uploaded documents will NOT count against the page limit.

Organization Name	Florida Department of Health
Type of Agreement	Contract

Attachments

Document Name	Size	Date Attached	Description
FDOH Interlocal Agreement			

Document Name	Size	Date Attached	Description
HCH-PCHP 10.1.2023-9.30.2026.pdf	2 MB	10/27/2025	Florida Department of Health Contract Agreement

**PINELLAS COUNTY HEALTH PROGRAM
INTERLOCAL AGREEMENT**

THIS AGREEMENT (Agreement) is made and entered into the date below, by and between **PINELLAS COUNTY**, a political subdivision of the State of Florida, hereinafter called the “**COUNTY**,” and the **FLORIDA DEPARTMENT OF HEALTH, PINELLAS COUNTY HEALTH DEPARTMENT**, an agency of the State of Florida providing public health services in Pinellas County, herein after called “**DOH**”.

WITNESSETH:

WHEREAS the **COUNTY** desires to provide access to health care for the low-income, uninsured residents of Pinellas County through the Pinellas County Health Program (PCHP) and the Healthcare for the Homeless Program (HCH); and

WHEREAS it is the goal of the **COUNTY** to increase access to quality healthcare, improve the health outcomes of low-income/high risk individuals, and reduce health disparities in Pinellas County; and

WHEREAS **DOH** desires to continue working with the **COUNTY** as a contracted provider to provide health care services to uninsured adult (18-64 years) residents of Pinellas County and our vulnerable homeless population; and

WHEREAS **DOH** will work with key stakeholders from multiple agencies in Pinellas County to provide these health care services; and

WHEREAS **DOH** is a strategic partner with the **COUNTY** and participates in the planning and implementation of effective cost containment and health quality measures; and

WHEREAS the **COUNTY** desires that **DOH** continue to engage as a contracted provider to provide for quality assurance, behavioral health, prescription assistance, specialty services and

dental services in order to promote overall integrated health services for eligible clients as a patient-centered medical home; and

WHEREAS This Agreement is entered into pursuant to the provision of Section 163.01, Florida Statutes, and other applicable provisions of law as they relate to the authority of public bodies to enter into cooperative agreements.

NOW, THEREFORE, the parties hereto do mutually agree as follows:

1. **Recitals.**

The above “WHEREAS” clauses are incorporated into and made a part of this Agreement.

2. **Term of Agreement.**

This Agreement shall become effective upon execution by both parties and shall expire on September 30, 2026. The parties reserve the right to renew this agreement for one (1) additional two-year (2) term. Services provided by **DOH** beginning October 1, 2023, shall be reimbursable under this Agreement.

3. **Scope of Services.**

- a. **DOH** shall provide healthcare services to low-income, uninsured citizens of Pinellas County who are enrolled in PCHP, and homeless residents seeking services under HCH, consistent with the **COUNTY’s** requirements contained herein. Services may be provided directly, through subcontracts, and/or through referrals. Covered services are outlined in Appendix A and may be updated by mutual written agreement of the parties without the need to amend this Agreement.
- b. Healthcare services shall be provided in accordance with the standards outlined in Appendix B, which may be updated by mutual written agreement of the parties without the need to amend this Agreement, with a focus on the following patient-

centered medical home (PCMH) tenets:

- i. Relationships, communication, and understanding between the patient, the physician, and physician-directed healthcare team (including behavioral health providers, medical specialists, and contracted hospitals).
 - ii. Continuity of care, including the requirement that a minimum of 60% of a client's medical visits are with a physician. All other visits may be provided by a physician or mid-level provider (e.g., ARNP, Physician Assistant). All consultations, referrals, and appointments shall be documented in the clinical record. The targeted goal may be adjusted by mutual written agreement of the parties.
 - iii. Comprehensiveness, including preventive and wellness care, acute injury and illness care, and chronic illness management, as well as patient education, self-management, and use of community resources.
 - iv. Accessibility, including policies that support patient access and routine assessment of patients' perceptions and satisfaction regarding access to the medical home.
 - v. Quality, including patient care that is physician directed, the use and periodic assessment of evidence-based guidelines and performance measures in delivering clinical services, and ongoing quality improvement activities.
- c. Provision of services under this Agreement is limited to individuals who meet PCHP or HCH eligibility criteria as defined by the **COUNTY** and located at <https://pinellas.gov/pchp-client-handbook-english/>.

- d. **DOH** agrees to provide up to fourteen (14) workstations for **COUNTY** staff in locations throughout Pinellas County. The **COUNTY** will compensate **DOH** for dedicated offices or privately located workstations to include, at a minimum, a desk and chair, internet access, outlets/utilities, access to restrooms and employee breakrooms, if available, and janitorial/ maintenance services at a mutually agreed upon rate not-to-exceed \$141.00 per workstation per month.

4. **Compensation.**

- a. Compensation for services in Section 3 of this Agreement is a total annual amount not to exceed **ELEVEN MILLION THREE HUNDRED FOURTEEN THOUSAND EIGHT HUNDRED NINETY-FIVE DOLLARS AND SIXTY CENTS (\$11,314,105.60)** per year for the term of this Agreement, as indicated in the initial annual budget (Appendix C).
- b. Continuation of this Agreement as it pertains to HCH operations is contingent upon receipt of funds from a third-party Grantor.
- c. In the event that any staff outlined in Appendix B of this Agreement fail to report to their assigned duties, and alternate staffing is not provided by **DOH**, compensation shall be reimbursed on a reduced pro-rated basis.
- d. Invoices
 - i. **DOH** shall remit an encounter-based invoice and a non-encounter operational invoice.
 - ii. Encounter-based invoices shall consist of a summary of encounters by type, rate, and number, and shall be accompanied by client-level data reports for verification by the **COUNTY**.

- iii. Non-encounter invoices shall consist of a request for the operational amount, accompanied by the program invoice detail report and other reports as required in federal, state or local grant requirements.
 - e. The **COUNTY** shall reimburse **DOH** in accordance with the Florida Prompt Payment Act upon receipt of reports and performance measures as outlined in this Agreement. When the required documentation is incomplete or untimely, the **COUNTY** may withhold payment until such time the **COUNTY** accepts the revised reports.
 - f. In the event sufficient budgeted funds are not available for this Agreement for a new fiscal period, the **COUNTY** shall notify **DOH** of such occurrence and the Agreement shall terminate on the last day of the current fiscal period without penalty or expense to the **COUNTY**.
5. **Data Collection and Performance Measures.**
- a. **DOH** agrees to submit monthly client-level program data to the **COUNTY**. A list of currently agreed upon and exchanged reports is attached hereto as Appendix D. The **COUNTY** reserves the right to request data elements, performance measures, or reports as necessary to ensure that the overall programmatic purpose is demonstrated, quantified, and achieved. Any additional reporting requirements will be agreed upon by both parties in writing without the need to amend this agreement. The report formats shall be prescribed and provided by the **COUNTY**.
 - b. Program data shall be submitted to the **COUNTY** no later than thirty (30) days following the end of each month. Where no activity has occurred within the

preceding period, **DOH** shall provide a written explanation for non-activity during the month, and no payments will be due and/or reimbursed.

- c. **DOH** will strive to meet target service levels as established by the Health Resources and Services Administration (HRSA) annual requirements through staffing, subcontracting, and or alternative scheduling methods. Additional recommended reporting elements may include:

- i. Patient Target
- ii. PCMH
- iii. UDS Reporting/Dashboard development and monitoring
- iv. Clinical Measures
- v. Peer Review, Provider Productivity
- vi. Credentialing/Privileging
- vii. Referral Tracking
- viii. Full participation in HRSA Site Visits
- ix. QI/QA program that addresses the quality and utilization of health center services; patient satisfaction and patient grievance processes; and patient safety, including adverse events.

6. **HIPAA, Information Sharing, and Care Coordination**

- a. **DOH** understands and agrees that the **COUNTY**, through its Human Services Department is a Covered Entity as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 45 CFR 160.103.
- b. **DOH** is a HIPAA Covered Entity in addition to serving as a Business Associate of the **COUNTY**, and agrees to use and disclose Protected Health Information in

compliance with the Standards for Privacy, Security and Breach Notification of Individually Identifiable Health Information (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act), and the **DOH** shall disclose any policies, rules or regulations enforcing these provisions upon request. DOH agrees to sign a Business Associate Agreement, attached hereto as Appendix E.

- c. **DOH** shall enter into appropriate agreements with partnering healthcare providers, as necessary, to facilitate the exchange of health information and coordinate client care.
- d. **DOH** shall ensure that clients complete releases of information (ROI) upon client admission and no less than annually to facilitate care coordination. **DOH** shall use and promote the use of a standard, community-wide Patient Authorization for Disclosure of Health Information - Multiparty Release of Information Form, upon request. The release covers general medical as well as Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS), psychiatric, psychological, substance abuse information from medical record(s) in accordance with Florida Statutes 394.459, 381.004, 395.3025, and 90.503; 42 CFR, Part 2; and the Health Insurance Portability and Accountability act of 1996 (HIPAA) 45 CFR parts 160 and 164.

7. **Optimal Data Set (ODS).**

In 2019, the **COUNTY** initiated a review of the behavioral health system of care. Community stakeholders convened to develop an optimal data set (ODS) to assist in identifying

gaps and challenges and to support system planning and decision making. In support of the ODS and optimizing the behavioral health system of care in Pinellas County, **DOH** agrees to actively participate in the ongoing development and updating of the ODS, key performance indicators, dashboard and data reviews, and behavioral health system improvement discussions.

8. **Personnel**

- a. **Qualified Personnel.** **DOH** agrees that each person performing Services in connection with this Agreement shall have the required licensure and qualifications and shall fulfill the requirements set forth in this Agreement. **DOH** shall provide the names and qualifications of personnel assigned to perform Services pursuant to this Agreement in writing within ten (10) days of request.
- b. **Replacement of Personnel.** In the event **DOH** personnel assigned to provide services under this agreement are found to be in violation of laws or policies governing the services provided, the **COUNTY** may require the removal of such personnel from providing services under this agreement. The **COUNTY** will notify **DOH** in writing of the basis of such removal in the event the **COUNTY** requires such action. **DOH** shall accomplish any such removal within forty-eight (48) hours after receipt of notice from the **COUNTY** and shall replace such person with another person as soon as possible, with sufficient knowledge and expertise to perform the Services assigned to such individual in accordance with this Agreement. In situations where individual **DOH** personnel are prohibited by applicable law from providing services, removal and replacement of such personnel shall be immediate and not subject to such forty-eight (48) hour replacement timeframe.
- c. **DOH** shall, within three (3) business days of changes, submit written notification by

electronic mail to the County Liaison listed below if any of the following positions are to be changed and identify the individual and qualifications of the successor or plan to recruit a successor:

- i. Program Medical Director
 - ii. HCH Program Manager
 - iii. Integral personnel funded through this Agreement or supervisors of personnel funded through this Agreement and those serving as match for this Agreement.
- d. **DOH** shall permit the **COUNTY** to review and provide input for job descriptions for any of the above noted positions prior to posting for vacancies.

9. **E-VERIFY**

- a. **DOH** must register with and use the E-verify system in accordance with Florida Statute 448.095. **DOH** shall submit an affidavit of compliance with this section at the start of this agreement.
- b. If **DOH** enters into a contract with a Subcontractor, the Subcontractor must provide **DOH** with an affidavit stating that the Subcontractor does not employ, contract with, or subcontract with unauthorized aliens. The Contractor must maintain a copy of the affidavit for the duration of the contract.
- c. If the **COUNTY**, **DOH**, or Subcontractor has a good faith belief that a person or entity with which it is contracting has knowingly violated Florida Statute 448.09(1), the party shall immediately terminate the contract with the person or entity.
- d. If the **COUNTY** has a good faith belief that a Subcontractor knowingly violated this

provision, but **DOH** otherwise complied with this provision, the **COUNTY** will notify **DOH** and order that **DOH** immediately terminate the contract with the Subcontractor.

- e. A contract terminated under the provisions of this section is not a breach of contract and may not be considered such. Any contract termination under the provisions of this section may be challenged to Section 448.095(2)(d), Florida Statute. **DOH** acknowledges upon termination of this agreement by the **COUNTY** for violation of this section by **DOH**, **DOH** may not be awarded a public contract for at least one (1) year. **DOH** acknowledges that the **DOH** is liable for any additional costs incurred by the **COUNTY** as a result of termination of any contract for a violation of this section.
- f. **DOH** shall insert in any subcontracts the clauses set forth in this section, requiring the subcontracts to include these clauses in any lower tier subcontracts. **DOH** shall be responsible for compliance by any Subcontractor or Lower Tier Subcontractor with the clause set for in this section.

10. **Monitoring.**

- a. **DOH** will comply with **COUNTY** and departmental policies and procedures.
- b. **DOH** will cooperate in monitoring site visits including, but not limited to, review of staff, fiscal and client records, programmatic documents, and will provide related information at any reasonable time.
- c. **DOH** will submit other reports and information in such formats and at such times as may be prescribed by the **COUNTY**.
- d. **DOH** will submit reports on any monitoring of the program funded in whole or in

part by the **COUNTY** that are conducted by federal, state or local governmental agencies or other funders.

- e. If **DOH** receives accreditation reviews, each accreditation review will be submitted to the **COUNTY** after receipt by **DOH**.
- f. All monitoring reports will be as detailed as may be reasonably requested by the **COUNTY** and will be deemed incomplete if not satisfactory to the **COUNTY** as determined in its sole reasonable discretion. Reports will contain the information or be in the format as may be requested by the **COUNTY**. If approved by the **COUNTY**, the **COUNTY** will accept a report from another monitoring agency in lieu of reports customarily required by the **COUNTY**.

11. **Documentation.**

DOH shall maintain and provide the following documents upon request by the **COUNTY** within three (3) business days of receiving the request, as applicable.

- a. Articles of Incorporation
- b. AGENCY By-Laws
- c. Past 12 months of financial statements and receipts
- d. Membership list of governing board
- e. All legally required licenses
- f. Latest agency financial audit and management letter
- g. Biographical data on the AGENCY chief executive and program director
- h. Equal Employment Opportunity Program
- i. Inventory system – (equipment records)
- j. IRS Status Certification/501 (c) (3)

k. Current job descriptions for staff positions

l. Match documentation

12. **Disaster Response.**

DOH will provide the **COUNTY** with a current copy of their Continuity of Operations Plan. **DOH** will participate in community disaster response operations as requested by the **COUNTY**. The **COUNTY** agrees to support previously approved funded programs for a period of at least sixty (60) days after a disaster has been declared, provided the program agrees to address needs for disaster response and recovery efforts as directed by the **COUNTY**, unless otherwise indicated by a superseding authority. The **COUNTY** will seek to leverage the skills and services of **DOH**, as appropriate or applicable; however, other disaster duties may be requested. This period may be extended within the current contract period upon mutual agreement. **COUNTY** acknowledges that **DOH** has certain statutory obligations to coordinate and provide staffing for special needs shelters within Pinellas County, and **COUNTY** agrees to work with **DOH** in collaboration to provide optimal services for county residents and visitors in times of disaster.

13. **Special Situations.**

DOH agrees to inform **COUNTY** within one (1) business day of any circumstances or events which may reasonably be considered to jeopardize its capability to continue to meet its obligations under the terms of this Agreement. Circumstances or events may include, but are not limited to, those resulting in injury, accidents or damage to county-owned property, media coverage or public reaction that may have an impact on **DOH**'s or the **COUNTY**'s ability to protect and serve its participants, or other significant effect on **DOH** or the **COUNTY**. Circumstances or events shall be reported to the designated **COUNTY** contact in writing via email, through secure or confidential means, as appropriate.

14. **Amendment/Modification.**

In addition to applicable federal, state and local statutes and regulations, this Agreement expresses the entire understanding of the parties concerning all matters covered herein. Unless specifically indicated herein, no addition to, or alteration of, the terms of this Agreement, whether by written or verbal understanding of the parties, their officers, agents or employees, shall be valid unless made in the form of a written amendment to this Agreement and formally approved by the parties. Budget or operational modifications that do not result in an increase of funding, change the underlying public purpose of this Agreement or otherwise amend the terms of this Agreement shall be submitted in the format prescribed and provided by the **COUNTY** which is attached here to and incorporated herein as Appendix F.

15. **Termination.**

- a. Either party may terminate the Agreement without cause by giving thirty (30) days prior notice to the other party in writing of the intention to terminate. Failure of the DOH to comply with any of the provisions of this Agreement shall be considered in material breach of the Agreement. Where the **COUNTY** determines that a material breach can be corrected, **DOH** shall be given thirty (30) days to cure said breach. If **DOH** fails to cure, or if the breach is of the nature that the **COUNTY** has determined cannot be corrected, or that harm caused cannot be undone, the **COUNTY** may immediately terminate this Agreement, with cause, upon notice in writing to **DOH**.
- b. In the event **DOH** uses any funds provided by this Agreement for any purpose or program other than authorized under this Agreement, **DOH** shall repay such amount.

- c. In the event sufficient budgeted funds are not available for a new fiscal period or are otherwise encumbered, the **COUNTY** shall notify **DOH** of such occurrence and the Agreement shall terminate on the last day of the then current fiscal period without penalty or expense to the **COUNTY**.

16. **Assignment/Subcontracting.**

- a. This Agreement, and any rights or obligations hereunder, shall not be assigned, transferred or delegated to any other person or entity. Any purported assignment in violation of this section shall be null and void.
- b. **DOH** is fully responsible for completion of the services required by this Agreement and for completion of all subcontractor work, if authorized as provided herein. **DOH** shall not subcontract any work under this Agreement to any subcontractor other than the subcontractors specified in the proposal and previously approved by the **COUNTY**, without the prior written consent of the **COUNTY**, which shall be determined by the **COUNTY** in its sole discretion.
- c. **DOH** shall ensure that no subcontractor shall bill enrolled PCHP/HCH clients for covered services provided during enrollment period.

17. **Non-Exclusive Services.**

During the term of this Agreement, and any extensions thereof, the **COUNTY** reserves the right to contract with another provider for similar services as it determines necessary in its sole discretion.

18. **Indemnification.**

As the **COUNTY** and **DOH** are public bodies of the State of Florida, the parties agree to be fully responsible for their own acts of negligence and for their respective agents/employees'

acts of negligence when acting in the scope of their employment, and agree to be liable for any damages proximately caused thereby; provided however, that the parties' liability is subject to the limitations imposed by 768.28, Fla. Stat. Nothing herein is intended to act as a waiver of sovereign immunity by the parties, nor shall anything herein be construed as consent by the parties to be sued by any third party for any cause or matter arising out of or related to this agreement.

19. **Business Practices.**

- a. The **DOH** shall utilize financial procedures in accordance with generally accepted accounting procedures and Florida Statutes, including adequate supporting documents, to account for the use of funds provided by the **COUNTY**.
- b. The **DOH** shall retain all records (programmatic, property, personnel, and financial) relating to this Agreement for three (3) years after final payment is made.
- c. All the **DOH** records relating to this Agreement shall be subject to audit by the **COUNTY** and shall be subject to the applicable provisions of the Florida Public Records Act, chapter 119, Florida Statutes. In addition, the **DOH** shall provide an independent audit to the **COUNTY**, if so requested by the **COUNTY**.

20. **Nondiscrimination.**

- a. The **DOH** shall not discriminate against any applicant for employment or employee with respect to hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment or against any client because of age, sex, race, ethnicity, color, religion, national origin, disability, marital status, or sexual orientation.
- b. The **DOH** shall not discriminate against any person on the basis of age, sex, race,

ethnicity, color, religion, national origin, disability, marital status or sexual orientation in admission, treatment, or participation in its programs, services and activities.

- c. The **DOH** shall, during the performance of this Agreement, comply with all applicable provisions of federal, state and local laws and regulations pertaining to prohibited discrimination.
- d. At no time will clients served under this Agreement be segregated or separated in a manner that may distinguish them from other clients being served by the **DOH**.

21. **Conflicts of Interest**

- a. No officer, member, or employee of the **COUNTY**, and no member of its governing body, and no other public official of the governing body of any locality in which the program is situated or being carried out who exercises any functions or responsibility in the review or approval of the undertaking or carrying out of this program, shall participate in any decisions relating to this Agreement which affect his/her personal interest or the interest of any corporation, partnership, or association in which he/she is, directly or indirectly, interested; nor shall any such officer, member, or employee of the **COUNTY**, or any member of its governing body, or public official of the governing body, or public official of the governing body of any locality in which the program is situated or being carried out, who exercises any functions or responsibilities in the review or approval of the undertaking or carrying out of this program, have any interest, direct or indirect, in this Agreement or the proceeds thereof.
- b. The **DOH** shall promptly notify the **COUNTY** in writing of any business

association, interest, or other circumstance which constitutes a conflict of interest as provided herein. If the **DOH** is in doubt as to whether a prospective business association, interest, or other circumstance constitutes a conflict of interest, the **DOH** may identify the prospective business association, interest or circumstance, the nature of work that the **DOH** may undertake and request an opinion as to whether the business association, interest or circumstance constitutes a conflict of interest if entered into by the **DOH**. The **COUNTY** agrees to notify the **DOH** of its opinion within ten (10) calendar days of receipt of notification by the **DOH**, which shall be binding on the **DOH**.

22. **Independent Contractor.**

It is expressly understood and agreed by the parties that the **DOH** is at all times hereunder acting and performing as an independent contractor and not as an agent, servant, or employee of the **COUNTY**. No agent, employee, or servant of the **DOH** shall be, or shall be deemed to be, the agent or servant of the **COUNTY**. None of the benefits provided by the **COUNTY** to their employees including, but not limited to, Worker's Compensation Insurance and Unemployment Insurance are available from **COUNTY** to the employees, agents, or servants of the **DOH**.

23. **Non-Expendable Property.**

- a. For the purposes of this Agreement, non-expendable property shall mean all property which will not be consumed or lose its identity, which costs \$5,000.00 more per unit, and which has a life expectancy in excess of one (1) year.
- b. **DOH** shall list any non-expendable property purchased by these funds according to description, model, serial number, date of acquisition, and cost.
- c. The **COUNTY** reserves the right to have its agent personally inspect said property.

- d. **DOH** shall own any non-expendable property purchased by funds from this Agreement subject to the following conditions:
- i. **DOH** shall not sell said property within one year of purchase unless express permission is obtained from the **COUNTY** in writing;
 - ii. **DOH** shall use said property for the purposes of the program herein, or for similar purposes;
 - iii. The **COUNTY** shall have the right to take exclusive possession, control, and all other ownership rights of said property whose value exceeds \$5,000.00 at any time prior to the expiration of this Agreement, if **DOH** violates any provision of this Agreement, or if **DOH** fails to use the property for the purposes of the project herein, or if **DOH** ceases to exist for the purposes of this Agreement; and
 - iv. **DOH** shall reimburse funds to the **COUNTY** totaling a proportional share of the fair value of any non-expendable property purchased by **DOH** with funding obtained through this Agreement:
 - 1) which is sold; or
 - 2) if **DOH** fails to use the property for the purposes of the project herein;
or
 - 3) if **DOH** ceases to exist for the purposes of this Agreement.
 - v. The share due the **COUNTY** shall be determined by the proportion of **COUNTY** funding used to purchase non-expendable property. The **COUNTY** at its option may waive this requirement and allow **DOH** to retain any funds received from such sale.

24. **Additional Funding.**

Funds from this Agreement shall be used as the matching portion for any federal grant only in the manner provided by federal and state law and applicable federal and state rules and regulations. The **DOH** agrees to make all reasonable efforts to obtain funding from additional sources wherever said the **DOH** may qualify. Should this Agreement reflect a required match, documentation of said match is required to be provided to the **COUNTY**.

25. **Governing Law.**

The laws of the State of Florida shall govern this Agreement.

26. **Public Records.**

DOH acknowledges that information and data it manages as part of the services may be public records in accordance with Chapter 119, Florida Statutes and Pinellas County public records policies. **DOH** agrees that prior to providing services it will implement policies and procedures to maintain, produce, secure, and retain public records in accordance with applicable laws, regulations, and the **DOH** policies, including but not limited to the Section 119.0701, Florida Statutes. Notwithstanding any other provision of this Agreement relating to compensation, **DOH** agrees to charge any third parties requesting public records only such fees allowed by Section 119.07, Florida Statutes, and policy, or Pinellas County's applicable Fee Schedule as authorized by law for locating and producing public records during the term of this Agreement.

27. **Conformity to the Law.**

DOH shall comply with all federal, state and local laws and ordinances and any rules or regulations adopted thereunder.

28. Prior Agreement, Waiver, and Severability.

This Agreement supersedes any prior Agreements between the Parties as it relates to this program and is the sole basis for agreement between the Parties. The waiver of either party of a violation or default of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent violation or default hereof. If any provision, or any portion thereof, contained in this Agreement is held unconstitutional, invalid, or unenforceable, the remainder of this Agreement, or portion thereof, shall be deemed severable, shall not be affected, and shall remain in full force and effect.

29. Agreement Management and Notice.

All notices and other communications referred to and required herein must either be given by US Postal Service mail or email, unless otherwise specified herein, to the parties as shown below. The effective date of any notice sent via email shall be the date of receipt, provided such receipt has been confirmed by the recipient. Each party must advise the other parties of any status change concerning this notice section.

Pinellas County Human Services designates the following person(s) as the liaison for the **COUNTY:**

Abigail Stanton
Pinellas County Human Services
440 Court Street, 2nd Floor
Clearwater, Florida 33756

DOH designates the following person(s) as the liaison:

Amber Mitchell, Contract Manager
Florida Department of Health, Pinellas County Health Department
205 Dr. Martin Luther King Jr. St. N.
St. Petersburg, FL, 33701

30. **Prohibition against Contracting with Scrutinized Companies.**

In compliance with F.S. 287.135(a), a Provider is ineligible to and may not enter into a contract with Department if the Provider is on the Scrutinized Companies that Boycott Israel List, created pursuant to s. 215.4725 or, is engaged in a boycott of Israel. In compliance with F.S. 287.135(b), for contracts of \$1 million or more, a Provider is ineligible to and may not enter into a contract a contract with Department if the Provider is (1) is on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Section List, created pursuant to s. 215.473 or, (2) is engaged in business operations in Cuba or Syria. By entering into this Agreement, both parties are certifying that it is eligible to contract with Department and County, are not participating in a boycott of Israel, are not on the Scrutinized Companies with Activities in Sudan List, are not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List and that it does not have business operations in Cuba or Syria. In addition, this Agreement may be terminated if either party (1) has found to have submitted a false certification, (2) has been placed on the Scrutinized Companies that Boycott Israel List, or is engaged in a boycott of Israel, (3) has been placed on the Scrutinized Companies with Activities In Sudan List or the Scrutinized Companies with Activities in The Iran Petroleum Energy Sector List; or, (4) has been engaged in business operations in Cuba or Syria.

SIGNATURE PAGE FOLLOWS

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed on
the day and year written below.

ATTEST:
KEN BURKE
Clerk of Circuit Court

PINELLAS COUNTY, FLORIDA, acting by and
through its Board of County Commissioners

By: *Dee Lynn Lewis*
Deputy Clerk

By: *Janet C. Long*
Janet Long, Chair



Dated: November 14, 2023

ATTEST:

FLORIDA DEPARTMENT OF HEALTH

By: _____
Witness

DocuSigned by:
By: *Mark Landier*
9FAC8C9355244FA...

Dated: 11/6/2023, 2023

APPROVED AS TO FORM

By: *Cody J. Ward*
Office of the County Attorney

Appendix A- Schedule of Covered Services

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Appendix A- Schedule of Covered Services

I. Primary and Preventative Care

DOH shall act as a medical home for the provision of primary care and preventative services at sites in accordance with the underlying Agreement. General primary medical care services are comprehensive and address prevention as well as acute and chronic conditions. At a minimum, these services include assessment, diagnosis, screening, education and treatment; referrals; and follow-up of such services. More specifically, primary care and preventive services include, but are not limited to:

- A. **Clinical visits** including but not limited to general medical and dental examinations, taking client medical and social history, reviewing current medications and diagnoses, assessing the client's chief complaint, recording vital signs, and other exams relevant for visit type. The medical/ dental provider shall exercise independent judgment in rendering a diagnosis, assessment, appropriate laboratory testing, ordering/prescribing prescriptions, making referrals for additional covered services as needed, and developing a treatment plan with the client.
- B. **Diagnostic laboratory services and tests to include microscopy, specimen handling and transport.** DOH shall provide basic laboratory services and tests. Diagnostic laboratory services are screening and diagnostic tests ordered by health center providers to provide information for the assessment of health center patients. At a minimum, these services include the specimen collection, processing and interpretation of the result, and must include access to a combination of: a) Clinical Laboratory Improvement Amendments (CLIA) waived tests; and b) moderate complexity laboratory tests, which are appropriate for the treatment and management of common conditions of the patient population. Additional tests include: Complete Blood Count (CBC) with differential and platelets, Comprehensive Metabolic Profile, Lipid profile, Thyroid-stimulating hormone (TSH), Prostate-Specific Antigen (PSA), Hemoglobin A1C (HgbA1c), International Normalized Ration (INR), Urinalysis, Cervical Cytology Screening, and Fecal Immunochemical Test or High Sensitivity Hemocult. Other laboratory and pathology services are considered specialty laboratory services and are discussed in Section II of this Agreement.
- C. **Adult Immunizations** as per the Centers for Disease Control and Prevention's Recommended Adult Immunization Schedule for the United States 2014, including but not limited to influenza, hepatitis B, and pneumococcal vaccines. These services may also include any immunizations recommended by Federal, state or local authorities to address an outbreak.
- D. **Screening services** are performed based on identified risk factors in the patient population and/or communities to evaluate, treat, and educate a health center patient. At a minimum, these services include all of the following: cancer, communicable disease, cholesterol and blood lead.
 1. Cancer screenings at a minimum must include, but are not limited to, screening for breast, cervix, and colorectal cancers (e.g., mammography, Pap testing, fecal occult blood testing, sigmoidoscopy, colonoscopy). Breast cancer screening and cervical cancer screening services shall be based on the recommendations of the American Congress of Obstetricians and Gynecologists and the Uniform Data System operated by the Health Resources and Services Administration, respectively.

Appendix A- Schedule of Covered Services

2. Communicable disease screenings at a minimum must include, but are not limited to, testing for tuberculosis, HIV, Hepatitis B and C, and other sexually transmitted diseases/infections based on a patient's identified risk factors.
 3. Cholesterol screenings are blood tests used to assess and understand a patient's risk for cardiovascular disease. Blood lead screenings at a minimum must comply with recommendations of state and/or local health departments for children at-risk for elevated blood lead levels.
 4. Additional communicable disease screenings that are appropriate for special populations may also be included (e.g., screening for parasitic infections in migratory and/or seasonal agricultural worker populations).
 5. Additional wellness screening and prevention services based on the United States Preventive Services Task Force recommendations including, but not limited to alcohol misuse screening and behavioral counseling intervention, aspirin for the prevention of cardiovascular disease, depression screening, folic acid supplementation, high blood pressure screening, obesity screening, tobacco use and tobacco-caused disease counseling and intervention, and Type 2 Diabetes Mellitus screening.
- E. **Electrocardiography (EKG) and/or spirometry** as medically necessary.
 - F. **Healthy behaviors, education and nutrition services** including but not limited to disease case management, diabetes education, tobacco cessation, chronic disease prevention, weight loss and management programs and other healthy lifestyles programs.
 - G. **Wound care services** for ambulatory clients who are able to return to the medical home for follow up visits.
 - H. Any referrals are based on the provider's documented assessment of the health center patient, indicating the medical necessity for referral(s) to other health-related services (including but not limited to specialty, behavioral health and substance abuse services). Follow-up of services includes the medical coordination of ongoing treatment involved with the transfer or discharge planning of health center patients in various settings.

II. Specialty Laboratory Services

DOH shall provide basic laboratory services and tests as referenced in Section I(b). These diagnostic laboratory services are screening and diagnostic tests ordered by health center providers to provide information for the assessment of health center patients. All other laboratory and/or pathology services and tests, including those provided within the medical home, are defined as specialty labs.

Other services may also include access to high complexity laboratory tests in the support of basic health services, ordinarily provided by a certified reference laboratory. DOH shall subcontract for specialty lab services. Specialty labs will be provided to PCHP clients only through the subcontracted laboratory.

Appendix A- Schedule of Covered Services

III. Diagnostic Radiology

Diagnostic radiology services are the processing and interpreting of radiologic images to guide the health center provider's subsequent care and/or treatment of a patient. At a minimum, these services are inclusive of plain medical films. All other types of advanced diagnostic radiology (e.g., CT, MRI, diagnostic mammogram, advanced ultrasound, advanced imaging or nuclear medicine) are considered specialty services.

IV. Behavioral Health Services

Behavioral health services encompass a wide array of services that address both mental health and substance abuse.

- A. **Mental health** services are the prevention, assessment, diagnosis, treatment/intervention, and follow-up of mental health conditions and disorders (e.g., depression, anxiety, attention deficit and disruptive behavior disorders) including care of patients with severe mental illness who have been stabilized. These services may include treatment and counseling for health center patients such as individual or group counseling/psychotherapy, cognitive-behavioral therapy or problem solving therapy, 24-hour crisis services, and case management services.
- B. **Substance abuse** services are screening, diagnosis, and treatment services for substance use disorders (e.g., abuse of alcohol, tobacco, prescription drugs). These services may include: age appropriate, harm/risk reduction and age appropriate counseling to address identified risk factors, support abstinence and/or decrease negative consequences of substance abuse; detoxification to manage withdrawal symptoms associated with substance abuse; and/or treatment/rehabilitation, to include individual and/or group treatment, counseling and case management. Treatment may occur in out-patient or in short-term residential settings and may include medication-assisted treatment (e. g., buprenorphine products, methadone, naltrexone).
- C. **Case management** services are the coordination of support and enabling services to meet the ongoing needs of a patient. At a minimum, these services include an assessment of factors affecting health (e.g., medical, social, housing, or educational), counseling and referrals to address identified needs and periodic follow-up of services.
- D. **Psychiatry** is considered a specialty service and shall include psychiatric medical visits, consultations, and file reviews.

V. Prescription Services

Pharmacy services are provided at no cost to PCHP/MMU clients through a County contract with a pharmacy benefit management (PBM) company. Prescribed medications are limited to those medications and generic equivalents listed on the PCHP Pharmacy Formulary, as amended from time to time.

- A. County-funded pharmacy services are limited to a maximum of ten (10) medical prescriptions and five (5) non-medical prescriptions (e.g., supplies) per month with a 30 day or 90-day supply.
- B. The generic equivalent form of the drug must be dispensed if available. If no generic

Appendix A- Schedule of Covered Services

equivalent exists, the brand name medication will be covered if it is on the formulary. Brand medications not on the formulary must be pre-authorized.

- C. Non-formulary medications prescribed during the time when a client is transitioning to free brand medications available through the Prescription Assistance Program (PAP), MedNet, must be pre-authorized. Clients will be advised by physicians and by pharmacists to enroll in MedNet in order to continue receiving these medications. If clients are not enrolled in MedNet after three refills, they will be required to pay for these medications.
- D. Temporary emergency authorization of necessary, non-formulary prescriptions may be authorized in life threatening situations. Proper justification must be submitted with the request to substantiate formulary exceptions.
- E. PCHP does not provide medications for chronic pain management. Prescriptions for controlled substances must be pre-authorized and will be covered only when written for acute injury /short-term pain relief, pre- or post-surgical events (neither to exceed 30 days), dental relief of pain, or for hematology-oncology clients.

VI. Specialty Care Services

Specialty Care Services

- A. Specialty care services may vary upon availability but shall seek to include specialties listed on the chart within this Appendix. Specialty care services may be provided by DOH Pinellas, if appropriate, or through referral to a qualified specialist.
- B. HRSA service descriptors for required specialty services include:
 - 1. Gynecological care services are the regular preventive assessment and appropriate treatment of conditions or disorders of the female reproductive system (with the exception of obstetrical services). At a minimum, these services must include pelvic and breast exams, cervical cancer screening, and the review of menstrual and reproductive history and gynecological symptoms. Basic gynecological ultrasounds are included in this category. Services may also include common gynecological procedures (e.g., colposcopy, hysterectomy, fibroid removal). Advanced gynecological services are considered specialty services (e.g., gynecologic oncology, urogynecology, reproductive endocrinology and infertility).

VII. Home Healthcare Services and Durable Medical Equipment

Home healthcare services and durable medical equipment shall be provided as outlined in the Home Healthcare Covered Services schedule, as amended from time to time. Services include, but are not limited to:

- A. **Occupational therapy** services provide assessment and treatment services to assist patients in their ability to perform activities of daily living.
- B. **Physical therapy** services provide assessment and treatment services to assist patients to maintain, restore, and improve physical activity and functioning while ensuring safety.
- C. **Speech-language pathology/therapy** services provide assessment and treatment services to assist patients to improve and optimize their ability to communicate and swallow.

Appendix A- Schedule of Covered Services

VIII. Dental Care

DOH shall provide comprehensive dental services to adults enrolled in the PCHP/HCH at the closest medical homes that provide this service. Services include preventive and relief of pain services as follows:

- A. Preventive dental services prevent diseases of the oral cavity and related structures. At a minimum, these services include all of the following: basic dental screenings and recommendations for preventive intervention; oral hygiene instruction and related oral health education (e.g., prevention of oral trauma and oral cancer); oral prophylaxis, as necessary; and topical application of fluorides (e.g., fluoride varnishes) and the prescription of fluorides for systemic use when not available in the water supply. Services may include application of sealants, and diagnostic screening for caries and periodontal disease through the use of dental x-rays.
- B. Additional dental services are basic services at a general practice level to diagnose and treat disease, injury, or impairment in teeth and associated structures of the oral cavity and include any diagnostic x-rays or imaging. These services may include: fillings and single unit crowns; non-surgical-endodontics, extractions, periodontal therapies, bridges or dentures. Complex dental services (e.g., oral surgery, surgical endodontics, orthodontics) are considered specialty services.

IX. Optometry

Optometry services assess the health of the eyes and related structures. These services include conducting routine eye exams, prescribing glasses/contacts, identifying related systemic conditions affecting the eye, and treating injuries and disorders of the visual system. Ophthalmology and surgical procedures of the eye (e.g., laser surgery) are considered specialty services.

X. Outreach, Education, and Community Based Care

As applicable, DOH shall provide or refer clients for outreach, education and/or community based care as follows:

- A. Eligibility assistance services are support to health center patients to establish eligibility for and gain access to appropriate federal, state and local programs that provide or financially support the provision of medical, social, educational, housing, or other related services (e.g., Medicaid, Veteran's benefits, the Special Supplemental Nutrition Assistance Program, Legal Aid).
- B. Community-based care for high-risk diabetic clients at free clinics located throughout the County. Services include preventive dental care and primary and preventive medical care.
- C. Health education services are a variety of learning experiences designed to help individuals improve their health. At a minimum, these services include education regarding the availability and appropriate use of health services. Services may include primary prevention and/or targeted education on self-managed care and other health promoting behaviors for patients with identified risk factors or conditions (e.g., tobacco

Appendix A- Schedule of Covered Services

cessation). These services may also include education on injury prevention and unique needs and risks of special populations (e.g., education to prevent common exposures experienced by migratory and/or seasonal agricultural workers).

- D. Outreach services are a broad range of culturally and linguistically appropriate activities focused on recruiting and retaining patients from the target population/service area. At a minimum, these services must promote awareness of the health center's services and support entry into care. These services do not involve direct patient care where a provider is generating a face-to-face visit with a patient, documenting the care in a patient medical record, or exercising clinical judgment in the provision of services to a patient.
- E. Transportation services are services that enable patients to access health center services when transportation would otherwise be a barrier to care (e.g., providing transport vans, bus tokens or vouchers for public transportation, or linkages to other community transportation programs).
- F. Translation services are services to make care linguistically accessible and culturally responsive for individuals with limited English proficiency and/or a disability impacting communication. At a minimum, these services includes the timely availability of professional translation (written) and interpretation (oral) services (e.g., access to bilingual providers, onsite interpreters, language telephone line) based on the primary language(s) spoken by a substantial number of individuals in the health center's target population and service area. These services also include auxiliary aids to ensure effective communication with individuals who have disabilities.

XI. Additional Services Provided by Referral

- A. **Gynecological care** services are the regular preventive assessment and appropriate treatment of conditions or disorders of the female reproductive system (with the exception of obstetrical services). At a minimum, these services must include pelvic and breast exams, cervical cancer screening, and the review of menstrual and reproductive history and gynecological symptoms. Basic gynecological ultrasounds are included in this category. Services may also include common gynecological procedures (e.g., colposcopy, hysterectomy, fibroid removal). Advanced gynecological services are considered specialty services (e.g., gynecologic oncology, urogynecology, reproductive endocrinology and infertility).
- B. **Obstetrical care** services are the clinical assessment, management/treatment and coordination of services and referrals for the mother and fetus to maximize the outcome of the pregnancy. Such services extend from the mother's diagnosis of pregnancy thru the approximately six-week period following the delivery and can be divided into three components: 1) Prenatal; 2) Intrapartum (labor & delivery); and 3) Postpartum. Services include progressive risk assessments of mother, fetus and the newborn, and must be consistent with the individual health center provider's licensure, credentials, and privileging.
 - 1. **Prenatal care** services are the care and treatment to both the mother and developing fetus to include ongoing risk assessment and counseling. At a minimum, these services include regular screening (including labs and basic ultrasounds), ongoing

Appendix A- Schedule of Covered Services

monitoring of uterine and fetal growth, risk assessment, and counseling regarding childbirth, nutrition and any identified risks. Maternal-fetal medicine (i.e., perinatology) is considered a specialty service.

2. **Intrapartum care** (labor & delivery) services are the care of a mother and newborn during labor and birth. At a minimum, these services include ongoing assessment and potential transfer to an appropriate delivery and postnatal care setting for the mother and/or newborn. Maternal-fetal medicine (i.e., perinatology) is considered a specialty service.
 3. **Postpartum care** services are the care of the mother during the six-week period after childbirth. At a minimum, these services include the mother's postpartum checkup(s) along with appropriate follow-up treatment and education.
- C. **Well child services** are age appropriate preventive care and treatment for newborns through adolescents. At a minimum, these services must include regular/periodic physical exams and measurements; appropriate screenings and tests to assess vision, hearing, oral health, growth and development, and immunization status; and health education and counseling.
- D. **Voluntary family planning** services are appropriate counseling on available reproductive options consistent with Federal, state, local laws and regulations. These services may include management/treatment and procedures for a patient's chosen method, e.g., vasectomy, tubal ligation, placement of long-acting reversible contraception (LARC) (IUDs and implants).
- E. **Nutrition services** prevent and treat diseases and conditions through nutritional assessment, diagnosis and treatment. These services may include medical nutrition therapy, nutrition education and counseling, and other interventions to enhance knowledge and impact behaviors related to healthy eating, nutrition and health. These services may include the nutrition services of a WIC program, if the WIC program is within the scope of project.

Appendix B- Standards of Operation

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Appendix B- Standards of Operation

- I. Program Eligibility
 - A. The Department of Human Services develops and maintains eligibility and enrollment criteria.
 - B. Should a new patient present to a medical home or Mobile Medical Unit (MMU) with an urgent medical issue, DOH staff shall authorize presumptive eligibility for the initial visit based on the person's self-declaration of eligibility. These clients shall be treated and directed to visit one of the locations above to confirm eligibility for ongoing services. In these cases, DOH shall be reimbursed for one (1) billable encounter while eligibility is being determined.
 - C. Medical services shall be provided to all eligible Pinellas County Health Program/Healthcare for the Homeless (PCHP/HCH) clients regardless of ability to pay.
 - D. Clients with income below 100% of the Federal Poverty Level will pay no fee.
 - E. HCH clients with family incomes between 101 and 200 percent of the Federal Office of Management and Budget poverty guidelines shall be charged a fee on a sliding scale based on family size and income using the current year Federal Poverty Level schedule.
 - F. DOH shall ensure that any subcontracted provider will not directly bill clients.
- II. Administration- Personnel
 - A. DOH will take into consideration of the size, demographics, and health needs of its patient population, in determining the number and mix of clinical staff necessary to ensure reasonable patient access to health center services.
 - B. The personnel in this Section shall exchange and utilize medical and other information necessary for client care in accordance with all State and Federal laws governing its dissemination.
 - C. Personnel shall participate in Emergency Management preparation and activation activities, including planning, training and testing, as necessary.
 - D. DOH and the County will have agreed upon position descriptions for key personnel (*) that set forth training and experience qualifications necessary to carry out the activities of the health center.
 - E. DOH shall provide the following key personnel:
 1. One (1) full-time Medical Director. The Medical Director shall:
 - i. Provide medical oversight and consultation for PCHP/HCH and related programs;
 - ii. Act as the clinical physician liaison for internal and contractual programs, including but not limited to the PCHP/HCH, Pharmacy Program, hospital partners, home care providers, etc. and provide approvals or authorizations as appropriate;
 - iii. Provide on-site, telephonic, or electronic consultation as needed or requested;
 - iv. Ensure open and effective relationships with staff and program partners;
 - v. Oversee medical quality assurance and implement and maintain performance improvement mechanisms and monitoring systems;
 - vi. Review program data and reports , including medical chart reviews as appropriate, with the COUNTY and contracted partners;
 - vii. Participate in the COUNTY Pharmacy and Formulary Committee;

Appendix B- Standards of Operation

- viii. Meet with the COUNTY and contractual providers to discuss provision of health care service delivery, including client care coordination and program quality improvement;
 - ix. Attend HCH Co-Applicant Board and other health care related meetings as needed/requested;
 - x. Participate in County, State and Federal site reviews;
 - xi. Assess service delivery and evaluate cost effective and efficient methods for health care delivery;
 - xii. Provide technical assistance and services in specialized areas as needed including but not limited to review of medical records and compliance with laboratory controls, infection control, environmental and biohazards regulations, and local, state, and federal regulations relating to client confidentiality, privacy, security, and the Health Insurance Portability and Accountability Act (HIPAA);
 - xiii. Ensuring maintenance of Patient-Centered Medical Home (PCMH) qualifications by achieving standards for PCMH recognition;
 - xiv. Periodically evaluate the physical and environmental conditions of the Bayside Health Clinic, MMU, and Street Medicine Van for provision of quality medical care and safety;
 - xv. Ensure that all necessary remedial actions are documented and implemented whenever significant deviations from established performance expectations are identified in the provision of medical care or clinic operations as indicated herein;
 - xvi. Supervise Medical Director's office staff;
 - xvii. Assess recommendations on staff training and continuing medical education needs and provide guidance to medical staff on training opportunities for on-going medical education, continuing medical education, and continuing education unit needs;
 - xviii. Inform the county of any possible "conflicts of interest" by any staff and sub-contractors who disclose potential conflicts of interest;
 - xix. Provide other related services as deemed necessary by the COUNTY. If these other services result in documented need for additional staff, a contract amendment may be initiated.
- 2. One (1) part-time Contract Manager
 - 3. One (1) full-time administrative support staff person for Medical Director
 - 4. One (1) full-time Quality Assurance Coordinator. The Quality Assurance Coordinator shall assist in the development and implementation of Quality Assurance/ Quality Improvement activities including:
 - i. Familiarizes with compliance requirements for HCH;
 - ii. Chairs and participates in quarterly meetings for HCH;
 - iii. Sets and monitors, including clinical measures for reporting to HRSA annually;
 - iv. Participates in collection and submission of required data to the Health Resources Services Administration via the Uniform Data System (UDS);
 - v. Collects required HEDIS measures and submit reports and corrective action plans as required by COUNTY;

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- vi. Oversees and monitors the credentialing and privileging program for clinical staff at DOH and contracted providers per the HRSA Compliance Requirements.
 - vii. Facilitate medical chart review under the direction of the Medical Director.
5. Five (5) full-time Clinical Care Coordinators. The Clinical Care Coordinators shall:
- i. Possess medical education and experience;
 - ii. Provide ongoing outreach to clients of the PCHP/ HCH in order to meet their comprehensive health care needs and to promote quality, cost-effective outcomes;
 - iii. Co-locate at the Bayside Clinic, St. Petersburg Center, Clearwater Health Center, Pinellas Park Health Center, and Mid-County Health Center and Tarpon Springs Health Center;
 - iv. Communicate regularly with clients and will maintain referral tracking and visit follow up systems.
6. One part-time Volunteer Coordinator
7. Staffing at the medical homes shall be at the discretion of the DOH. The COUNTY must be immediately notified in writing should changes in staff affect the delivery of core services described in Appendix A.
8. Health Care for the Homeless Program Manager/Supervisor (1.0 FTE)*
- i. Carries out day-to-day activities necessary to fulfill the HRSA approved scope of project, including annual patient target goals;
 - ii. Participation in HCH Co-Applicant Board Meetings; including presentation of designated reports and responsiveness to Board requests/questions;
 - iii. Proactively communicates with the HCH Project Director;
 - iv. HCH Project Director provides feedback to DOH on individual performance/expectations;
 - v. Makes every reasonable effort to establish and maintain collaborative relationships with other health care providers, and with other organizations serving homeless individuals (ie. shelters, HLB, housing partners, MOU Sites, specialty providers).
 - vi. Familiar with HCH program budget, including grant funded revenue and expenses (allowable/unallowable expenditures) and keeping within budget.
 - vii. Participates in strategic planning, needs assessment, and consumer driven feedback opportunities.
9. MMU Driver: DOH shall ensure a minimum of two individuals with a CDL and qualifications/ability to drive the MMU are on staff at all times.
- i. Update and maintain a vehicle maintenance log
10. Other HCH Compliance Requirements
- i. DOH shall ensure that all clinical staff (licensed independent practitioners, other licensed or certified practitioners, and other clinical staff) providing services on behalf of the health center are:

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- a. Licensed, certified, or registered as verified through a credentialing process that meet the requirements equivalent of those of a health center employee as defined by HRSA, and in accordance with applicable Federal, state, and local laws; and
 - b. Competent and fit to perform the contracted or referred services, as assessed through a privileging process equivalent to the procedures identified by HRSA;
 - ii. At least one staff member trained and certified in basic life support must be present at each HRSA Approved service site to ensure the health center has the clinical capacity to respond to patient medical emergencies during the health center's regularly scheduled hours of operation; and,
 - iii. After hours coverage shall be provided via telephone or face to face by an individual with the qualification and training necessary to exercise professional judgement in assessing a health center patient's need for emergency medical care.
11. Patient Support Staff (Eligibility, Care Coordination/Referral Tracking, and Front Desk Assistance) shall be provided as necessary to maintain services levels in accordance with Medical Director recommendations and program budget allocations.

III. Medical Home Operation

A. Service Sites & Hours of Operation

1. Hours of operation may be adjusted according to need and demand, and DOH shall notify the COUNTY of any changes in hours of operation.
2. For the Bayside Health Clinic and the Mobile Medical Unit, the HCH Co-Applicant Board has final approval of health center program site locations and hours of operation. DOH will provide the County/Board with feedback relative to the needs of the patient population, and responsiveness to patient needs by facilitating the ability to schedule appointments and access the health centers full range of services within the approved scope of project.
3. Primary care services sites are documented in the Client Handbook. Sites may be added or deleted to meet the goals of the PCHP/HCH. DOH shall consult with the COUNTY and receive approval prior to addition or deletion of primary care service sites.

B. Encounters:

1. A primary care encounter is defined as a face-to-face or telehealth visit between a client and the medical provider of primary care services (MD, DO, PA, ARNP) who exercises independent judgment in rendering a diagnosis, assessment, appropriate laboratory testing, ordering/prescribing prescriptions, referrals for additional covered services as needed and a treatment and/or prevention plan to the client.
2. Visits with more than one health professional, or multiple visits with the same health professional that take place on the same day and at a single location constitute a single

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encounter. The provision of these services shall be entered into the client's medical record.

3. The following services do not constitute an encounter and do not qualify for payment when conducted outside of an office visit:
 - i. Immunizations, Nutritional Assessments, Education and Counseling, and other non-medical services.
 - ii. Clinical standing orders and/or protocols, unless contractually included or approved by the PCHP Medical Director.
 - iii. Office visits with pain management or chronic pain as the primary reason
4. Paid primary care encounters shall be limited to one encounter per client per day and one encounter per client per month. Supporting documentation for clients requiring more than one encounter per month must be available upon COUNTY request.
5. The total annual projected number of encounters shall align with the annual budget, subject to approval by the Human Services Department.

C. Primary and Preventative Care

1. DOH shall act as a medical home for the provision of primary care and preventive services at sites in accordance with the underlying Agreement and the Client Handbook. As a medical home, DOH shall:
 - i. Provide an appointment for PCHP clients with non-urgent care concerns or regular annual exams within two to three weeks or as soon as possible after the client is enrolled in PCHP.
 - ii. Clients who are determined to have urgent needs are advised to come to a medical home as a walk-in after signing for release of documents from previous providers, ER, or hospitals and, if needed, will be seen the same day.
 - iii. Confirm appointments with clients via telephone two (2) business days prior to the scheduled appointment.
 - iv. Re-schedule all missed appointments within two (2) business days after such missed appointment.
 - v. Notify the COUNTY monthly on clients that has missed two (2) scheduled appointments or more.
 - vi. Notify the COUNTY within five (5) business days regarding the dismissal of a client from the medical home.
 - vii. Provide a daily minimum of 25% of all appointment times for walk-ins, medical emergencies, or same day service for PCHP clients at all medical home locations.
 - viii. Provide an answering service with 24/7 physician on call and coverage for all medical home sites and the MMU.
 - ix. Provide a current provider list with all physicians, mid-level providers, and specialty care providers for PCHP/HCH clients on a quarterly basis, or as requested.
 - x. Not charge a co-payment or balance bill PCHP/HCH clients.

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- xi. Assure that services are available equally to all PCHP/HCH clients, regardless of their ability to pay.
 - xii. Post signage in both English and Spanish announcing the availability of a Sliding Scale Fee Schedule. Clients of the HCH Program with family incomes between 101 and 200 percent of the Federal Office of Management and Budget poverty guidelines may be charged a fee on a sliding scale.
 - xiii. Staffing at the medical homes shall be at the discretion of the DOH. The COUNTY must be immediately notified in writing should changes in staff affect the delivery of core services described in Appendix A.
- D. Specialty Laboratory Services: DOH shall subcontract for specialty laboratory services.
- E. Behavioral Health Services
- 1. DOH shall screen clients for behavioral health concerns and shall subcontract for the provision of behavioral health care services.
 - 2. The subcontracted behavioral health provider(s) and/or any County contracted providers shall be responsible for conducting comprehensive psychosocial assessments, developing mental health and/or substance abuse treatment plans, providing counseling, submitting requests to the DOH for medical case reviews or psychiatric consultations, making referrals to community resources as needed, and making referrals back to DOH for follow-up care. The behavioral health provider(s) may also request case consultation with health care service teams.
 - 3. The DOH and the subcontracted behavioral health services provider(s) shall track all referred clients. The subcontracted behavioral health provider(s) shall provide consultation notes and treatment plans to DOH to ensure continuity and coordination of care. In addition, the subcontracted behavioral health care provider(s) shall provide client data and reports as required by the COUNTY according to the terms of their subcontract.
- F. Prescription Services
- 1. Pharmacy services are provided at no cost to PCHP/HCH clients through a county contract with a pharmacy benefit management company.
 - 2. Prescribed medications are limited to those medications and generic equivalents listed on the PCHP Pharmacy Formulary. Any medication not on the formulary must be pre-authorized.
 - 3. County-funded pharmacy services are limited to a maximum of ten (10) medical prescriptions and five (5) non-medical prescriptions (e.g., supplies) per month with a 30 day or 90-day supply.
 - 4. Maintenance medications prescriptions shall be written for a 90 day supply when appropriate.
 - 5. The generic equivalent form of the drug must be dispensed if available. If no generic equivalent exists, the brand name medication will be covered if it is on the formulary.

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6. Temporary emergency authorization of necessary, non-formulary prescriptions may be authorized in life threatening situations. Proper justification must be submitted with the request to substantiate formulary exceptions.
 7. PCHP does not provide medications for chronic pain management. Prescriptions for controlled substances must be pre-authorized and will be covered only when written for acute injury /short-term pain relief, pre- or post-surgical events (neither to exceed 30 days), dental relief of pain, or for hematology-oncology clients.
 8. DOH shall subcontract for a prescription assistance program (PAP) for all eligible clients in order to provide non-covered brand medications and to reduce the demand upon COUNTY contracted pharmacy services. In doing so, DOH shall:
 - i. Administer a prescription assistance program to facilitate access to free and low-cost prescription medications for eligible PCHP/HCH clients at no charge to the clients.
 - ii. Ensure medications or equivalents covered by the COUNTY contracted pharmacy provider will be limited to those not available through the PAP.
 - iii. Follow operating procedures for the PAP to include steps for medication controls and notification to the COUNTY's pharmacy contractor.
 - iv. Require clients to enroll in the PAP for eligible medications. Non-formulary medications prescribed during the time when a client is transitioning to PAP must be pre-authorized. If clients are not enrolled in PAP after three refills, they may be required to pay for these medications.
 9. DOH shall review pharmacy requests, process overrides as needed and participate in the Formulary and Pharmacy committee meetings.
- G. Specialty Care and Hospital Services
1. Specialty health care services shall be provided to PCHP/HCH clients through a network of medical specialists managed by DOH. DOH shall:
 - i. Identify, oversee, coordinate and manage a specialty health care network including recruiting, contracting, authorizing, adjudicating and paying for specialty care services provided to PCHP/HCH clients.
 - ii. Work to enhance the number of specialists available for PCHP/HCH clients through recruitment of volunteer physicians under the DOH volunteer statute and sovereign immunity under Florida Statute 766 and Florida Statute 110.
 - iii. Authorize specialty care referrals and adjudicate payment of claims consistent with PCHP/HCH Covered and Non-Covered Services. Referrals shall include all necessary and supporting documentation, including verification that the client is currently enrolled in the PCHP/HCH and is not eligible for or enrolled in Medicaid. If it is determined that a client may be eligible for Medicaid or other insurance (e.g., SSI), DOH shall assist the client in applying for benefits. All specialty care referrals shall be approved by the DOH Specialty Services Department.

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- iv. Contact clients regarding approved or denied specialty care referrals and coordinate specialty care appointments for approved referrals.
 - v. Provide appropriate laboratory and pathology requisition paperwork.
 - vi. Provide necessary medical information to the specialist along with the referral prior to the client's appointment.
2. DOH specialty care staff will consist of qualified authorized personnel to process referrals to medical specialists and conduct specialty health care claims adjudication and billing according to the Medical Directors recommendations and program budget allocations. DOH shall provide job descriptions for personnel responsible for these services.
- i. The referral unit will:
 - a. Ensure that clients referred for specialty services are enrolled in PCHP/HCH and investigate Medicaid or other insurance eligibility upon receipt of a referral from a medical home or specialist;
 - b. Review referrals for approval or denial;
 - c. Alert medical homes and specialists of referral status;
 - d. Send approved referrals to the medical home/MMU and specialist;
 - ii. Billing and Claims unit will:
 - a. Ensure that claims for primary and secondary adjudications match an approved referral and authorization for service;
 - b. Ensure that claims are consistent with PCHP/HCH covered and non-covered services;
 - c. Participate in secondary adjudications to resolve issues that cannot be resolved electronically;
 - d. Conduct a complete review of claims utilizing cost criteria and diagnostic criteria as determined by the COUNTY;
 - e. Review extraordinary claims including but not limited to large expenses, uncommon procedures, and hospitalizations as determined by the COUNTY;
 - f. Conduct retrospective reviews of hospital admissions and services provided by specialty care and ancillary services providers;
 - g. Implement processes for consultation, referrals, discharge follow-up, and patient tracking in order to assure appropriate communication and continuity of care between the primary care medical home or the MMU and behavioral health specialists, other medical specialists or hospitals providing care to clients of the PCHP/ HCH.
- H. Hospital services must be provided by the hospitals that have signed agreements with Pinellas County.

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1. Emergency room visits are not covered by the Pinellas County Health Program. Services provided in Emergency Observation may be covered with adequate supporting documentation.
2. The medical home shall work with hospitals to implement processes for discharge follow-up and patient tracking in order to assure appropriate communication and continuity of care between the hospital and the client's primary care medical home.
- I. Home Healthcare Services and Durable Medical Equipment
 1. Pinellas County contracts for the provision of services to eligible PCHP/HCH participants including durable medical equipment, home health care, oxygen, infusion therapy, in-home physical, occupational and speech therapy. Physical, occupational and speech therapy have a combined limit of thirty (30) treatments in any twelve (12) month period. Medical social workers and home health aides are not covered.
 2. Home healthcare and durable medical equipment requests requiring approval shall be reviewed and authorized by the Medical Director or his/her designee.
- J. Dental Care
 1. DOH shall provide comprehensive dental services, as indicated in Appendix A, to adults enrolled in the PCHP/HCH at the closest medical homes that provide this service.
 2. DOH shall also provide support to community dental clinics to expand access to dental services for adults below 200% of the Federal Poverty guidelines, utilizing dental volunteers and a small clinical dental team. Services shall be provided within the scope of each clinic.
- K. Other Covered Services Provided by Referral Only
 1. External Referrals
 - i. DOH shall provide coordinated referral arrangements for services indicated in Appendix A, Section XI, for PCHP/HCH clients which are not paid for as part of this agreement and must be referred to providers outside of DOH.
 - ii. DOH staff shall make the referral and assist with establishing an appointment date and time.
 - iii. These referrals shall be documented in an electronic health record, including information as to the referral date, confirmation of receipt of referral by the outside provider, notification to the client of the upcoming appointment date and time, and any information needed upon return of the client to the PCHP/HCH program to ensure coordination of care. Additionally, the record should document if the referred provider is assuming future care for the client (for example, in the case of Well Child Services).
 - iv. DOH shall ensure that referrals are made to credentialed providers that maintain a sliding fee scale policy equal to or better than that offered under this program, or alternatively, that care will be provided at no cost to the client.
 - v. These services are not covered under program, and DOH will ensure and that no fees are charged to the program.

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2. "In House" Referrals
 - i. DOH shall provide coordinated referral arrangements for services indicated in Appendix A, Section XI, for PCHP/HCH clients to other programs housed within the Department of Health but that are not covered as part of this contract.
 - ii. These referrals shall be documented in an electronic health record, including information as to the referral date, confirmation of receipt of referral by the outside program, notification to the client of the upcoming appointment date and time, and any information needed upon return of the client to the PCHP/HCH program to ensure coordination of care.
 - iii. DOH shall ensure that referrals are made to credentialed providers that maintain a sliding fee scale policy equal to or better than that offered under this program, or alternatively that care will be provided at no cost to the client.
 - iv. These services are not covered under this agreement and DOH will ensure coverage by other funding sources within the organization and that no fees will be charged to this program.
- L. HCH Facility and County-owned Vehicle Maintenance & Operations
 1. Bayside Health Clinic
 - i. DOH will coordinate with the County Real Estate Management Department for facility maintenance.
 - ii. DOH is responsible for monitoring the security system for the Bayside Health Clinic.
 - iii. DOH is responsible for clinic inventory control and will maintain procedures for management and communicate any changes to inventory.
 2. MMU and Street Medicine Van(s)
 - i. DOH will coordinate with the County's Fleet Division for maintenance and repair of the Mobile Medical Units (MMU) and Street Medicine.
 - ii. DOH will coordinate with MMU designated sites regarding schedule, operations, services and appointment scheduling and reminders.
 - iii. DOH will perform regular inspections of the MMU and Street Medicine Van and annotate any operational, cosmetic issues, and damages to the vehicles. All issues will be reported to DOH Clinical Health Services Director within 24 hours.

Pinellas County Human Services: Enhanced Primary Care - Interlocal
 To: Abigail Stanton, Contract Manager, Human Services

COUNTY AGREEMENT FY 23-24- October 1, 2023 - February 29, 2024
 \$ 3,783,673.23

10/27/2023

Coding	Description	Name	Rate/PSN	Enc/FTE	Budget
71-76-PCL	Pinellas County Health Program Medical Encounters		rate		
	Encounters @ \$157.00 (MD/DO)		\$ 157.00	1,145	\$ 179,765.00
	Encounters @ \$133.44 (ARNP)		\$ 133.44	1,275	\$ 170,136.24
	Wound Care/STD @ \$75.00 (RN)		\$ 75.00	20	\$ 1,500.00
	Total PCHP Medical Encounters			2,440	\$ 351,401.24
	Total PCHP Medical Encounters			2,440	\$ 351,401.24
27-PCL	Pinellas County Health Program Dental Encounters		rate		
	Encounters @ \$120 (DDS)		\$ 120.00	1,500	\$ 180,000.00
	Dental Encounters @ \$75 (Hygienist)		\$ 75.00	500	\$ 37,500.00
	Total PCHP Dental Encounters			2,000	\$ 217,500.00
	Total PCHP Dental Encounters			2,000	\$ 217,500.00
27-PCL	Health Care for the Homeless Dental Encounters		rate		
	Encounters @ \$120 (DDS)		\$ 120.00	1,200	\$ 144,000.00
	Dental Encounters @ \$75 (Hygienist)		\$ 75.00	110	\$ 8,250.00
	Total HCH Dental Encounters			1,310	\$ 152,250.00
	Total HCH Dental Encounters			1,310	\$ 152,250.00
27-PCR	Dental Services - Community Dental Team				
	Dentist - OPS	Dr. Boiret	855006	0.40	\$ 25,277.92
	Dentist - OPS	Dr. Gutierrez	952462	0.20	\$ 9,252.08
	Hygienist- OPS	M. Sweeney	029153	1.00	\$ 39,892.50
	Hygienist - OPS	Vacant	952354	0.40	\$ 14,965.00
			Subtotal	2.00	\$ 89,387.50
	10% Administrative Cost				\$ 8,939.15
	Other Expenses (travel, HR cost)				\$ 1,375.00
	PC Denture Lab Expense				\$ 9,916.67
	Homeless Emergency Project (Dental Supplies & Support)				\$ 14,583.33
	Community Dental Clinic (Dental Supplies & Support)				\$ 12,500.00
	Gulfcoast Dental Outreach (Dental Supplies and Support)				\$ 8,333.33
	Total Dental				\$ 145,034.98
78-PCR	HCH - Bayside Health Clinic				
	Nurse Practitioner	L. Hicks	082616	0.90	\$ 52,323.63
	Senior Clerk	A. Brooks	006920	1.00	\$ 26,486.67
	Manager	Vacant	029242	1.00	\$ 39,553.75
	Eligibility Assistance Worker	T. Glaze	006506	1.00	\$ 27,582.08
	Medical Assistant 1	M.Gomez	029874	1.00	\$ 16,988.23
	Nurse Care Coordinator	C. Adams	064332	1.00	\$ 40,980.42
	Family Support Worker	E. Grace	029279	1.00	\$ 21,228.33
			subtotal	6.90	\$ 225,143.11
	Lab Services				\$ 500.00
	Medical Supplies				\$ 100.00
	Office Supplies				\$ 100.00
	Data Circuit				\$ 7,635.42
	NexGen - Vaccine monitoring cost				\$ 375.00
	General Training and Conference				\$ 500.00
	Mid-County Janitorial (1114 hours x \$16.02/hour)		\$ 16.02	1114	\$ 17,846.28
	Mid-County Security Guard (1423 hours x \$28.80/hour)		\$ 28.80	1423	\$ 40,982.40
	Transportation Assistance (\$500 per month)				\$ 2,500.00
	Other Expenses				\$ 8,598.57

	10% Administrative Cost				\$	22,514.71
	10% Administrative Cost for H80 Funded Positions				\$	15,120.71
	Salary and Fringe Lapse 3%				\$	(6,754.29)
	Total Bayside Health Clinic				\$	335,161.90
78-MOBMD	HCH-Mobile Medical					
	Registered Nurse	Vacant	029232	1.00	\$	28,406.00
	Supervisor	Vacant	029246	1.00	\$	26,400.00
			Subtotal	2.0	\$	54,806.00
	HCH Denture Laboratory Expense				\$	18,333.33
	Lab Services- MMU				\$	7,500.00
	Provider Training - CPR				\$	116.00
	Cell phone				\$	300.00
	Other Expenses				\$	2,925.21
	10% Administrative Cost				\$	5,480.70
	10% Administrative Cost for H80 Funded Positions				\$	8,782.21
Salary and Fringe Lapse 20%				\$	(10,961.20)	
	Total HCH-Mobile Medical				\$	87,282.25
77-PCR	QI/QA Team - HCH Program					
	QI Liaison	G. Oster	054452	0.75	\$	22,980.83
	MMU Referral Coordination	C. Ufondu	006504	1.00	\$	32,797.50
			Subtotal	1.8	\$	55,778.33
	10% Administrative Cost				\$	5,578.33
	Total QI/QA Team - HCH Program				\$	61,356.67
77-PCR	Medical Director's Office					
	County Medical Director	Vacant	002521	1.00	\$	114,074.58
	Specialty Contracts	V. Wright	082740	1.00	\$	21,295.00
	Contract Manager	A. Mitchell	003690	0.80	\$	26,748.75
	Quality Assurance Coordinator	R. O'Brien	029258	1.00	\$	54,857.50
	Clinic Volunteer Coordinator	A. Ream	003039	0.50	\$	11,991.67
	Mid County Center Care Coordinator	C. Levy	029287	1.00	\$	37,884.17
	Clearwater Center Care Coordinator	Vacant	004367	1.00	\$	28,574.58
	Pinellas Park Care Coordinator	C. Reinhardt-Schamante	038853	1.00	\$	30,530.42
	St Pete Care Coordinator	K. Mutter	031054	1.00	\$	28,574.58
	Tarpon Springs Care Coordinator	Vacant	003467	0.20	\$	7,417.50
			subtotal	8.5	\$	361,948.75
	10% Administrative Cost				\$	36,194.48
	Salary and Fringe Lapse 8%				\$	(28,955.90)
	Total County Medical Director's Office				\$	369,187.33
77-PCR	Specialty Referral Services					
	Supervisor	Vacant	068245	1.00	\$	30,868.75
	Administrative Secretary	Vacant	045827	1.00	\$	27,517.50
	Support Staff	D. Brown	057465	1.00	\$	22,606.25
	Support Staff	Vacant	058756	1.00	\$	18,460.00
	Referral Specialist	D. Sosa	004525	1.00	\$	26,966.25
	Referral Specialist	B. Coutin	058815	1.00	\$	30,434.17
	Computer Program Analyst	D. Druyor	006505	1.00	\$	30,029.33
	Referral team	E. Shrestha	030726	1.00	\$	29,414.17
	Referral team	R. Thungathurthi	036728	1.00	\$	30,383.33
			subtotal	9.00	\$	246,679.75
	Office Supplies, Travel, Expenses, etc.				\$	3,958.33
	10% Administrative Cost				\$	24,667.68

	Salary and Fringe Lapse 3%				\$	(7,400.39)
	Total Specialty Referral Services				\$	275,305.76
63-SCS	Specialty Claims Services					
	Adjudication and Process Staff	B. Amaravadi	034325	1.00	\$	27,260.00
	Adjudication and Process Staff	K. Vaughn	004585	1.00	\$	26,814.17
	Adjudication and Process Staff	D. Prasad	054344	1.00	\$	22,896.67
	Adjudication and Process Staff	K. Navas	038855	1.00	\$	28,641.25
	Supervisor- J. Howard	J. Howard	029198	0.10	\$	4,080.83
			subtotal	4.10	\$	109,692.92
	Other Expenses				\$	3,458.33
	10% Administrative Cost			\$	10,968.99	
	Salary and Fringe Lapse 3%			\$	(3,290.79)	
	Total Specialty Claims Services				\$	120,829.45
77-PCR	Primary Contract Support Staff					
	CHA- Tarpon Springs	A. Blow	029157	1.00	\$	17,931.67
	CHA- Clearwater	M. Colon	003746	1.00	\$	21,103.64
	CHA- Mid County	C. Patridge	034322	1.00	\$	22,178.75
	CHA- Pinellas Park	M. White	031047	1.00	\$	23,620.00
	CHA- St. Petersburg	L. Leckie	005847	1.00	\$	22,178.75
	Nursing supervisor - Tarpon Springs	A. Lunder	003467	0.15	\$	6,601.81
	Nursing supervisor - Clearwater	R. Moreno	029138	0.30	\$	12,905.75
	Nursing supervisor - Mid County	S. Rainford	030719	0.30	\$	12,777.63
	Nursing supervisor - Pinellas Park	D. Lehner	006919	0.30	\$	11,576.75
	Nursing supervisor - St. Petersburg	T. Thompson	003157	0.50	\$	21,173.33
		10% Administrative Cost			\$	17,204.51
	Salary and Fringe Lapse 3%			\$	(5,161.44)	
	Total Support Staff				\$	184,091.15
	Other Services Provided					
77-SALGS	County Use of Space in Centers 9 FTES X \$141 a month				\$	6,345.00
77-SCS	Specialty Care Services				\$	875,000.00
77-PCR	Behavioral Health Services for PCHP-Directions				\$	293,750.00
	Behavioral Health Services for MMU/Bayside-Directions				\$	118,750.00
	Vision Services				\$	20,833.33
	Lab Services-Specialty Care				\$	56,000.00
	Drug Assistance Program-MedNet				\$	92,760.83
	Community-Based Diabetic Supplies-St. Petersburg Free Clinic				\$	10,416.67
	Community-Based Diabetic Health Education-St. Petersburg Free Clinic				\$	10,416.67
	Total Other Services				\$	1,484,272.50
	Total Budget Amount				\$	3,783,673.23

Pinellas County Human Services: Enhanced Primary Care - Interlocal

COUNTY AGREEMENT FY 23-24- March 1, 2024 - September 30, 2024

10/27/2023

To: Abigail Stanton, Contract Manager, Human Services

\$ 5,577,881.15

Coding	Description	Name	Rate/PSN	Enc/FTE	Budget
71-76-PCL	Pinellas County Health Program Medical Encounters		rate		
	Encounters @ \$157.00 (MD/DO)		\$ 157.00	1,600	\$ 251,200.00
	Encounters @ \$133.44 (ARNP)		\$ 133.44	1,785	\$ 238,190.64
	Wound Care/STD @ \$75.00 (RN)		\$ 75.00	28	\$ 2,100.00
	Total PCHP Medical Encounters			3,413	\$ 491,490.64
	Total PCHP Medical Encounters			3,413	\$ 491,490.64
27-PCL	Pinellas County Health Program Dental Encounters		rate		
	Encounters @ \$120 (DDS)		\$ 120.00	2,100	\$ 252,000.00
	Dental Encounters @ \$75 (Hygienist)		\$ 75.00	700	\$ 52,500.00
	Total Primary Care Dental Encounters			2,800	\$ 304,500.00
	Total PCHP Dental Encounters			2,800	\$ 304,500.00
27-PCL	Health Care for the Homeless Dental Encounters		rate		
	Encounters @ \$120 (DDS)		\$ 120.00	375	\$ 45,000.00
	Dental Encounters @ \$75 (Hygienist)		\$ 75.00	70	\$ 5,250.00
	Total HCH Dental Encounters			445	\$ 50,250.00
	Total HCH Dental Encounters			445	\$ 50,250.00
27-PCR	HCH Dental Team				
	Dental Assistant	R. Pupo Hidalgo	041867	1	\$ 30,867.67
	Dental Assistant	S. Peterson	029193	1	\$ 30,868.25
	Hygienist	A. Islami	002373	0.8	\$ 60,486.69
			Subtotal	2.8	\$ 122,222.60
	10% Administrative Cost				\$ 12,222.66
	10% Administrative Cost for H80 Funded Position				\$ 11,705.11
	Total HCH Dental Team			\$ 134,445.26	
27-PCR	Dental Services - Community Dental Team				
	Dentist - OPS	Dr. Boiret	855006	0.40	\$ 35,389.08
	Dentist - OPS	Dr. Gutierrez	952462	0.20	\$ 12,952.92
	Hygienist- OPS	M. Sweeney	029153	1.00	\$ 55,849.50
	Hygienist - OPS	Vacant	952354	0.40	\$ 20,951.00
			Subtotal	2.00	\$ 125,142.50
	10% Administrative Cost				\$ 12,514.65
	Other Expenses (travel, HR cost)				\$ 1,925.00
	PC Denture Lab Expense				\$ 13,083.33
	Homeless Emergency Project (Dental Supplies & Support)				\$ 20,416.67
	Community Dental Clinic (Dental Supplies & Support)				\$ 17,500.00
	Gulfcoast Dental Outreach (Dental Supplies and Support)				\$ 11,666.67
	Total Dental			\$ 202,248.82	
HCH - Bayside Health Clinic	HCH - Bayside Health Clinic				
	OPS Provider / \$50/hr.	L. Bosch	952416	0.10	\$ 4,000.00
	Nurse Practitioner	L. Hicks	082616	0.90	\$ 73,253.09
	Senior Clerk	A. Brooks	006920	1.00	\$ 37,081.33
	Manager	Vacant	029242	1.00	\$ 55,375.25
	Eligibility Assistance Worker	T. Glaze	006506	1.00	\$ 38,614.92
	Nurse-RN	M. Harp	952380	1.00	\$ 39,768.40
	Medical Assistant 2	M. Gomez	029874	1.00	\$ 28,048.77
Nurse Care Coordinator	C. Adams	064332	1.00	\$ 57,372.58	

78-PCR				subtotal	6.90	\$	329,514.34	
	Lab Services					\$	5,000.00	
	Travel					\$	770.00	
	Data Circuit					\$	10,689.58	
	NexGen - Vaccine monitoring cost					\$	525.00	
	Health Care for the Homeless Conference					\$	5,000.00	
	General Training and Conference					\$	1,000.00	
	Mid-County Janitorial (1614 hours x \$16.02/hour)			\$ 16.02	1614	\$	25,856.28	
	Mid-County Security Guard (2061 hours x \$28.80/hour)			\$ 28.80	2061	\$	59,356.80	
	Transportation Assistance (\$500 per month)					\$	3,500.00	
	Other Expenses					\$	12,094.78	
	10% Administrative Cost					\$	32,951.83	
	10% Administrative Cost for H80 Funded Positions					\$	23,597.02	
	Salary and Fringe Lapse 3%					\$	(9,885.45)	
Total Bayside Health Clinic							\$ 499,970.18	
78-MOBMD	HCH-Mobile Medical							
	Registered Nurse	A. Bennett	952532	1.00	\$	39,768.40		
	Supervisor	Vacant	029246	1.00	\$	36,960.00		
			Subtotal	2.0	\$	76,728.40		
	HCH Denture Laboratory Expense				\$	25,666.67		
	Lab Services- MMU				\$	10,500.00		
	Provider Training - CPR				\$	116.00		
	Cell phone - non federal				\$	420.00		
	Other Expenses				\$	4,095.29		
	10% Administrative Cost				\$	7,672.94		
	10% Administrative Cost for H80 Funded Positions				\$	17,153.78		
	Salary and Fringe Lapse 3%				\$	(2,302.28)		
	Total HCH-Mobile Medical							\$ 140,050.80
	78-MOBMD	HCH-Street Medicine						
Nurse Practitioner (\$45 per hour @ x hours)		W. Katz	952472	1.00	\$	67,176.00		
Registered Nurse (\$38 per hour @ x hours)		R. Abbott	952532	1.00	\$	51,984.00		
Human Services Analyst (\$25 per hour @ x hours)		M. Thomas	952378	1.00	\$	30,435.00		
			Subtotal	3.0	\$	149,595.00		
Local and Conference Travel					\$	5,000.00		
Office Supplies (\$50/mo)					\$	350.00		
Medical Supplies (\$1,000/mo)					\$	7,000.00		
Laboratory (\$50/mo)					\$	350.00		
Cell Phone Service (2 FTEs x \$50/mo)					\$	700.00		
Mobile Van Professional Cleaning (\$395.32/mo)					\$	2,767.24		
Mental Health sub contract					\$	44,008.65		
10% Administrative Cost					\$	14,959.50		
Total HCH-Street Medicine							\$ 224,730.39	
77-PCR	QI/QA Team - HCH Program							
	QI Liaison	G. Oster	054452	1.00	\$	42,898.33		
	MMU Care Coordination	C. Ufondu	006504	1.00	\$	45,916.50		
			Subtotal	2.0	\$	88,814.83		
10% Administrative Cost				\$	8,881.98			
Total QI/QA Team - HCH Program							\$ 97,696.82	
	Medical Director's Office							

77-PCR	County Medical Director	Vacant	002521	1.00	\$	159,704.42	
	Specialty Contracts	V. Wright	082740	1.00	\$	29,813.00	
	Contract Manager	A. Mitchell	003690	0.80	\$	37,448.25	
	Quality Assurance Coordinator	R. O'Brien	029258	1.00	\$	76,800.50	
	Clinic Volunteer Coordinator	A. Ream	003039	0.50	\$	16,788.33	
	Mid County Center Care Coordinator	C. Levy	029287	1.00	\$	53,037.83	
	Clearwater Center Care Coordinator	Vacant	004367	1.00	\$	40,004.42	
	Pinellas Park Care Coordinator	C. Reinhardt-Schamante	038853	1.00	\$	42,742.58	
	St Pete Care Coordinator	K. Mutter	031054	1.00	\$	40,004.42	
	Tarpon Springs Care Coordinator	Vacant	003467	0.20	\$	10,384.50	
				subtotal	8.5	\$	506,728.25
	10% Administrative Cost				\$	50,672.43	
	Salary and Fringe Lapse 5%				\$	(15,201.53)	
	Total County Medical Director's Office				\$	542,199.15	
77-PCR	Specialty Referral Services						
	Supervisor	Vacant	068245	1.00	\$	43,216.25	
	Administrative Secretary	Vacant	045827	1.00	\$	38,524.50	
	Support Staff	D. Brown	057465	1.00	\$	31,648.75	
	Support Staff	Vacant	058756	1.00	\$	25,844.00	
	Referral Specialist	D. Sosa	004525	1.00	\$	37,752.75	
	Referral Specialist	B. Coutin	058815	1.00	\$	42,607.83	
	Computer Program Analyst	D. Druyor	006505	1.00	\$	42,041.07	
	Referral team	E. Shrestha	030726	1.00	\$	41,179.83	
	Referral team	R. Thungathurthi	036728	1.00	\$	42,536.67	
				subtotal	6.00	\$	345,351.65
		Office Supplies, Travel, Expenses, etc.				\$	5,542.00
		10% Administrative Cost				\$	34,534.87
	Salary and Fringe Lapse 3%				\$	(10,360.23)	
	Total Specialty Referral Services				\$	385,428.52	
63-SCS	Specialty Claims Services						
	Adjudication and Process Staff	B. Amaravadi	034325	1.00	\$	38,164.00	
	Adjudication and Process Staff	K. Vaughn	004585	1.00	\$	37,539.83	
	Adjudication and Process Staff	D. Prasad	054344	1.00	\$	32,055.33	
	Adjudication and Process Staff	K. Navas	038855	1.00	\$	40,097.75	
	Supervisor- J. Howard	J. Howard	029198	0.10	\$	5,713.17	
				subtotal	4.10	\$	153,570.08
		Other Expenses				\$	4,841.67
		10% Administrative Cost				\$	15,356.71
	Salary and Fringe Lapse 3%				\$	(4,607.10)	
	Total Specialty Claims Services				\$	169,161.36	
77-PCR	Primary Contract Support Staff						
	CHA- Tarpon Springs	A. Blow	029157	1.00	\$	25,104.33	
	CHA- Clearwater	M. Colon	003746	1.00	\$	29,545.10	
	CHA- Mid County	C. Patridge	034322	1.00	\$	31,050.25	
	CHA- Pinellas Park	M. White	031047	1.00	\$	33,068.00	
	CHA- St. Petersburg	L. Leckie	005847	1.00	\$	31,050.25	
	Nursing supervisor - Tarpon Springs	A. Lunder	003467	0.15	\$	9,242.54	
	Nursing supervisor - Clearwater	R. Moreno	029138	0.30	\$	18,068.05	
Nursing supervisor - Mid County	S. Rainford	030719	0.30	\$	17,888.68		

	Nursing supervisor - Pinellas Park	D. Lehner	006919	0.30	\$	16,207.45
	Nursing supervisor - St. Petersburg	T. Thompson	003157	0.50	\$	29,642.67
	10% Administrative Cost				\$	24,086.43
	Salary and Fringe Lapse 3%				\$	(7,226.02)
	Total Support Staff				\$	257,727.72
	Other Services Provided					
77-SALGS	County Use of Space in Centers 9 FTEs X \$141 a month				\$	8,883.00
77-SCS	Specialty Care Services				\$	1,225,000.00
77-PCR	Behavioral Health Services for PCHP-Directions				\$	411,250.00
	Behavioral Health Services for MMU/Bayside-Directions				\$	166,250.00
	Vision Services				\$	29,166.67
	Lab Services-Specialty Care				\$	78,400.00
	Drug Assistance Program-MedNet				\$	129,865.17
	Community-Based Diabetic Supplies-St. Petersburg Free Clinic				\$	14,583.33
	Community-Based Diabetic Health Education-St. Petersburg Free Clinic				\$	14,583.33
	Total Other Services				\$	2,077,981.50
	Total Budget Amount				\$	5,577,881.15

Pinellas County Human Services: Enhanced Primary Care - Interlocal
 To: Abigail Stanton, Contract Manager, Human Services

H80 Budget FY 23-24- October 1, 2023 - February 29,2024
 \$ 340,176.33

10/27/2023

Coding	Description	Name	Rate/PSN	Enc/FTE	Budget
78-PCR	HCH - Bayside Health Clinic				
	OPS Provider- \$50/hr.	L. Bosch	952416	0.10	\$ 1,826.10
	Nurse Practitioner	C. Odonohoe	002224	1.00	\$ 45,472.86
	Nurse-LPN	O. Perez-Hernandez	045691	1.00	\$ 26,434.25
	Nurse-RN	M. Harp	952380	1.00	\$ 31,406.00
	Medical Assistant	C. Smith	029281	1.00	\$ 28,308.17
	Human Services Analyst	A. Hossley	051151	1.00	\$ 17,759.72
			Subtotal	5.10	\$ 151,207.09
	Lab Services				\$ 13,400.11
	Provider Training - CPR				\$ 300.00
	Travel				\$ 150.00
	Office Supplies				\$ 614.60
	Medical Supplies				\$ 12,500.00
	Cell phone				\$ 666.67
	Total Bayside Health Clinic			\$ 178,838.47	
78-MOBMD	HCH-Mobile Medical				
	Nurse Practitioner	L. Fitzgerald	058749	1.00	\$ 45,179.74
	Nurse-LPN	L. Feldhouse	031048	1.00	\$ 21,675.23
	Support Staff/Driver	C. Wittstruck	029229	1.00	\$ 20,967.16
			Subtotal	3.0	\$ 87,822.13
	Office Supplies				\$ 991.74
Medical Supplies				\$ 5,024.00	
	Total HCH-Mobile Medical			\$ 93,837.87	
27-PCR	HCH Dental Encounters		rate		
	HCH Dental Encounters @ \$120 (DDS) - H80 Grant Funded		\$ 120.00	500	\$ 60,000.00
	HCH Dental Encounters @ \$75 (Hygienist) - H80 Grant Funded		\$ 75.00	100	\$ 7,500.00
	Total HCH Dental Encounters			600	\$ 67,500.00
	Total Budget Amount			\$ 340,176.33	

Pinellas County Human Services: Enhanced Primary Care - Interlocal
 To: Abigail Stanton, Contract Manager, Human Services

H80 Budget FY 23-24- March 1, 2024 - September 30, 2024
 \$ 559,895.00

10/27/2023

Coding	Description	Name	Rate/PSN	Enc/FTE	Budget	
78-PCR	HCH - Bayside Health Clinic					
	Nurse Practitioner	C. Odonohoe	002224	1.00	\$ 88,010.73	
	Nurse-LPN	O. Perez-Hernandez	045691	1.00	\$ 45,447.60	
	Family Support Worker	E. Grace	029279	1.00	\$ 29,719.67	
	Medical Assistant 1	C. Smith	029281	1.00	\$ 39,631.43	
	Human Services Analyst	A. Hossley	051151	1.00	\$ 33,160.75	
				Subtotal	5.00	\$ 235,970.18
	Lab Services-Bayside Health Clinic				\$ 17,645.83	
	Provider Training - CPR				\$ 270.67	
	Office Supplies				\$ 1,210.42	
	Medical Supplies				\$ 7,032.61	
	Cell phone				\$ 933.33	
	Total Bayside Health Clinic				\$ 263,063.04	
78- MOBMD	HCH-Mobile Medical					
	Nurse Practitioner	L. Fitzgerald	058749	1.00	\$ 87,467.85	
	Nurse-LPN	L. Feldhouse	031048	1.00	\$ 44,707.25	
	Support Staff/Driver	C. Wittstruck	029229	1.00	\$ 39,362.75	
				Subtotal	3.0	\$ 171,537.85
	Office Supplies				\$ 1,210.42	
	Medical Supplies			\$ 7,032.61		
	Total HCH-Mobile Medical				\$ 179,780.88	
27-PC	HCH Dental Staff					
	Dentist	Dr. Gatons	003587	1.00	\$ 117,051.08	
	Total HCH Budget				\$ 117,051.08	
	Total Budget Amount				\$ 559,895.00	

Coding	Description	Name	Rate/PSN	Enc/FTE	Budget
78 MOBMD / 27 PCR22	AMERICAN RESCUE PLAN - HCH-STREET MEDICINE NO COST EXTENSION (October 1, 2023 -MARCH 31, 2024)				
	Nurse Practitioner (\$45 per hour)	W. Katz	952472	1.00	\$ 41,977.36
	Registered Nurse (\$38 per hour)	R. Abbott	952532	1.00	\$ 32,948.50
	Human Services Analyst (\$25 per hour)	M. Thomas	952378	1.00	\$ 18,457.56
	OPS Dentist (\$65 per hour)	C. Boiret	085506	0.40	\$ 23,283.00
	OPS Hygienist (69,113.46 x 0.4 FTE X 5 months)	A. Islami	002373	0.40	\$ 16,955.31
	Subtotal		Subtotal	3.8	\$ 133,621.73
	Local and Conference Travel				\$ 500.00
	Office Supplies				\$ 250.00
	Medical / Dental Supplies				\$ 7,500.00
	Laboratory				\$ 250.00
	Cell Phone Service				\$ 1,000.00
	MiFi Services				\$ 180.25
	Dental Van and Equipment Maintenance				\$ 317.87
	Dental Van Fuel				\$ 470.00
	Mobile Van Professional Cleaning				\$ 1,976.60
	Mental Health sub contract				\$ 30,226.70
	10% Administrative Cost				\$ 13,362.17
	Total HCH-STREET MEDICINE			\$ 189,655.32	

Coding	Description	Name	Rate/PSN	Enc/FTE	Budget
78-PCR	IBHS GRANT (October 1, 2023 - September 30, 2024)				
	Contractual Mental Health Services				\$ 167,000.00
	Total IBHS Grant				\$ 167,000.00

Coding	Description	Name	Rate/PSN	Enc/FTE	Budget
78-PCR	HIV PREVENTION GRANT (October 1, 2023 - September 30, 2024)				
	Supplies				\$ 10,000.00
	HIV Testing				\$ 12,149.33
	HIV Contractual				\$ 140,262.67
	Total HIV Grant				\$ 162,412.00

Coding	Description	Name	Rate/PSN	Enc/FTE	Budget
78-PCR	HYPERTENSION GRANT (October 1, 2023 - September 30, 2024)				
	Quality / Data Analyst (0.25 FTE to Hypertension Grant)	G. Oster		0.25	\$ 7,660.42
	Blood Pressure Monitoring Devices				\$ 13,039.99
	10% Administrative Cost				\$ 766.04
	Total Hypertension Grant				\$ 21,466.45

Coding	Description	Name	Rate/PSN	Enc/FTE	Budget
78-PCR	UDS+ Supplemental Funding (OCTOBER 1, 2023 - MARCH 31, 2024)				
	Registered Nurse (Oct 23 - Dec 23)	D. Chavez Lopez	952444	1.00	\$ 16,000.00
	Medical Supplies and Equipment				\$ 2,073.39
	Cell Phone Service (\$43 per month)				\$ 258.00
	10% Administrative Cost				\$ 1,600.00
	Total UDS+				\$ 19,931.39

Coding	Description	Name	Rate/PSN	Enc/FTE	Budget
78-PCR	EXPANDING COVID-19 VACCINATION FUNDING (ECV) (October 1, 2023 - DECEMBER 31, 2023)				
	Human Services Program Specialist (OPS 280 hours at \$20/hr + 40% fringe)	Vacant	952445	1.0	\$ 7,840.00
	Registered Nurse (OPS 416 hours x \$35/hour + 15% fringe)	D. Chavez-Lopez	952444	0.8	\$ 16,744.00
	Background Screening (1 FTE x \$38/FTE)				\$ 35.00
	Drug Screening (1 FTE x \$35/FTE)				\$ -
	Local Travel (1 FTE 80 miles/month x 3 months x \$0.445 per mile)				\$ 106.80
	Medical Supplies (\$500 per mo x 3 months)				\$ 1,500.00
	Office and General Supplies (\$100 per month x 3 months)				\$ 300.00
	Patient Education Materials				\$ 900.00
	Cell Phone (2 FTEs at \$89 per month x 3 months)				\$ 534.00
	Client Assistance Items (transportation assistance and hygiene items)				\$ 9,193.15
	10% Administrative Cost				\$ 2,458.40
	Total ECV				\$ 39,611.35

Coding	Description	Name	Rate/PSN	Enc/FTE	Budget
78-PCR	BRIDGE ACCESS PROGRAM (October 1, 2023 - DECEMBER 31, 2024)				
	Registered Nurse (OPS 640 hours x \$35/hour + 15% fringe)	TBD	TBD	1.0	\$ 25,760.00
	Background Screening (1 FTE x \$38/FTE)				\$ 38.00
	Drug Screening (1 FTE x \$35/FTE)				\$ 35.00
	Local Travel (1 FTE 80 miles/month x 10 months x \$0.445 per mile)				\$ 356.00
	Medical Supplies (\$179 per mo x 10 months)				\$ 1,790.00
	Office and General Supplies (\$50 per month x 10 months)				\$ 500.00
	Cell Phone (1 FTEs at \$50 per month x 10 months)				\$ 500.00
	10% Administrative Cost				\$ 2,577.00
	Total Bridge Access				\$ 31,556.00

Appendix D: Reports and Data Files to be Exchanged

File Name	Format	Frequency	From	To
Health Program Enrollment/ Disenrollment	Excel	Weekly	COUNTY	DOH
Dental 40SM	Excel	Monthly	DOH	COUNTY
Dental ATF	Excel	Monthly	DOH	COUNTY
Dental Primary Care Invoice	Excel	Monthly	DOH	COUNTY
Medical Primary Care Invoice	Excel	Monthly	DOH	COUNTY
FYTD Pinellas DOH FARS Outcomes	Excel	Monthly	DOH	COUNTY
Pinellas DOH FARS Outcomes	Excel	Monthly	DOH	COUNTY
FYTD Pinellas Referrals Disposition	Excel	Monthly	DOH	COUNTY
Pinellas Referrals Disposition	Excel	Monthly	DOH	COUNTY
FYTD Pinellas Monthly Data Report	Excel	Monthly	DOH	COUNTY
Pinellas Monthly Data Report	Excel	Monthly	DOH	COUNTY
DFL- UDS Report	Excel	Monthly	DOH	COUNTY
Hospital IP Raw Data	Excel	Monthly	COUNTY	DOH
Hospital OP_ED Raw Data	Excel	Monthly	COUNTY	DOH
Weekly Report	Excel	Weekly	COUNTY	DOH
DME Detail Report	Excel	Monthly	COUNTY	DOH
Vision Screening Flyers	pdf	Monthly	DOH	COUNTY
SC-DataElement MTD	Excel	Monthly	DOH	COUNTY
SC-DataElement YTD	Excel	Monthly	DOH	COUNTY
HEDIS Measures	Excel	Monthly	DOH	COUNTY
HEDIS Measures	Excel	Quarterly	DOH	COUNTY
DOH Enrollment/ Disenrollment	Excel	Weekly	COUNTY	DOH
MedNet Report- Pinellas_2023_Month	Excel	Monthly	DOH	COUNTY
MedNet Report- Pinellas_2023_Month_Meds	Excel	Monthly	DOH	COUNTY
Behavioral Health Optimal Data Set	Excel	Monthly	DOH	COUNTY

Form 12 - Organization Contacts

▼ 00242854: COUNTY OF PINELLAS

Due Date: 10/29/2025 (Due In: 0 Days)

Announcement Number: HRSA-26-002

Announcement Name: Service Area Competition

Application Type: Competing Continuation

Grant Number: H80CS00024

Target Population: Homeless Population

Target Audience: Not Available

▼ Resources [🔗](#)

As of 10/29/2025 04:56:30 PM

OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

Contact Information

Chief Executive Officer	Name	Highest Degree	Email	Phone Number
Chief Executive Officer	Ms. Elisa DeGregorio	MA	edegregorio@pinellascount y.org	(727) 464-8434

Contact Person	Name	Highest Degree	Email	Phone Number
Grants Section Manager	Mrs. Lisa Carrillo	BS	lcarrillo@pinellascounty.org	(727) 464-8272

Chief Medical Officer	Name	Highest Degree	Email	Phone Number
Chief Medical Officer	Dr. Mahima Pandey	M.D.	mahima.pandey@flhealth.g ov	(727) 824-6947

Dental Director	Name	Highest Degree	Email	Phone Number
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Behavioral Health Director	Name	Highest Degree	Email	Phone Number
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Summary Page

00242854: COUNTY OF PINELLAS **Due Date: 10/29/2025 (Due In: 0 Days)**

Announcement Number: HRSA-26-002 Announcement Name: Service Area Competition Application Type: Competing Continuation
 Grant Number: H80CS00024 Target Population: Homeless Population Target Audience: Not Available

Resources

As of 10/29/2025 04:56:37 PM
 OMB Number: 0915-0285 OMB Expiration Date: 4/30/2026

Service Area

1. What is the Service Area Announcement Table (SAAT) identifying information for the service area that you are proposing to serve?	Service Area ID #:	023
	Service Area City:	Clearwater
	State:	Florida (FL)

Patient Projection

2. What is the total unduplicated patient projection for the assessment period? Note: If changes are required, revisit Form 1A .	2315
3. What is the Patient Target from the Service Area Announcement Table (SAAT) for the proposed service area?	2311
4. Percent of the service area Patient Target proposed to be served in the assessment period. Note: This value must be at least 75 percent for the application to be considered eligible for funding.	
5. <input checked="" type="checkbox"/> By checking this box, I acknowledge that HRSA will track progress toward meeting the total unduplicated patient projection (see item 2 above), which may include projections from other funded applications awarded within my period of performance.	

Federal Request for Health Center Program Funding

6. I am requesting the following types of Health Center funding:

Funding Type	Funding Requested
Community Health Center – CHC-330(e)	\$0.00
Migratory and Seasonal Agricultural Workers – MSAW-330(g)	\$0.00
Homeless Population – HP-330(h)	\$1,926,977.00
Residents of Public Housing – RPH-330(i)	\$0.00
Total	\$1,926,977.00

Note: Ensure this value does not exceed the Total Funding listed in the Service Area Announcement Table (SAAT) for the service area. If a funding reduction is required based on the patient projection (value between 75 and 94.9 percent in item 4 above), this figure should be lower than the value in the SAAT. See the Summary of Funding section of the NOFO for more information.

Scope of Project: Sites and Services

7. I am proposing the following site(s): (New applicants and competing supplement applicants only)

This section is not applicable to you, since you are submitting a Competing Continuation application.

8. Sites Certification (New and competing supplement applicants only)

This section is not applicable to you, since you are submitting a Competing Continuation application.

9. Scope of Project Certification - Services (Competing continuation applicants only) - select only one option below

- By checking this option, I certify that I have reviewed my [Form 5A: Services Provided](#) and it accurately reflects all services and service delivery methods included in my current approved scope of project.
- By checking this option, I certify that I have reviewed my [Form 5A: Services Provided](#) and it requires changes that I have submitted through the change in scope process.

10. Scope of Project Certification - Sites (Competing continuation applicants only) - select only one option below

- By checking this option, I certify that I have reviewed my [Form 5B: Service Sites](#) and it accurately reflects all sites included in my current approved scope of project.
- By checking this option, I certify that I have reviewed my [Form 5B: Service Sites](#) and it requires changes that I have submitted through the change in scope process.

★ 11. 120 Day Compliance Achievement Plan Certification

By checking this box, I certify that if my organization is noncompliant with any Health Center Program requirements, in accordance with Section 330(e)(1)(B), I will submit for HRSA's approval within 120 days of release of the Notice of Award (NoA) a Compliance Achievement Plan to come into compliance. I acknowledge that areas of noncompliance will be documented through the carryover of any unresolved, existing condition(s) from the current period of performance and/or the placement of new condition(s) on the award

based on the review of this application. I also acknowledge that all conditions on my award must be addressed within the timeframes and by the due dates specified on my Health Center Program NoA(s) and that the Compliance Achievement Plan I submit must align with such timelines.

★ 12. Uniform Data System (UDS) Report Certification

By checking this box, I certify that I have reviewed the [UDS Resources](#), including the most recent UDS Manual and understand that my organization will be required to report data on patients, services, staffing, and financing annually. I also acknowledge that failure to submit a complete report by the specified deadline may result in conditions or restrictions being placed on the Health Center Program award.

★ 13. Applicants for HP and RPH Funding: Supplement and Not Supplant Certification (New and competing supplement applicants only)

Not Applicable. My organization is submitting a competing continuation application, or submitting a new or competing supplement application, but the organization is NOT requesting HP and/or RPH funding on the SF-424A.

By checking this box, I certify that my organization will use HP and/or RPH grant funding to supplement and not supplant, the expenditures of the health center and the value of in-kind contributions for the delivery of services to these populations.

Describe, with specific examples, how you will use the requested federal funds to add new or expand existing services to the homeless population and/or residents of public housing within your service area, as well as how this is an increase or expansion of the services your organization was providing previously for these populations. (maximum 1,000 characters)