

Appendix B- Standards of Operation

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Appendix B

Standards of Operation

I. Program Eligibility

- a) **Client Handbook:** Client responsibility and eligibility information can be found in the Client Handbook (Attachment 1), as amended from time to time. Any questions or concerns in regard to client eligibility should be reported to the PCHP Program Administrator.
1. Additional Information: Should a new patient present to a medical home or MMU with an urgent medical issue, DOH PINELLAS 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 PINELLAS shall be reimbursed for one (1) billable encounter while eligibility is being determined.
 2. Medical services will be provided to all eligible PCHP/ HCH clients regardless of ability to pay.
 3. Clients with income below 100% of the Federal Poverty Level will pay no fee.
 4. 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.
 5. DOH will 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 Pinellas shall provide the following key personnel:
1. One (1) full-time Medical Director*. The Medical Director shall:
 - i. Act as the clinical physician liaison for internal and contractual programs, including but not limited to the PCHP, Pharmacy Program, and MMU;

- ii. Assure open and effective relationships, oversee medical quality assurance, and facilitate performance improvement mechanisms and monitoring systems;
- iii. Provide medical consultation, oversight, and monitoring to the PCHP, Pharmacy Program, and MMU;
- iv. Supervise Quality Assurance and Specialty Services staff and part-time Volunteer Coordinator;
- v. Meet with the COUNTY and contractual providers to discuss issues relating to the provision of health care service delivery, including client care and quality assurance issues;
- vi. Provide on-site, telephonic, or electronic consultation as needed or requested.
- vii. Attend HCH Co-Applicant Board and other health care related meetings as needed/requested;
- viii. Participate in County, State and Federal site reviews;
- ix. Facilitate medical chart reviews with the COUNTY;
- x. Participate in the COUNTY Pharmacy and Formulary Committee;
- xi. Participate in quarterly meetings with contracted hospitals;
- xii. Assess MMU service delivery and evaluate cost effective and efficient methods for health care delivery. 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). Ensure to maintain PCMH qualifications by achieving set standards for PCMH recognition.
- xiii. Evaluate the physical plant and environmental conditions of the MMU for provision of quality medical care and safety;
- xiv. Ensure that all necessary remedial actions are documented and implemented whenever significant deviations from established performance specifications are identified on the MMU;
- xv. Assess recommendations on MMU staff training and continuing medical education needs, provide guidance to medical staff on training opportunities for on-going medical education, continuing medical education, and continuing education unit needs;
- xvi. Other related services as deemed necessary by the COUNTY. If these other services result in documented need for additional staff, a contract amendment shall be initiated.
- xvii. Inform the county of any possible “conflicts of interest” by any staff and sub-contractors who disclose potential conflicts of interest.

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. Familiarize 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. Participate in collection and submission of required data to the Health Resources Services Administration via the Uniform Data System (UDS);
 - v. Collect required HEDIS measures and submit reports and corrective action plans as required by COUNTY;
 - vi. Oversee and monitor 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 PINELLAS. 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)*
 (Medical Director: see detailed responsibilities in section II(e) Administrative Personnel)
 - 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 (minimum of two individuals with qualifications/ability to drive MMU): CDL License Required
10. Other HCH Compliance Requirements
- i. DOH Pinellas 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:
 - ii. 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
 - iii. Competent and fit to perform the contracted or referred services, as assessed through a privileging process equivalent to the procedures identified by HRSA;
 - iv. At least one staff member trained and certified in basic life support 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,
 - v. After hours coverage is 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) Hours of operation may be adjusted according to need and demand, and DOH PINELLAS shall notify the COUNTY of any changes in hours of operation.
- b) 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 Pinellas 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.

c) Primary care services sites are documented in the Client Handbook. Sites may be added or deleted to meet the goals of the PCHP. DOH PINELLAS shall consult with the COUNTY and receive approval prior to addition or deletion of primary care service sites.

d) Encounters:

1. A primary care encounter is defined as a face-to-face 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 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. These additional encounters must be reviewed and approved by the PCHP Medical Director.
5. The target number of annual encounters shall not exceed 24,000 encounters in FY 2019, with an overall program average of no more than four (4) encounters per client per year.

e) Primary and Preventative Care

1. DOH PINELLAS 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 PINELLAS 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.
- 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 Mobile Medical Unit 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.
- xiii. Staffing at the medical homes shall be at the discretion of the DOH PINELLAS. The COUNTY must be immediately notified in writing should changes in staff affect the delivery of core services described in Appendix A.

f) Specialty Laboratory Services

- 1. DOH PINELLAS shall subcontract for specialty laboratory services.

g) Behavioral Health Services

- 1. DOH PINELLAS shall screen clients for behavioral health concerns and shall subcontract for the provision of behavioral health care services. The subcontracted behavioral health provider shall be responsible for conducting comprehensive psychosocial assessments, developing mental health and substance abuse treatment plans, providing counseling, submitting requests to the DOH PINELLAS for medical case reviews or psychiatric consultations, making referrals to community resources as needed, and making referrals back to DOH PINELLAS for follow-up care. The behavioral health provider may also request case consultation with health care service teams.
- 2. The DOH PINELLAS and the subcontracted behavioral health services provider shall track all referred clients. The subcontracted behavioral health provider shall

provide consultation notes and treatment plans to DOH PINELLAS to ensure continuity and coordination of care. In addition, the subcontracted behavioral health care provider shall provide client data and reports as required by the COUNTY according to the terms of their subcontract.

h) 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.
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 PINELLAS 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 PINELLAS 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 Pinellas shall review pharmacy requests, process overrides as needed and participate in the Formulary and Pharmacy committee meetings.

i) 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 PINELLAS. DOH PINELLAS 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 PINELLAS shall assist the client in applying for benefits. All specialty care referrals shall be approved by the DOH PINELLAS Specialty Services Department.
 - 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 PINELLAS 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 PINELLAS 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.
3. DOH PINELLAS OB/Pre-Natal Clinic in Clearwater shall provide obstetrical and pre-natal care services to clients of the MMU including clinical assessment, management/ treatment and coordination of services, and referrals for the mother and fetus to maximize the outcome of the pregnancy. MMU staff will assess the client for Medicaid eligibility and will diagnose the client for positive pregnancy. MMU staff will document and track the referral to the DOH PINELLAS OB/Pre-Natal Clinic in Clearwater including completing Medicaid eligibility if needed. The OB/Pre-Natal Clinic will confirm the referral with the MMU.
 4. Hospital services must be provided by the hospitals that have signed agreements with Pinellas County.
 5. Emergency room visits are not covered by the Pinellas County Health Program. Services provided in Emergency Observation may be covered with adequate supporting documentation.
 6. 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.
- j) 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. Authorization for home healthcare and durable medical equipment shall be requested as specified in PCHP Provider Handbook.
- k) Dental Care
1. DOH PINELLAS 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 PINELLAS 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.
- l) Healthcare for the Homeless
1. DOH Pinellas will coordinate with the County's Fleet Division for maintenance and repair of the Mobile Medical Unit.
 2. DOH Pinellas will coordinate with the County Real Estate Management Department for facility maintenance.
 3. DOH Pinellas is responsible for monitoring the security system for the Bayside Health Clinic.
 4. DOH Pinellas will coordinate on inventory management annually, and communicate any changes to inventory.
 5. DOH will coordinate with MMU designated sites in regard to schedule, operations, services and appointment scheduling and reminders.

IV. Attachments Incorporated by Reference

- a) Client Handbook
- b) Provider Handbook
- c) HRSA Compliance Manual
- d) Notice of Award for project period