

## Appendix B- Standards of Operation

I. Program Eligibility .....	2
II. Administration- Personnel .....	2
III. Medical Home Operation .....	5

## 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;

## Appendix B- Standards of Operation

- 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:

## Appendix B- Standards of Operation

- 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

## Appendix B- Standards of Operation

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.

## Appendix B- Standards of Operation

- 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.

## Appendix B- Standards of Operation

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.



## Appendix B- Standards of Operation

- 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.

## Appendix B- Standards of Operation

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.

## Appendix B- Standards of Operation

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.