Health Center Program Site Visit Report

TA Request Details

TA Request Number: **TA003827**

Grantee Information: **Pinellas County Board of County Commissioners**
315 Court Street
Clearwater, Florida 33756

Contact: **Daisy Rodriguez, Health Care Administrator, Pinellas County**
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Type of Visit: **Operational Site Visit**

Dates of Visit: **07/11/2017 - 07/13/2017**

Consultants

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Site Visit Participants

Name	Title	Interviewed	Entrance	Exit
Rhonda Abbott	HCH Co-Applicant Board	Yes	Yes	Yes
Lourdes Benedict	Director of Human Services, Pinellas County	Yes	Yes	Yes

This report has been prepared on behalf of the Health Resources and Services Administration, Bureau of Primary Health Care (HRSA/BPHC) for the purposes of oversight and guidance of HRSA/BPHC programs. The report contains final findings and recommendations reviewed and approved by HRSA/BPHC. This report identifies any findings of non-compliance with Health Center program requirements and may also include a review of clinical and financial performance.

Name	Title	Interviewed	Entrance	Exit
Ulyee Choe, DO	Director, Florida Department of Health	No	Yes	Yes
Elisa DeGregorio	Grants Manager, Pinellas County	Yes	Yes	Yes
Valerie Leonard	HCH Co Applicant Board, Vice Chair/Past Chair	Yes	Yes	Yes
Meghan Lomas	Planning Section, Manager, Grants Administration, Pinellas County	No	Yes	Yes
Chitra Ravindra, MD	Medical Director, Florida Department of Health	Yes	Yes	Yes
Daisy Rodriguez, MS, MBA	Health Care Administrator, Pinellas County	No	Yes	Yes
Clark Scott	Business Service Division Director	Yes	Yes	Yes
Melissa Van Bruggen	Clinical Health Services Director, Florida Department of Health	No	Yes	Yes
Andrew Wagner	FL Department of Health	Yes	No	Yes
Pam Schuler	Business Technology Services	Yes	No	No
Keri Vizandiou, CPA	Business Services Division Manager	Yes	No	Yes
Rhonda O'Brien, ARNP	Quality Manager	Yes	No	Yes
Chukwudi Ufondu	Care Coordinator	Yes	No	No
Dianne Clarke, PhD, CAP	Board Secretary; CEO , Operation PAR	No	No	Yes
Stephanie Reed, PhD	Manager, Quality and Planning	Yes	Yes	Yes
Helen Rhymes	Board Member	Yes	No	No
Clare Young	Board Member	Yes	No	No
Jerry Wennlund	Board Member	Yes	No	No
Lt. Zachary Haisch	Board Member	Yes	No	No

Name	Title	Interviewed	Entrance	Exit
April Lott	Board Member; CEO, Directions for Living	Yes	No	No
Sandnes Boulanger	Board Member	Yes	No	No
Clarice Wilkinson (by phone)	HRSA Project Officer	Yes	Yes	Yes

Program Requirement Compliance Review Summary

Program Requirement Compliance Review	Compliance Status
1. Needs Assessment	Met
2. Required and Additional Services	Not Met
3. Staffing Requirement	Not Met
4. Accessible Hours of Operation/Locations	Met
5. After Hours Coverage	Met
6. Hospital Admitting Privileges and Continuum of Care	Met
7. Sliding Fee Discounts	Not Met
8. Quality Improvement/Assurance Plan	Met
9. Key Management Staff	Met
10. Contractual/Affiliation Agreements	Met
11. Collaborative Relationships	Met
12. Financial Management and Control Policies	Met
13. Billing and Collections	Not Met
14. Budget	Met
15. Program Data Reporting Systems	Not Met
16. Scope of Project	Not Met
17. Board Authority	Not Met
18. Board Composition	Met
19. Conflict of Interest Policy	Met

Section 1. Need - Program Requirement #1

Program Requirement #1 - Needs Assessment

Health center demonstrates and documents the needs of its target population, updating its service area, when appropriate. (Section 330(k)(2) and (k)(3)(J) of the PHS Act)

Compliance Status: Met.

Documents reviewed onsite or in advance:
Most recent needs assessment(s)
Service area map
UDS patient origin data
Health center's list of sites with service area zip codes (Form 5B)

Compliance Review Findings:

The Pinellas County Board of County Commissioners (PCBCC) has a written Needs Assessment survey conducted in May 2017. PCBCC has a defined service area of Pinellas County, Florida, including Clearwater, St. Petersburg, and Tarpon Springs. Pinellas County Health Care for the Homeless (HCH) Program operates two service sites at seven different locations weekly - the Mobile Medical Unit (MMU) and the Bayside Health Clinic which opened in April 2016. The defined service area is consistent with the health center's patient origin data in the UDS.

Section 2. Services - Program Requirement #2

Program Requirement #2 - Required and Additional Services

Health center provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals. (Section 330(a) and (h)(2) of the PHS Act)

Compliance Status: Not Met.

Documents reviewed onsite or in advance:
Health center's official scope of project for services (Form 5A)
Clinical practice protocols and/or other policies and procedures that support the delivery of health center services
Contracts, MOAs, MOUs, etc. for services provided via formal written agreements and/or formal written referral arrangements, including general tracking and referral policies and procedures

Compliance Review Findings:

All required and additional services noted on Form 5A are being provided through a contract with the Florida Department of Health (FL DOH,) and some of these services are provided through the FL DOH subcontracted providers. There are two (2) direct contracts with providers of substance abuse services and a provider of durable medical equipment, infusion therapy, home nursing, speech, occupational, and physical therapies, and orthotics and prosthetics. Health Care for the Homeless required mental health and substance abuse services are provided through these contractual relationships.

These contracts include language requiring documentation in the patient record, how PCBCC will pay or be billed for the service and that the Center's sliding fee policies and procedures apply. In particular, those patients below 100% of poverty will receive services at no charge and the Center's sliding fee discount scale applies to those between 100-200% of poverty.

There are no MOUs in place for services noted to be provided under Column III. In discussions with staff, it was determined that these services are provided by the above contracted providers and are not paid for by PCBCC. The contracts do not include language related to the provision of these services that would satisfy the requirements of MOUs; specifically, they do not include language related to how the referral is made and managed, how the patient is referred back to the Center, and how the Center tracks and follows-up on this care.

All services are available equally to all patients.

The Center has developed comprehensive and appropriate policies and procedures for making, managing, tracking and following up on these referrals. This is a complex process due to the number of different data systems in use across all the agencies, and the Center has developed appropriate tools for tracking this information across all these systems.

Twenty (20) of the Center's 2,306 patients seen in 2016 are best served in a language other than English. There is a contract in place for the provision of translation services. Signage, brochures, and forms are in plain language with an appropriate literacy level. Verbal reminders are used as needed and other means are used as necessary for other disabilities.

If Not Met - Steps/Actions Recommended for Compliance:

PCBCC must develop MOUs for all services offered through formal written referrals. These MOUs must, at a minimum include:

- How the referral is made and managed;
- How the patient is referred back to the Center and how the Center tracks and follows up on this care;
- That the service is available equally to all patients, regardless of ability to pay; and
- That the service is available on a sliding fee discount schedule.

Section 2. Services - Program Requirement #3

Program Requirement #3 - Staffing

Health center maintains a core staff as necessary to carry out all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established arrangements and referrals. Staff must be appropriately licensed, credentialed and privileged. (Section 330(a)(1), (b)(1)-(2), (k)(3)(C), and (k)(3)(I) of the PHS Act)

Compliance Status: Not Met.

Documents reviewed onsite or in advance:
Staffing Profile
Provider contracts, agreements, and any subrecipient arrangements related to staffing (as applicable)
Credentialing and privileging policies and/or procedures
Documentation of provider licensure or certification for all licensed or certified health center practitioners
Privileging lists

Compliance Review Findings:

The following staff, in FTEs, are available to serve the 2,306 patients seen in 2016 through 16,962 visits: 1.0 physician, 0.5 nurse practitioner and 1.0 physician assistant, 2.0 licensed practical nurses, 1.5 registered nurses, 1.0 care coordinator, 2.0 medical assistants, 1.0 dentist, 0.5 dental hygienist, 1.0 dental assistant, and 2.9 mental health and 0.5 substance abuse counselor. This staffing appears appropriate for the population served.

The board-approved (February 2017) credentialing and privileging policy was reviewed. This policy is consistent with PINs 2001-16 and 2002-22 and clearly delineates that ultimate authority for the review of credentials and approval of privileges rests with the Co-Applicant Board. It applies to all licensed independent practitioners and registered or certified practitioners whether staff, contracted, locum tenens or volunteer.

The policy denotes all required primary and secondary source verification as required by the PINs. The policy notes that renewals are required every two years and addresses the documentation needed, circumstances when temporary privileges may be granted, and the length of time they may be in place. The policy also includes an appeals process in situations where privileges are denied.

All providers are subcontractors. Contracts for these positions include language that credentialing and privileging must occur for these providers by their agency in a manner consistent with HRSA requirements. However, these contracts do not detail the requirements cited in PIN 2002-22. There are letters from some, but not all, of these agencies stating that the providers have been credentialed and privileged consistent with HRSA requirements but these requirements are not detailed in those letters.

The contract with FL DOH stipulates that staff of FL DOH collect all required credentialing documents. Once assembled, all documentation is forwarded to the Chief Medical Officer of FL DOH who reviews and approves requested privileges. This action is included in the job description for this position. This approval is then forwarded to the Medical Executive Committee, which consists of representatives of FL DOH and PCBCC as well as the senior physician and dentist. This group reviews all documentation and approves or denies the request for privileges.

PCBCC staff then provide the Co-Applicant Board with a monthly report, which contains the current and next due date of all providers' credentialing and privileging. They do not receive privileging lists for individual providers or any information regarding what privileges have been approved for specific providers. Board minutes notes approval of this report. There is no documentation that they grant privileges to practice at the Center.

Credentialing and privileging files for FL DOH contract medical and dental providers were available for review. The files of one physician, one advanced registered nurse practitioner, one

dentist, one physician assistant, and one registered nurse were reviewed. These files contain documentation as required in the PINs including privileging lists which have been signed by the Chief Medical Officer. Some but not all files reviewed contained documentation of Medical Executive Committee and Advisory Board approval.

No files of mental health or substance abuse treatment providers, who are under direct contract with PCBCC, are maintained by PCBCC or FL DOH or available for review.

If Not Met - Steps/Actions Recommended for Compliance:

PCBCC must:

- Include specific HRSA required per PINs 2001-16 and 2002-22 credentialing and privileging documentation in all contracts that include licensed independent practitioners and registered or certified health care practitioners.
- Implement procedures to assure that providers not contracted through FL DOH are credentialed and privileged in accordance with HRSA requirements. This may be accomplished by PCBCC performing the credentialing and privileging or contracting with another agency. These procedures must include a process for identifying specific requested privileges and an internal process to determine that those procedures are within the Center's scope of project.
- If the credentialing process for non-FL DOH contracted providers is left to the agency, PCBCC must develop monitoring and oversight processes to assure that HRSA requirements are met. This may be accomplished through PCBCC maintaining copies of all primary and secondary source documents and privileging lists or establishing a mechanism of routine audits of the agency's files.
- PCBCC must immediately revise the role of the Co-Applicant Board to include the approval of credentials and the granting of privileges to specific providers to practice at the Center.
- Behavioral health and substance abuse providers must immediately be appropriately credentialed and privileged by the Co-Applicant Board.

Section 2. Services - Program Requirement #4

Program Requirement #4 - Accessible Hours of Operation/Locations

Health center provides services at times and locations that assure accessibility and meet the needs of the population to be served. (Section 330(k)(3)(A) of the PHS Act)

Compliance Status: Met.

Documents reviewed onsite or in advance:
Hours of operation for health center sites
Most recent Form 5B: Service Sites (*Note that the form lists only the TOTAL number of hours per week each site is open, not the specific schedule*)
Form 5C: Other Activities/Locations
Service area map with site locations noted

Compliance Review Findings:

PCBCC operates one brick and mortar site, which is open 8 AM-8 PM Monday through Thursday, 8 AM-5 PM Friday and 8 AM-12 noon on Saturday. This site is adjacent to the largest homeless shelter in Pinellas County. They operate a mobile van 27 hours a week at various sites across the county and at locations that are adjacent to homeless shelters or other areas where the homeless congregate. These locations are within the service area and appear convenient to patients. Locations are marketed to the patients through signage at the homeless shelters and other areas frequented by the homeless as well as by word of mouth. Hours of operation at the site are noted on the door and patient information handouts.

Section 2. Services - Program Requirement #5

Program Requirement #5 - After Hours Coverage

Health center provides professional coverage for medical emergencies during hours when the center is closed. (Section 330(k)(3)(A) of the PHS Act and 42 CFR 51c.102(h)(4))

Compliance Status: Met.

Documents reviewed onsite or in advance:
Health center's after-hours coverage policies and/or procedures
Agreements, systems and/or contracts that support after hours coverage, if applicable
Most recent Form 5A: Services Provided, see Coverage for Emergencies During and After Hours

Compliance Review Findings:

Patients access the after-hours service by dialing the Bayside Clinic telephone number.
The caller is automatically transferred to the answering service for the FL DOH.

The reviewer called the clinic at 8:15 PM on Wednesday, July 12, 2017 and was immediately connected to the provider on call.

There are appropriate internal policies and procedures for documenting, tracking, and following-up on these calls.

Instructions for contacting the after-hours number is posted on the clinic door, in the patient handbook, and on the patient's enrollment card.

Section 2. Services - Program Requirement #6

Program Requirement #6 - Hospital Admitting Privileges and Continuum of Care

Health center physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care. In cases where hospital arrangements (including admitting privileges and membership) are not possible, health center must firmly establish arrangements for hospitalization, discharge planning, and patient tracking. (Section 330(k)(3)(L) of the PHS Act)

Compliance Status: Met.

Documents reviewed onsite or in advance:
Hospital admitting privileges agreements/documentation
Most recent Form 5C: Other Activities/Locations (if applicable, hospitals where health center providers have admitting privileges should be noted on the form)

Compliance Review Findings:

PCBCC has agreements with Bayfront Hospital, BayCare Health Systems, and Tarpon Springs Hospital Foundation to provide emergency department and inpatient care for its patients. These agreements include delineation of how emergency department and inpatient stays are tracked, how information is exchanged, and how discharge planning and follow-up care are coordinated.

PCBCC has internal policies, procedures, and systems in place for tracking and follow-up of hospitalization, discharge planning, emergency department, referrals, and diagnostic testing procedures in order to assure continuity of care.

Section 2. Services - Program Requirement #7

Program Requirement #7 - Sliding Fee Discounts

Health center has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay. (Section 330(k)(3)(G) of the PHS Act and 42 CFR 51c.303(f) and (u))

Compliance Status: Not Met.

Documents reviewed onsite or in advance:
Schedule of fees/charges for all services in scope
Sliding fee discount schedule/schedule of discounts (often referred to as the 'sliding fee scale')
Policies for the sliding fee discount program
Supporting operating procedures for the sliding fee discount program
Documents/forms that support the eligibility process for the sliding fee discount program

Compliance Review Findings:

PCBCC's Sliding Fee Discount (SFD) scale has been updated to reflect the 2017 Federal Poverty Guidelines (FPG). PCBCC's SFD program is consistent with locally prevailing rates and is designed to cover the reasonable cost of operations. PCBCC has a plan to evaluate the SFD program from the perspective of reducing patient financial barriers. Patients are made aware of the SFD by signs in the patient waiting areas posted in English and Spanish. PCBCC's written referral agreements contain language referencing a discount for PCBCC patients; however, the language does not meet the HRSA PIN 2014-02 Sliding Fee Discount and Related Billing and Collections Program Requirement.

PCBCC has a comprehensive co-applicant board approved Sliding Fee Scale policy defining family size and household income. There is a comprehensive procedure regarding the administration of the program. The sliding fee scale for individuals or families at or below 100% of the FPG do not pay for services. Individuals or families with income above 100% and at or below 200% of the FPG, using four discount pay classes, are charged a fee according to the SFD program; homeless patients do not pay for services. Individuals or families above 200% of the FPG are excluded from the SFD program. Patients with insurance are subject to any limitations on further discounting amounts required by the insurer due to applicable federal and state law or Medicare and Medicaid and/or terms and conditions of private payor contracts.

The following are areas of noncompliance with HRSA's PIN 2014-02 Sliding Fee Discount and Billing & Collections Program Requirements:

- SFS policy and procedure does not include a definition of family size and income;
- SFS policy and procedure does not include the frequency of re-evaluation for the program;
- SFS policy and procedure only references PCBCC's medical services; and
- SFS policy and procedure includes language limiting the eligibility of those above 100% of the FPG.

If Not Met - Steps/Actions Recommended for Compliance:

PCBCC must update its written referral agreements to include sliding fee scale discounts for their patients. The referred service must be discounted, at a minimum, at the same level as PCBCC offers its patients.

PCBCC must revise its SFS policy and procedure to:

- State that SFS eligibility for all patients on family size and income only and no other factors;
- Define family size;
- Define income;
- Define the frequency of re-evaluation for the program; and
- Ensure that discounts will apply for all PCBCC services within its HRSA approved scope of project.

The revised SFS policy and procedure must be Co-Applicant Board approved.

Section 2. Services - Program Requirement #8

Program Requirement #8 - Quality Improvement/Assurance Plan

Health center has an ongoing Quality Improvement/Quality Assurance (QI/QA) program that includes clinical services and management, and that maintains the confidentiality of patient records. (Section 330(k)(3)(C) of the PHS Act and 42 CFR 51c.303(c)(1)-(2))

Compliance Status: Met.

Documents reviewed onsite or in advance:
Quality improvement/quality assurance (QI/QA) plan and related and/or supporting policies and/or procedures (e.g., incident reporting system, risk management policies, patient safety policies)
Clinical Director's job description
HIPAA-compliant patient confidentiality and medical records policies and/or procedures
Clinical care policies and/or procedures
Clinical information tracking policies and/or procedures

Compliance Review Findings:

PCBCC uses NextGen as their electronic medical record (EMR). Medical Records Policies and Procedures demonstrate that an electronic clinical record is established for every patient receiving care, privacy and confidentiality are protected, and that patients must give consent for the release of their medical record. Security of the EMR is established and maintained through system and network level processes, as well as user password protection and access to the system granted based on job classification.

There is a Co-Applicant Board approved (June 2017), performance improvement plan in place. This is a comprehensive plan and addresses clinical services, workflow, processes, and patient trends. The purpose of this plan is to improve and support the health of clients served by

ensuring efficient and effective processes and programs through on-going review of performance measures.

The Chief Medical Officer, per the job description, chairs the Quality Improvement Team and provides clinical guidance and support in the development and implementation of performance indicators and corrective action plans.

The Quality Improvement Team meets monthly to review and analyze data and determine the strategies and objectives to improve care, workflow, and processes. Data and trend analyses are pulled from the EMR and other data systems used by the service providers. Meeting minutes identify analysis and performance improvement action plans. Results of action plans are tracked through the minutes and improvements can be observed in the trend analyses reported to the team. Clinical performance indicators are monitored quarterly and trend analysis, action plans, and results are discussed.

The Chief Medical Officer presents quality improvement activities, data and analysis to the Co-Applicant Advisory Council monthly.

Peer review is an ongoing process with each provider reviewing a random selection of five-15 charts, depending upon the complexity of the chosen focus of the peer review. The review is based on standard clinical care standards or identified areas of needed improvement. These results are shared with the Quality Improvement Team and the Advisory Council quarterly.

Section 3. Management and Finance - Program Requirement #9

Program Requirement #9 - Key Management Staff

Health center maintains a fully staffed health center management team as appropriate for the size and needs of the center. Prior approval by HRSA of a change in the Project Director/Executive Director/CEO position is required. (Section 330(k)(3)(I) of the PHS Act, 42 CFR 51c.303(p), and 45 CFR 75.308(c)(2)(3))

Compliance Status: Met.

Documents reviewed onsite or in advance:
Health center organizational chart
Key management staff position descriptions and biographical sketches
Health center's official scope of project for services and sites (Form 5A and Form 5B)
UDS Summary Report

Compliance Review Findings:

The Health Care Administrator has been with the HCH Program for the approximately two years. Each of the key management positions is reflected on the health center's most recent Organizational Chart. The executive team includes the Director of Human Services, Pinellas County (PC); the Health Care Administrator, Pinellas County; the Business Services Director, Pinellas County; the Clinical Health Services Director, FL DOH; the Medical Director, FL DOH; the Grants Manager, Pinellas County; and the Planning Section Manager, Grants Administration, Pinellas County. There are no vacancies on the project management team. Pinellas County contracts with the FL DOH for all medical and dental providers as well as clinical support staff. The key management team's size and composition are appropriate for the size and needs of the health center.

Section 3. Management and Finance - Program Requirement #10

Program Requirement #10 - Contractual/Affiliation Agreements

Health center exercises appropriate oversight and authority over all contracted services, including assuring that any subrecipient(s) meets Health Center Program requirements. (Section 330(k)(3)(I)(ii) of the PHS Act, 42 CFR 51c.303(n) and (t), Section 1861(aa)(4) and 1905(l)(2)(B) of the Social Security Act, and 45 CFR 75)

Compliance Status: Met.

Documents reviewed onsite or in advance:

Contract(s) or sub-award(s) (subrecipient agreements) for a substantial portion of the health center project
Memorandum of Understanding (MOU)/Agreement (MOA) for a substantial portion of the health center project
Contract with another organization for core primary care providers
Contract with another organization for staffing the health center including any contracted key management staff (e.g., CEO, CMO, CFO)
Any other key affiliation agreements, if applicable
Procurement and/or other policies and/or procedures that support oversight of contracts or affiliations

Compliance Review Findings:

PCBCC has comprehensive, written Purchasing Policies, which were revised August 2014. In March 2016, Pinellas County Purchasing issued a "Purchasing Flash" notice to ensure that all recipients of federal grants adhere to the new requirements contained in the Super Circular. There are detailed policies and procedures in place to assure appropriate oversight and that none of the health center's contracts or affiliation agreements have the potential to limit the health center's authority.

The Director of Human Services reviews and signs all contracts to assure that contracts do not compromise the health center's compliance with Health Center Program Requirements in terms of corporate structure, governance, management, finance, health services and/or clinical operations. In addition, contracts are reviewed and approved by the Contracts Unit, Finance, Office Management and Budget, Risk Management, the County Attorney assigned to Human Services, the Assistant County Administrator and the County Administrator. All of the reviews and approvals are tracked through the Legistar System. The Contracts Unit maintains a centralized repository for all grants and contracts. A Quality Assurance (QA) Manager and Contracts Manager conduct annual site visits using standardized tools (a risk assessment worksheet and an agency monitoring visit summary).

Section 3. Management and Finance - Program Requirement #11

Program Requirement #11 - Collaborative Relationships

Health center makes effort to establish and maintain collaborative relationships with other health care providers, including other health centers, in the service area of the center. The health center secures letter(s) of support from existing health centers (section 330 grantees and FQHC Look-Alikes) in the service area or provides an explanation for why such letter(s) of support cannot be obtained. (Section 330(k)(3)(B) of the PHS Act and 42 CFR 51c.303(n))

Compliance Status: Met.

Documents reviewed onsite or in advance:
Letters of Support
Memoranda of Agreement/Understanding
Other relevant documentation of collaborative relationships

Compliance Review Findings:

PCBCC has developed close working relationships with the Florida Department of Health which provides an array of clinical services for the HCH Program, Directions for Living which provides mental health services including psychiatry and Operation PAR (Parental Awareness and Responsibility) which provides substance abuse treatment services. The health center has also developed collaborative relationships with a number of other community organizations, including Catholic Charities' Hope House, the Veterans Administration Medical Center (VAMC), Pinellas Suncoast Transit Authority (PSTA), Bay Area Legal Services, Suncoast Center, as well as three area hospital systems, Bayfront Hospital, Bay Care Health System, and Florida Hospital North. The health center provided a Letter of Support from Community Health Center of Pinellas, which is the closest FQHC for the last service area competition (SAC) and New Access Point (NAP) applications.

Section 3. Management and Finance - Program Requirement #12

Program Requirement #12 - Financial Management and Control Policies

Health center maintains accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) and separates functions appropriate to organizational size to safeguard assets and maintain financial stability. Health center assures an annual independent financial audit is performed in accordance with Federal audit requirements, including submission of a corrective action plan addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report. (Section 330(k)(3)(D) and (q) of the PHS Act and 45 CFR 75.300-309, Subparts E and F)

Compliance Status: Met.

Documents reviewed onsite or in advance:
Most recent independent financial audit and management letter, including audit corrective action plans based on prior year audit findings, if applicable
Most recent Single Audit (grantees only)
Financial management/accounting and internal control policies and/or procedures
Chart of accounts
Balance sheet
Income statement

Most recent Health Center Program required financial performance measures/UDS Report
Most recent Income Analysis (Form 3)

Compliance Review Findings:

PCBCC maintains accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP), and separates functions appropriate to organizational size to safeguard assets and maintain financial stability. PCBCC uses Oracle, which is the county's system, for its accounting software. The general ledger account structure allows for separate identification of federal and non-federal transactions. PCBCC has a comprehensive chart of accounts reflecting its general ledger accounts. PCBCC has board-approved financial policies and procedures.

PCBCC assures an annual independent financial audit is performed in accordance with federal audit requirements, including submission of a Corrective Action Plan addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report. For the fiscal year ending September 30, 2016, PCBCC received an unmodified opinion on financial statements; no deficiencies in internal control over financial reporting; and an unmodified opinion on compliance with the requirements of federal awards.

Section 3. Management and Finance - Program Requirement #13

Program Requirement #13 - Billing and Collections

Health center has systems in place to maximize collections and reimbursement for its costs in providing health services, including written billing, credit and collection policies and procedures. (Section 330(k)(3)(F) and (G) of the PHS Act)

Compliance Status: Not Met.

Documents reviewed onsite or in advance:
Policies and/or procedures for billing and collection
Most recent Income Analysis (Form 3)
Managed care or any other third-party payor contracts
Most recent Health Center Program required financial performance measures/UDS Report

Compliance Review Findings:

PCBCC has Medicaid and Medicare numbers for its service delivery locations as listed on Form 5B. PCBCC has provider numbers for the FL DOH providers who staff its locations. PCBCC uses NextGen for its EMR. PCBCC does bill and collect for the few Medicaid claims generated. PCBCC does not collect fees from patients under 200% of the Federal Poverty Guidelines (FPG);

for this reason, patient statements are not generated. PCBCC has co-applicant, board-approved billing and collections policies and procedures which include provisions for waiving charges; however, the waiving of charges policy does not include specific criteria for when charges will be waived.

If Not Met - Steps/Actions Recommended for Compliance:

PCBCC must have provisions for waiving charges that identify circumstances with specific criteria for when charges will be waived to include specific PCBCC staff who have the authority to approve the waiving of charges.

Section 3. Management and Finance - Program Requirement #14

Program Requirement #14 - Budget

Health center has developed a budget that reflects the costs of operations, expenses, and revenues (including the Federal grant) necessary to accomplish the service delivery plan, including the number of patients to be served. (Section 330(k)(3)(D) and (k)(3)(I)(i) of the PHS Act, 45 CFR 75.308 and 45 CFR 75 Subpart E)

Compliance Status: Met.

Documents reviewed onsite or in advance:
Annual budget
If applicable, operating plan
Most recent Income Analysis (Form 3)
Most recent Staffing Profile

Compliance Review Findings:

PCBCC's budget reflects the costs of operations, expenses, and revenues necessary to accomplish the service delivery plan, including the anticipated number of patients to be served. The budget is developed in a logical and detailed manner. The majority of the budget is for contracted services with the Florida Department of Health.

PCBCC's budget does not reflect the county's commitment to the Health Care for the Homeless; county staff are not allocated to its budget. The amount of staff time is not material in nature and does not affect the overall budget.

PCBCC generates monthly reports comparing budget with actual expenditures to preclude drawing down federal funds more than funds authorized on its Notice of Award, or in excess of funds available per cost category.

Section 3. Management and Finance - Program Requirement #15

Program Requirement #15 - Program Data Reporting Systems

Health center has systems which accurately collect and organize data for program reporting and which support management decision-making. (Section 330(k)(3)(I)(ii) of the PHS Act and 45 CFR 75.342)

Compliance Status: Not Met.

Documents reviewed onsite or in advance:
Most recent UDS report and UDS Health Center Trend Report
Most recent Clinical and Financial Performance Measures Forms
Clinical and financial information systems (e.g., EHR, practice management systems, billing systems)
Other: Monthly Financial Statement

Compliance Review Findings:

PCBCC uses NextGen for its electronic medical record, and Oracle for its accounting system. The computerized systems are functional and relied on to collect and organize clinical, financial, and billing data to meet PCBCC's program reporting requirements.

There is no evidence that the county administrator or the Co-Applicant Board of Directors is receiving financial data for the Health Care for the Homeless, 330(h), program. Management is receiving information for their entire homeless program, which includes services outside HRSA's scope of project.

If Not Met - Steps/Actions Recommended for Compliance:

PCBCC must provide health center specific financial data to the program administrator and the Co-Applicant Board to support decision-making.

Section 3. Management and Finance - Program Requirement #16

Program Requirement #16 - Scope of Project

Health center maintains its funded scope of project (sites, services, service area, target population, and providers), including any increases based on recent grant awards. (45 CFR 75.308)

Compliance Status: Not Met.

Documents reviewed onsite or in advance:
Health Center UDS Trend Report
Health center's official scope of project for sites and services (Forms 5A, 5B, and 5C)
Most Recent Form 2 Staffing Profile
Notice of Award and information for any recent New Access Point or other supplemental grant awards

Compliance Review Findings:

All services offered by PCBCC are through contracts. Therefore, no service noted on Form 5A as being provided directly by PCBCC should be in Column I. The services noted in Column III as being offered through formal written referral agreements, are being offered and do not have formal written referral arrangements. These services are correctly listed in Column III and the issue related to the lack of formal written referral agreements was addressed in Program Requirement #2.

Forms 5B and C accurately reflect the site locations and other activities. There are no New Access Point grants. PCBCC received a 2014 Expanded Services grant to increase medical staff and a 2015 Substance Abuse Service Expansion to implement Medication-Assisted Treatment for opioid disorders. Both of these grants have been implemented and the additional services are in place.

If Not Met - Steps/Actions Recommended for Compliance:

PCBCC must remove the following from Column I on Form 5A:

- General Primary Care;
- Case Management;
- Eligibility;
- Health Education;
- Outreach;
- Transportation;
- Translation; and
- Additional Enabling and Supportive Services

Section 4. Governance - Program Requirement #17

Program Requirement #17 - Board Authority

Health center governing board maintains appropriate authority to oversee the operations of the center. (Section 330(k)(3)(H) of the PHS Act and 42 CFR 51c.304)

Compliance Status: Not Met.

Documents reviewed onsite or in advance:
Organizational/corporate bylaws
Minutes of recent board meetings
Health center policies and/or procedures
Board annual meeting schedule
If Applicable: Co-Applicant Agreement for public centers
List of board committees

Compliance Review Findings:

As a public entity, PCBCC has a detailed, written co-applicant agreement (approved August 18, 2015) with the Mobile Medical Unit Advisory Council (MMUAC) which serves as the Co-Applicant Board. The MMUAC meets monthly. The minutes document board discussions regarding approval of the health center application and budget, approval of policies, as well as the selection of hours, services, and locations. The minutes document discussions about the health center's strategic planning, productivity, needs assessment data, quality measures, as well as the Strategic Plan's goals and objectives. MMUAC approved the 2016-2019 Strategic Plan May 2, 2017. MMUAC's Clinical Operations Committee approved the Quality Improvement Plan/Charter June 6, 2017. MMUAC evaluated the CEO's performance May 2, 2017.

This requirement is not met for the following reasons: Multiple members of the MMUAC did not appear to distinguish the 330 (h) grant from the larger homeless program and described their primary role as "advisory." Additionally, MMUAC is not receiving financial information other than the annual health center budget. They are not currently receiving information about the annual audit, financial measures, or health center assets; neither are they granting individual privileges for the Licensed Independent Practitioners (LIPs). The issue related to granting of privileges is addressed more fully under Program Requirement #3.

The HCH Co-Applicant Bylaws were updated by the MMUAC on July 10, 2017; they are on the agenda for August meeting of the PCBCC. The Bylaws specifically address the following areas:

- Mission;
- Authorities, functions, and responsibilities of PCBCC and MMUAC;

- MMUAC membership (size and composition) and individual member responsibilities;
- Process for selection/removal of board members;
- Election of officers;
- Recording, distribution, and storage of minutes;
- Meeting schedule and quorum;
- Officer responsibilities, terms of office, selection/removal processes;
- Description of standing committees (including a Planning and Development Committee, Clinical Operations Committee and ad-hoc, committees;
- Provisions regarding conflict of interest; and
- Provisions regarding dissolution.

The bylaws define a quorum as a majority (51%) of the current Board members. Directors serve two-year terms; members may not serve more than three consecutive terms.

PCBCC and MMUAC's co-applicant agreement describes:

- The delegation of authority and definition of the roles, responsibilities, and authorities of each party in the oversight and management of the health center, including any shared roles and responsibilities in carrying out the governance functions; and
- The exercise of the authorities retained by PCBCC (financial and personnel policies).

If Not Met - Steps/Actions Recommended for Compliance:

The recipient must provide training and/or technical assistance regarding the roles and responsibilities of the Co-Applicant Board. PCBCC must provide financial information other than the health center budget annually, e.g., information about the annual audit, financial measures or health center assets on a regular basis. PCBCC must also provide whatever training or support is necessary to ensure that members of the Co-Applicant Board can understand and utilize the financial information provided. The Co-Applicant Board must also grant individual privileges for the Licensed Independent Practitioners (LIPs) as described under Program Requirement #3.

Section 4. Governance - Program Requirement #18

Program Requirement #18 - Board Composition

The health center governing board is composed of individuals, a majority of whom are being served by the center and, this majority as a group, represent the individuals being served by the center in terms of demographic factors such as race, ethnicity, and sex. (Section 330(k)(3)(H) of the PHS Act and 42 CFR 51c.304)

Compliance Status: Met.

Documents reviewed onsite or in advance:
Composition of board of directors/most recent Form 6A: Board Composition
Organizational/corporate bylaws
Board member application and disclosure forms
If Applicable: Form 6B: Waiver of Governance Requirements
UDS Summary Report

Compliance Review Findings:

The bylaws specify that MMUAC, the Co-Applicant Board, have between nine and 25 board members. The current board consists of nine members. A total of 33% of the current board is male versus 67% of the patient population; 67% of the board is female, as compared to 33% of the patient population. Per the 2016 UDS, 82% of PCBCC's patients are Caucasian; 18% of the patient population is African American; Six percent (6%) of the patient population is Hispanic. The recipient has not ascertained information regarding the race and ethnicity of the MMUAC board members. The board is composed of members with a range of skills and expertise in services for the homeless population, mental health services, substance abuse treatment services, local government, and finance. Two (or 22%) of the current non-consumer/non-patient board members derive more than 10% of their annual income from the health care industry. Years of continuous board service range from two months to two years. At present, two of the nine (or 22%) of board members were verified as receiving one or more in-scope services at the health center in the past 24 months.

The recipient has asked for and received a waiver for the 51% patient majority requirement. There are appropriate mechanisms being implemented in accordance with the approved waiver that ensure patient input and participation in the organization, direction and ongoing governance of the health center, such as: 1) ongoing outreach and education to potential and existing clients, 2) continuing to recruit patient board members, 3) patient satisfaction surveys are distributed on an ongoing basis and 4) the annual needs assessment survey.

Section 4. Governance - Program Requirement #19

Program Requirement #19 - Conflict of Interest Policy

Health center bylaws or written corporate board approved policy include provisions that prohibit conflict of interest by board members, employees, consultants, and those who furnish goods or services to the health center. (45 CFR 75.327 and 42 CFR Part 51c.304(b))

Compliance Status: Met.

Documents reviewed onsite or in advance:
Most recent update of Conflict of Interest policy and related procedures
Procurement policies and/or procedures

Other:
Health Care for the Homeless Co-Applicant Board Bylaws
Mobile Medical Unit Advisory Council & Pinellas County Board of County Commissioners Co-Applicant Agreement
Signed Confidentiality Statements

Compliance Review Findings:

The board approved bylaws (revised July 11, 2017) and Purchasing Policies (revised August 2014 and March 2016). Policies and bylaws include/address the following:

- Written standards of conduct governing the performance of health center employees engaged in the award and administration of contracts.
- Prohibit health center employees, board members, or agents from participating 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 a health center employee, board member or agent, or any member of his or her immediate family, his or her partner, or an organization that 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.
- Prohibit board members, employees, and agents of the health center from soliciting or accepting gratuities, favors, or anything of monetary value from contractors or parties to subagreements.
- Provide for disciplinary actions to be applied for violations of such standards by board members, to employees, or agents of the health center.

The bylaws specify that no current board member(s) is an employee of the health center or an immediate family member (i.e., spouse, child, parent, brother or sister by blood, marriage or adoption) of an employee. Pinellas County and Florida Department of Health staff are not voting members of the Mobile Medical Unit Advisory Council (MMUAC), the Co-Applicant Board. All MMUAC members and their alternates have signed Conflict of Interest Forms on file.

Section 5. Clinical and Financial Performance

Clinical Measure #1 - Percentage of patients aged 50 to 75 who had appropriate screening for colorectal cancer

Documents reviewed onsite or in advance:
UDS Trend, Comparison, and Summary Reports
Quality improvement/quality assurance plan
Clinical and Financial Performance Measure Forms from most recent SAC/Designation application

Clinical Performance Analysis:

Reason for selecting the measure:

This is a measure the Center has struggled with because of the difficulty homeless patients face with the traditional preparation and cost of specialty care required to complete the screening.

Performance measure status and trend:

Colon Cancer screening

	2014	2015	2016
% screened	11.4%	17.2%	31.6%

Key factors (internal and external) contributing to and/or restricting the health center's performance on the measure:

The primary factor restricting accomplishment of this measure is the circumstances of the homeless population. They face many obstacles to accomplishing the dietary restrictions, preparation, and completion of the screening.

In late 2015, the Center changed the screening method to the easier-to-use FIT test which minimizes the dietary restrictions and preparation needed to complete it.

Health center's in-process and/or proposed action to improve performance on the measure:

They significantly improved this measure in 2016 using this method and will continue to use it.

Financial Measure #1 - Total cost per patient

Documents reviewed onsite or in advance:
UDS Trend, Comparison, and Summary Reports
Clinical and Financial Performance Measure Forms from most recent SAC/Designation application

Financial Performance Analysis:

Reason for selecting the measure:

The reason for selecting this measure is due to the high cost reported by PCBCC.

Performance measure status and trend:

In 2016, PCBCC's total cost per patient increase approximately 62%. PCBCC's costs increased approximately 60% in 2016 whereas its unique patient count increase only 3%.

PCBCC's total cost per patient goal is $715.09 for its project period ending February 28, 2019.

	2016	2015	2014	2013
PCBCC	$1,466.15	$906.30	$433.87	$706.00
Florida		$666.01	$625.13	$586.54
Nation		$826.84	$762.62	$720.89

Key factors (internal and external) contributing to and/or restricting the health center's performance on the measure:

A key restricting factor per PCBCC is the opening of its Bayside location.

Health center's in-process and/or proposed action to improve performance on the measure:

Proposed actions to improve performance on this measure include increased patient access by having evening and Saturday hours and offering dental services.

Section 6. Capital and Other Grant Progress Review

Capital Grant Program(s) Reviewed: N/A - grantee does not have any active capital grant funding.

Section 7. Innovative/Best Practices

None noted.

This report has been prepared on behalf of the Health Resources and Services Administration, Bureau of Primary Health Care (HRSA/BPHC) for the purposes of oversight and guidance of HRSA/BPHC programs. The report contains final findings and recommendations reviewed and approved by HRSA/BPHC. This report identifies any findings of non-compliance with Health Center program requirements and may also include a review of clinical and financial performance.