

OFFICE OF INSPECTOR GENERAL CITY OF JACKSONVILLE



CONTRACT OVERSIGHT REPORT #2022-0029

Grant Review: Ryan White HIV/AIDS Program
Part A Services

MATTHEW J. LASCELL
INSPECTOR GENERAL

JANUARY 5, 2023

DATE ISSUED

“Enhancing Public Trust in Government Through Independent and Responsible Oversight”



OFFICE OF INSPECTOR GENERAL CITY OF JACKSONVILLE

CONTRACT OVERSIGHT REPORT CASE NUMBER: 2022-0029 GRANT REVIEW

Matthew J. Lascell
Inspector General

“Enhancing Public Trust in Government Through Independent and Responsible Oversight”

EXECUTIVE SUMMARY

The Office of Inspector General (OIG) conducted a Contract Oversight Review (Review) in 2022 to assess the contract monitoring procedures for the City of Jacksonville (City), Parks, Recreation, and Community Services Department (PRCSD).

The purpose of the Review was to provide the City with information to use when developing effective contract monitoring policies.

The OIG selected the Community Rehabilitation, Inc. (Provider) Ryan White HIV/AIDS Program Part A Services (Ryan White) grant (City Contract No. 71115-21) for Review.

BACKGROUND

There are three phases of public procurement: Pre-Award, Award, and Post-Award. Pre-Award phase involves the determination of need, the development of the requirements package, and the selection of the contracting method. The Award phase consists of soliciting vendors/sources, receipt of responses, evaluation of responses, and contract award. The Post-Award phase or contract administration phase includes contract monitoring, ensuring the Provider adequately delivers the contracted goods and services, and contract closeout.

Contract Review is part of the Post-Award procurement phase. As part of the OIG Review, the OIG requested several items related to the Ryan White Agreement from PRCSD, including but not limited to the following:

- A. Planning Council Referral Records
- B. Invoice Records
- C. Notification of Funding Utilization Records
- D. Expenditure and Programmatic Records
- E. Quality Management Plan Records
- F. Expenditure Records
- G. Program Service Records
- H. Monitoring Records
- I. Code of Ethics Records

The Ryan White Agreement Items below were noted because of inconsistencies, lack of information, and/or documentation.

Scope of Services:

Scope of Services Item 2.6 states the Provider agrees to refer at least two non-aligned People Living With HIV/AIDS (PLWHA) to Planning Council and at least one additional committee within the contract year.

Planning Council Referrals records disclosed that the Provider did not provide or recommend any PLWHAs. Additionally, no PLWHAs self-identify as being referred by the Provider.

Funding and Method of Payment:

Funding and Method of Payment Item 4.3 states a complete original invoice is due on or before the fifteenth (15th) of the month following the month expenses were incurred by the Provider. Invoices not acceptably submitted within twenty (20) days of the month following the month expenses were incurred may not be reimbursable. Acceptance is within the sole discretion of the Ryan White HIV/AIDS Program Manager (Program Manager).

Invoice records disclosed by the Provider included Jacksonville Area Ryan White Network Monthly Financial Reports for the contract term March 2021 through February 2022. Nine (9) reports dated June 2021 through February 2022 were certified and submitted by the Provider's Fiscal Manager in March 2022. Eight (8) of the nine (9) reports were certified and submitted by the Provider's Fiscal Manager on the same date in March 2022.

Funding and Method of Payment Item 4.10 states that the Provider agrees to notify the City as soon as possible when under-utilization of contracted funding becomes apparent. The City will also notify the Provider when fiscal records indicate the potential for under-utilization of contracted funding.

Notification of Funding Utilization records disclosed that the Provider did not notify the City of the apparent underutilization of contracted funds. Additionally, the City should have notified the Provider of the potential under-utilization of contracted funds. There were emails between the Program Manager and the Provider's employees dated February 28, 2022. These emails reflected that the RW Program Manager received the Provider's Ryan White reports and responded, "*So, what I am seeing here is that you have only spent \$2,639.52 of Ryan White Part A funds for grant year March 1, 2021 - February 28, 2022. Is this correct?*" The Provider's Fiscal Manager replied, "*Yes that is correct.*"

Reporting Requirements:

Reporting Requirements Item 9.1 states the Provider agrees to submit expenditure and programmatic reports to the City every month not later than the fifteenth (15th) day of each month following the month expenses were incurred.

Expenditure and Programmatic records disclosed Multiple Client Service Detail Reports dated March 2021 through February 2022, which reflected the dates, type of services, total cost, and the

number of units provided by the Provider. However, these reports did not contain dates indicating when they were submitted to the City by the Provider.

Reporting Requirements Item 9.3 states the Provider agrees to participate in quality assurance and outcome evaluation studies, which at a minimum, includes the submission of an annual Quality Management Plan and quarterly data reports (HAB Measures), permitting the right of access to the staff as designated by City to the Provider's premises and records, consistent with client confidentiality requirements, and participating in meetings scheduled for such purposes.

Quality Management Plan records disclosed a 2020/2021 Quality Management Plan/Quality Improvement Plan. However, there were no records or language addressing quarterly data reports (HAB Measures), permitting the right of access to the staff as designated by the City to the Provider's premises and records, consistent with client confidentiality requirements, and participating in meetings scheduled for such purposes.

Reporting Requirements Item 9.5.1 states that Providers receiving funding from the City of less than \$100,000 must furnish an annual report of receipts and expenditures of City funds. This report must be certified by the Provider's Financial Officer/Treasurer, shall present information regarding the Provider's use of City funding during the contract year, and must be filed no later than one hundred twenty (120) days following the end of the Provider's fiscal year.

Expenditure records disclosed a 2021/2022 Annual Expenditure Report reflecting the Provider's total expenditures as **\$2,880.28** and their remaining budget balance as **\$37,119.72**. However, this report did not contain a date indicating when the Provider filed it, nor was it certified by the Provider's Financial Officer/Treasurer (e.g., signature).

Reporting Requirements Item 9.8 states the Provider will submit a completed Ryan White HIV/AIDS Program Service Report every quarter. Program Service records disclosed a Financial Report dated March 2021 through June 2021, which contained minimal information and a provider total of "\$0.00" for the Provider.

Compliance Monitoring:

Compliance Monitoring Item 10.2 states that monitoring site visits will be conducted, and the City will deliver a written report of its findings to the Provider following a monitoring site visit, including written recommendations relating to the Provider's performance.

Monitoring records disclosed that the City did not complete a written report for the Provider based on the monitoring requirement being waived by the funder, Health Resources and Services Administration (HRSA), for this grant period due to the Coronavirus Disease 2019 (COVID-19).

Independent Provider Status:

Independent Provider Status Item 12.2 states the Provider shall develop and maintain a Code of Ethics for its employees, which includes conflict of interest; prohibition against the use of property, information, or position without approval or to advance personal interests; fair and open

competition; confidentiality; protection and use of company assets; compliance with laws, rules, and regulations; timely and truthful disclosure of significant accounting deficiencies; and timely and truthful disclosure of non-compliance.

Code of Ethics records disclosed two undated Provider documents, a Code of Ethics and a Guide to Ethical Conduct. Neither the Code of Ethics nor the Guide to Ethical Conduct addressed prohibition against the use of property, information, or position without approval or to advance personal interests; fair and open competition; confidentiality; protection and use of company assets; timely and truthful disclosure of significant accounting deficiencies; and timely and truthful disclosure of non-compliance.

Renewal/Termination:

Renewal/Termination Item 19.2 states all renewals are contingent upon the availability of lawfully appropriated funds for the purposes of this Agreement, as well as satisfactory performance evaluations of the Provider by the City.

Monitoring records disclosed that the City did not complete a written report for the Provider based on the monitoring requirement being waived by HRSA for this grant period due to COVID-19.

ADDITIONAL INFORMATION

In March 2022, the City approved a recommendation to utilize the first of two (2) one (1) year renewal options, which contained Ryan White administrative costs, for various contractors including the Provider. As a result, the Provider was awarded a 12-month partial award of **\$10,000**.

In August 2022, the City approved a recommendation to increase the award amount, which contained Ryan White administrative costs, for various contractors, including the Provider. As a result, the Provider was awarded **\$10,000**.

In conclusion, the Provider under-utilized contracted funds as only **\$2,880.28** of the initial **\$40,000** were utilized from March 2021 through February 2022, which resulted in a remaining balance of **\$37,119.72**. The City did not complete a written report for the Provider to indicate a satisfactory performance evaluation in accordance with Renewal/Termination Item 19.2, based on HRSA waving the monitoring requirement due to COVID-19. However, available funding was lawfully appropriated, which resulted in the Provider being awarded additional funds totaling **\$20,000** in March and August of 2022.

FINDINGS

Lack of oversight by PRCSD resulted in improper and inconsistent documentation from the Provider, under-utilized funds that could have been reallocated, and insufficient written report/performance evaluation before awarding additional funds.

RECOMMENDED CORRECTIVE ACTIONS

The OIG recommended that PRCSD ensure Providers provide timely and proper records in accordance with the contract, including, but not limited to, certified documents, documents with filing/submission dates, and policies with contract verbiage.

The OIG recommended that PRCSD provide and obtain notification from the Providers when under-utilization of contracted funds by the Providers is evident.

The OIG recommended that PRCSD require Program Managers to certify that all deliverables have been received and accepted.

The OIG recommended that the City ensure that Providers effectively utilize contracted funds before awarding additional funds to the Providers.

The OIG recommended that the City reallocate funds when contracted funds are under-utilized by the Providers.

INSPECTOR GENERAL STANDARDS

The OIG provided the PRCSD an opportunity to submit a written explanation or rebuttal to the findings as stated in this investigative report within ten (10) calendar days. Their written response is attached to this report.

This Contract Oversight Review has been conducted in accordance with ASSOCIATION OF INSPECTOR GENERAL Principles and Quality Standards for Investigations.

EXHIBITS:

1. Agreement (Agreement) between the City of Jacksonville (City) and Community Rehabilitation, Inc. (Provider) for Ryan White HIV/AIDS Program Part A Services (Ryan White), dated March 2021
2. Records submitted by Provider to the City related to the Ryan White Agreement



ONE CITY. ONE.
JACKSONVILLE.

City of Jacksonville, Florida

Daryl Joseph, Director

Parks, Recreation and Community Services Department
Social Services Division
1809 Art Museum Dr. Suite 100
Jacksonville, FL 32207
(904) 255-3322
www.coj.net

January 4, 2023

Mr. Rick Samples
Director of Investigations
Office of Inspector General
City of Jacksonville
231 East Forsyth Street, Suite 470
Jacksonville, FL 32202

RE: OIG Contract Oversight Report #2022-0029

Dear Mr. Samples:

I am in receipt of your Final Draft Contract Oversight Report #2022-0029. I appreciate your time and due diligence of this review and the items identified below to probe further action on my part as Program Manager of the Ryan White Program. Please accept the following as actions which have been or will be implemented throughout this contract year for all Provider contracts and beyond.

Item # 1: The OIG recommended that PRCSD ensure Providers provide timely and proper records in accordance with the contract, including, but not limited to, certified documents, documents with filing/submission dates, and policies with contract verbiage.

Response: Program Manager is in the process of creating a checklist of all Provider contract requirements. This document will be the responsibility of the Contract Manager and reviewed for completeness monthly by the Program Manager.

Item #2: The OIG recommended that PRCSD provide and obtain notification from the Providers when under-utilization of contracted funds by the Providers is evident.

Response: At the six-month mark of the grant year, all Providers are required to submit current utilization and year-end projections in preparation for Planning Council Reallocation Process. Ryan White Program Manager and Accountant review spending year to date within service categories and provides recommendations to the Planning Council Priority and Allocation Committee for decision making purposes. In the current grant year, it was recommended and decided to decrease the Community Rehabilitation, Inc. contract by \$40,000 due to underutilization. Last year's contract was not decreased due to assurance that they would spend all funds. However, this was not the case. This was also taken into consideration in making the reallocation decision during the current grant year process.

Mr. Rick Samples
January 4, 2023
Page 2

Item #3: The OIG recommended that PRCSD require Program Managers to certify that all deliverables have been received and accepted.

Response: The checklist noted in Item #1 will include deliverables identified in the Scope of Work of each Provider's contract. This document will be the responsibility of the Contract Manager and reviewed for completeness on a monthly basis by the Program Manager. The National Monitoring Standards will also be considered in this process during the time of annual monitoring.

Item #4: The OIG recommended that the City ensure that Providers effectively utilize contracted funds before awarding additional funds to the Providers.

Response: Program Manager and Accountant will review utilization of funds for each Provider monthly as invoices are received and paid. We will provide Utilization Reports to the Planning Council's Priority and Allocation Committee quarterly for consideration of reallocation of funds rather than semi-annually. We will request justification of underutilization from Providers quarterly as well to determine which service categories may or may not need funding adjustments.

Item #5: The OIG recommended that the City reallocate funds when contracted funds are under-utilized by the Providers.

Response: Please refer to response to Item #4. This reallocation of funds is a two-to-three-month process from identification of under utilization through Priority and Allocation approval, Procurement and Contracting and Accounting. Therefore, we must be strategic about how and when we make such a move to reallocate funds in order that we do not disrupt services in the process.

I hope that I have met your needs in the responses I have provided. If you need further information, please contact me at any time.

Sincerely,



Sandy Arts, Program Manager
Ryan White Part – A

Cc: Daryl Joseph, Director
Johnnetta Moore, Chief

7115-21

**AGREEMENT
BETWEEN
CITY OF JACKSONVILLE
AND
COMMUNITY REHABILITATION CENTER, INC.
FOR
RYAN WHITE HIV/AIDS PROGRAM PART A SERVICES**

THIS AGREEMENT is entered into as of the 1st day of March, 2021, (the “Effective Date”) by and between the **City of Jacksonville**, a municipal corporation in Duval County, State of Florida (hereinafter the “CITY”), and **Community Rehabilitation Center, Inc.**, a Florida non-profit corporation with principle office located at 623 Beechwood Street, Jacksonville, FL 32206 (hereinafter the “PROVIDER”).

WITNESSETH:

WHEREAS, the United States Department of Health and Human Services (“HHS”) awarded the CITY federal grant funding pursuant to Part A of the Ryan White HIV/AIDS Treatment Extension Act of 2009, a revision and extension of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act under Federal Grant Award No. 2H89HA00039-27-00, and CFDA No. 93.914, and is required to distribute such funds pursuant to the Act; and

WHEREAS, the **Metropolitan Jacksonville Area HIV Health Services Planning Council** (herein, “PLANNING COUNCIL”) has established priorities for the delivery of core medical and support services to the population infected and affected by HIV in the Jacksonville Transitional Grant Area (TGA); and

WHEREAS, pursuant to the appropriation and approval set forth in Ordinance 2020-504-E, CITY hereby engages the services of PROVIDER to fulfill health care needs identified in PLANNING COUNCIL’s priorities; and

WHEREAS, these services are not otherwise funded by any other public or private funding source; and

WHEREAS, Part A Ryan White Program funds awarded to PROVIDER have been found and declared to be a public purpose by CITY; and

WHEREAS, the undersigned representative of PROVIDER is authorized to sign this Agreement; and

WHEREAS, the CITY’s purchasing and procurement procedures have been followed as is shown in **Exhibit A**, attached hereto and, by this reference, made a part hereof;

NOW, THEREFORE, in consideration of the mutual premises and covenants contained herein, CITY and PROVIDER agree as follows:

ARTICLE I SUPERVISION

1.1 PROVIDER agrees to perform the required services under the general coordination of the Social Services Division, Parks, Recreation and Community Services Department, City of Jacksonville, Florida. CITY contact and address (for notices) is:

Sandy Arts, Ryan White HIV/AIDS Program Manager
City of Jacksonville
1809 Art Museum Drive, Suite 100
Jacksonville, Florida 32207
Phone: (904) 255-3342, FAX: (904) 255-3362
Email: sarts@coj.net

ARTICLE II SCOPE OF SERVICES

2.1 PROVIDER agrees to provide the HIV-related health and support services described in the Scope of Services, attached hereto and by this reference made a part hereof and incorporated herein as **Exhibit B** (hereinafter referred to as the "Services").

2.2 PROVIDER agrees to participate in a community-based Continuum of Care defined as follows:

A Continuum of Care is a term which encompasses the comprehensive range of services required by individuals or families with HIV infection in order to link them to medical care and improve clinical/medical outcomes. The concept of a continuum suggests that services must be organized to respond to the individual's or family's changing needs in a holistic, coordinated, timely, and uninterrupted manner that reduces fragmentation of care and eliminates health disparities.

2.3 PROVIDER agrees to coordinate with other health and support service agencies in the Continuum of Care by entering into written memoranda of agreement with those service agencies the PROVIDER works with directly and any others identified by CITY.

2.4 PROVIDER agrees to assign appropriate staff as necessary to: (i) attend meetings with CITY staff, PLANNING COUNCIL representatives, and/or other Ryan White Part A/Minority AIDS Initiative (MAI) and Part B/General Revenue Patient Care Network (GRPCN) Providers; (ii) participate in the assessment of client/patient needs; (iii) assess quality of services and service delivery systems; (iv) coordinate services; (v) exchange contractual, fiscal, and program information; and, (vi) attend any other work sessions required by the CITY. PROVIDERS of medical and non-medical case management services are required to attend Case Management Cooperative meetings to plan and coordinate timely access to medically-appropriate levels of care and support services enhancing continuity of care.

2.5 PROVIDER agrees to inform consumers of Ryan White Part A funded health and support services about the roles and responsibilities of PLANNING COUNCIL and Committees, PLANNING COUNCIL's desire to recruit People Living with HIV/AIDS (PLWHA) to participate in Council planning activities, and the PLANNING COUNCIL's process for filing grievances.

2.6 PROVIDER agrees to refer at least two non-aligned PLWHA to Planning Council and at least one additional committee within the contract year.

2.7 Any services, functions, or responsibilities not specifically described in **Exhibit B** or in the Continuum of Care necessary for the proper performance and provision of services under this Agreement, must be preapproved by the Ryan White Program Manager.

2.8 PROVIDER shall be responsible for providing the equipment, supplies, personnel (including management, employees, and training), and other resources as necessary to provide the Services in **Exhibit B** and/or in the Continuum of Care.

ARTICLE III TERM OF SERVICE

3.1 Services shall be provided under this Agreement from March 1, 2021 through February 28, 2022, unless earlier terminated as provided in Article XX of this Agreement.

ARTICLE IV FUNDING AND METHOD OF PAYMENT

4.1 The Services described in Article II and **Exhibit B** herein shall be performed by PROVIDER for a total allocation of Ryan White Program Part A funds not to exceed **\$40,000**. The above specified total allocation is CITY's maximum indebtedness for all fees, reimbursable items, or other costs for services provided by PROVIDER under this Agreement. Services to be provided are **Mental Health Services (\$40,000) Payments** to PROVIDER under this Agreement are contingent upon receipt by CITY of adequate funding under the said Ryan White Program, together with the existence of lawfully appropriated funds for purposes of this Agreement. In the event of loss of funding or the unavailability of lawfully appropriated funds for any reason, CITY may cancel this Agreement upon twenty-four (24) hours' oral notice, notwithstanding any other provision of this Agreement to the contrary.

4.2 The budgets attached to Agreement in **Exhibit B** are complete, approved budgets for expenditure of all Ryan White Program funds awarded pursuant to this Agreement and as it may hereafter be amended or extended in writing by mutual agreement of parties prior to expenditure of funds. Funds budgeted for administrative expenses and funds within service categories may be amended by approval from the Ryan White HIV/AIDS Program Manager. Reallocation of funds between service categories must be approved by the PLANNING COUNCIL.

4.3 CITY agrees to reimburse for actual units of service provided for each funded category which fall within the limits of the approved budgets correctly invoiced and documented. A complete original invoice is due on or before the fifteenth (15th) of the month following the month expenses were incurred by PROVIDER. Invoices not acceptably submitted within twenty (20) days of the month following the month expenses were incurred may not be reimbursable. Acceptance is within the sole discretion of the Ryan White HIV/AIDS Program Manager. Such acceptance shall not be unreasonably denied. CITY agrees to reimburse PROVIDER within thirty (30) calendar days of receipt of PROVIDER's complete and approved invoice in accordance with CITY's financial procedures.

4.4 All invoices must comply with the requirements set forth in 45 CFR Part 75- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, and include the information described in **Exhibit C** (Invoice Forms). The invoice form is a line item expense report for the month in which Services are provided. Invoices must include a record of the number of unduplicated clients receiving Services, number of service units provided, the cost of providing services, and any allowable administrative costs with supporting documentation

4.5 All invoices will include a copy of the CAREWare Financial Report to verify number of unduplicated clients receiving Services, number of service units provided, and the cost of providing services.

4.6 Final invoices not acceptably submitted within forty-five (45) days of the termination date of this Agreement may not be reimbursable. Acceptance is within the sole discretion of the Ryan White HIV/AIDS Program Manager. Such acceptance shall not be unreasonably denied.

4.7 Submission of accurate and timely documentation and other requested information as required by CITY shall be considered a factor in evaluating future funding requests. Invoices and/or documentation returned to PROVIDER for corrections shall be cause for delay in receipt of reimbursement. Late submission of invoices will also be considered a factor in evaluating future funding requests.

4.8 PROVIDER represents to CITY that no other funds are used for Services invoiced to CITY constituting duplication of funding and CITY may rely upon that representation.

4.9 PROVIDER agrees to return to CITY all interest earned on Project funds. Interest earned will be returned via the CITY's payment management system using Standard Form 272.

4.10 The Ryan White Program legislation requires that funds will be utilized in a cost-effective manner that is immediately responsive to demonstrated need. To ensure that this objective is met, the PROVIDER agrees to voluntarily participate in the reallocation of funds authorized under this Agreement if PROVIDER is unable, for any reason, to fully utilize the contracted amount. The PROVIDER also agrees to notify CITY as soon as possible when under-utilization becomes apparent. The CITY will also notify PROVIDER when fiscal records indicate the potential for under-utilization of contracted funding.

ARTICLE V UNALLOWABLE COSTS

5.1 PROVIDER agrees that Ryan White Program funds will not be used to supplant or replace State and/or local HIV-related funding or in-kind resources expended by PROVIDER for HIV-related services during the term of this Agreement.

5.2 PROVIDER agrees that Ryan White Program funds may not be used to purchase or improve land or to purchase, construct, or make permanent improvements to any building, except for minor remodeling as specifically approved in PROVIDER budget.

5.3 PROVIDER agrees that no cash payments (paper currency or coins) will be made to service recipients. Gift cards have an expiration date and therefore are not considered to be cash payments.

5.4 PROVIDER agrees that Part A funds will not be used to develop materials designed to promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.

5.5 PROVIDER agrees that Part A funds will not be used to purchase automobiles, vans, or other moving vehicles without written approval from CITY.

5.6 PROVIDER agrees that Part A funds will not be used for non-targeted marketing promotions or advertising about HIV services that target the general public (poster campaigns for display on public transit, TV, or radio public service announcements, etc.).

5.7 PROVIDER agrees that Part A funds will not be used for broad-scope awareness activities about HIV services that target the general public.

5.8 PROVIDER agrees that Part A funds will not be used for outreach activities that have HIV prevention education as their exclusive purpose.

5.9 PROVIDER agrees that Part A funds will not be used for influencing or attempting to influence members of Congress and other federal personnel.

5.10 PROVIDER agrees that Part A funds will not be used for foreign travel.

5.11 PROVIDER agrees that if it has expended or caused the expenditure of any Part A funds in violation of this Agreement, PROVIDER shall refund such funds in full to the CITY from non-federal resources or, if this Agreement is still in effect, CITY shall withhold the amount of such funds from any subsequent requests for reimbursement under this Agreement.

ARTICLE VI PROMPT PAYMENT TO SUBCONTRACTORS AND SUPPLIERS

6.1 When PROVIDER receives payment from CITY for labor, services, or material furnished by subcontractors and suppliers hired by PROVIDER, PROVIDER shall remit payment due (less proper retainage) to those subcontractors and suppliers within fifteen (15) calendar days after PROVIDER's receipt of payment from CITY. Nothing herein shall prohibit PROVIDER from disputing, pursuant to the terms hereof, all or any portion of a payment alleged to be due to its subcontractors and suppliers. In the event of such a dispute, PROVIDER may withhold the disputed portion of any such payment only after PROVIDER has provided notice to CITY and to the subcontractor or supplier whose payment is in dispute, which notice shall: (i) be in writing; (ii) state the amount in dispute; (iii) specifically describe the actions required to cure the dispute; and, (iv) be delivered to CITY and said subcontractor or supplier within ten (10) calendar days after PROVIDER's receipt of payment from CITY. PROVIDER shall pay all undisputed amounts due within the time limits imposed by this section.

6.2 Notwithstanding Chapter 126, Part 6, *Ordinance Code*, PROVIDER shall pay all contracts awarded with certified Jacksonville Small Emerging Businesses (JSEB) and Minority Business Enterprises (MBE) as defined therein their pro-rata share of their earned portion of the progress payments made by CITY under the applicable contract within seven (7) business days after PROVIDER's receipt of payment from CITY (less proper retainage). The pro-rata share shall be based on all work completed, materials and equipment furnished, or services performed by the certified JSEB or MBE at the time of payment. As a condition precedent to progress and final payments to PROVIDER, PROVIDER shall provide to CITY, with its requisition for payment, documentation that sufficiently demonstrates that PROVIDER has made proper payments to its certified JSEBs or MBEs from all prior payments that PROVIDER has received from CITY. PROVIDER shall not unreasonably withhold payments to certified JSEBs or MBEs if such payments have been made to PROVIDER. If PROVIDER withholds payment to its certified JSEBs or MBEs, which payment has been made by CITY to PROVIDER, PROVIDER shall return said payment to CITY. PROVIDER shall provide notice to CITY and to the certified JSEBs or MBEs whose payment is in dispute, which notice shall: (i) be in writing; (ii) state the amount in dispute; (iii) specifically describe the actions required to cure the dispute; and, (iv) be delivered to CITY and said subcontractor or supplier within five (5) calendar days after PROVIDER's receipt of payment from CITY. PROVIDER shall pay all undisputed amounts due within the time limits imposed by this section. The failure to pay undisputed amounts to the JSEB or MBE within seven (7) business days shall be a breach of contract, compensable by 1% of the outstanding invoice being withheld by CITY as liquidated damages. Continued failure to adhere to this clause may be cause for termination.

6.3 The Prompt Payment requirements hereunder shall in no way create any contractual relationship or obligation between CITY and any subcontractor, supplier, JSEB, or any third-party or create any CITY liability for PROVIDER's failure to make timely payments hereunder. However, PROVIDER's failure to comply with the Prompt Payment requirements shall constitute a material breach of its contractual obligations to CITY. As a result of said breach, CITY, without waiving any other available remedy it may have against PROVIDER, may (i) issue joint checks and (ii) charge PROVIDER a 0.2% daily late payment interest charge or other charge specified in Chapter 126 of the Code for JSEBs or MBEs and Chapter 218, Florida Statutes, for non-JSEBs or non-MBEs whichever is greater.

ARTICLE VII INCOME FROM FEES FOR SERVICES AND CLIENT CHARGES

7.1 PROVIDER shall keep accurate and complete records of any fee, reimbursement, or compensation of any kind assessed against or collected from any client or other third party for any Service covered by this Agreement and shall make all such records available to CITY upon demand.

7.2 PROVIDER shall report such fees, reimbursements, compensations, and funding to CITY for such payments received from all sources (including CITY). This reimbursement may be deducted from PROVIDER's invoices or reported as program income for the month collected.

7.3 PROVIDER shall bill and pursue collection of third party and client payments (where applicable) for Services rendered under this Agreement.

7.4 PROVIDER agrees that funds will not be used to make payments for any items or Services to the extent that payment has been made, or can reasonably be expected to be made, by another third party benefit program or by an entity that provides services on a prepaid basis.

7.5 PROVIDER agrees that in the provision of Services with assistance provided under the Ryan White Program, any charges for Services will be made in accordance with the provisions of the Ryan White Program, specifically charges to clients with incomes greater than 100% of poverty that are based on a discounted fee schedule and a sliding fee scale. Cap on total annual charges for Ryan White Services are based on a percentage of client's annual income, as follows:

- 5% for clients with incomes between 101% and 200% of federal poverty level;
- 7% for clients with incomes between 201% and 300% of federal poverty level; and
- 10% for clients with incomes greater than 301% of federal poverty level.

7.6 PROVIDER shall document in client files how each client has been screened for and enrolled in eligible programs, including Medicare, Medicaid, private health insurance, or other programs.

ARTICLE VIII PROPERTY STANDARDS

8.1 PROVIDER agrees to develop and maintain a current, complete, and accurate asset inventory list and depreciation schedule, and identify those assets purchased with Ryan White funds.

8.2 PROVIDER acknowledges that equipment purchased with Ryan White Program funds is the property of the federal government and that the federal government reserves the right to require the property to be returned to the federal government should it be determined to be in the best interests of the federal government to do so.

**ARTICLE IX
REPORTING REQUIREMENTS**

9.1 PROVIDER agrees to submit expenditure and programmatic reports on a monthly basis as described and requested by CITY not later than the fifteenth (15th) day of each month following the month expenses were incurred to assure proper accounting and to document progress toward implementation of the approved program activities in accordance with the requirements of the Ryan White Program.

9.2 PROVIDER agrees to submit final expenditure and program reports not later than forty-five (45) days following the end of the Agreement period.

9.3 PROVIDER agrees to participate in quality assurance and outcome evaluation studies legislatively required by the U.S. Department of Health and Human Services, Health Resources and Services Administration to evaluate the quality and effectiveness of Ryan White programs. The evaluation studies will include an assessment of the relationship between adherence to standards of care and measureable outcome indicators. This participation will, at a minimum, include submission of an annual Quality Management Plan and quarterly data reports (HAB Measures), permitting right of access to staff as designated by CITY to PROVIDER's premises and records, consistent with client confidentiality requirements, and participating in meetings scheduled for such purposes.

9.4 PROVIDER agrees to submit a copy of its IRS Form 990 no later than one hundred twenty (120) days following the end of PROVIDER's fiscal year.

9.5 PROVIDER agrees to submit financial reports in accordance with the following requirements:

9.5.1 PROVIDERS receiving funding from CITY of less than \$100,000 must furnish to the CITY an annual report of receipts and expenditures of CITY funds in such form as the Council Auditor shall prescribe. This report must be certified as to its accuracy by PROVIDER'S Financial Officer/Treasurer. Such report shall present information regarding PROVIDER's use of CITY funding during the contract year March 1, 2021 to February 28, 2022 and must be filed no later than one hundred twenty (120) days following the end of the PROVIDER's fiscal year.

9.5.2 PROVIDERS receiving funding from CITY of \$100,000 to \$500,000, either from one (1) CITY funding source or cumulatively from two (2) or more CITY funding sources, must provide CITY with an original audit report in accordance with Generally Accepted Auditing Standards (GAAS) issued by the Accounting Standards Board of the American Institute of Certified Public Accountants (AICPA). Such report shall present information regarding PROVIDER's use of CITY funding during the contract year March 1, 2021 to February 28, 2022 and must be filed no later than one hundred twenty (120) days following the end of the PROVIDER's fiscal year.

9.5.3 PROVIDERS receiving funding from CITY in excess of \$750,000, either from one (1) CITY funding source, or cumulatively from two (2) or more CITY funding sources, must provide the CITY with an original audit report in accordance with auditing standards 45 CFR Part 75 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. Such report shall be made by an independent certified public accountant and shall present information regarding PROVIDER's use of CITY funding for the contract year March 1, 2021 to February 28, 2022. Such report will be due no later than one hundred twenty (120) days following the end of PROVIDER's fiscal year.

9.6 PROVIDER agrees that the independent certified public accountant's report shall include separate statements of source and status of funds received from CITY and program costs showing the expenditure of CITY funds as compared to the authorized budget for those funds from CITY.

9.7 All reports, audits, and other information provided by PROVIDER pursuant to this section shall contain the following statement: "The information provided to the City of Jacksonville in this submittal is submitted under penalties of perjury under Section 837.06, Florida Statutes."

9.8 PROVIDER will maintain client level data in CITY CAREWare data network and submit a completed Ryan White HIV/AIDS Program Service Report (formerly known as the CARE Act Data Report) on a quarterly basis. Reports are due April 15 for the period January 1 to March 31, July 15 for the period January 1 to June 30, October 15 for the period January 1 to September 30, and January 15 for the period January 1 to December 31.

9.9 To the extent applicable to the Ryan White Program, PROVIDER shall comply with the Federal Funding Accountability and Transparency Act, P.L. 109-282 (the "Act"), including all reporting requirements contained therein. In accordance with the requirements of the Act, PROVIDER shall provide CITY with the following information contemporaneously with PROVIDER's execution of this Agreement:

9.9.1 Provide CITY with the names and total compensation of PROVIDER's five (5) most highly compensated officers if PROVIDER in the preceding fiscal year received 80% or more of its annual gross revenues in federal awards and \$25,000,000.00 or more in annual gross revenues from federal awards and the public does not have access to this information about the compensation of the senior executives of the PROVIDER through periodic reports filed under Section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. § 78m(a), and 78o(d) or Section 6104 of the Internal Revenue Code of 1986, as provided in § 2(b)(1) of the Act;

9.9.2 Provide CITY with PROVIDER's entity information, Data Universal Numbering System ("DUNS") number, and Parent DUNS number, if applicable; and

9.9.3 Register in the United States Government's Central Contractor Registration System ("CCR") pursuant to the provisions of the Act and provide CITY with documentation verifying the same at the time of PROVIDER's execution of this Agreement. PROVIDER must ensure that such registration remains current and in good standing throughout the term of this Agreement.

9.10 PROVIDER further agrees to furnish CITY with additional information and documentation throughout the term of this Agreement as may be requested by CITY to ensure alignment of PROVIDER's system and processes to meet the reporting requirements and other requirements of the Ryan White Program in accordance with 2 CFR Parts 220, 225, and 230 (Code of Federal Regulations). Notwithstanding any provision in this Agreement to the contrary, a PROVIDER's violation of this section shall be cause for immediate suspension of payment to PROVIDER of grant funds provided herein by CITY and unilateral cancellation of this Agreement by CITY upon thirty (30) days' prior written notice to PROVIDER of such cancellation.

9.11 Failure by PROVIDER to submit any of the records, reports, audits, or other documents required under this Article IX shall constitute a material breach of this Agreement and, notwithstanding any provision of this Agreement to the contrary, shall stand as grounds for the withholding of funds from any source under this Agreement or any other agreement with CITY until PROVIDER is in compliance with the terms hereof and/or for termination of this Agreement by CITY. If CITY elects to terminate this Agreement pursuant to this section, PROVIDER shall return to CITY all of the program funds paid to PROVIDER under the terms of this Agreement.

9.12 To the extent that PROVIDER uses subcontractors in the performance of the Services under this Agreement or assigns this Agreement with prior CITY consent, PROVIDER must include the aforementioned audit, inspections, investigations, and record keeping requirements in all subcontracts and assignments.

ARTICLE X COMPLIANCE MONITORING

10.1 PROVIDER agrees to provide full access to administrative and service delivery sites to CITY staff to inspect any records, papers, documents, facilities, and/or goods and Services which are relevant to this Agreement and/or interview any clients and employees of PROVIDER to assure CITY of the satisfactory performance of the terms and conditions of this Agreement. Access to Service delivery and interactive situations need not be made available, however, when said access would violate federal or state law or compromise effective Service delivery or consumer confidentiality.

10.2 Monitoring site visits will be conducted in accordance with the *HIV/AIDS Bureau, Division of Service Systems, National Monitoring Standards for Ryan White Part A and B Grantees* (<http://hab.hrsa.gov>). Following a monitoring site visit, CITY will deliver to PROVIDER a written report of its findings and will include written recommendations with regard to PROVIDER's performance of the terms and conditions of this Agreement. PROVIDER will correct all noted deficiencies identified by CITY within the specified period of time set forth in the recommendations.

10.3 PROVIDER's failure to correct noted deficiencies may, at the sole and exclusive discretion of the CITY, result in any one or any combination of the following: (i) PROVIDER'S being deemed in breach or default of this Agreement; (ii) the withholding of payments to PROVIDER; and (iii) the termination of this Agreement for cause.

10.4 PROVIDER agrees that monitoring reports originated periodically by designated CITY staff, performance requirements of this Agreement, and timeliness of requested information shall be considered factors in evaluating future funding requests.

10.5 PROVIDER must verify and record the HIV status of all clients receiving Services funded by the Ryan White Program under this Agreement. Mental health services, legal services, child care, and transportation services may be provided to affected family members, significant others, and caregivers where the HIV status of the individual in care can be verified and recorded. Failure to document the HIV status of clients served or in the care of an affected family member, significant other, or designated caregiver will be considered cause for withdrawal of funds and termination of this Agreement by CITY. These records must be made available to CITY staff for inspection to validate eligibility of clients served.

10.6 PROVIDER agrees to maintain a case file for each client through this Agreement unless otherwise stipulated in writing. The provision of pharmaceutical assistance services will not require individual client files. At a minimum, the file must contain an immediately accessible face or intake sheet from which the client's Unique Client Identifier, date of birth, and Social Security number may be determined or verified, as well as the dates and time of program entry and discharge and record of Services arranged, provided, or delivered through this Agreement directly or subcontracted with the certification of dates by appropriate PROVIDER staff. All file entries must be dated, legible, and substantive, and the file must be current and consistent in chronological presentation. Details of sensitive Services may be segregated within the files, but they must be clearly dated and initialed so that verification of Service delivery may be obtained from this source if no other file source provides sufficient verification.

**ARTICLE XI
RETENTION OF RECORDS**

11.1 PROVIDER must establish and maintain books, records, contracts, subcontracts, papers, financial records, supporting documents, statistical records, goods, services, and all other documents in whatsoever form or format, including but not limited to electronic storage media (for purposes of this Article, hereinafter referred to as the "Records"), sufficient to reflect all receipt and expenditure of funds provided by CITY under this Agreement.

11.2 PROVIDER must retain all Project Records pertinent to this Agreement for a period of five (5) years after completion of the Project. If an audit has been initiated and audit findings have not been resolved at the end of five (5) years, the Records shall be retained until resolution of the audit findings or any litigation which may be based on the terms of this Agreement at no additional cost to CITY. Records shall be retained for longer periods when the retention period exceeds the time frames required by law or ordinance.

11.3 Upon demand, at no additional cost to CITY, PROVIDER must facilitate the duplication and transfer of any Records during the required retention period in Section 11.2 hereof.

11.4 PROVIDER must provide these Records at all reasonable times for inspection, review, copying, or audit by CITY.

**ARTICLE XII
INDEPENDENT CONTRACTOR STATUS**

12.1 PROVIDER is an independent contractor under this Agreement. Services furnished by PROVIDER shall be by employees of PROVIDER and subject to supervision by PROVIDER, and not as officers, employees, or agents of CITY. Employee compensation, personnel policies, tax responsibilities, Social Security and health insurance, employee benefits, travel, per diem policies, and other similar administrative procedures applicable to services rendered under this Agreement shall be those of PROVIDER.

12.2 PROVIDER shall develop and maintain a Code of Ethics for its employees that includes: conflict of interest; prohibition against use of property, information, or position without approval or to advance personal interests; fair and open competition; confidentiality; protection and use of company assets; compliance with laws, rules, and regulations; timely and truthful disclosure of significant accounting deficiencies; and timely and truthful disclosure of non-compliance.

12.3 PROVIDER shall develop and maintain bylaws and policies that include board of directors' ethics standards or business conduct practice.

12.4 PROVIDER shall develop and maintain a Corporate Compliance Plan.

**ARTICLE XIII
SUBCONTRACTING**

13.1 This Agreement recognizes that PROVIDER may subcontract certain Services. These subcontractors shall be identified in **Exhibit D (Subcontractors)**. Services furnished by PROVIDER's subcontractors shall be subject to supervision by PROVIDER. Employee compensation, personnel policies, tax responsibilities, Social Security and health insurance, employee benefits, travel, per diem policies, and other similar administrative procedures applicable to Services rendered under this Agreement shall be those of PROVIDER or subcontractor.

13.2 Authorization to deliver Services through subcontractors shall not relieve PROVIDER of full responsibility for all requirements, provisions, and terms of this Agreement.

13.3 PROVIDER shall require all subcontractors to conform to the requirements of this Agreement and all applicable federal and state laws, rules, regulations, guidelines, and standards.

13.4 PROVIDER agrees that if a subcontractor has expended or caused the expenditure of any Part A funds in violation of this Agreement, PROVIDER shall refund such funds in full to CITY from non-federal resources or, if this Agreement is still in effect, CITY shall withhold the amount of such funds from any subsequent requests for reimbursement under this Agreement.

13.5 PROVIDER shall not assign any rights or duties under this Agreement to any other party not specifically identified in **Exhibit D** without the prior written permission of CITY. If PROVIDER attempts to assign any rights or duties without securing prior written permission, this Agreement shall be declared void by CITY.

**ARTICLE XIV
NON-DISCRIMINATION AND ACCESS TO SERVICES**

14.1 PROVIDER agrees to comply with federal and state laws, rules, and regulations and CITY policy relative to non-discrimination against any employee or person served because of political affiliation, religion, ancestry, race, color, sex, handicap, marital status, age, or national origin to include the following:

Title VI of the Civil Rights Act of 1964 (42 USC 2000d) in regard to persons served;
Title VII of the Civil Rights Act of 1964 (42 USC 2000e) in regard to employees or applicants for employment;
Section 504 of the Rehabilitation Act of 1973 in regard to employees or applicants for employment and clients served; and
Americans with Disabilities Act of 1990 (Public Law 101-336) in regard to employees and persons served.

It is expressly understood that upon receipt of evidence of such discrimination, CITY shall have the right to terminate this Agreement.

14.2 Pursuant to the requirements of Section 126.404, *Ordinance Code*, PROVIDER represents that it has adopted and will maintain a policy of non-discrimination against employees or applicants for employment on account of race, religion, sex, color, national origin, age, or handicap in all areas of employee relations throughout the term of this Agreement. PROVIDER agrees that on written request, it will permit reasonable access to its records of employment, employment advertisement, application forms, and other pertinent data and records by the Executive Director of the Community Relations Commission or its successor commission or agency for the purpose of investigation to ascertain compliance with the

nondiscrimination provisions of this Agreement; provided however, that PROVIDER shall not be required to produce for such inspection records covering periods of time more than one (1) year from the effective date of this Agreement.

14.3 PROVIDER agrees that if any of the obligations of this Agreement are to be performed by a subcontractor, the provisions of Section 14.2 shall be incorporated into and become a part of the subcontract. This provision is required by Section 126.404, *Ordinance Code*.

14.4 PROVIDER agrees to deliver Services according to eligibility guidelines that have been or will be developed by PLANNING COUNCIL. Such Services will be provided in a setting that is accessible to low-income individuals with HIV disease.

14.5 In determining eligibility for Ryan White Services, PROVIDER shall not consider Department of Veteran Affairs (VA) health benefits as an HIV positive veteran's primary insurance and deny access to Services citing "payer of last resort."

14.6 PROVIDER agrees to inform consumers of Ryan White Part A funded health and support Services, PROVIDER's and PLANNING COUNCIL's Grievance Procedures, and the process to be followed in filing a grievance. Grievance Procedures will be posted in conspicuous places available to consumers of Ryan White Program funded Services.

ARTICLE XV CONFIDENTIALITY AND SECURITY OF RECORDS

15.1 PROVIDER, CITY, and PLANNING COUNCIL shall be governed by the Florida Department of Health's *Information Security and Privacy Policy* and the Florida Department of Health's *Internal Operating Policies, HIV/AIDS 10 and 12*, herein incorporated by reference. These policies are available from CITY upon request in writing. Records, for the purposes of this Agreement, shall include any written or electronic information that contains identifying information about the client/family, including but not limited to names and addresses.

15.2 PROVIDER must comply with client confidentiality requirements as specified in Sections 381.004(3) and 384.29, Florida Statutes. Procedures must be implemented by PROVIDER to ensure confidentiality of all client records and other sensitive information. These procedures must be consistent with Florida Department of Health's *Information Security and Privacy Policy*. It is PROVIDER's responsibility to establish a controlled and secured area for storing and maintaining active and inactive client records, case registries, and epidemiological information. There must be an individual designated with specified responsibility for managing the security and confidentiality of these data. It is the responsibility of PROVIDER to develop policies that ensure the confidential flow of client information between authorized staff and PROVIDER. CITY's contract manager will perform information security assessments of PROVIDER during scheduled monitoring visits and has the authority to grant exceptions where warranted.

15.3 PROVIDER shall ensure that CITY is included on all confidential release of information forms signed by clients served through funding provided in this Agreement.

15.4 PROVIDER shall comply with Sections 261 through 264 of the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191, known as "the Administrative Simplification Provisions," as defined in **Exhibit E**.

**ARTICLE XVI
ATTACHMENT F
INDEMNIFICATION and
INSURANCE REQUIREMENTS**

**ARTICLE XVII
REQUIREMENTS RELATED TO LOBBYING**

17.1 PROVIDER agrees to file and comply with all the prohibitions and requirements related to lobbying pursuant to Section 13.52 of Public Law 101-121.

17.2 PROVIDER agrees that federal prohibitions and requirements related to lobbying will be included in all sub awards at all tiers and that all subcontractors shall certify and disclose accordingly.

**ARTICLE XVIII
AMENDMENTS, ASSIGNMENTS, WAIVERS**

18.1 No amendment, variation, or modification of this Agreement and no waiver of its provisions shall be valid unless in writing and signed by CITY's and PROVIDER's duly authorized representatives.

18.2 PROVIDER shall neither transfer nor assign the performance of Services called for in the Agreement without the prior written consent of CITY.

18.3 Waiver of a breach of any provision of this Agreement shall not be deemed to be a waiver of any other subsequent breach and shall not be construed to be a modification of the terms of this Agreement.

**ARTICLE XIX
RENEWAL/TERMINATION**

19.1 PROVIDER understands and acknowledges that this Agreement shall remain in full force and effect as specified in Article III. During the first ninety (90) days after the effective date of this Agreement, either party shall have the right to terminate this Agreement, with or without cause, by providing the other party with NOT LESS THAN THIRTY (30) DAYS' PRIOR WRITTEN NOTICE. Subsequent to said ninety (90) day period, either party shall have the right to terminate the Agreement, with or without cause, by providing the other party with NOT LESS THAN NINETY (90) DAYS' PRIOR WRITTEN NOTICE. In the event this Agreement is terminated, PROVIDER shall be paid for any unpaid billings for all Services provided up to the date of Notice of Termination and reasonable costs and fees associated with an orderly closeout of the work, to the extent authorized in writing by CITY.

19.2 All renewals are contingent upon the availability of lawfully appropriated funds for the purposes of this Agreement, as well as satisfactory performance evaluations of PROVIDER by CITY.

19.3 In the event CITY terminates an incomplete assignment, CITY's liability to the PROVIDER only applies to completed and accepted tasks. In all other respects, except as otherwise provided, upon such termination, the rights and obligations of PROVIDER and CITY which arise out of or in connection with the performance of this Agreement shall cease.

**ARTICLE XX
SEVERABILITY**

20.1 Should any part or provision of this Agreement be held invalid by a court of law, the remainder of this Agreement shall not be affected thereby and shall continue in full force and effect.

**ARTICLE XXI
GOVERNING LAW**

21.1 PROVIDER agrees that all Services provided under this Agreement will comply fully with all the legal, administrative, and other requirements established by applicable federal, state, city, and PLANNING COUNCIL policies.

21.2 PROVIDER agrees to assume responsibility for full compliance with all such laws, rules, regulations, ordinances, and policies and agrees to fully reimburse CITY for any loss of funds or resources resulting from non-compliance by PROVIDER, its staff, agents, or subcontractors as revealed in any subsequent audits.

21.3 PROVIDER agrees to reimburse CITY for any expenditure deemed ineligible by CITY as a result of an audit and/or monitoring visit.

21.4 PROVIDER agrees to abide by the Service Eligibility Criteria, Allocation Distribution approved by PLANNING COUNCIL, attached hereto as **Exhibit G** and, by this reference, made a part hereof.

21.5 PROVIDER certifies that it will abide by all applicable Office of Management and Budget (OMB) Circulars and Code of Federal Regulations (CFR) as follows:

- 45 CFR Part 74 Uniform Administrative Requirements for Awards and Sub awards
- 45 CFR Part 75 Uniform Administrative Requirements, Cost Principles, and Audit Requirements
- 18 U.S.C. 874 and 40 U.S.C. 276c Copeland "Anti-kickback" Act
- 40 U.S.C. 327-333 Contract Work Hours and Safety Standards Act
- 42 U.S.C. 7401 et seq. Clean Air Act
- 31 U.S.C. 1352 Byrd Anti-Lobbying Amendments
- 45 CFR 94 Responsible Prospective Contractors
- E.O. 11246, Equal Employment Opportunity as amended by E.O. 11375
- E.O.s 12549 and 12689 Debarment and Suspension

21.6 With respect to the provision of Services under this Agreement, PROVIDER must follow all applicable federal, state, and local laws, ordinances, rules, and regulations, including but not limited to the Florida Public Records Law, as codified in Chapter 119, Florida Statutes. This requirement relates only to the Services provided pursuant to this Agreement and not to PROVIDER's other activities.

21.7 This Agreement shall be governed by and construed under the laws of the State of Florida. Venue for any litigation of or under this Agreement shall be in the federal or state courts located in Jacksonville, Duval County, Florida.

**ARTICLE XXII
CONTINGENT FEES PROHIBITED**

22.1 Pursuant to the requirements of Section 126.306, *Ordinance Code*, PROVIDER warrants that it has not employed or retained any company or person other than a bona fide employee working solely for the PROVIDER to solicit or secure this Agreement, and that it has not paid or agreed to pay any person, company, corporation, individual, or firm other than a bona fide employee working solely for the PROVIDER any fee, percentage, commission, gift, or any other consideration contingent upon or resulting from the award or making of this Agreement.

**ARTICLE XXIII
TRUTH IN NEGOTIATION CERTIFICATE**

23.1 Pursuant to the requirements of Section 126.306, *Ordinance Code*, PROVIDER understands and agrees that the execution of this Agreement by PROVIDER shall be deemed to be a simultaneous execution of a truth-in-negotiation certificate to the same extent such certificate had been executed apart from this Agreement, such truth-in-negotiation certificate being required by Section 126.305, *Ordinance Code*, for all lump sum or cost plus a fixed fee professional service contracts in excess of \$65,000. Pursuant to such certificate, PROVIDER hereby states that the wage rates and other factual unit costs supporting the compensation hereunder are accurate, complete, and current at the time of entering into this Agreement. Further, PROVIDER agrees that the compensation hereunder shall be adjusted to exclude any significant sums where CITY determines the contract price was increased due to inaccurate, incomplete, or noncurrent wage rates and other factual unit costs, provided however, that any and all such adjustments shall be made within one (1) year following the completion date of this Agreement.

**ARTICLE XXIV
INCORPORATION BY REFERENCE**

24.1 The recitals stated at the beginning of this Agreement are true and correct and, by this reference, are made a part hereof and are incorporated herein. All attachments and exhibits cited in and attached to this Agreement are, by this reference, made a part hereof and are incorporated herein.

**ARTICLE XXV
ENTIRE AGREEMENT**

25.1 This Agreement represents the entire Agreement by and between the parties with respect to the funding and Services specified herein. No statement, understanding, agreement, writing, course of conduct, or course of action by the parties or their representatives that is not contained in this Agreement shall be binding.

IN WITNESS HEREOF, the parties hereto have set their hands and affixed their seals on the Effective Date of this Agreement.

ATTEST:

CITY OF JACKSONVILLE

By: James R. McCain, Jr.
James R McCain, Jr.
Corporation Secretary



By: Brian Hughes
Lenny Curry, Mayor
Brian Hughes
Chief Administrative Officer
For: Mayor Lenny Curry
Under Authority of:
Executive Order No: 2019-02

Date: 7/6/21

Date: 7/6/2021

WITNESS:

By: Erakal Goodman
Type/Print Name: Erakal Goodman
Title: Director of Grants

Community Rehabilitation Center, INC.

By: Reginald Gaffney
Reginald Gaffney, President

Date: 6/18/2021

Date: 6-18-2021

In compliance with Section 24.103(e) the Ordinance Code of the City of Jacksonville, I do certify that there is an unexpended, unencumbered, and unimpounded balance in the appropriation sufficient to cover the foregoing Agreement, and provision has been made for the payment of the monies provided therein to be paid.

[Signature]
Director of Finance

Contract No. 7115-21

Form Approved:

James R. McCain, Jr.
Office of General Counsel

Date: 6/28/21

SUBJECT: RYAN WHITE CARE ACT – PART A / MINORITY AIDS INITIATIVE

BID #: ESC-0301-21

OPEN DATE: 2021-01-13

COMPETITIVE SEALED PROPOSAL EVALUATION COMMITTEE

KIND AND BASIS OF CONTRACT: COMPETITIVE SEALED PROPOSAL SUPPLY CONTRACT – PERIOD OF SERVICE WILL BE FROM MARCH 1, 2021 THROUGH FEBRUARY 28, 2022, WITH TWO (2) ONE YEAR RENEWAL OPTIONS

AGENCY: SOCIAL SERVICES DIVISION

BASIS OF AWARD: HIGHEST SCORING RESPONSIVE, RESPONSIBLE BIDDER BASED ON THE EVALUATION CRITERIA

NUMBER OF BIDS INVITED: 28 NUMBER RECEIVED: 10 OTHER: 0

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:

Recommend approval to increase the contract award to the following contractors, Aids Healthcare Foundation, Community Aids Network, Community Rehabilitation Center, Florida Department of Health-Duval County, Gateway Community Services, Jacksonville Area Legal Aid, Lutheran Social Services, Northeast Florida AIDS Network, River Region Human Services, and University of Florida CARES in the amount of \$4,537,015.00, which includes administrative cost of \$12,776.00 for the RYAN WHITE CARE ACT – PART A / MINORITY AIDS INITIATIVE. The revised total contract expenditure not to exceed \$5,886,669.00. Period of service will remain the same from March 1, 2021 through February 28, 2022.

Contractor/Agency	Initial Award (3/26/21)	Increase in funds Distribution	Revised Award Amount
1. AIDS Healthcare Foundation	\$112,726	\$437,284	\$550,010
2. Community AIDS Network	\$136,701	\$504,256	\$640,957
3. Community Rehabilitation Center	\$0.00	\$40,000	\$40,000
4. Florida Department of Health - Duval County	\$61,351	\$493,739	\$555,090
5. Gateway Community Services	\$23,622	\$144,183	\$167,805
6. Jacksonville Area Legal Aid	\$35,433	\$190,405	\$225,838
7. Lutheran Social Services	\$128,755	\$941,620	\$1,070,375
8. Northeast Florida AIDS Network	\$219,523	\$1,077,992	\$1,297,515
9. River Region Human Services	\$11,811	\$111,160	\$122,971
10. University of Florida CARES	\$125,961	\$583,600	\$709,561


Funding to be encumbered by account 11406.164011.582001.010219.00000000.000000.00000000, to be executed by contract through the Office of General Counsel.

Attachments: Recommendation Memo, Federal Award Information, Previous Award

Analyst:


RUBEN OLA

RESPECTFULLY SUBMITTED:


**GREGORY PEASE, CHIEF
PROCUREMENT DIVISION**

CONCURRENCE BY: Johnnetta Moore, Chief, Social Services Division

**(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)
ACTION OF CSPEC COMMITTEE ON RECOMMENDATIONS ABOVE**

MEMBERS APPROVING

5

MEMBERS DISAPPROVING

0

DATE:

6/10/2021

[Handwritten signatures]
Joseph P. Eicher
Liliana Reed
D. [unclear]

OTHER: _____

ACTION OF AWARDING AUTHORITY

MZ
APPROVED

BH

DISAPPROVED

DATE *6/11/21*

OTHER _____

SIGNATURE OF AUTHENTICATION

[Handwritten signature]

Buy
Ch
For
Und
Executive Order No. 2019-02

Community Rehabilitation Center, Inc.
 Ryan White Work Plan for Fiscal Year 2021/2022- Mental Health
 March 2021 - February 2022

1. Service Category	2. To be provided in-house or through Subcontract	3. Total number of unduplicated clients to be served	4. Total number of units of service to be provided	5. Unit Type/Medicaid Procedure Code	6. Cost per Unit	7. Unit Rate Origination	8. Total Cost
Psychiatric Evaluation	In-house	35	35	H2000HP	\$210.00	Medicaid	\$7,350.00
In-Depth Assessment	In-house	35	35	H0031	\$125.00	Medicaid	\$4,375.00
Individual Tx Plan	In-house	35	35	H0032	\$97.00	Medicaid	\$3,395.00
Tx Plan Review	In-house	35	140	H0032TS	\$48.50	Medicaid	\$6,790.00
Individual/Family Therapy	In-house	35	250	H2019HR	\$18.33	Medicaid	\$4,582.50
Med Management	In-house	35	100	T1015GT	\$60.00	Medicaid	\$6,000.00
Brief Behavioral Health Psychotherapy exam	In-house	35	100	H2010HE	\$15.00	Medicaid	\$1,500.00
Psychiatric Record Review	In-house	35	55	H2000	\$26.00	Medicaid	\$1,430.00
Behavioral Health Medical Screening	In-house	35	105	T1023HE	\$43.62	Medicaid	\$4,580.10
Total			855				\$40,000.00

TABLE 2 - SUMMARY OF FUNDING SOURCES

Name of Agency/Organization: Community Rehabilitation Center, Inc

Budget Categories	RW Part A	RW Part B	RW Part C	RW Part D	CRC Medicaid	City and/or State	340 B Program Income	Federal Grants	Total
Personnel					\$ 299,119	\$ 87,670			\$ 386,789
Fringe Benefits	\$ -				\$ 60,836	\$ 14,903			\$ 75,739
Travel	\$ -				\$ 7,487				\$ 7,487
Equipment	\$ -				\$ -				\$ -
Supplies	\$ -				\$ 40,337				\$ 40,337
Contractual					\$ 113,127	\$ 72,000			\$ 185,127
Other	\$ -				\$ 57,445	\$ 53,759			\$ 111,204
Total Direct Costs						\$ 228,332			\$ 228,332
Indirect Costs						\$ -			\$ -
Total Costs					\$ 578,351	\$ 228,332			\$ 806,683

RYAN WHITE MENTAL HEALTH
FY 2021-2022 Budget Narrative
March 2021 -February 2022

Category	Description	% of Time	Total Cost	Amount Charged to Grant
Salaries				
Tonya Jackson	Mental Health Counselor	1.00	\$ 40,000.00	\$ 40,000.00
Erakal Goodman	Program Coordinator	0.10	\$ 7,000.00	\$ -
Dawn Smith	Fiscal Manager	0.10	\$ 5,100.00	\$ -
Diane Templeton	Administrative Assistant	0.05	\$ 1,610.00	\$ -
Patricia Sampson	Quality Assurance Coordinator	0.05	\$ 2,500.00	\$ -
SUBTOTAL		1.30	\$ 56,210.00	\$ 40,000.00

The Mental Health Counselors will be responsible for providing mental health assessments, counseling, referrals, and intervention services, conducting intakes and monitoring individual, group and family therapies. The MH Counselor will develop service plans and conduct reviews as needed throughout the duration of treatment. The MH Counselor will serve 35 unduplicated clients.

Fringe Benefits

FICA	7.65%		4,300.07	-
Health Insurance	23%		8,360.30	-
Worker's Comp	1.76%		989.30	-
SUI	1.29%		299.41	-
SUBTOTAL			13,949.07	-

The Fringe benefits include FICA, workers' compensation, payroll taxes and group insurance costs for employees at 33.7% and will be covered by the agency.

Travel

Local Travel	150 miles per month	\$0.56	1,008.00	\$ -
--------------	---------------------	--------	----------	------

The local travel will be utilized for the program staff to periodically transport clients to our facility to provide services as needed. Travel reimbursement will be covered by the agency.

Office Expenses

Office supplies	paper, pens, folders, ink, etc.		1,800.00	\$ -
-----------------	---------------------------------	--	----------	------

Office supplies will be utilized to facilitate administrative functions of program implementation such as ink cartridges, paper, pens and other office supplies. Office supplies of \$50 monthly and the purchase of a laptop (\$1,200) for the Mental Health Counselor.

Equipment

NONE				

Rent & Utilities

Office space	96 sq. ft.	\$18.50	1,776.00	-
--------------	------------	---------	----------	---

Rent cost is based on the square footage of the Mental Health Counselor office at our Beach Blvd. Location

Other

				\$	-
Indirect Costs					
NONE					
TOTAL				\$	72,943.07
				\$	40,000.00

Jacksonville Area Ryan White Network
Monthly Expenditure and Reimbursement Report

EXHIBIT C

CONTRACT NUMBER:

Date:

Provider Agency Name and Address:

Preparer's Name:
Phone Number:

A. TOTAL COST BY LINE ITEM	Administration Expense	Service Expense	Expenditures This Report	Expenditures Year-To-Date	Budget Amount	Contract Balance
Salaries						
Fringe Benefits						
Equipment						
Office Expense						
Travel						
Other						
Subtotal:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

B. TOTAL COST BY SERVICE CATEGORY

	# of Clients	# of Units	Expenditures This Report	Expenditures Year-To-Date	Budget Amount	Contract Balance
Ambulatory - Outpatient Care						
Medical Case Management						
Non Medical Case Management						
Child Care Services						
AIDS Pharmaceutical Assistance						
Early Intervention Services						
Home Health Care						
Legal Services						
Mental Health Services						
Medical Nutrition Therapy						
Oral Health Care						
Health Insurance Premiums						
Other: Youth Block Party - Food						
Other: Youth Block Party - Outreach						
Substance Abuse Services - Residential						
Medical Transportation		300	\$0.00	\$0.00	\$0.00	\$0.00
Subtotal		300	\$0.00	\$0.00	\$0.00	\$0.00

AMOUNT REQUESTED THIS REPORT

Total Contract Amount	\$0.00
Expenditures Year-to-Date	\$0.00
Balance to Draw	\$0.00

I certify that the above report is true, accurate and correct reflection of the activities of this period. The expenditures reported are made only for items which are allowable and directly related to the purpose of the referenced contract.

Signature and Title _____ Date _____

INTERNAL USE ONLY

Amount Charged to Ryan White Part A	Amount Charged
Total Number of Unduplicated Clients Served	0
Total Accumulated Units of Service	0

I certify the above invoice reflects allowable expenditures

Contract Manager Signature and Date

EXHIBIT D

SUBCONTRACTORS for AIDS Healthcare Foundation, Inc.

There are no Subcontractors for this agency

BUSINESS ASSOCIATE ARRANGEMENT

This Agreement Is made effective by and between the Parties to that certain Miscellaneous Appropriation Agreement for Community Rehabilitation Center, Inc.

WITNESSETH:

WHEREAS, Sections 261 through 264 of the Federal Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 known as the Administrative Simplification Provisions, direct the Department of Health and Human Services to develop standards to protect the security, confidentiality and Integrity of health Information; and

WHEREAS, pursuant to the Administrative Simplification Provisions, the Secretary of Health and Human Services has issued regulations modifying 45 CFR Parts 160 and 164 (the HIPAA Privacy Rule); and

WHEREAS, the Parties wish to enter into or have entered into an arrangement whereby the City of Jacksonville ("Business Associate") will provide certain funding to Community Rehabilitation Center, Inc. ("Covered Entity"), and, pursuant to Such arrangement, Business Associate may be considered a Business Associate of Covered Entity as defined in the HIPAA Privacy Rule; and

WHEREAS, Business Associate may have access to Protected Health Information (as defined below) in fulfilling its responsibilities under such arrangement;

THEREFORE, In consideration of; the Parties' continuing obligations under the HIPAA Privacy Rule, and other good and valuable consideration, the receipt and sufficiency of which Is hereby acknowledged, the Parties agree to the provisions of this Agreement In order to address the requirements of the HIPAA Privacy Rule and to protect the Interests of both Parties.

I. DEFINITIONS:

Except as otherwise defined herein, any and all capitalized terms in this Section shall have the definitions set forth in the HIPAA Privacy Rule. In the event of an inconsistency between the provisions of this Agreement and mandatory provisions of the HIPAA Privacy Rule, as amended, the HIPAA Privacy Rule shall control. Where provisions of this Agreement are different than those mandated In the HIPAA Privacy Rule, but are nonetheless permitted by the HIPAA Privacy Rule, the provisions of this Agreement shall control.

The term "Protected Health Information" means individually Identifiable health formation inducing, without limitation, all information, data, documentation, and materials, Including without limitation, demographic, medical and financial information, that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an Individual; or the past, present, or future payment (or the provision of health care to an individual; and that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the Individual.

Business Associate acknowledges and agrees that all Protected Health Information created or received by Covered Entity and disclosed or made available in any form, including paper record, oral communication, audio recording, and electronic display by Covered Entity or its operating units to Business Associate or created or received by Business Associate on Covered Entity's behalf shall be subject to this Agreement.

II. CONFIDENTIALITY REQUIREMENTS

(A) Business Associate agrees:

- (i) To use or disclose any Protected Health Information solely: (1) for meeting Is obligations as set forth in any agreements between the Parties evidencing their business relationship, or (2) as required by applicable law, rule or regulation, or by accrediting or credentialing organization to whom Covered Entity is required to disclose such Information or as otherwise permitted under this Agreement or the HIPAA Privacy Rule;
- (ii) At termination of this Agreement, or any similar documentation of the business relationship of the Parties, or upon request of Covered Entity, whichever occurs first, if feasible, Business Associate will return or destroy all Protected Health Information received from or created or received by Business Associate on behalf of Covered Entity that Business Associate still maintains in any form and retain no copies of such information or If such return or destruction is not feasible, Business Associate will extend the protections of this Agreement to the information and limit further uses and disclosures to those purposes that make the return or destruction of the Information not feasible; and
- (iii) To ensure that its agents, including a Subcontractor, to whom it provides Protected Heath Information received from or created by Business Associate on behalf of Covered Entity, agrees to the same restrictions

and conditions that apply to Business Associate with respect to such information. In addition, Business Associate agrees to take reasonable steps to ensure that its employees' actions or omissions do not cause Business Associate to breach the terms of this Agreement.

(B). Notwithstanding the prohibitions set forth in this Agreement, Business Associate may use and disclose Protected Health Information as follows:

- (i) If necessary, for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate, provided that as to any such disclosure, the following requirements are met:
 - (a) The disclosure is required by law; or
 - (b) Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will be held confidentially, and used or further disclosed only as required by law for the purpose for which it was disclosed to the person, and the Person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached;
 - (c) For data aggregation Services, if to be provided by Business Associate for the health care operations of Covered Entity pursuant to any agreements ' between the Parties evidencing their business relationship. For purposes of this Agreement, data aggregation services means the combining of Protected Health Information by Business Associate with the protected health information received by Business Associate in its capacity as a business associate or another covered entity, to permit data analyses that relate to the health care operations of the respective covered entities.
 - (d) Business Associate will implement appropriate safeguards to prevent use or disclosure of Protected Health Information other than as permitted in this Agreement. The secretary of Health and Human Services shall have the right to audit Business Associate's records and practices related to use and disclosure of Protected Health information to ensure Covered Entity's compliance with the terms with the HIPAA Privacy Rule. Business Associate shall report to Covered Entity any use or disclosure of Protected Health information which is not in compliance with the terms of this Agreement of which it becomes aware.

III. OBLIGATIONS AND ACTIVITIES OF BUSINESS ASSOCIATE:

- a) Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by the Agreement or as Required by Law.
- b) Business Associate agrees to appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.
- c) Business Associate agrees to mitigate to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health information by Business Associate in violation of the requirements of this Agreement. (This provision may be included if it is appropriate for the Covered Entity to pass on its duty to mitigate damages to a Business Associate.)
- d) Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware.
- e) Business Associate agrees to ensure that any agent, including a subcontractor, to whom It provides Protected Health Information received from, or created, or received by Business Associate on behalf of Covered Entity agrees to the same restrictions and conditions that apply through this agreement to Business Associate with respect to such information.
- f) Business Associate agrees to provide access, at the request of Covered Entity, and in the time and manner designated by Covered Entity, to Protected Health Information in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 CFR § 164.524. (Not necessary if business associate does not have protected health information in a designated record set.)
- g) Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR § 164.526 at the request of Covered Entity or an Individual, and in the time and manner designated by Covered Entity. (Not necessary If business associate does not have protected health information in a designated record set.)
- h) Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available (to the Covered Entity, or) to the Secretary, in a time and manner designated by the Covered Entity or designated by the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.

- i) Business Associate agrees to document such disclosures of Protected Health Information and Information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information In accordance with 45 CFR § 164.528.
- j) Business Associate agrees to Provide to Covered Entity or an Individual, in time and manner designated by Covered Entity, information collected In accordance with Section III (i) of this Agreement, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information In accordance with 45 CFR § 164.528.

IV. AVAILABILITY OF PROTECTED HEALTH INFORMATION

- a) Business Associate agrees to make available Protected Health Information to the extent and In the manner required by Section 164.524 of the HIPAA Privacy Rule.
- b) Business Associate agrees to make Protected Health Information available for amendment and incorporate any amendments to Protected Health Information In accordance with the requirements of Section 164.526 of the HIPAA Privacy Rule.
- c) In addition, Business Associate agrees to make Protected Health Information available for purposes of accounting of disclosures, as required by Section 164.528 of the HIPAA Privacy Rule.

V. TERMINATION:

Notwithstanding anything in this Agreement to the contrary, Covered Entity shall have the right to terminate this Agreement immediately if Covered Entity determines that Business Associate has violated any material term of this Agreement. If Covered Entity reasonably believes that Business Associate will violate a material term of this Agreement and, where practical, Covered Entity gives written notice to Business Associate of such belief within a reasonable time after forming such, belief, and Business Associate fails to provide adequate written assurances to Covered Entity that It will not breach the cited term of this Agreement within a reasonable period of time given the specific circumstances, but In any event, before the threatened breach is to occur, then Covered Entity shall have the right to terminate this Agreement immediately.

VI. MISCELLANEOUS:

Except as expressly stated herein or the HIPAA Privacy Rule, the parties to this Agreement do not intend to create any rights in any third parties. The obligations of Business Associate under this Section shall survive the expiration, termination, or cancellation of this Agreement, and/or the business relationship of the parties, and shall continue to bind Business Associate, its agents, employees, contractors, successors, and assigns as set forth herein.

This Agreement may be amended or modified only in a writing signed by the Parties. No party may assign its respective rights and obligations under this Agreement without the prior written consideration of the other Party. None of the provisions of this Agreement are intended to create, nor will they be deemed to create, any relationship between the Parties other than that of independent parties contracting with each other solely for the purposes of effecting the provisions of this Agreement and any other agreements between the parties evidencing their business relationship.

The laws of the State of Florida shall govern this Agreement. No change, waiver or discharge of any liability or obligation hereunder on anyone or more occasions shall be deemed a waiver of performance of any continuing or other obligation, or shall prohibit enforcement of any obligation, on any other occasion. The parties agree that, in the event that any documentation of the arrangement pursuant to which Business Associate provides services to Covered Entity contains provisions relating to the use or disclosure of Protected Health Information, which are more restrictive than the provisions of this Agreement, the provisions of the more restrictive document will control. The provisions of this Agreement are intended to establish minimum requirements regarding Business Associate's use and disclosure of Protected Health Information.

In the event that any provision of this Agreement is held by a court of competent jurisdiction to be Invalid or unenforceable, the remainder of the provisions of this Agreement will remain in force and effect. In addition, In the event a party believes, good faith that any provision of this Agreement falls to comply with the then-current requirements of the HIPAA Privacy Rule, such party shall notify the other party in writing, For a period of up to thirty days, the parties shall address in good faith such concern and amend the terms of this Agreement, If necessary to bring it into compliance. If, after such thirty-day period, the Agreement fails to comply with the HIPAA Privacy Rule, then either party has the right to terminate upon written notice to the other party.

**Exhibit F
Indemnification**

Applicant and its contractors and subcontractors (collectively, the “Indemnifying Parties”) shall hold harmless, indemnify, and defend the City of Jacksonville and City’s members, officers, officials, employees and agents (collectively, the “Indemnified Parties”) from and against, without limitation, any and all claims, suits, actions, losses, damages, injuries, liabilities, fines, penalties, costs and expenses of whatsoever kind or nature, which may be incurred by, charged to or recovered from any of the foregoing Indemnified Parties for:

1. General Tort Liability, for any negligent act, error or omission, recklessness or intentionally wrongful conduct on the part of the Indemnifying Parties that causes injury (whether mental or corporeal) to persons (including death) or damage to property, whether arising out of or incidental to the Indemnifying Parties’ performance of the Contract, operations, services or work performed hereunder; and

2. Environmental Liability, to the extent this Contract contemplates environmental exposures, arising from or in connection with any environmental, health and safety liabilities, claims, citations, clean-up or damages whether arising out of or relating to the operation or other activities performed in connection with the Contract; and

3. Intellectual Property Liability, to the extent this Contract contemplates intellectual property exposures, arising directly or indirectly out of any allegation that the Services, any product generated by the Services, or any part of the Services as contemplated in this Contract, constitutes an infringement of any copyright, patent, trade secret or any other intellectual property right. If in any suit or proceeding, the Services, or any product generated by the Services, is held to constitute an infringement and its use is permanently enjoined, the Indemnifying Parties shall, immediately, make every reasonable effort to secure within 60 days, for the Indemnified Parties a license, authorizing the continued use of the Service or product. If the Indemnifying Parties fail to secure such a license for the Indemnified Parties, then the Indemnifying Parties shall replace the Service or product with a non-infringing Service or product or modify such Service or product in a way satisfactory to the City, so that the Service or product is non-infringing.

If an Indemnified Party exercises its obligation under this Contract, the Indemnified Party will (1) provide reasonable notice to the Indemnifying Parties of the applicable claim or liability, and (2) allow Indemnifying Parties, at their own expense, to participate in the litigation of such claim or liability to protect their interests. The scope and terms of the indemnity obligations herein described are separate and apart from, and shall not be limited by any insurance provided pursuant to the Contract or otherwise. Such terms of indemnity shall survive the expiration or termination of the Contract.

In the event that any portion of the scope or terms of this indemnity is in derogation of Section 725.06 or 725.08 of the Florida Statutes, all other terms of this indemnity shall remain in full force and effect. Further, any term which offends Section 725.06 or 725.08 of the Florida Statutes will be modified to comply with said statutes.

Insurance Requirements

Without limiting its liability under this Contract, Contractor shall at all times during the term of this Contract procure prior to commencement of work and maintain at its sole expense during the life of this Contract (and Contractor shall require its, subcontractors, laborers, materialmen and suppliers to provide, as applicable), insurance of the types and limits not less than amounts stated below:

Insurance Coverages

Schedule	Limits
Worker's Compensation Employer's Liability	Florida Statutory Coverage \$ 1,000,000 Each Accident \$ 1,000,000 Disease Policy Limit \$ 1,000,000 Each Employee/Disease

This insurance shall cover the Contractor (and, to the extent they are not otherwise insured, its subcontractors) for those sources of liability which would be covered by the latest edition of the standard Workers' Compensation policy, as filed for use in the State of Florida by the National Council on Compensation Insurance (NCCI), without any restrictive endorsements other than the Florida Employers Liability Coverage Endorsement (NCCI Form WC 09 03), those which are required by the State of Florida, or any restrictive NCCI endorsements which, under an NCCI filing, must be attached to the policy (i.e., mandatory endorsements). In addition to coverage for the Florida Workers' Compensation Act, where appropriate, coverage is to be included for the Federal Employers' Liability Act, USL&H and Jones, and any other applicable federal or state law.

Commercial General Liability	\$2,000,000	General Aggregate
	\$2,000,000	Products & Comp. Ops. Agg.
	\$1,000,000	Personal/ Advertising Injury
	\$1,000,000	Each Occurrence
	\$ 50,000	Fire Damage
	\$ 5,000	Medical Expenses

Such insurance shall be no more restrictive than that provided by the most recent version of the standard Commercial General Liability Form (ISO Form CG 00 01) as filed for use in the State of Florida without any restrictive endorsements other than those reasonably required by the City's Office of Insurance and Risk Management. An Excess Liability policy or Umbrella policy can be used to satisfy the above limits.

Automobile Liability (Coverage for all automobiles, owned, hired or non-owned used in performance of the Contract)	\$1,000,000	Combined Single Limit
--	-------------	-----------------------

Such insurance shall be no more restrictive than that provided by the most recent version of the standard Business Auto Coverage Form (ISO Form CA0001) as filed for use in the State of Florida without any restrictive endorsements other than those which are required by the State of Florida, or equivalent manuscript form, must be attached to the policy equivalent endorsement as filed with ISO (i.e., mandatory endorsement).

Professional Liability

(Where Applicable - All Staff)	\$1,000,000	Per Claim
	\$3,000,000	Aggregate

Professional Liability coverage will be provided on an Occurrence Form or a Claims Made Form with a retroactive date to at least the first date of this Agreement. If provided on a Claim Made Form, the coverages must respond to all claims reported within three years following the period for which coverage is required and which would have been covered had the coverage been on an occurrence basis.

Medical, Dental, and Clinical Malpractice Professional Liability, and all other Applicable Malpractice Insurance Coverage for this type of operation.	\$1,000,000	Per Claim
	\$3,000,000	Aggregate

Medical, Dental and Clinical Malpractice Professional Liability, and all other Malpractice coverage will be provided on an Occurrence Form or a Claims Made Form with a retroactive date to at least the first date of this agreement. If provided on a Claim Made Form, the coverages must re-pond to all claims reported within three years following the period for which coverage is required and which would have been covered had the coverage been on an occurrence basis.

Health Care Premises and Disposal Pollution Liability	\$1,000,000 Per Loss
	\$2,000,000 Annual Aggregate

Provider’s Pollution Liability coverage will be required for any Environmen-tal/Pollution related services including but not limited to Healthcare Prem-ises Liability coverage form, blanket non-owned disposal site or off-site operational sites, transportation of waste, clean-up cost, and emergency response. Such coverage will include bodily injury, sickness, disease, and mental anguish or shock sustained by any person, including death; prop-erty damage, including physical injury to or destruction of tangible proper-ty, including resulting loss of use thereof, cleanup costs, and the loss of the use of tangible property that has not been physically injured or de-stroyed; defense, including costs, charges, and expenses incurred in the investigation, adjustment, or defense of claims for such compensatory damages; and, losses caused by pollution conditions that arise from the operations of the contractor, including transportation. The City of Jack-sonville and its members, officials, officers, employees, and agents shall be named as an additional insured.

Providers Legal Liability (when applicable unless included above)	\$1,000,000 Per Loss
	\$2,000,000 Aggregate

If the Services provided require the disposal of any hazardous or non-hazardous material off the job site, the disposal site operator must furnish a certificate of insurance for Pollution Legal Liability with coverage for bodily injury and property damage for losses that arise from the facility that is accepting the waste under this contract.

Umbrella Liability	\$1,000,000 Each Occurrence/Agg.
---------------------------	---

The Umbrella Liability policy shall be in excess of the above limits without any gap. The Umbrella coverage will follow from the underlying coverages and provide on an Occurrence basis all coverages listed above and shall be included in the Umbrella policy.

Additional Insurance Provisions

- A. **Certificates of Insurance.** Vendor shall deliver the City Certificates of Insurance that shows the corresponding City Contract or Bid Number in the Description, **Additional Insureds, Waivers of Subrogation and Primary & Non-Contributory statement** as provided below. The certificates of insurance shall be mailed to the City of Jacksonville (Attention: Chief of Risk Management), 117 W. Duval Street, Suite 335, Jacksonville, Florida 32202.
- B. **Additional Insured:** All insurance except Worker's Compensation shall be endorsed to name the City of Jacksonville and City's members, officials, officers, employees and agents as Additional Insured. Additional Insured for General Liability shall be in a form no more restrictive than CG2010 and CG2037, Automobile Liability CA2048.
- C. **Waiver of Subrogation.** All required insurance policies shall be endorsed to provide for a waiver of underwriter's rights of subrogation in favor of the City of Jacksonville and its members, officials, officers employees and agents.
- D. **Vendor's Insurance Primary.** The insurance provided by the Vendor shall apply on a primary basis to, and shall not require contribution from, any other insurance or self-insurance maintained by the City or any City members, officials, officers, employees and agents.
- E. **Deductible or Self-Insured Retention Provisions.** All deductibles and self-insured retentions associated with coverages required for compliance with this Contract shall remain the sole and exclusive responsibility of the named insured Vendor. Under no circumstances will the City of Jacksonville and its members, officers, directors, employees, representatives, and agents be responsible for paying any deductible or self-insured retentions related to this Contract.
- F. **Vendor's Insurance Additional Remedy.** Compliance with the insurance requirements of this Contract shall not limit the liability of the Vendor or its Subcontractors, employees or agents to the City or others. Any remedy provided to City or City's members, officials, officers, employees or agents shall be in addition to and not in lieu of any other remedy available under this Contract or otherwise.
- G. **Waiver/Estoppel.** Neither approval by City nor failure to disapprove the insurance furnished by Vendor shall relieve Vendor of Vendor's full responsibility to provide insurance as required under this Contract.
- H. **Carrier Qualifications.** The above insurance shall be written by an insurer holding a current certificate of authority pursuant to chapter 624, Florida State or a company that is declared as an approved Surplus Lines carrier under Chapter 626 Florida Statutes. Such Insurance shall be written by an insurer with an A.M. Best Rating of A- VII or better.
- I. **Notice.** The Vendor shall provide an endorsement issued by the insurer to provide the City thirty (30) days prior written notice of any change in the above insurance coverage limits or cancellation, including expiration or non-renewal. If such endorsement is not provided, the Vendor, as applicable, shall provide said a thirty (30) days written notice of any change in the above coverages or limits, coverage being suspended, voided, cancelled, including expiration or non-renewal.

- J. **Survival.** Anything to the contrary notwithstanding, the liabilities of the Vendor under this Contract shall survive and not be terminated, reduced or otherwise limited by any expiration or termination of insurance coverage.
- K. **Additional Insurance.** Depending upon the nature of any aspect of any project and its accompanying exposures and liabilities, the City may reasonably require additional insurance coverages in amounts responsive to those liabilities, which may or may not require that the City also be named as an additional insured.
- L. **Special Provisions:** Prior to executing this Agreement, Vendor shall present this Contract and Attachment F & G to its Insurance Agent affirming: 1) That the Agent has personally reviewed the insurance requirements of the Contract Documents, and (2) That the Agent is capable (has proper market access) to provide the coverages and limits of liability required on behalf of Vendor.

Ryan White Part A
Priority Allocations Worksheet
Grant Year 2021/2022

Exhibit G

Allocation Worksheet FY 2021/2022		
	Percentage	Dollar Amount
CORE		
1	Medical Case Management	31.43% \$1,757,979.22
3	Outpatient/Ambulatory Medical Care	10.00% \$559,331.60
2	Health Insurance Premium & Cost Sharing Assistance	15.00% \$838,997.40
4	Oral Health Care	14.25% \$797,047.53
5	AIDS Pharmaceutical Assistance (not ADAP)	2.00% \$111,866.32
6	Mental Health Services	3.75% \$209,749.35
7	Medical Nutrition Therapy	1.50% \$83,899.74
8	Home & Community-Based Health Services	0.07% \$3,915.32
9	Early Intervention Services (EIS)	\$0.00
10	Home Health Care	\$0.00
11	Hospice Services	\$0.00
12	Substance Abuse - Outpatient	\$0.00
		78.00% \$4,362,786.48
SUPPORT		
1	Financial Eligibility/Non-Medical Case Management	4.50% \$251,699.22
2	Legal Services	4.50% \$251,699.22
3	Outreach Services - Peer Navigators	4.50% \$251,699.22
4	Substance Abuse - Residential	4.50% \$251,699.22
5	Food Bank/Home-Delivered Meals-HH Supplies	1.50% \$83,899.74
6	Psychosocial Support Services	0.25% \$13,983.29
7	Transitional Housing Services	1.00% \$55,933.16
8	Medical Transportation Services	0.75% \$41,949.87
9	Emergency Financial Assistance	0.25% \$13,983.29
10	Health Educaion/Risk Reduction	0.25% \$13,983.29
16	Child Care Services	\$0.00
11	Linguistic Services	\$0.00
12	Referral for Health Care/Supportive Services	\$0.00
13	Rehabilitation Services	\$0.00
15	Respite Care	\$0.00
14	Treatment Adherence Counseling	\$0.00
		22.00% \$1,230,529.52
	Total Allocation	100.00% \$5,593,316.00

\$5,593,316

\$6,033,357

Names of two non-aligned PLWHA referred to Planning Council and any additional committees within the contract year

Community Rehabilitation Center did not disclose names if they made any recommendations and no PLWHA self-identified as being referred by this agency.



ONE CITY. ONE
JACKSONVILLE.

City of Jacksonville, Florida


Daryl Joseph, Director



Parks, Recreation and Community Services Department
214 N. Hogan Street 4th Floor
Jacksonville, FL 32202
(904) 255-3323
www.coj.net

March 9, 2022

MEMORANDUM

TO: Sherri Jeffers
Accounting Division

FROM:  Sandy Arts, Ryan White, Program Manager

THRU:  Johnnetta Moore, Chief
Social Services division 

RE: Request for Payment- FY 2021-2022

Payment is requested for the following contract:

Supplier Number:	26734	
Supplier Name:	Community Rehabilitation Center, Inc.	
Supplier Address:	623 Beachwood Street Jacksonville, FL 32206	PO # _____ Receipt # <u>74001853</u> Index Code _____ SubObj. <u>1341757</u>
PO#:	626111-21	
Amount:	\$2,880.28	
Oracle Account:	11406.164011.582001.010219.00000000.00000	
Project:	010219	
Description:	June, 2021 – Feb.- 2022, Payment for Services	

If you have any questions or need additional information, please contact Sandy Arts at 255-3342

**Jacksonville Area Ryan White Network
MONTHLY FINANCIAL REPORT**

Subrecipient Information

Agency Name: Communityrehabilitation Center, Inc.
 Address: 623 Beechwood Street, Jacksonville, FL 32206
 PO No.: Agency Name

Contract Term: 03-01-2021 to 02-28-2022
 Request No. 1
 Month Reporting: Jun-21
 Funding Source: Part A MAI

Part A Contract No. xxxxxxxxxxxxxxxxxxxx

Service Category: Mental Health Services

PROGRAMMATIC DATA		ANNUAL GOAL	THIS MONTH	Y-T-D	EXPECTED YTD Expenditures	10%
In-depth Assessment	Unit Cost \$125.00	855	1	1	854	
COMPUTED COSTS - FEE FOR SERVICE		APPROVED BUDGET	THIS MONTH	Y-T-D	BALANCE	
Mental Health		\$ 40,000.00	\$ 125.00	\$ 125.00	\$ 39,875.00	
DISBURSEMENTS - HYBRID		APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE	
Select Disbursement		\$ -	\$ -	\$ -	\$ -	
NET PROGRAM INCOME REPORTED		\$ -	\$ -	\$ -	\$ -	

DIRECT COST CATEGORIES	UNIT COST	APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -
Other Direct Cost	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL (Direct)		\$ -	\$ -	\$ -	\$ -

ADMINISTRATIVE COST CATEGORIES	UNIT COST	APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -
Other Cost	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL (Admin 10%)		\$ -	\$ -	\$ -	\$ -

HRSA WICY DEMOGRAPHICS (Amount Expended should include unit fee + disbursements, if applicable)

Infants(0-2)	Total Amount Expended	Youth (13-24)	Total Amount Expended
Children (2-12)	Total Amount Expended	Women (25+)	Total Amount Expended

CERTIFICATION

I certify that the above services were rendered, or goods delivered, and that they correspond in every respect with the contract under which they were procured and that the supportive documentation is true and accurate.

Dawn A. Smith
 Signature

3/4/2022
 Date

PREPARED BY/ TITLE	TELEPHONE	DATE SUBMITTED
Dawn A. Smith	(904)660-2625	3/4/2022

Financial Report

Tuesday, June 1, 2021 through Wednesday, June 30, 2021

Report Criteria:

Providers: Community Rehabilitation Center, Inc. (CRC)
Funding Sources: All Sources
Group By Providers: False
Include Subservice Detail: True
Receipts In Period: False

Community Rehabilitation Center, Inc. (CRC)

Phone:

Address:

	Clients:	Units:	Total:	Amount Received:	Not Received:
Mental Health Services					
In Depth Assessment (Existing Client)	1	1	\$125.00	\$0.00	\$125.00
Mental Health Services Totals:	1	1	\$125.00	\$0.00	\$125.00
Provider Totals:	1	1	\$125.00	\$0.00	\$125.00

Multiple Client Service Detail

From: 6/1/2021 Through: 6/30/2021



URN: NTBO0227801U

CRC

Date:	Service Name:	Contract:	Units:	Total:	Recieved:	Provider:
6/30/2021	In Depth Assessment (Existing Client)	CRC	1	\$125.00	\$0.00	Community Rehabilitation Center, Inc. (CRC)

2/28/2028

Type text here

**Jacksonville Area Ryan White Network
MONTHLY FINANCIAL REPORT**

Subrecipient Information

Agency Name: Communityrehabilitation Center, Inc.
Address: 623 Beechwood Street, Jacksonville, FL 32206
PO No.: Agency Name

Contract Term: 03-01-2021 to 02-28-2022
Request No. 2
Month Reporting: Jul-21
Funding Source: Part A MAI

Part A Contract No. xxxxxxxxxxxxxxxxxxxx

Service Category: Mental Health Services

YTD Expenditures BILLED	0.426%	EXPECTED YTD Expenditures	20%
-------------------------	--------	---------------------------	-----

PROGRAMMATIC DATA	ANNUAL GOAL	THIS MONTH	Y-T-D	BALANCE
-------------------	-------------	------------	-------	---------

Treatment Plan	Unit Cost \$97.00	855	1	6	849
Individual Therapy	\$18.33		4		

COMPUTED COSTS - FEE FOR SERVICE	APPROVED BUDGET	THIS MONTH	Y-T-D	BALANCE
----------------------------------	-----------------	------------	-------	---------

Mental Health	\$ 40,000.00	\$ 170.32	\$ 295.32	\$ 39,704.68
---------------	--------------	-----------	-----------	--------------

DISBURSEMENTS - HYBRID	APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE
------------------------	-----------------	------------------	-------	----------------

Select Disbursement	\$ -	\$ -	\$ -	\$ -
NET PROGRAM INCOME REPORTED	\$ -	\$ -	\$ -	\$ -

TOTAL AMOUNT	\$ -	\$ 170.32	\$ 295.32	\$ 39,704.68
--------------	------	-----------	-----------	--------------

DIRECT COST CATEGORIES	UNIT COST	APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE
------------------------	-----------	-----------------	------------------	-------	----------------

Personnel	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -
Other Direct Cost	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL (Direct)	\$ -	\$ -	\$ -	\$ -	\$ -

ADMINISTRATIVE COST CATEGORIES	UNIT COST	APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE
--------------------------------	-----------	-----------------	------------------	-------	----------------

Personnel	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -
Other Cost	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL (Admin 10%)	\$ -	\$ -	\$ -	\$ -	\$ -

HRSA WICY DEMOGRAPHICS (Amount Expended should include unit fee + disbursements, if applicable)			
Infants(0-<2)	Total Amount Expended	Youth (13-24)	Total Amount Expended
Children (2-12)	Total Amount Expended	Women (25+)	Total Amount Expended

CERTIFICATION

I certify that the above services were rendered, or goods delivered, and that they correspond in every respect with the contract under which they were procured and that the supportive documentation is true and accurate.

Dawn A. Smith
Signature

3/8/2022
Date

PREPARED BY/ TITLE	TELEPHONE	DATE SUBMITTED
Dawn A. Smith	(904)660-2625	3/8/2022

Financial Report

Thursday, July 1, 2021 through Saturday, July 31, 2021

Report Criteria:

Providers: Community Rehabilitation Center, Inc. (CRC)
Funding Sources: All Sources
Group By Providers: False
Include Subservice Detail: True
Receipts In Period: False

Community Rehabilitation Center, Inc. (CRC)

Phone:

Address:

	Clients:	Units:	Total:	Amount Received:	Not Received:
Mental Health Services					
Individual Tx Plan	1	1	\$97.00	\$0.00	\$97.00
Individual/ Family Therapy	1	4	\$73.32	\$0.00	\$73.32
Mental Health Services Totals:	1	5	\$170.32	\$0.00	\$170.32
Provider Totals:	1	5	\$170.32	\$0.00	\$170.32

Multiple Client Service Detail

From: 7/1/2021 Through: 7/31/2021



URN: NTBO0227801U

Date:	Service Name:	Contract:	Units:	Total:	Recieved:	Provider:
7/7/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
7/8/2021	Individual Tx Plan	CRC	1	\$97.00	\$0.00	Community Rehabilitation Center, Inc. (CRC)

170.32

**Jacksonville Area Ryan White Network
MONTHLY FINANCIAL REPORT**

Subrecipient Information

Agency Name: Communityrehabilitation Center, Inc.
Address: 623 Beechwood Street, Jacksonville, FL 32206
PO No.: Agency Name

Contract Term: 03-01-2021 to 02-28-2022
Request No. 3
Month Reporting: Aug-21
Funding Source: Part A MAI

Part A Contract No. xxxxxxxxxxxxxxxxxxxx

Service Category: Mental Health Services

YTD Expenditures BILLED	0.000%	EXPECTED YTD Expenditures	30%
-------------------------	--------	---------------------------	-----

PROGRAMMATIC DATA	UNIT COST	ANNUAL GOAL	THIS MONTH	Y-T-D	BALANCE
Service	\$97.00	855	0	6	849

COMPUTED COSTS - FEE FOR SERVICE	APPROVED BUDGET	THIS MONTH	Y-T-D	BALANCE
Mental Health	\$ 40,000.00	\$ -	\$ 295.32	\$ 39,704.68

DISBURSEMENTS - HYBRID	APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE
Select Disbursement	\$ -	\$ -	\$ -	\$ -

NET PROGRAM INCOME REPORTED	\$ -	\$ -	\$ -	\$ -
------------------------------------	------	------	------	------

TOTAL AMOUNT	\$ 40,000.00	\$ -	\$ 295.32	\$ 39,704.68
---------------------	--------------	------	-----------	--------------

DIRECT COST CATEGORIES	UNIT COST	APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -
Other Direct Cost	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL (Direct)		\$ -	\$ -	\$ -	\$ -

ADMINISTRATIVE COST CATEGORIES	UNIT COST	APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -
Other Cost	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL (Admin 10%)		\$ -	\$ -	\$ -	\$ -

HRSA WICY DEMOGRAPHICS (Amount Expended should include unit fee + disbursements, if applicable)

Infants(0-<2)	Total Amount Expended	Youth (13-24)	Total Amount Expended
Children (2-12)	Total Amount Expended	Women (25+)	Total Amount Expended

CERTIFICATION

I certify that the above services were rendered, or goods delivered, and that they correspond in every respect with the contract under which they were procured and that the supportive documentation is true and accurate.

Dawn A. Smith
Signature

3/8/2022
Date

PREPARED BY/ TITLE	TELEPHONE	DATE SUBMITTED
Dawn A. Smith	(904)660-2625	3/8/2022

Financial Report

Sunday, August 1, 2021 through Tuesday, August 31, 2021

Report Criteria:

Providers: Community Rehabilitation Center, Inc. (CRC)
Funding Sources: All Sources
Group By Providers: False
Include Subservice Detail: True
Receipts In Period: False

Community Rehabilitation Center, Inc. (CRC)

Phone:

Address:

Provider Totals:	0	0	\$0.00	\$0.00	\$0.00
------------------	---	---	--------	--------	--------

Jacksonville Area Ryan White Network
MONTHLY FINANCIAL REPORT

Subrecipient Information

Agency Name: Communityrehabilitation Center, Inc.
Address: 623 Beechwood Street, Jacksonville, FL 32206
PO No.: Agency Name

Contract Term: 03-01-2021 to 02-28-2022
Request No. 4
Month Reporting: Sep-21
Funding Source: Part A MAI

Part A Contract No. xxxxxxxxxxxxxxxxxxxx

Service Category: Mental Health Services

YTD Expenditures BILLED	0.000%	EXPECTED YTD Expenditures	40%
-------------------------	--------	---------------------------	-----

PROGRAMMATIC DATA	ANNUAL GOAL	THIS MONTH	Y-T-D	BALANCE
Unit Cost				
Service	855	0	6	849

COMPUTED COSTS - FEE FOR SERVICE	APPROVED BUDGET	THIS MONTH	Y-T-D	BALANCE
Mental Health	\$ 40,000.00	\$ -	\$ 295.32	\$ 39,704.68

DISBURSEMENTS - HYBRID	APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE
Select Disbursement	\$ -	\$ -	\$ -	\$ -
NET PROGRAM INCOME REPORTED	\$ -	\$ -	\$ -	\$ -

TOTAL AMOUNT	40,000.00	-	295.32	39,704.68
--------------	-----------	---	--------	-----------

DIRECT COST CATEGORIES	UNIT COST	APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -
Other Direct Cost	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL (Direct)	\$ -	\$ -	\$ -	\$ -	\$ -

ADMINISTRATIVE COST CATEGORIES	UNIT COST	APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -
Other Cost	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL (Admin 10%)	\$ -	\$ -	\$ -	\$ -	\$ -

HRSA WICY DEMOGRAPHICS (Amount Expended should include unit fee + disbursements, if applicable)			
Infants(0-2)	Total Amount Expended	Youth (13-24)	Total Amount Expended
Children (2-12)	Total Amount Expended	Women (25+)	Total Amount Expended

CERTIFICATION

I certify that the above services were rendered, or goods delivered, and that they correspond in every respect with the contract under which they were procured and that the supportive documentation is true and accurate.

Dawn A. Smith
Signature

3/8/2022
Date

PREPARED BY/ TITLE	TELEPHONE	DATE SUBMITTED
Dawn A. Smith	(904)660-2625	3/8/2022

Financial Report

Wednesday, September 1, 2021 through Thursday, September 30, 2021

Report Criteria:

Providers: Community Rehabilitation Center, Inc. (CRC)
Funding Sources: All Sources
Group By Providers: False
Include Subservice Detail: True
Receipts In Period: False

Community Rehabilitation Center, Inc. (CRC)

Phone:

Address:

Provider Totals: 0 0 \$0.00 \$0.00 \$0.00

**Jacksonville Area Ryan White Network
MONTHLY FINANCIAL REPORT**

Subrecipient Information

Agency Name: Communityrehabilitation Center, Inc.
Address: 623 Beechwood Street, Jacksonville, FL 32206
PO No.: Agency Name

Contract Term: 03-01-2021 to 02-28-2022
Request No. 5
Month Reporting: Oct-21
Funding Source: Part A MAI

Part A Contract No. xxxxxxxxxxxxxxxxxxxx

Service Category: Mental Health Services

YTD Expenditures BILLED	0.883%	EXPECTED YTD Expenditures	50%
-------------------------	--------	---------------------------	-----

PROGRAMMATIC DATA		ANNUAL GOAL	THIS MONTH	Y-T-D	BALANCE
	Unit Cost				
Individual Therapy	\$18.33	855	16	23	832
	\$60.00		1		

COMPUTED COSTS - FEE FOR SERVICE		APPROVED BUDGET	THIS MONTH	Y-T-D	BALANCE
Mental Health		\$ 40,000.00	\$ 353.28	\$ 648.60	\$ 39,351.40

DISBURSEMENTS - HYBRID		APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE
Select Disbursement		\$ -	\$ -	\$ -	\$ -

NET PROGRAM INCOME REPORTED	\$ -	\$ -	\$ -	\$ -	\$ -
------------------------------------	------	------	------	------	------

TOTAL AMOUNT	\$ 40,000.00	\$ 353.28	\$ 648.60	\$ 39,351.40
---------------------	--------------	-----------	-----------	--------------

DIRECT COST CATEGORIES	UNIT COST	APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -
Other Direct Cost	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL (Direct)		\$ -	\$ -	\$ -	\$ -

ADMINISTRATIVE COST CATEGORIES	UNIT COST	APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -
Other Cost	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL (Admin 10%)		\$ -	\$ -	\$ -	\$ -

HRSA WICY DEMOGRAPHICS (Amount Expended should include unit fee + disbursements, if applicable)					
Infants(0-<2)	Total Amount Expended		Youth (13-24)	Total Amount Expended	
Children (2-12)	Total Amount Expended		Women (25+)	Total Amount Expended	

CERTIFICATION

I certify that the above services were rendered, or goods delivered, and that they correspond in every respect with the contract under which they were procured and that the supportive documentation is true and accurate.

Dawn A. Smith
Signature

3/8/2022
Date

PREPARED BY/ TITLE	TELEPHONE	DATE SUBMITTED
Dawn A. Smith	(904)660-2625	3/8/2022

Financial Report

Friday, October 1, 2021 through Sunday, October 31, 2021

Report Criteria:

Providers: Community Rehabilitation Center, Inc. (CRC)
Funding Sources: All Sources
Group By Providers: False
Include Subservice Detail: True
Receipts In Period: False

Community Rehabilitation Center, Inc. (CRC)

Phone:
Address:

	Clients:	Units:	Total:	Amount Received:	Not Received:
Mental Health Services					
Individual/ Family Therapy	1	16	\$293.28	\$0.00	\$293.28
Medical Management	1	1	\$60.00	\$0.00	\$60.00
Mental Health Services Totals:	1	17	\$353.28	\$0.00	\$353.28
Provider Totals:	1	17	\$353.28	\$0.00	\$353.28

Multiple Client Service Detail

From: 10/1/2021 Through: 10/31/2021



URN: NTBO0227801U

Date:	Service Name:	Contract:	Units:	Total:	Recieved:	Provider:
10/4/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
10/13/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
10/19/2021	Medical Management	CRC	1	\$60.00	\$0.00	Community Rehabilitation Center, Inc. (CRC)
10/26/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
10/26/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)

313.28

MONTHLY FINANCIAL REPORT

Subrecipient Information

Agency Name: Communityrehabilitation Center, Inc.
 Address: 623 Beechwood Street, Jacksonville, FL 32206
 PO No.: Agency Name

Contract Term: 03-01-2021 to 02-28-2022

Request No. 6

Month Reporting: Nov-21

Funding Source: Part A MAI

Part A Contract No. xxxxxxxxxxxxxxxxxxxx

Service Category: Mental Health Services

YTD Expenditures BILLED 0.917% EXPECTED YTD Expenditures 60%

PROGRAMMATIC DATA	ANNUAL GOAL	THIS MONTH	Y-T-D	BALANCE
Unit Cost				
Individual Therapy \$18.33	855	20	43	812

COMPUTED COSTS - FEE FOR SERVICE	APPROVED BUDGET	THIS MONTH	Y-T-D	BALANCE
Mental Health	\$ 40,000.00	\$ 366.60	\$ 1,015.20	\$ 38,984.80

DISBURSEMENTS - HYBRID	APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE
Select Disbursement	\$ -	\$ -	\$ -	\$ -
NET PROGRAM INCOME REPORTED	\$ -	\$ -	\$ -	\$ -

DIRECT COST CATEGORIES	UNIT COST	APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -
Other Direct Cost	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL (Direct)		\$ -	\$ -	\$ -	\$ -

ADMINISTRATIVE COST CATEGORIES	UNIT COST	APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -
Other Cost	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL (Admin 10%)		\$ -	\$ -	\$ -	\$ -

HRSA WICY DEMOGRAPHICS (Amount Expended should include unit fee + disbursements, if applicable)

Infants(0-<2)	Total Amount Expended	Youth (13-24)	Total Amount Expended
Children (2-12)	Total Amount Expended	Women (25+)	Total Amount Expended

CERTIFICATION

I certify that the above services were rendered, or goods delivered, and that they correspond in every respect with the contract under which they were procured and that the supportive documentation is true and accurate.

Dawn A. Smith
 Signature

3/8/2022
 Date

PREPARED BY/ TITLE	TELEPHONE	DATE SUBMITTED
Dawn A. Smith	(904)660-2625	3/8/2022

Financial Report

Monday, November 1, 2021 through Tuesday, November 30, 2021

Report Criteria:

Providers: Community Rehabilitation Center, Inc. (CRC)
Funding Sources: All Sources
Group By Providers: False
Include Subservice Detail: True
Receipts In Period: False

Community Rehabilitation Center, Inc. (CRC)

Phone:
Address:

	Clients:	Units:	Total:	Amount Received:	Not Received:
Mental Health Services					
Individual/ Family Therapy	1	20	\$366.60	\$0.00	\$366.60
Mental Health Services Totals:	1	20	\$366.60	\$0.00	\$366.60
Provider Totals:	1	20	\$366.60	\$0.00	\$366.60

Multiple Client Service Detail

From: 11/1/2021 Through: 11/30/2021



URN: NTBO0227801U

Date:	Service Name:	Contract:	Units:	Total:	Recieved:	Provider:
11/4/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
11/12/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
11/15/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
11/22/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
11/26/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)

366.60

**Jacksonville Area Ryan White Network
MONTHLY FINANCIAL REPORT**

Subrecipient Information

Agency Name: Communityrehabilitation Center, Inc.
Address: 623 Beechwood Street, Jacksonville, FL 32206
PO No.: Agency Name

Contract Term: 03-01-2021 to 02-28-2022
Request No. 7
Month Reporting: Dec-21
Funding Source: Part A MAI

Part A Contract No. xxxxxxxxxxxxxxxxxxxx

Service Category: Mental Health Services

YTD Expenditures BILLED	1.838%	EXPECTED YTD Expenditures	70%
-------------------------	--------	---------------------------	-----

PROGRAMMATIC DATA		ANNUAL GOAL	THIS MONTH	Y-T-D	BALANCE
Individual Therapy	\$18.33	855	28	73	782
In Depth Assessment	\$125.00	1	1		
Treatment Plan	\$97.00	1	1		

COMPUTED COSTS - FEE FOR SERVICE		APPROVED BUDGET	THIS MONTH	Y-T-D	BALANCE
Mental Health		\$ 40,000.00	\$ 735.24	\$ 1,750.44	\$ 38,249.56

DISBURSEMENTS - HYBRID		APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE
Select Disbursement		\$ -	\$ -	\$ -	\$ -
NET PROGRAM INCOME REPORTED		\$ -	\$ -	\$ -	\$ -

TOTAL AMOUNT		\$ -	\$ 735.24	\$ 1,750.44	\$ 38,249.56
--------------	--	------	-----------	-------------	--------------

DIRECT COST CATEGORIES	UNIT COST	APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -
Other Direct Cost	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL (Direct)		\$ -	\$ -	\$ -	\$ -

ADMINISTRATIVE COST CATEGORIES	UNIT COST	APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -
Other Cost	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL (Admin 10%)		\$ -	\$ -	\$ -	\$ -

HRSA WICY DEMOGRAPHICS (Amount Expended should include unit fee + disbursements, if applicable)					
Infants(0-<2)	Total Amount Expended		Youth (13-24)	Total Amount Expended	
Children (2-12)	Total Amount Expended		Women (25+)	Total Amount Expended	

CERTIFICATION

I certify that the above services were rendered, or goods delivered, and that they correspond in every respect with the contract under which they were procured and that the supportive documentation is true and accurate.

Dawn A. Smith
Signature

3/8/2022
Date

PREPARED BY/ TITLE	TELEPHONE	DATE SUBMITTED
Dawn A. Smith	(904)660-2625	3/8/2022

Financial Report

Wednesday, December 1, 2021 through Friday, December 31, 2021

Report Criteria:

Providers: Community Rehabilitation Center, Inc. (CRC)
Funding Sources: All Sources
Group By Providers: False
Include Subservice Detail: True
Receipts In Period: False

Community Rehabilitation Center, Inc. (CRC)

Phone:

Address:

	Clients:	Units:	Total:	Amount Received:	Not Received:
Mental Health Services					
In Depth Assessment (Existing Client)	1	1	\$125.00	\$0.00	\$125.00
Individual Tx Plan	1	1	\$97.00	\$0.00	\$97.00
Individual/ Family Therapy	2	28	\$513.24	\$0.00	\$513.24
Mental Health Services Totals:	2	30	\$735.24	\$0.00	\$735.24

Provider Totals:

2 **30** **\$735.24** **\$0.00** **\$735.24**

Multiple Client Service Detail

From: 12/1/2021 Through: 12/31/2021



URN: NTBO0227801U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
12/3/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
12/17/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
12/21/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)

219.96

Green, Natasha O

URN: NTGE1108802U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
12/1/2021	In Depth Assessment (Existing Client)	CRC	1	\$125.00	\$0.00	Community Rehabilitation Center, Inc. (CRC)
12/9/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
12/9/2021	Individual Tx Plan	CRC	1	\$97.00	\$0.00	Community Rehabilitation Center, Inc. (CRC)
12/15/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
12/22/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
12/29/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)

515.28

T.M

735.24

**Jacksonville Area Ryan White Network
MONTHLY FINANCIAL REPORT**

Subrecipient Information

Agency Name: Communityrehabilitation Center, Inc.
Address: 623 Beechwood Street, Jacksonville, FL 32206
PO No.: Agency Name

Contract Term: 03-01-2021 to 02-28-2022
Request No. 9
Month Reporting: Jan-22
Funding Source: Part A MAI
Service Category: Mental Health Services

Part A Contract No. xxxxxxxxxxxxxxxxxxxx

YTD Expenditures BILLED	1.596%	EXPECTED YTD Expenditures	90%
-------------------------	--------	---------------------------	-----

PROGRAMMATIC DATA		ANNUAL GOAL	THIS MONTH	Y-T-D	BALANCE
	Unit Cost				
Individual Therapy	\$18.33	855	28	102	753
In Depth Assessment	\$125.00	1	1	1	

COMPUTED COSTS - FEE FOR SERVICE	APPROVED BUDGET	THIS MONTH	Y-T-D	BALANCE
Mental Health	\$ 40,000.00	\$638.24	\$ 2,388.68	\$ 37,611.32

DISBURSEMENTS - HYBRID	APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE
Select Disbursement	\$ -	\$ -	\$ -	\$ -
NET PROGRAM INCOME REPORTED	\$ -	\$ -	\$ -	\$ -

TOTAL AMOUNT: \$638.24 THIS MONTH, \$2,388.68 Y-T-D, \$37,611.32 BALANCE

DIRECT COST CATEGORIES	UNIT COST	APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -
Other Direct Cost	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL (Direct)		\$ -	\$ -	\$ -	\$ -

ADMINISTRATIVE COST CATEGORIES	UNIT COST	APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -
Other Cost	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL (Admin 10%)		\$ -	\$ -	\$ -	\$ -

HRSA WICY DEMOGRAPHICS (Amount Expended should include unit fee + disbursements, if applicable)					
Infants(0-<2)	Total Amount Expended		Youth (13-24)	Total Amount Expended	
Children (2-12)	Total Amount Expended		Women (25+)	Total Amount Expended	

CERTIFICATION

I certify that the above services were rendered, or goods delivered, and that they correspond in every respect with the contract under which they were procured and that the supportive documentation is true and accurate.

Dawn A. Smith
Signature

3/8/2022
Date

PREPARED BY/ TITLE	TELEPHONE	DATE SUBMITTED
Dawn A. Smith	(904)660-2625	3/8/2022

Multiple Client Service Detail

From: 1/1/2022 Through: 1/31/2022



URN: NTBO0227801U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
1/6/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
1/11/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
1/25/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
				<u>219.96</u>		

blount, Nathaniel

URN: NTBO1108801U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
1/21/2022	Individual/ Family Therapy	CRC	1	\$18.33	\$0.00	Community Rehabilitation Center, Inc. (CRC)
1/21/2022	Individual/ Family Therapy	CRC	1	\$18.33	\$0.00	Community Rehabilitation Center, Inc. (CRC)
				<u>36.66</u>		

Green, Natasha O

URN: NTGE1108802U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
1/5/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
1/12/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
1/19/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
1/26/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
				<u>293.28</u>		

McClain, Edith C

URN: EIMC0731662U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
1/20/2022	In Depth Assessment (Existing Client)	CRC	1	\$125.00	\$0.00	Community Rehabilitation Center, Inc. (CRC)
				<u>674.90</u>		

Financial Report

Saturday, January 1, 2022 through Monday, January 31, 2022

Report for:

Providers:

Community Rehabilitation Center, Inc. (CRC)

Funding Sources:

All Sources

Group By Providers:

False

Include Subservice Detail:

True

Receipts In Period:

False

Community Rehabilitation Center, Inc. (CRC)

Phone:

Address:

Mental Health Services

In Depth Assessment (Existing Client)

Individual/ Family Therapy

Mental Health Services Totals:

Clients:	Units:	Total:	Amount Received:	Not Received:
1	1	\$125.00	\$0.00	\$125.00
3	30	\$549.90	\$0.00	\$549.90
4	31	\$674.90	\$0.00	\$674.90
4	31	\$674.90	\$0.00	\$674.90

Provider Totals:

**Jacksonville Area Ryan White Network
MONTHLY FINANCIAL REPORT**

Subrecipient Information

Agency Name: Communityrehabilitation Center, Inc.
Address: 623 Beechwood Street, Jacksonville, FL 32206
PO No.: Agency Name

Contract Term: 03-01-2021 to 02-28-2022
Request No. 10
Month Reporting: Feb-22
Funding Source: Part A MAI

Part A Contract No. xxxxxxxxxxxxxxxxxxxx

Service Category: Mental Health Services

YTD Expenditures BILLED	1.229%	EXPECTED YTD Expenditures	100%
-------------------------	--------	---------------------------	------

PROGRAMMATIC DATA	ANNUAL GOAL	THIS MONTH	Y-T-D	BALANCE
Unit Cost				
Individual Therapy	\$18.33	855	20	123
In Depth Assessment	\$125.00	1	1	732

COMPUTED COSTS - FEE FOR SERVICE	APPROVED BUDGET	THIS MONTH	Y-T-D	BALANCE
Mental Health	\$ 40,000.00	\$491.60	\$ 2,880.28	\$ 37,119.72

DISBURSEMENTS - HYBRID	APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE
Select Disbursement	\$ -	\$ -	\$ -	\$ -
NET PROGRAM INCOME REPORTED	\$ -	\$ -	\$ -	\$ -

TOTAL AMOUNT	\$ 40,000.00	\$ 491.60	\$ 2,880.28	\$ 37,119.72
--------------	--------------	-----------	-------------	--------------

DIRECT COST CATEGORIES	UNIT COST	APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -
Other Direct Cost	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL (Direct)		\$ -	\$ -	\$ -	\$ -

ADMINISTRATIVE COST CATEGORIES	UNIT COST	APPROVED BUDGET	SPENT THIS MONTH	Y-T-D	BUDGET BALANCE
Personnel	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Contractual	\$ -	\$ -	\$ -	\$ -	\$ -
Other Cost	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL (Admin 10%)		\$ -	\$ -	\$ -	\$ -

HRSA WICY DEMOGRAPHICS (Amount Expended should include unit fee + disbursements, if applicable)					
Infants(0-<2)	Total Amount Expended		Youth (13-24)	Total Amount Expended	
Children (2-12)	Total Amount Expended		Women (25+)	Total Amount Expended	

CERTIFICATION

I certify that the above services were rendered, or goods delivered, and that they correspond in every respect with the contract under which they were procured and that the supportive documentation is true and accurate.

Signature: Dawn A Smith Date: 3/8/2022

PREPARED BY/ TITLE	TELEPHONE	DATE SUBMITTED
Dawn A. Smith	(904)660-2625	3/8/2022

Financial Report

Tuesday, February 1, 2022 through Monday, February 28, 2022

Report Criteria:

Providers: Community Rehabilitation Center, Inc. (CRC)
Funding Sources: All Sources
Group By Providers: False
Include Subservice Detail: True
Receipts In Period: False

Community Rehabilitation Center, Inc. (CRC)

Phone:

Address:

	Clients:	Units:	Total:	Amount Received:	Not Received:
Mental Health Services					
In Depth Assessment (Existing Client)	1	1	\$125.00	\$0.00	\$125.00
Individual/ Family Therapy	3	20	\$366.60	\$0.00	\$366.60
Mental Health Services Totals:	3	21	\$491.60	\$0.00	\$491.60

Provider Totals:

	3	21	\$491.60	\$0.00	\$491.60
--	---	----	----------	--------	----------

Multiple Client Service Detail

From: 2/1/2022 Through: 2/28/2022



URN: RCBN0328922U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
2/16/2022	In Depth Assessment (Existing Client)	CRC	1	\$125.00	\$0.00	Community Rehabilitation Center, Inc. (CRC)
2/22/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
				<u>198.32</u>		



URN: NTBO0227801U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
2/4/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)



URN: NTGE1108802U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
2/2/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
2/16/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
2/22/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
				<u>219.96</u>		
				<u>491.60</u>		

- A. Any notifications by the PROVIDER regarding a potential under-utilization of funds – None

- B. Any notifications by the CITY regarding a potential under-utilization of funds –Email messages back and forth relating to budget and billing attached

Arts, Sandy

From: Erakal Goodman <egoodman@crhwc.org>
Sent: Tuesday, March 1, 2022 12:36 PM
To: Arts, Sandy; Dawn Smith
Cc: Sydne Hennings
Subject: RE: Ryan White Reports

EXTERNAL EMAIL: This email originated from a non-COJ email address. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Awesome! Thank you

Regards,

Erakal Goodman, MBA, PhD
Clinic Administrator
Director of Grants & Special Programs
Crossroads Health and Wellness Center
5960 Beach Blvd., Suite 3
Jacksonville, Florida 32207
(904) 701-0229

From: Arts, Sandy <SArts@coj.net>
Sent: Tuesday, March 1, 2022 8:58 AM
To: Dawn Smith <DSmith@communityrehabcenter.org>; Erakal Goodman <egoodman@crhwc.org>
Cc: Sydne Hennings <shennings@crhwc.org>
Subject: RE: Ryan White Reports

The Contract Manager is Shon Miles. Her number is 255-3345. You can also contact Lourdes Diaz at 255-3343. Keep in mind Lourdes is only here 2 days per week.

Sandy Arts, Program Manager
Ryan White Part - A
Social Services Division
1809 Art Museum Drive
Jacksonville, FL 32207
(904) 255-3342
sarts@coj.net
<https://www.coj.net/rwpc>



From: Dawn Smith <DSmith@communityrehabcenter.org>
Sent: Monday, February 28, 2022 3:09 PM
To: Erakal Goodman <egoodman@crhwc.org>
Cc: Arts, Sandy <SArts@coj.net>; Sydne Hennings <shennings@crhwc.org>
Subject: RE: Ryan White Reports

EXTERNAL EMAIL: This email originated from a non-COJ email address. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

I do not have the name of the contract manager

*Dawn A. Smith
Fiscal Manager
Community Rehabilitation Center, Inc.
623 Beechwood Street
Jacksonville, Florida 32206
(904)660-2625*

From: Erakal Goodman <egoodman@crhwc.org>
Sent: Monday, February 28, 2022 3:07 PM
To: Dawn Smith <DSmith@communityrehabcenter.org>
Cc: Arts, Sandy <sarts@coj.net>; Sydne Hennings <shennings@crhwc.org>
Subject: Re: Ryan White Reports

Do you know who the contract manager is?
You need their name and number.

Erakal Goodman, MBA, PhD
Clinic Administrator
Director of Grants & Special Programs
904-701-0229 office

On Feb 28, 2022, at 3:04 PM, Erakal Goodman <egoodman@crhwc.org> wrote:

Dawn,
Are you aware of the back up information Ms. Sandy is referencing?

Erakal Goodman, MBA, PhD
Clinic Administrator
Director of Grants & Special Programs
904-701-0229 office

On Feb 28, 2022, at 1:36 PM, Dawn Smith <DSmith@communityrehabcenter.org> wrote:

Hi Sandy,

Yes that is correct. As far as back up documentation, what exactly do you need? Manual logs sent with invoices the last time we had Ryan White funds. Please advise.

Dawn A. Smith
Fiscal Manager
Community Rehabilitation Center, Inc.
623 Beechwood Street
Jacksonville, Florida 32206
(904)660-2625

From: Arts, Sandy <SArts@coj.net>
Sent: Monday, February 28, 2022 12:13 PM
To: Dawn Smith <DSmith@communityrehabcenter.org>; Erakal Goodman <egoodman@crhwc.org>
Cc: Sydne Hennings <shennings@crossroadshealthwellnessclinic.org>
Subject: RE: Ryan White Reports

Hello Dawn,

So, what I am seeing here is that you have only spent \$2,639.52 of Ryan White Part A funds for grant year March 1, 2021 – February 28, 2022. Is this correct?

Also, I need the backup documentation for each invoice prior to being able to process. I believe we previously received and processed June, July and October. I will verify and confirm.

Sandy Arts, Program Manager
Ryan White Part - A
Social Services Division
1809 Art Museum Drive
Jacksonville, FL 32207
(904) 255-3342
sarts@coj.net
<https://www.coj.net/rwpc>



From: Dawn Smith <DSmith@communityrehabcenter.org>
Sent: Monday, February 28, 2022 11:52 AM
To: Arts, Sandy <SArts@coj.net>
Cc: Erakal Goodman <egoodman@crhwc.org>; Sydne Hennings
<shennings@crossroadshealthwellnessclinic.org>
Subject: Ryan White Reports
Importance: High

EXTERNAL EMAIL: This email originated from a non-COJ email address. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Good morning,
I am forwarding all of the current grant year Ryan White reports.

*Dawn A. Smith
Fiscal Manager
Community Rehabilitation Center, Inc.
623 Beechwood Street
Jacksonville, Florida 32206
(904)660-2625*

Dawn,
Are you aware of the back up information Ms. Sandy is referencing?

Erakal Goodman, MBA, PhD
Clinic Administrator
Director of Grants & Special Programs
904-701-0229 office

On Feb 28, 2022, at 1:36 PM, Dawn Smith <DSmith@communityrehabcenter.org> wrote:

Hi Sandy,
Yes that is correct. As far as back up documentation, what exactly do you need?
Manual logs sent with invoices the last time we had Ryan White funds.
Please advise.

*Dawn A. Smith
Fiscal Manager
Community Rehabilitation Center, Inc.
623 Beechwood Street
Jacksonville, Florida 32206
(904)660-2625*

From: Arts, Sandy <SArts@coj.net>
Sent: Monday, February 28, 2022 12:13 PM
To: Dawn Smith <DSmith@communityrehabcenter.org>; Erakal Goodman <egoodman@crhwc.org>
Cc: Sydne Hennings <shennings@crossroadshealthwellnessclinic.org>
Subject: RE: Ryan White Reports

Hello Dawn,

So, what I am seeing here is that you have only spent \$2,639.52 of Ryan White Part A funds for grant year March 1, 2021 – February 28, 2022. Is this correct?

Also, I need the backup documentation for each invoice prior to being able to process. I believe we previously received and processed June, July and October. I will verify and confirm.

Sandy Arts, Program Manager
Ryan White Part – A
Social Services Division
1809 Art Museum Drive
Jacksonville, FL 32207
(904) 255-3342
sarts@coj.net
<https://www.coj.net/rwpc>

<image002.jpg>

From: Dawn Smith <DSmith@communityrehabcenter.org>
Sent: Monday, February 28, 2022 11:52 AM
To: Arts, Sandy <SArts@coj.net>
Cc: Erakal Goodman <egoodman@crhwc.org>; Sydne Hennings
<shennings@crossroadshealthwellnessclinic.org>
Subject: Ryan White Reports
Importance: High

EXTERNAL EMAIL: This email originated from a non-COJ email address. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Good morning,
I am forwarding all of the current grant year Ryan White reports.

*Dawn A. Smith
Fiscal Manager
Community Rehabilitation Center, Inc.
623 Beechwood Street
Jacksonville, Florida 32206
(904)660-2625*

Arts, Sandy

From: Arts, Sandy
Sent: Tuesday, March 1, 2022 8:54 AM
To: Erakal Goodman; Dawn Smith
Cc: Sydne Hennings
Subject: RE: Ryan White Reports

Good morning,

All services should be entered in to CAREWare and the monthly report pulled from there. So someone will need to enter that information. It also needed to be entered by today for the RSR report that is due. Hopefully someone is working on that. Until you get the information put into CAREWare, you can send the manual logs with names blacked out. We will take a look and see how that might work or if we will need something else.

For now, we need something to get started with.

Do you anticipate further expenditures through February? Speaking with Erakal, she seemed to be of the impression all funds had been spent. That is a big difference from the \$2,639.52 billed for. Can someone explain the discrepancy?

Thank you

Sandy Arts, Program Manager
Ryan White Part - A
Social Services Division
1809 Art Museum Drive
Jacksonville, FL 32207
(904) 255-3342
sarts@coj.net
<https://www.coj.net/rwpc>



From: Erakal Goodman <egoodman@crhwc.org>
Sent: Monday, February 28, 2022 3:05 PM
To: Dawn Smith <DSmith@communityrehabcenter.org>
Cc: Arts, Sandy <SArts@coj.net>; Sydne Hennings <shennings@crhwc.org>
Subject: Re: Ryan White Reports

EXTERNAL EMAIL: This email originated from a non-COJ email address. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Dawn,
Are you aware of the back up information Ms. Sandy is referencing?

Erakal Goodman, MBA, PhD
Clinic Administrator
Director of Grants & Special Programs
904-701-0229 office

On Feb 28, 2022, at 1:36 PM, Dawn Smith <DSmith@communityrehabcenter.org> wrote:

Hi Sandy,
Yes that is correct. As far as back up documentation, what exactly do you need?
Manual logs sent with invoices the last time we had Ryan White funds.
Please advise.

*Dawn A. Smith
Fiscal Manager
Community Rehabilitation Center, Inc.
623 Beechwood Street
Jacksonville, Florida 32206
(904)660-2625*

From: Arts, Sandy <SArts@coj.net>
Sent: Monday, February 28, 2022 12:13 PM
To: Dawn Smith <DSmith@communityrehabcenter.org>; Erakal Goodman <egoodman@crhwc.org>
Cc: Sydne Hennings <shennings@crossroadshealthwellnessclinic.org>
Subject: RE: Ryan White Reports

Hello Dawn,

So, what I am seeing here is that you have only spent \$2,639.52 of Ryan White Part A funds for grant year March 1, 2021 – February 28, 2022. Is this correct?

Also, I need the backup documentation for each invoice prior to being able to process. I believe we previously received and processed June, July and October. I will verify and confirm.

Sandy Arts, Program Manager
Ryan White Part - A
Social Services Division
1809 Art Museum Drive
Jacksonville, FL 32207
(904) 255-3342
sarts@coj.net
<https://www.coj.net/rwpc>

<image002.jpg>

From: Dawn Smith <DSmith@communityrehabcenter.org>
Sent: Monday, February 28, 2022 11:52 AM
To: Arts, Sandy <SArts@coj.net>
Cc: Erakal Goodman <egoodman@crhwc.org>; Sydne Hennings <shennings@crossroadshealthwellnessclinic.org>
Subject: Ryan White Reports
Importance: High

EXTERNAL EMAIL: This email originated from a non-COJ email address. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Good morning,
I am forwarding all of the current grant year Ryan White reports.

*Dawn A. Smith
Fiscal Manager
Community Rehabilitation Center, Inc.
623 Beechwood Street
Jacksonville, Florida 32206
(904)660-2625*

Arts, Sandy

From: Erakal Goodman <egoodman@crhwc.org>
Sent: Wednesday, February 2, 2022 4:54 PM
To: Thomas, Cyntoria
Cc: Sydne Hennings; Arts, Sandy
Subject: Re: System Error

EXTERNAL EMAIL: This email originated from a non-COJ email address. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Awesome! We appreciate your persistency in getting this done. We appreciate you.

Erakal Goodman
Clinic Administrator
Director of Grants & Special Programs
904-701-0229 office

On Feb 2, 2022, at 3:51 PM, Thomas, Cyntoria <CyntoriaT@coj.net> wrote:

<Outlook-fjiy0pfd.png>

Per the email I sent to Sydne Monday
"I'm still trouble shooting why this system error comes up. But even with that message the service saves to your clients ledger. Still try to input in the system. I will keep you updated on what this issue is . Also make sure you put all of your client info in CAREWARE . You may see grayed out sections in the client summary area. Please fill out everything except for the custom forms area. "

The issue's resolution will be a CAREWARE systems upgrade. COJ IT is working on that.

I log onto your account and to see if services and demographic information will save to your profiles. They do but you will see the careware error you see below. This will make you think it didn't save but it does. Please refer to the two pics below:

<Outlook-bjz3d11b.png>

<Outlook-qn1ly1o2.png>

So go back to see if those service units are saved .

To answer your initial question you sent earlier " Next Step"

- Identify all of your Ryan White Part A clients you have served this fiscal year (March 2021-Feb 2022) physical files / excel sheet data / Other Care System etc.. Sydne mention you primarily have live client data.
- Physically submit all data required per each client into CAREWARE (demographic info, service unit info, and clinical info). you know you have submitted all of the client demo info if all of the grayed areas on the client summary is highlighted (accept for the custom forms tab). Most of your reports are units of service and Ryan White eligibility driven.

After all of your client information is submitted into CAREWARE you can then run your monthly reports, performance measurements, and of course your RSR report. Im attaching the CAREWARE user data manuals.

<https://hab.hrsa.gov/sites/default/files/hab/Global/quickstart1.pdf>

<https://hab.hrsa.gov/sites/default/files/hab/Global/quickstart3.pdf>

I'm here if you need assistance but if you need direct assistance from a CAREWARE the CAREWare Help Desk answers email sent to cwhelp@jprog.com. Phone support (877-CWHELP1 or [877-294-3571](tel:877-294-3571)) is available Monday, Wednesday and Friday between 12:00 pm and 5:00 pm Eastern, and Tuesdays and Thursdays between 10:30 am and 6:30 pm Eastern.

I hope this helps.

Cyntoria Thomas, MBA

DATA AND QUALITY COORDINATOR/SPE

Ryan White Part A

Social Service Division

1809 Art Museum Drive

Jacksonville, FL 32207

CyntoriaT@coj.net

(904) 255-3351

<https://www.coj.net/rwpc>

Arts, Sandy

From: Arts, Sandy
Sent: Thursday, January 27, 2022 7:25 AM
To: Erakal Goodman
Cc: Lourdes Díaz; Miles, Shon
Subject: RE: Ryan White Invoices

Good morning,

Sorry to hear you are not feeling well.
When should we expect to receive invoices?

I will be in an all-day meeting today so email will be best communication today. I will be available tomorrow to discuss further.

Feel better

Sandy Arts, Program Manager
Ryan White Part – A
Social Services Division
1809 Art Museum Drive
Jacksonville, FL 32207
(904) 255-3342
sarts@coj.net
<https://www.coj.net/rwpc>

-----Original Message-----

From: Erakal Goodman <erakalg@outlook.com>
Sent: Wednesday, January 26, 2022 9:13 PM
To: Arts, Sandy <SArts@coj.net>
Subject: Ryan White Invoices

EXTERNAL EMAIL: This email originated from a non-COJ email address. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Good evening,
I am home with pneumonia and just heard your message. I am available tomorrow as I am working from home.
Dawn has collected all supporting documentation and back up. We have completed billing requests.
We just obtained access to CAREWARE this week.

Sent from my iPhone

Arts, Sandy

From: Arts, Sandy
Sent: Wednesday, July 21, 2021 8:33 AM
To: Erakal Goodman
Subject: RE: Invoices
Attachments: EXHIBIT C - Blank Invoice-1.xlsx

Here is the invoice form you need to use. It is also one of the attachments to your contract.

Sandy Arts, Program Manager
Ryan White Part - A
Social Services Division
1809 Art Museum Drive
Jacksonville, FL 32207
(904) 255-3342
sarts@coj.net
<https://www.coj.net/rwpc>



From: Erakal Goodman <egoodman@communityrehabcenter.org>
Sent: Wednesday, July 21, 2021 8:15 AM
To: Arts, Sandy <SArts@coj.net>
Subject: RE: Invoices

EXTERNAL EMAIL: This email originated from a non-COJ email address. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Yes ma'am

Sent from [Mail](#) for Windows 10

From: [Arts, Sandy](#)
Sent: Wednesday, July 21, 2021 8:14 AM
To: [Erakal Goodman](#)
Subject: RE: Invoices

Give me a call

Sandy Arts, Program Manager
Ryan White Part - A
Social Services Division
1809 Art Museum Drive
Jacksonville, FL 32207

(904) 255-3342
sarts@coj.net
<https://www.coj.net/rwpc>



From: Erakal Goodman <egoodman@communityrehabcenter.org>
Sent: Wednesday, July 21, 2021 8:00 AM
To: Arts, Sandy <SArts@coj.net>
Subject: RE: Invoices

EXTERNAL EMAIL: This email originated from a non-COJ email address. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

I am so sorry...I have no control over Dawn completing them. She said this Friday because she was released from the hospital and taken to the rehabilitation center on yesterday after having double hip replacement. It has been a nightmare as we were hacked as an agency and all of our documents, emails, etc. has been held for ransom. I am embarrassed to say I have no documents from prior to two weeks ago and I have been here 10 years. I will personally go the rehabilitation center today as I know we are hindering the process. Dawn doesn't have documents either and she isn't accessing her emails properly. Sage Solutions is working diligently to get this done and it has been over three weeks. I finally gained access to my emails but they were initially trickling in. Dawn asked yesterday what to do since she can't access anything pertaining to the billing process that is needed for submission to Ryan White. We have all of the services rendered and needed documentation. Again, I apologize. We will get it done and I know this is a hindrance for Megan.

Sent from [Mail](#) for Windows 10

From: [Arts, Sandy](#)
Sent: Tuesday, July 20, 2021 2:11 PM
To: [Erakal Goodman](#)
Subject: Invoices

Hey Erakal,

Do you know when we can expect your invoices? Megan's last day is Friday and we are trying to be caught up before she leaves. Thanks

Also, your Username for CAREWare is EGoodman Password is: password123 You will be forced to reset

Sandy Arts, Program Manager
Ryan White Part - A
Social Services Division
1809 Art Museum Drive
Jacksonville, FL 32207

Arts, Sandy

From: Erakal Goodman <egoodman@communityrehabcenter.org>
Sent: Monday, July 19, 2021 9:18 AM
To: Graham, Megan; Dawn Smith
Cc: Arts, Sandy; Moore, Johnnetta; Reginald Gaffney; Diane Templeton
Subject: Re: Invoices

EXTERNAL EMAIL: This email originated from a non-COJ email address. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Dawn,

Please address Megan's question. Please ensure moving forward we do not experience this issue again. Please cross train Mrs. Diane when you return. I understand you are working remotely from the hospital after surgery and I appreciate you handling this matter. If there is anything I can do to help, let me know.

From: Graham, Megan <MeganG@coj.net>
Sent: Monday, July 19, 2021 8:20 AM
To: Erakal Goodman <egoodman@communityrehabcenter.org>; Dawn Smith <DSmith@communityrehabcenter.org>
Cc: Arts, Sandy <SArts@coj.net>; Moore, Johnnetta <JMoore@coj.net>; Reginald Gaffney <rgaffney@communityrehabcenter.org>; Diane Templeton <dianet@communityrehabcenter.org>
Subject: RE: Invoices

All,
When can I expect to receive your invoices?

Megan

Megan Graham
Human Services Planner II
Ryan White Part - A
Social Services Division
1809 Art Museum Dr. Suite 100
Jacksonville, FL 32207
904-255-3345
megang@coj.net
www.coj.net

From: Erakal Goodman <egoodman@communityrehabcenter.org>
Sent: Friday, July 16, 2021 2:18 PM
To: Graham, Megan <MeganG@coj.net>; Dawn Smith <DSmith@communityrehabcenter.org>
Cc: Arts, Sandy <SArts@coj.net>; Moore, Johnnetta <JMoore@coj.net>; Reginald Gaffney <rgaffney@communityrehabcenter.org>; Diane Templeton <dianet@communityrehabcenter.org>
Subject: RE: Invoices

EXTERNAL EMAIL: This email originated from a non-COJ email address. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Dawn mentioned the upcoming surgery when we met. taff was represented at the meeting yesterday and I will be at the future meetings. If we are not specifically meeting contract requirements; please let me know. If we were not experiencing a RANSOM that has crippled our Agency, I would have been able to access my email sooner. We are diligently working on the matter Megan but thanks for your response.

Sent from [Mail](#) for Windows 10

From: [Graham, Megan](#)
Sent: Friday, July 16, 2021 2:14 PM
To: [Erakal Goodman](#); [Dawn Smith](#)
Cc: [Arts, Sandy](#); [Moore, Johnnetta](#); [Reginald Gaffney](#); [Diane Templeton](#)
Subject: RE: Invoices

Thank you Erakal.

Please work on communicating better with us so that we know what is going on. Important information is being missed by not attending meetings and you are not meeting contract requirements.

Megan

Megan Graham
Human Services Planner II
Ryan White Part - A
Social Services Division
1809 Art Museum Dr. Suite 100
Jacksonville, FL. 32207
904-255-3345
megang@coj.net
www.coj.net

From: Erakal Goodman <egoodman@communityrehabcenter.org>
Sent: Friday, July 16, 2021 2:10 PM
To: Graham, Megan <MeganG@coj.net>; Dawn Smith <DSmith@communityrehabcenter.org>
Cc: Arts, Sandy <SArts@coj.net>; Moore, Johnnetta <JMoore@coj.net>; Reginald Gaffney <rgaffney@communityrehabcenter.org>; Diane Templeton <dianet@communityrehabcenter.org>
Subject: RE: Invoices

EXTERNAL EMAIL: This email originated from a non-COJ email address. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Dawn had surgery last week and is still in the hospital.
I have added Mrs. Diane so she can assist.

Sent from [Mail](#) for Windows 10

From: [Graham, Megan](#)
Sent: Friday, July 16, 2021 8:24 AM
To: [Erakal Goodman](#); [Dawn Smith](#)

Cc: [Arts, Sandy](#); [Moore, Johnnetta](#)

Subject: Invoices

Importance: High

All,

Invoices are due on the 15th of the month. I did not receive any of your invoices nor did I receive notification as to why I would not be receiving your invoices. Please advise.

Megan

Megan Graham
Human Services Planner II
Ryan White Part - A
Social Services Division
1809 Art Museum Dr. Suite 100
Jacksonville, FL. 32207
904-255-3345
megang@coj.net
www.coj.net

Arts, Sandy

From: Erakal Goodman <egoodman@communityrehabcenter.org>
Sent: Friday, July 16, 2021 2:08 PM
To: Arts, Sandy
Cc: Dawn Smith; Diane Templeton
Subject: RE: Invoice

EXTERNAL EMAIL: This email originated from a non-COJ email address. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

I will provide a reminder to Dawn, she had surgery last week and Diane is assisting.
I will provide attend the meetings myself in the future. I will inform Tonya Jackson of the start time again.
The 340B team was here.

Sent from [Mail](#) for Windows 10

From: [Arts, Sandy](#)
Sent: Friday, July 16, 2021 12:39 PM
To: [Erakal Goodman](#)
Cc: [Dawn Smith](#)
Subject: Invoice

Hello Erakal,

Would you please give us the status of your invoices please? They were due yesterday.

Also, as a future FYI, the Provider's meetings start at 9:00 Am. The young lady that came yesterday did not come until 9:50. I am assuming she was under the impression it was a 10:00 start time.

Look forward to hearing from you.

Sandy Arts, Program Manager
Ryan White Part - A
Social Services Division
1809 Art Museum Drive
Jacksonville, FL 32207
(904) 255-3342
sarts@coj.net
<https://www.coj.net/rwpc>



Arts, Sandy

From: Graham, Megan
Sent: Tuesday, June 22, 2021 2:28 PM
To: Dawn Smith; Erakal Goodman
Cc: Reginald Gaffney; Moore, Johnnetta; Arts, Sandy; Andrade, Karen
Subject: RE: Ryan White 2021 - 2022

Thank you.

Megan Graham
Human Services Planner II
Ryan White Part - A
Social Services Division
1809 Art Museum Dr. Suite 100
Jacksonville, FL. 32207
904-255-3345
megang@coj.net
www.coj.net

From: Dawn Smith <DSmith@communityrehabcenter.org>
Sent: Tuesday, June 22, 2021 1:47 PM
To: Graham, Megan <MeganG@coj.net>; Erakal Goodman <egoodman@communityrehabcenter.org>
Cc: Reginald Gaffney <rgaffney@communityrehabcenter.org>; Moore, Johnnetta <JMoore@coj.net>; Arts, Sandy <SArts@coj.net>; Andrade, Karen <KAndrade@coj.net>
Subject: RE: Ryan White 2021 - 2022

EXTERNAL EMAIL: This email originated from a non-COJ email address. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Megan,
I am forwarding the requested documents.

Dawn A. Smith
Fiscal Manager
Community Rehabilitation Center, Inc.
623 Beechwood Street
Jacksonville, Florida 32206
(904)660-2625

From: Graham, Megan <MeganG@coj.net>
Sent: Monday, June 21, 2021 1:04 PM
To: Erakal Goodman <egoodman@communityrehabcenter.org>
Cc: Reginald Gaffney <rgaffney@communityrehabcenter.org>; Moore, Johnnetta <JMoore@coj.net>; Arts, Sandy <SArts@coj.net>; Andrade, Karen <KAndrade@coj.net>; Dawn Smith <DSmith@communityrehabcenter.org>

Subject: RE: Ryan White 2021 - 2022

Importance: High

All,

We need those final budget documents I requested be sent last week to send with the contract for execution. Please send them ASAP.

Megan

Megan Graham
Human Services Planner II
Ryan White Part - A
Social Services Division
1809 Art Museum Dr. Suite 100
Jacksonville, FL. 32207
904-255-3345
megang@coj.net
www.coj.net

From: Erakal Goodman <egoodman@communityrehabcenter.org>

Sent: Friday, June 18, 2021 7:00 PM

To: Graham, Megan <MeganG@coj.net>

Cc: Reginald Gaffney <rgaffney@communityrehabcenter.org>; Moore, Johnnetta <JMoore@coj.net>; Arts, Sandy <SArts@coj.net>; Andrade, Karen <KAndrade@coj.net>

Subject: Re: Ryan White 2021 - 2022

EXTERNAL EMAIL: This email originated from a non-COJ email address. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

As requested

Erakal Goodman, MBA, PhD

Director of Grants & Special Programs

CRC/Crossroads Health Wellness Center

egoodman@crossroadshealthwellnessclinic.org

5960 Beach Blvd, Unit 3

Jacksonville, Florida 32207

From: Graham, Megan <MeganG@coj.net>
Sent: Friday, June 18, 2021 12:04:53 PM
To: Erakal Goodman
Cc: Reginald Gaffney; Moore, Johnnetta; Arts, Sandy; Andrade, Karen
Subject: RE: Ryan White 2021 - 2022

Erakal,

I have attached what Sandy sent to you. It does include the dollar amount on page 3. You need to sign and witness page 16 and return so it can be executed.

Megan

Megan Graham
Human Services Planner II
Ryan White Part - A
Social Services Division
1809 Art Museum Dr. Suite 100
Jacksonville, FL. 32207
904-255-3345
megang@coj.net
www.coj.net

From: Erakal Goodman <egoodman@communityrehabcenter.org>
Sent: Friday, June 18, 2021 12:02 PM
To: Graham, Megan <MeganG@coj.net>
Cc: Reginald Gaffney <rgaffney@communityrehabcenter.org>; Moore, Johnnetta <JMoore@coj.net>; Arts, Sandy <SArts@coj.net>
Subject: Re: Ryan White 2021 - 2022

EXTERNAL EMAIL: This email originated from a non-COJ email address. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Megan,

I do not have a copy of the contract nor does Mr. Gaffney. I have a copy of the award with no dollar amount associated with CRC.

Erakal Goodman, MBA, PhD
Director of Grants & Special Programs
CRC/Crossroads Health Wellness Center
egoodman@crossroadshealthwellnessclinic.org
5960 Beach Blvd, Unit 3
Jacksonville, Florida 32207

From: Graham, Megan <MeganG@coj.net>
Sent: Friday, June 18, 2021 8:28:16 AM
Cc: Reginald Gaffney; Erakal Goodman; Moore, Johnnetta; Arts, Sandy
Subject: RE: Ryan White 2021 - 2022

All,

When can we expect a signed copy of the contract to send for execution? We are still waiting on the signature to get the process started.

Megan

Megan Graham
Human Services Planner II
Ryan White Part - A
Social Services Division
1809 Art Museum Dr. Suite 100
Jacksonville, FL. 32207
904-255-3345
megang@coj.net
www.coj.net

From: Dawn Smith <DSmith@communityrehabcenter.org>
Sent: Wednesday, June 16, 2021 4:06 PM
To: Graham, Megan <MeganG@coj.net>
Cc: Reginald Gaffney <rgaffney@communityrehabcenter.org>; Erakal Goodman <egoodman@communityrehabcenter.org>; Moore, Johnnetta <JMoore@coj.net>; Arts, Sandy <SArts@coj.net>
Subject: RE: Ryan White 2021 - 2022

EXTERNAL EMAIL: This email originated from a non-COJ email address. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Megan,

As soon as the contract is signed, I will forward the required documents to Sandy Arts.
Thank you

Dawn A. Smith
Fiscal Manager
Community Rehabilitation Center, Inc.
623 Beechwood Street
Jacksonville, Florida 32206
(904)660-2625

From: Graham, Megan <MeganG@coj.net>
Sent: Wednesday, June 16, 2021 2:45 PM
To: Dawn Smith <DSmith@communityrehabcenter.org>
Cc: Reginald Gaffney <rgaffney@communityrehabcenter.org>; Erakal Goodman <egoodman@communityrehabcenter.org>; Moore, Johnnetta <JMoore@coj.net>; Arts, Sandy <SArts@coj.net>
Subject: RE: Ryan White 2021 - 2022

Dawn,

The Budget is now approved. Please make sure you submit all approved documents including Table 2 to Sandy Arts via email as soon as possible so your fees can be entered into CAREWARE.

We also still need a signed copy of the contract for execution.

Megan

Megan Graham
Human Services Planner II
Ryan White Part - A
Social Services Division
1809 Art Museum Dr. Suite 100
Jacksonville, FL. 32207
904-255-3345
megang@coj.net
www.coj.net

From: Dawn Smith <DSmith@communityrehabcenter.org>
Sent: Wednesday, June 16, 2021 1:34 PM
To: Graham, Megan <MeganG@coj.net>
Cc: Reginald Gaffney <rgaffney@communityrehabcenter.org>; Erakal Goodman <egoodman@communityrehabcenter.org>; Moore, Johnnetta <JMoore@coj.net>; Arts, Sandy <SArts@coj.net>
Subject: RE: Ryan White 2021 - 2022

EXTERNAL EMAIL: This email originated from a non-COJ email address. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Thank you

Dawn A. Smith
Fiscal Manager
Community Rehabilitation Center, Inc.
623 Beechwood Street
Jacksonville, Florida 32206
(904)660-2625

From: Graham, Megan <MeganG@coj.net>
Sent: Wednesday, June 16, 2021 1:18 PM
To: Dawn Smith <DSmith@communityrehabcenter.org>
Cc: Reginald Gaffney <rgaffney@communityrehabcenter.org>; Erakal Goodman <egoodman@communityrehabcenter.org>; Moore, Johnnetta <JMoore@coj.net>; Arts, Sandy <SArts@coj.net>
Subject: RE: Ryan White 2021 - 2022

I will review and get back to you.

Megan Graham
Human Services Planner II
Ryan White Part - A
Social Services Division
1809 Art Museum Dr. Suite 100

Jacksonville, FL. 32207
904-255-3345
megang@coj.net
www.coj.net

From: Dawn Smith <DSmith@communityrehabcenter.org>
Sent: Wednesday, June 16, 2021 12:42 PM
To: Graham, Megan <MeganG@coj.net>
Cc: Reginald Gaffney <rgaffney@communityrehabcenter.org>; Erakal Goodman <egoodman@communityrehabcenter.org>; Moore, Johnnetta <JMoore@coj.net>; Arts, Sandy <SArts@coj.net>
Subject: RE: Ryan White 2021 - 2022

EXTERNAL EMAIL: This email originated from a non-COJ email address. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Megan,

I have corrected the travel narrative on the budget. I have revised the work plan to reflect a cost per client of \$1,142.86 with 46.78 units per year.

Awaiting your response,

Dawn A. Smith
Fiscal Manager
Community Rehabilitation Center, Inc.
623 Beechwood Street
Jacksonville, Florida 32206
(904)660-2625

From: Graham, Megan <MeganG@coj.net>
Sent: Wednesday, June 16, 2021 7:44 AM
To: Dawn Smith <DSmith@communityrehabcenter.org>
Cc: Reginald Gaffney <rgaffney@communityrehabcenter.org>; Erakal Goodman <egoodman@communityrehabcenter.org>; Moore, Johnnetta <JMoore@coj.net>; Arts, Sandy <SArts@coj.net>
Subject: RE: Ryan White 2021 - 2022

Dawn,

Both Sandy and I have sent numerous emails about your budget and gotten no response. Until you receive an approval from me, your budget is not approved.

The travel that was listed in the budget you submitted to me states that the mental health counselor will be going to medical appointments. This narrative needs to be change to reflect what you just told me.

Additionally, the number of clients you are going to serve with the budget you provided is unreasonable as stated in my email on May 25. "Secondly, I looked at the number of clients you intend to serve and the number of units. In your original proposal your cost per client was \$1,605.29 per client with the clients receiving 47.99 units per client for the year and 4.79 units per month per client . With the budget you just gave me with the \$40,000 award, the cost per client is \$1,144.74 with 32.8 units per year and only 2.7 units per month. The cost per client and the number of units should not have changed that much. You may be serving less clients but the amount you requested original was almost 4 times

the amount you received. The agency should have an idea of how much it should cost for a Ryan White client to provide mental health services for a year. I want to ensure that you understand that you can't go over 2.7 units per month per client to meet your budget. Like we discussed in the budget meeting, there is no going over budget and you are better off over estimating the number of units a client may need. Please examine your units and your number of clients and resubmit."

This issue needs to be addressed before I approve your budget.

Additionally, we have no signed contract from you. We can't move forward with anything until we do.

Megan

Megan Graham
Human Services Planner II
Ryan White Part - A
Social Services Division
1809 Art Museum Dr. Suite 100
Jacksonville, FL. 32207
904-255-3345
megang@coj.net
www.coj.net

From: Dawn Smith <DSmith@communityrehabcenter.org>
Sent: Tuesday, June 15, 2021 6:03 PM
To: Graham, Megan <MeganG@coj.net>
Cc: Erakal Goodman <egoodman@communityrehabcenter.org>; Reginald Gaffney <rgaffney@communityrehabcenter.org>
Subject: RE: Ryan White 2021 - 2022
Importance: High

EXTERNAL EMAIL: This email originated from a non-COJ email address. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Megan,

I have submitted the revised budget to you. The travel allows for the Mental Health Counselor to periodically pick up clients to provide services.

I may need to sit down with you again in order to revise the budget further. This is my fourth submission. I did reach out to you by phone and left a message but I did not receive a response.

I have never had a problem with submission of a Ryan White budget until now.

I am awaiting a response from you.

Dawn A. Smith
Fiscal Manager
Community Rehabilitation Center, Inc.
623 Beechwood Street
Jacksonville, Florida 32206
(904)660-2625

From: Graham, Megan <MeganG@coj.net>
Sent: Friday, May 28, 2021 7:51 AM
To: Dawn Smith <DSmith@communityrehabcenter.org>; Arts, Sandy <SArts@coj.net>
Cc: Erakal Goodman <egoodman@communityrehabcenter.org>
Subject: RE: Ryan White 2021 - 2022

Dawn,
The issue with serving 35 clients has not been addressed or my question about travel.

Megan

Megan Graham
Human Services Planner II
Ryan White Part - A
Social Services Division
1809 Art Museum Dr. Suite 100
Jacksonville, FL 32207
904-255-3345
megang@coj.net
www.coj.net

From: Dawn Smith <DSmith@communityrehabcenter.org>
Sent: Thursday, May 27, 2021 3:43 PM
To: Graham, Megan <MeganG@coj.net>; Arts, Sandy <SArts@coj.net>
Cc: Erakal Goodman <egoodman@communityrehabcenter.org>
Subject: RE: Ryan White 2021 - 2022

EXTERNAL EMAIL: This email originated from a non-COJ email address. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Good afternoon,
I am forwarding a revised budget and narrative for review.

Dawn A. Smith
Fiscal Manager
Community Rehabilitation Center, Inc.
623 Beechwood Street
Jacksonville, Florida 32206
(904)660-2625

From: Graham, Megan <MeganG@coj.net>
Sent: Tuesday, May 25, 2021 9:26 AM
To: Dawn Smith <DSmith@communityrehabcenter.org>; Arts, Sandy <SArts@coj.net>
Cc: Erakal Goodman <egoodman@communityrehabcenter.org>
Subject: RE: Ryan White 2021 - 2022

Dawn,

Thank you for changing this.

I just did a cost analysis on what you sent to me. There are several issues:

The first one is the work plan is over the amount of money you have been awarded. Your work plan states your total cost will be \$40,065.00. You were only awarded \$40,000. Please correct this.

Secondly, I looked at the number of clients you intend to serve and the number of units. In your original proposal your cost per client was \$1,605.29 per client with the clients receiving 47.99 units per client for the year and 4.79 units per month per client. With the budget you just gave me with the \$40,000 award, the cost per client is \$1,144.74 with 32.8 units per year and only 2.7 units per month. The cost per client and the number of units should not have changed that much. You may be serving less clients but the amount you requested original was almost 4 times the amount you received. The agency should have an idea of how much it should cost for a Ryan White client to provide mental health services for a year. I want to ensure that you understand that you can't go over 2.7 units per month per client to meet your budget. Like we discussed in the budget meeting, there is no going over budget and you are better off over estimating the number of units a client may need. Please examine your units and your number of clients and resubmit.

Also, you included local travel. Why would the mental health counselor be going to clients medical appointments as explained in the local travel narrative?

Megan

Megan Graham
Human Services Planner II
Ryan White Part - A
Social Services Division
1809 Art Museum Dr. Suite 100
Jacksonville, FL 32207
904-255-3345
megang@coj.net
www.coj.net

From: Dawn Smith <DSmith@communityrehabcenter.org>
Sent: Monday, May 24, 2021 1:30 PM
To: Graham, Megan <MeganG@coj.net>; Arts, Sandy <SArts@coj.net>
Cc: Erakal Goodman <egoodman@communityrehabcenter.org>
Subject: RE: Ryan White 2021 - 2022

EXTERNAL EMAIL: This email originated from a non-COJ email address. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Megan,
The client number has been changed to 35. The \$40,000 is for the Mental Health Counselor's salary.

Dawn A. Smith
Fiscal Manager
Community Rehabilitation Center, Inc.
623 Beechwood Street
Jacksonville, Florida 32206

(904)660-2625

From: Graham, Megan <MeganG@coj.net>
Sent: Monday, May 24, 2021 1:21 PM
To: Dawn Smith <DSmith@communityrehabcenter.org>; Arts, Sandy <SArts@coj.net>
Cc: Erakal Goodman <egoodman@communityrehabcenter.org>
Subject: RE: Ryan White 2021 - 2022

Dawn,

The Narrative states you will serve 25 clients and the work plan says you will serve 35. Please redo and ensure the numbers are the same. Also, it was my understanding that the mental health counselor's salary is more than \$40,000. Are you only paying the mental health counselor more? I know that only \$40,000 is what you are receiving. Please let me know.

Megan

Megan Graham
Human Services Planner II
Ryan White Part - A
Social Services Division
1809 Art Museum Dr. Suite 100
Jacksonville, FL. 32207
904-255-3345
megang@coj.net
www.coj.net

From: Dawn Smith <DSmith@communityrehabcenter.org>
Sent: Monday, May 24, 2021 11:41 AM
To: Graham, Megan <MeganG@coj.net>; Arts, Sandy <SArts@coj.net>
Cc: Erakal Goodman <egoodman@communityrehabcenter.org>
Subject: Ryan White 2021 - 2022

EXTERNAL EMAIL: This email originated from a non-COJ email address. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Good morning,
I am forwarding the requested documents to you.

Dawn A. Smith
Fiscal Manager
Community Rehabilitation Center, Inc.
623 Beechwood Street
Jacksonville, Florida 32206
(904)660-2625

Arts, Sandy

From: Arts, Sandy
Sent: Tuesday, June 8, 2021 8:03 AM
To: Erakal Goodman
Cc: Graham, Megan
Subject: Budget

Erakal,

In talking with Megan, I understand that she still has not received your revised budget from Dawn Smith. Please have this submitted by noon so I have an opportunity to review with Megan.

Thank you

Sandy Arts, Program Manager
Ryan White Part - A
Social Services Division
1809 Art Museum Drive
Jacksonville, FL 32207
(904) 255-3342
sarts@coj.net
<https://www.coj.net/rwpc>



Arts, Sandy

From: Arts, Sandy
Sent: Monday, June 7, 2021 11:06 AM
To: Erakal Goodman
Subject: CRC 2021 Contract Full.docx
Attachments: CRC 2021 Contract Full.docx

Good morning Erakal,

For your reference, this is the contract I am waiting to have signed and returned. Please have it signed, witnessed and 3 originals returned to me by Thursday, June 10th. I will be out of the office the following two weeks. This cannot wait any longer.

Thank you

Sandy Arts, Program Manager
Ryan White Part - A
Social Services Division
1809 Art Museum Drive
Jacksonville, FL 32207
(904) 255-3342
sarts@coj.net
<https://www.coj.net/rwpc>



Arts, Sandy

From: Arts, Sandy
Sent: Tuesday, June 1, 2021 10:18 AM
To: Erakal Goodman
Cc: Graham, Megan
Subject: FW: Ryan White 2021 - 2022
Attachments: Ryan White-MH Budget Narrative 2021-2022 x.pdf; Ryan White Work Plan 2021-2022 x.pdf

Good morning Erakal,

We are at the first of June and still have lots of unanswered questions. Please see Megan's message at the bottom and respond appropriately. If you do not understand, please call and discuss with her so we can move forward. I realize this is a lot of moving parts, but we need to get them moving in the right direction.

Thank you

Sandy Arts, Program Manager
Ryan White Part - A
Social Services Division
1809 Art Museum Drive
Jacksonville, FL 32207
(904) 255-3342
sarts@coj.net
<https://www.coj.net/rwpc>



From: Graham, Megan <MeganG@coj.net>
Sent: Tuesday, June 1, 2021 10:13 AM
To: Arts, Sandy <SArts@coj.net>
Subject: FW: Ryan White 2021 - 2022

See below. My questions were not answered.

Megan

Megan Graham
Human Services Planner II
Ryan White Part - A
Social Services Division
1809 Art Museum Dr. Suite 100
Jacksonville, FL. 32207
904-255-3345
megang@coj.net
www.coj.net

Arts, Sandy

From: Arts, Sandy
Sent: Wednesday, May 19, 2021 2:02 PM
To: Erakal Goodman
Subject: CRC 2021 Contract Full.docx
Attachments: CRC 2021 Contract Full.docx

Good afternoon Erakal,

Attached is the contract for Ryan White Part A, Mental Health Services in the amount of \$40,000.00. This should go before Procurement for approval next week. I am sending so you can be preparing your budget documents which we discussed previously. They will need to be returned with this signed contract for execution.

If you have any questions please do not hesitate to contact me.

Also, this is a reminder that there is a Provider's meeting tomorrow at 9:00 AM in our large conference room at 1809 Art Museum Drive.

Sandy Arts, Program Manager
Ryan White Part - A
Social Services Division
1809 Art Museum Drive
Jacksonville, FL 32207
(904) 255-3342
sarts@coj.net
<https://www.coj.net/rwpc>



Multiple Client Service Detail

From: 3/1/2021 Through: 2/28/2022



URN: RCBN0328922U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
2/16/2022	In Depth Assessment (Existing Client)	CRC	1	\$125.00	\$0.00	Community Rehabilitation Center, Inc. (CRC)
2/22/2022	Individual Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)



URN: NTBO0227801U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
6/30/2021	In Depth Assessment (Existing Client)	CRC	1	\$125.00	\$0.00	Community Rehabilitation Center, Inc. (CRC)
7/7/2021	Individual Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
7/8/2021	Individual Tx Plan	CRC	1	\$97.00	\$0.00	Community Rehabilitation Center, Inc. (CRC)
10/04/2021	Individual Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
10/13/2021	Individual Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
10/19/2021	Medical Management	CRC	1	\$60.00	\$0.00	Community Rehabilitation Center, Inc. (CRC)
10/26/2021	Individual Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
10/26/2021	Individual Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
11/02/2021	Individual Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
11/04/2021	Individual Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
11/12/2021	Individual Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
11/15/2021	Individual Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
11/22/2021	Individual Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
11/26/2021	Individual Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
12/3/2021	Individual Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
12/17/2021	Individual Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
12/21/2021	Individual Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
1/6/2022	Individual Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
1/11/2022	Individual Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
1/25/2022	Individual Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)

2/4/2022 Individual/ Family Therapy CRC 4 \$73.32 \$0.00 Community Rehabilitation Center, Inc. (CRC)

URN: NTB01108801U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
1/21/2022	Individual/ Family Therapy	CRC	1	\$18.33	\$0.00	Community Rehabilitation Center, Inc. (CRC)
1/21/2022	Individual/ Family Therapy	CRC	1	\$18.33	\$0.00	Community Rehabilitation Center, Inc. (CRC)

URN: NTGE1108802U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
12/1/2021	In Depth Assessment (Existing Client)	CRC	1	\$125.00	\$0.00	Community Rehabilitation Center, Inc. (CRC)
12/9/2021	Individual Tx Plan	CRC	1	\$97.00	\$0.00	Community Rehabilitation Center, Inc. (CRC)
12/9/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
12/15/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
12/22/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
12/29/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
1/5/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
1/12/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
1/19/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
1/26/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
2/2/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
2/16/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
2/22/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)

URN: EIMC0731662U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
1/20/2022	In Depth Assessment (Existing Client)	CRC	1	\$125.00	\$0.00	Community Rehabilitation Center, Inc. (CRC)

Multiple Client Service Detail

From: 3/1/2021 Through: 4/1/2021

URN:

Date: Service Name: Contract: Units: Total: Recieved: Provider:

Multiple Client Service Detail

From: 4/1/2021 Through: 5/1/2021

URN:

Date: Service Name: Contract: Units: Total: Rcleaved: Provider:

Multiple Client Service Detail

From: 5/1/2021 Through: 6/1/2021

URN:

Date: Service Name: Contract: Units: Total: Rceived: Provider:

Multiple Client Service Detail

From: 6/1/2021 Through: 7/1/2021

URN: NTB00227801U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
6/30/2021	In Depth Assessment (Existing Client)	CRC	1	\$125.00	\$0.00	Community Rehabilitation Center, Inc. (CRC)

Multiple Client Service Detail

From: 7/1/2021 Through: 8/1/2021

URN: NTBO0227801U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
7/17/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
7/29/2021	Individual Tx Plan	CRC	1	\$97.00	\$0.00	Community Rehabilitation Center, Inc. (CRC)

Multiple Client Service Detail

From: 8/1/2021 Through: 9/1/2021

URN:

Date: Service Name: Contract: Units: Total: Received: Provider:

Multiple Client Service Detail

From: 9/1/2021 Through: 10/1/2021

URN:

Date: Service Name: Contract: Units: Total: Received: Provider:

Multiple Client Service Detail

From: 10/1/2021 Through: 11/1/2021

URN: NTB00227801U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
10/4/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
10/13/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
10/19/2021	Medical Management	CRC	1	\$50.00	\$0.00	Community Rehabilitation Center, Inc. (CRC)
10/26/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
10/26/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)

Multiple Client Service Detail

From: 11/1/2021 Through: 12/1/2021

URN: NTB00227801U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
11/4/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
11/12/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
11/15/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
11/22/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
11/26/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)

URN: NTGE1108802U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
12/1/2021	In Depth Assessment (Existing Client)	CRC	1	\$125.00	\$0.00	Community Rehabilitation Center, Inc. (CRC)

Multiple Client Service Detail

From: 12/1/2021 Through: 1/1/2022

URN: NTB00227801U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
12/3/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
12/17/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
12/21/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)

URN: NTGE1108802U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
12/1/2021	In Depth Assessment (Existing Client)	CRC	1	\$128.00	\$0.00	Community Rehabilitation Center, Inc. (CRC)
12/9/2021	Individual Tx Plan	CRC	1	\$97.00	\$0.00	Community Rehabilitation Center, Inc. (CRC)
12/9/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
12/16/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
12/22/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
12/29/2021	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)

Multiple Client Service Detail

From: 1/1/2022 Through: 2/1/2022

URN: NTBO0227801U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
1/5/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
1/11/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
1/25/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)

URN: NTBO1108801U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
1/21/2022	Individual/ Family Therapy	CRC	1	\$18.33	\$0.00	Community Rehabilitation Center, Inc. (CRC)
1/21/2022	Individual/ Family Therapy	CRC	1	\$18.33	\$0.00	Community Rehabilitation Center, Inc. (CRC)

URN: NTGE1108802U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
1/5/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
1/12/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
1/19/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
1/26/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)

URN: EIMC0731662U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
1/20/2022	In Depth Assessment (Existing Client)	CRC	1	\$125.00	\$0.00	Community Rehabilitation Center, Inc. (CRC)

Multiple Client Service Detail

From: 2/1/2022 Through: 2/28/2022

URN: RCBN0328922U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
2/16/2022	In Depth Assessment (Existing Client)	CRC	1	\$125.00	\$0.00	Community Rehabilitation Center, Inc. (CRC)
2/22/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)

URN: NTBO0227801U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
2/4/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)

URN: NTGE1108802U

Date:	Service Name:	Contract:	Units:	Total:	Received:	Provider:
2/2/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
2/16/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)
2/22/2022	Individual/ Family Therapy	CRC	4	\$73.32	\$0.00	Community Rehabilitation Center, Inc. (CRC)

Services are aimed at alleviating mental health symptoms that can accompany a diagnosis of HIV. Mental health treatment for people living with HIV also attempts to enhance access to and retention in primary HIV medical care, reduce HIV transmission risk behaviors, and promote health and quality of life. Mental health treatment services are for patients living with HIV/AIDS experiencing mental health distress and treatment consists of Psychotherapy (individual, group, and family), Psychiatric Evaluation, Medication Management, Crisis Intervention, and Targeted Case Management.

a. Quality Management

This quality management plan describes the systematic process with identified leadership, accountability and dedicated resources and uses data and measurable outcomes to determine progress toward relevant, evidenced-based outcomes.

**COMMUNITY REHABILITATION CENTER
QUALITY IMPROVEMENT PLAN
FY 2020-2021**

POLICY

It is the policy of Community Rehabilitation Services, Inc. to ensure the highest quality of care to its recipients as evidenced by the organization's professional standards, evidence-based practices and treatment outcomes. The organization strives to ensure that its system of care and services are client-centered, culturally appropriate and effective to meet the critical needs of individuals served.

PURPOSE

The Quality Improvement Program is the foundation of commitment for quality, efficiency, effectiveness and accessibility of the organization's systems of care. It shall promote the culture, diversity and accountability of performance, both qualitative and quantitative, through goals, strategies, internal controls, and activities focused on successful outcomes.

Quality Improvement Plan serves as an instrument of the Quality Improvement Program with goals and objectives to systematically monitor and evaluate the appropriateness, efficiency, effectiveness, and quality of care.

PRINCIPLES

Quality Improvement Principles. Quality improvement is a systematic approach to assessing services and improving them on a priority basis. CRC's approach to quality improvement is based on the following principles:

- **Customer Focus.** High quality focus on the agency's internal and external customers and on meeting or exceeding needs and expectations.
- **Recovery-oriented.** Services are characterized by a commitment to promoting and preserving wellness and to expanding choice. This approach promotes maximum flexibility and choice to meet individually defined goals and to permit person-centered services.
- **Employee Empowerment.** Effective programs involve people at all levels of the organization in improving quality.
- **Leadership Involvement.** Strong leadership, direction and support of quality improvement activities by the governing body and CEO are key to performance improvement. This involvement of organizational leadership assures that quality improvement initiatives are consistent with provider mission and/or strategic plan.
- **Data Informed Practice.** Successful QI processes create feedback loops, using data to inform practice and measure results. Fact-based decisions are likely to be correct decisions.
- **Continuous Improvement.** Processes must be continually reviewed and improved. Small incremental changes do make an impact, and providers can almost always find an opportunity to make things better.

GOAL AND OBJECTIVES

Goals of the Quality Improvement are tools to measure and develop improvement strategies for all activities as means of delivering successful programs and ensuring positive outcomes for individuals served. The goals are to enhance quality of service delivery, improve staff performance, strengthened the ability to provide cost effective care.

The primary objectives of the QI Plan are the following:

- Implement strategies to maintain and continuously quality improvement of care
- Ensure compliance with federal, state and CARF Standards
- Ensure effectiveness and efficiency of service delivery
- Ensure Access to appropriate services
- Assure the appropriateness of clinical determinations.
- Assure timely communication, reporting and documentation of clinical information, quality improvement activities and performance outcomes
- To provide a systematic process for involving, motivating and educating staff

- To provide a corrective action process for deficiencies in performance
- Implement an Internal Control System for appropriate and sound business practices
- Ensure a safe environment for staff and persons served.

MECHANISM FOR CONDUCTING QUALITY IMPROVEMENT ACTIVITIES

- Tracking key indicators that are necessary for efficiency to include timeliness of and accuracy documentation, completion of all required components and compliance with mandatory standards.
- Implementing and evaluating customer satisfaction surveys.
- An analysis of customer complaints and grievances.
- Implementing and monitoring activities of the Quality Improvement Team to include internal controls and risk reduction, productivity, health and safety, quality peer and utilization reviews .
- Conducting an analysis of program performance and outcomes, risk exposure
- Completion of all safety reviews and emergency preparedness drills.

DATA COLLECTIONS

The agency continuously collects data from internal and external sources. The agency uses an electronic health record (Credible) for data internal data collection to measure performance to make informed decisions regarding services and business functions. Steps are taken to ensure that data are recorded correctly, completely and properly for accuracy. Data is also collected so that measured outcomes can be reproduced for selected performance indicators. External data is also collected and utilized from contractors and stakeholders.

OUTCOME MEASURES

The effectiveness of the Quality Improvement Plan is evaluated through outcome measures. Included among the activities are:

- Regular reviews of the Quality Improvement Plan by QI Director and Management Team for appropriateness, suitability and effectiveness of desired outcomes.
- Annual reviews of activities and outcomes facilitated by the Quality Improvement Committee.
- Monthly peer reviews of clinical documentation and services to ensure compliance with program, state, and Medicaid standards.
- Weekly/monthly/annual productivity review and analysis.
- Quarterly evaluations of outcomes and customer satisfaction.
- Quarterly reviews of health safety mechanisms, safety drills and implementation of recommendations.

PROGRAMS AND OUTCOME MEASURES

The Organization has the obligation for significant performance and quality measures mandated by state standards and its major funders, The results of those measures will also be used to improve the quality of care of the Agency.

The Agency's Management Team will monitor the results of the outcome measures at least quarterly and will prepare a formal QI Management Report on services at least once per year. The quarterly reports and the annual report will be used to identify strengths and weaknesses of the programs delivery system and to develop improvement strategies.

Quality Improvement Plan for Clinical Services

I. Effectiveness

The Agency will assess the effectiveness of services through the outcome measures shown below using 10% client sample.

A. Measure the effectiveness of services at admission, during treatment, and discharge. These measures will be tracked monthly and at the end of the fiscal year.

1. Timeliness of new Intakes completion and admission to programs
2. Average percentage of participants with satisfactory program attendance
3. Percentage of successful program goals completions or discharges
4. Percentage of client satisfaction surveys with positive results

B. Target Objectives for Programs

1. New Client Intakes (Bio-psychosocial, In-depth Assessments and Social Assessments) will be completed within 7 days of referrals.
2. New clients who are admitted to any program will have an individualized treatment plan or service plan completed within 15 days of the completed initial assessment.
3. All newly admitted clients will have an initial program attendance of eligible clients within 5 days of completed Intake.
4. Psycho-social Rehabilitation Services will have an average attendance 16 client days attendance monthly.
5. Adult Outpatient Therapy --- Enrolled clients per caseload will complete an average of 8 sessions monthly .
6. Adults MH and RW Case Management--- 95% of active participants will complete a Primary Care medical visit within least six months .
7. Substance Abuse – Average ASAM Rating --- 85% of meeting criteria.

II. Efficiency

1. The agency will measure the efficiency of its programs on a monthly basis. Caseload size with target objectives are shown below. The objectives are based upon State Medicaid guidelines agency clinical policies and the reasonable expectations for staff performance.

Program	Average Ratio Per Staff
Adult MH Case Manager	40
Children Case Manager	20
Adult Outpatient Individual Therapist	40
Outpatient MH & SA Groups	10
Psychosocial Rehabilitation Per Staff	12
RW HIV Medical Case Management	45

2. The organization will measure staff productivity with the target objectives shown below. The productivity measure below generally relate to billable services. There are other staff performance requirements not shown in this outline.

Outpatient Individual Therapy	120 sessions per month/per staff
Outpatient Group Therapy	15 sessions per month/180 annually
Case Management	110 hours of service per month/ per staff
Psycho-social Rehabilitation	Average 185 client days annually
Intakes/Assessments	20% or less No-show rate
Psychiatric Evaluations	160 Annually
Medication Management	32 clients per month//124 annually

III. Accessibility

- A. Hours of Operation and Locations -The agency will measure access to its programs and services through the following mechanisms:

1. The agency will measure the convenience of operation hours and service locations through consumer satisfaction survey.
2. The agency will operate Monday-Friday, 8:30AM – 5:00PM and after hours by special appointments or as needed. The agency will advertise operating hours via website and appropriate social media. The agency will make accessible referral via the website.
3. The agency provides in-house transportation for most clients at no cost. Service facilities are conveniently located near bus routes and can be accessed through public transportation. Services are also provided in the homes and other natural environments of the participants.

- B. Outcome Measure – 95% of persons served will be satisfied with scheduled hours and access to service locations.

IV. Consumer Satisfaction

- A. Measures- CRC will measure client satisfaction with its programs on a regular basis and consistently with contractual standards.
 - 1. The Organization will conduct satisfaction surveys with competent adult clients in all programs each month.
 - 2. The agency will establish it’s standard for overall client Satisfaction at 90%

**Community Rehabilitation Center, Inc.
Quality Improvement Program**

QI Committee Members and Management Team

Patricia Sampson	Director of Quality Improvement & Program Development
Reginald Gaffney, Sr.	President/CEO
Reginald Gaffney, Jr.	Vice President
Erakal Goodman	Director of Grants Management
Dawn Smith	Director of Finance
Charles Twiggs	Director of Information and Technology
Stanley Twiggs	Director of Client Services
Reginald Gaffney, Jr.	Facility Manager
Brian Presley	Clinical Programs Supervisor
Rosalyn Johnson	Clinical Director
Dr. M. Torrellas	Medical Director
Vacant / TBD	Director of Human Resources

QI Subcommittee Chairs & Co-Chairs

Rosalyn Johnson	Utilization Review Committee
Brian Presley	Risk Management Committee
TBA	Peer Review Committee
Stanley Twiggs & Andrea Brown	Health & Safety Committee
Diane Templeton	Training and Development Committee
Dawn Smith & Charles Twiggs	Finance & IT Committee

ACTIVITIES AND METHODS

Monthly and Quarterly Activities of Committees and Chairpersons

SUB-COMMITTEE	OBJECTIVES	CHAIRPERSON RESPONSIBILITIES
Peer Review	<ol style="list-style-type: none"> 1. Ensure that quality reviews are randomly completed by program supervisors, program staff and committee members. 2. Document and report frequent deficiencies to ensure corrections. are monitored to improve efficiency 3. Conduct peer reviews at least quarterly. 4. Review a minimum of twenty (20) clinical records in the EHR for required documentation and timeliness of completion. 5. Review medical files where pre-authorization for units are required to track timeliness of submission 6. Ensure outcomes of corrective action by staff and program Supervisors 7. Review outcomes and report findings to Committee Chair 	<ol style="list-style-type: none"> 1. Scheduled and conduct Peer Review Committee Meetings. 2. Compile data reports to include medical records reviewed, dates, deficiencies found, and recommended corrected action. 3. Submit report to supervisors/directors for correction of deficiencies within 7 days. 4. Report deficiencies and corrections to QI Director for monitoring and review 5. Complete and submit quarterly reports to include number of records reviewed\, corrected and pending 6. Review final outcomes with committee and submit reports to QI Director
Health & Safety	<ol style="list-style-type: none"> 1. Conduct quarterly Health & Safety Inspection <ol style="list-style-type: none"> a. Internal b. External c. Fire Extinguishers d. Emergency Lights & Equipment 2. Monitor and ensure adequate supplies in the First Aid Kit and access to safety/emergency equipment. 3. Conduct unannounced monthly and quarterly drills to include: <ol style="list-style-type: none"> a. Fire b. Natural Disaster c. Bomb Threat d. Active Shooter/ Other Workplace Violence e. Other Emergency and Safety 	<ol style="list-style-type: none"> 1. Assign tasks to committee \ 2. Review safety information and facilitate monthly safety drills. 3. Identify potential health and safety risk, recommend safety changes as deemed appropriate (For example: update equipment, health & safety training, facility upgrade, monitoring infectious control) 4. Submit report and recommendations to QI Director

SUB-COMMITTEE	OBJECTIVES	CHAIRPERSON RESPONSIBILITIES
Risk Management	<ol style="list-style-type: none"> 1. Implement Risk Management Plan 2. Monitor and review incident reports, adverse events & client grievances involving critical incidents. 3. Ensure follow up on corrective actions 4. Review with executive staff required agency's insurance coverage for appropriateness and adequacy 5. Monitor facility maintenance to eliminate potential risk factors 6. (ex: wet floors, emergency lights, broken glass, locked doors) 7. Identify results of Health and Safety outcomes and recommend changes involving risk management of employees, guests and consumers 	<ol style="list-style-type: none"> 1. Conduct Risk Management meetings to review and document information 2. Submit Quarterly Review reports with committee input to QI Director 3. Recommend and implement any changes necessary for compliance 4. Follow-up on pending issues 5. Complete Risk Assessment
Utilization Review	<ol style="list-style-type: none"> 1. Review staff /client ratio per program standards to determine program capacity 2. Review program policies to ensure consistency with CARF, state and contractual requirements 3. Review all CAP recommendations and for compliance 4. Review servicewait times (referrals, Intakes, admission to programs) for contracts and Medicaid compliance 5. Ensure client program appropriateness. 	<ol style="list-style-type: none"> 1. Facilitate committee meetings 2. Report findings 2. Make recommendation and Complete Performance Compliance Report.
Training and Development	<ol style="list-style-type: none"> 1. Evaluate staff training and development needs. 2. Complete annual employee satisfaction survey analysis 3. Review and monitor training requirements of funding sources. 4. Review and evaluate staff turnover rate. 5. Review current policies and procedures as needed for appropriate updates 	<ol style="list-style-type: none"> 1. Facilitate committee meetings 2. Complete a quarterly Training Needs Assessment, 3. Report outcomes and frequency of staff turnover 4. Complete an analysis of staff satisfaction surveys 5. Make recommendations for improvement

SUB-COMMITTEE	OBJECTIVES	CHAIRPERSON RESPONSIBILITIES
Finance & IT	<ol style="list-style-type: none"> 1. Review agency financial trends and programs fiscal performance. 2. Report medical billing analysis (Paid, denial, pending) 2. Review compliance with internal control procedures & financial policies. 4. Review Risk Management Plan for compliance and assist with its implementation 4. Review inventory management for upgrades and replacements 5. Review trends and implement IT Initiatives 6. Review agency and program accessibility 	<ol style="list-style-type: none"> 1. Facilitate Committee Meetings 2. Complete Financial Reports and Analysis Complete Annual IT Report 3. Complete Quarterly Risk Management Checklist 4. Make recommendation

DESCRIPTION RCB009/21 010219	Budget Amount	21-Mar	Apr-21	May-21
		21-Mar	21-Apr	21-May
AMOUNT PAID 582001				
AHF	568,356.00	25,653.41	26,166.02	18,787.08
CAN	690,610.00	44,324.12	44,144.97	41,172.10
DOH	645,004.00	51,801.15	45,489.79	33,532.14
CRC	40,000.00			
Gateway	167,805.00	9,136.05		19,390.80
JALA	235,838.00	23,893.20	26,316.90	19,383.30
LSS	1,070,375.00	92,665.20	22,220.32	167,934.46
NFAN	1,354,733.00	156,449.57	103,670.07	97,091.83
River Region	138,492.00	25,650.00	27,225.00	8,550.00
UF	640,168.00	41,817.08	49,454.20	47,435.09
Total	5,551,381.00	471,389.78	344,687.27	453,276.80

2021/2022 Annual Expenditure Report

Jun-21	Jul-21	Aug. 21	Sep-21	Oct. 21	Nov. 21
21-Jun	21-Jul	21-Aug	21-Sep	21-Oct	21-Nov
32,542.24	29,700.39	34,558.85	23,816.25	16,778.08	16,940.73
42,837.57	54,915.28	73,662.81	60,189.66	62,547.30	72,431.23
47,405.28	42,024.06	53,356.16	37,086.46	57,973.92	36,241.55
125.00	170.32	-	-	353.28	366.60
13,237.95	6,152.85	11,932.80	5,779.95	6,898.65	8,390.25
25,207.20	21,480.30	21,321.00	16,560.90	16,556.40	21,648.60
61,818.89	57,952.28	50,408.89	98,710.87	103,222.05	104,642.46
100,506.39	100,246.68	123,858.64	80,815.95	103,575.59	118,578.62
6,750.00	1,575.00	12,150.00	10,800.00	13,500.00	6,750.00
47,042.77	47,151.18	37,998.29	54,499.41	51,504.78	43,577.77
377,473.29	361,368.34	419,247.44	388,259.45	432,910.05	429,567.81

EXHIBIT 9.5.1

Dec.21	Jan. 22	Feb/Mar-22	Total	Budget
			Expenditures	Balance
21-Dec	22-Jan	22-Feb		
				-
162,401.14	59,556.17	77,828.60	524,728.96	43,627.04
61,093.62	80,152.44	34,816.02	672,287.12	18,322.88
37,486.31	32,303.04	38,981.48	513,681.34	131,322.66
735.24	638.24	491.60	2,880.28	37,119.72
4,101.90	19,390.80	27,408.15	131,820.15	35,984.85
12,078.00	16,560.90	14,831.30	235,838.00	-
99,436.06	111,075.88	99,122.00	1,069,209.36	1,165.64
139,796.86	137,921.02	85,037.39	1,347,548.61	7,184.39
6,791.17	2,628.84		122,370.01	16,121.99
41,149.02	42,133.63	44,588.82	548,352.04	91,815.96
565,069.32	502,360.96	423,105.36	5,168,715.87	382,665.13

Financial Report

Monday, March 1, 2021 through Tuesday, June 1, 2021

Report Criteria:

Providers: Community Rehabilitation Center, Inc. (CRC)
Funding Sources: All Sources
Group By Providers: False
Include Subservice Detail: True
Receipts In Period: False

Community Rehabilitation Center, Inc. (CRC)

Phone: 904 358 1211
Address: 623 Beechwood St
Jacksonville, FL 32206

Provider Totals:	0	0	\$0.00	\$0.00	\$0.00
------------------	---	---	--------	--------	--------

Financial Report

Tuesday, June 1, 2021 through Wednesday, September 1, 2021

Report Criteria:

Providers: Community Rehabilitation Center, Inc. (CRC)
Funding Sources: All Sources
Group By Providers: False
Include Subservice Detail: True
Receipts In Period: False

Community Rehabilitation Center, Inc. (CRC)

Phone: 904 358 1211
Address: 623 Beechwood St
Jacksonville, FL 32206

Mental Health Services	Clients:	Units:	Total:	Amount Received:	Not Received:
In Depth Assessment (Existing Client)	1	1	\$125.00	\$0.00	\$125.00
Individual Tx Plan	1	1	\$97.00	\$0.00	\$97.00
Individual/ Family Therapy	1	4	\$73.32	\$0.00	\$73.32
Mental Health Services Totals:	1	6	\$295.32	\$0.00	\$295.32
Provider Totals:	1	6	\$295.32	\$0.00	\$295.32

Financial Report

Wednesday, September 1, 2021 through Wednesday, December 1, 2021

Report Criteria:

Providers: Community Rehabilitation Center, Inc. (CRC)
Funding Sources: All Sources
Group By Providers: False
Include Subservice Detail: True
Receipts In Period: False

Community Rehabilitation Center, Inc. (CRC)

Phone: 904 358 1211
Address: 623 Beechwood St
Jacksonville, FL 32206

Mental Health Services	Clients:	Units:	Total:	Amount Received:	Not Received:
In Depth Assessment (Existing Client)	1	1	\$125.00	\$0.00	\$125.00
Individual/ Family Therapy	1	36	\$659.88	\$0.00	\$659.88
Medical Management	1	1	\$60.00	\$0.00	\$60.00
Mental Health Services Totals:	2	38	\$844.88	\$0.00	\$844.88
Provider Totals:	2	38	\$844.88	\$0.00	\$844.88

Financial Report

Wednesday, December 1, 2021 through Monday, February 28, 2022

Report Criteria:

Providers: Community Rehabilitation Center, Inc. (CRC)
Funding Sources: All Sources
Group By Providers: False
Include Subservice Detail: True
Receipts In Period: False

Community Rehabilitation Center, Inc. (CRC)

Phone: 904 358 1211
Address: 623 Beechw ood St
Jacksonville, FL 32206

Mental Health Services	Clients:	Units:	Total:	Amount Received:	Not Received:
In Depth Assessment (Existing Client)	3	3	\$375.00	\$0.00	\$375.00
Individual Tx Plan	1	1	\$97.00	\$0.00	\$97.00
Individual/ Family Therapy	4	78	\$1,429.74	\$0.00	\$1,429.74
Mental Health Services Totals:	5	82	\$1,901.74	\$0.00	\$1,901.74
Provider Totals:	5	82	\$1,901.74	\$0.00	\$1,901.74

- A: CITY's written report of findings regarding the required annual monitoring site visit**
- B: PROVIDER's written report if deficiencies were noted by CITY**

Monitoring requirement was waived by funder - Health Resources & Services Administration (HRSA) for this grant period due to COVID. No report Available.



Code of Ethics

Do the Right Thing:

Several key questions can help identify situations that may be unethical, inappropriate, or illegal. Ask yourself:

- Does what I am doing comply with the CRC guiding principles, Code of Conduct, and company policies?
- Have I been asked to misrepresent information or deviate from normal procedure?
- Would I feel comfortable describing my decision at a staff meeting?
- How would it look if it made the headlines?
- Am I being loyal to my family, my company and myself?
- What would I tell my child to do?
- Is this the right thing to do?

Build Trust and Credibility:

- The success of our business is dependent on the trust and confidence we earn from our employees, clients, and board members. We gain credibility by adhering to our commitments, displaying honesty and integrity, and reaching company goals solely through honorable conduct. It is easy to say what we must do, but the proof is in our actions. Ultimately, we will be judged on what we do.
- When considering any action, it is wise to ask: Will this build trust and credibility for CRC? Will it help create a working environment in which CRC can succeed over the long term? Is the commitment I am making one I can follow through with? The only way we will maximize trust and credibility is by answering “yes” to those questions and by working every day to build our trust and credibility.

Respect for the Individual:

- We all deserve to work in an environment where we are treated with dignity and respect. CRC is committed to creating such an environment because it brings out the full potential in each of us, which, in turn, contributes directly to our business success. We cannot afford to let anyone’s talents go to waste.
- CRC is an equal employment/affirmative action employer and is committed to providing a workplace that is free of discrimination of all types and from abusive, offensive, or harassing

behavior. Any employee who feels harassed or discriminated against should report the incident to his or her manager or to human resources.

Create a Culture of Open and Honest Communication:

- At CRC everyone should feel comfortable speaking his or her mind, particularly with respect to ethics concerns. Managers have a responsibility to create an open and supportive environment where employees feel comfortable raising such questions. We all benefit tremendously when employees exercise their power to prevent mistakes or wrongdoing by asking the right questions at the right times.
- CRC will investigate all reported instances of questionable or unethical behavior. In every instance where improper behavior is found to have occurred, the company will take appropriate action. We will not tolerate retaliation against employees who raise genuine ethics concerns in good faith.

Set Tone at the Top:

- Management has the added responsibility of demonstrating, through their actions, the importance of this Code. In any business, ethical behavior does not simply happen; it is the product of clear and direct communication of behavioral expectations, modeled from the top and demonstrated by example. Again, ultimately, our actions are what matters.
- To make our Code work, managers must be responsible for promptly addressing ethical questions or concerns raised by employees and for taking the appropriate steps to deal with such issues. Managers should not consider employees' ethics concerns as threats or challenges to their authority, but rather as another encouraged form of business communication. At CRC we want the ethics dialogue to become a natural part of daily work.

Your Responsibilities

Your role begins but doesn't end with; understanding CRC's values and this guide. If any ethical or legal compliance issue arises that raises a question in your mind, you have a responsibility to bring it forward. Speak with your supervisor, your Human Resources representative, or your Quality Assurance department representative.

For a complete set of workplace policies, including detailed policies related to topics in this booklet, please see the Employee Handbook on the company server. Or you may request the Human Resources Policies and Procedures Manual from the Human Resources office for additional Human Resource office for additional Human Resource detailed policies.

Reporting a Concern:

When in doubt, ask guidance. If you have a question, wish to discuss an individual situation, or what to report a known violation of this guide talk with your supervisor, your Human Resources representative or the Quality Assurance representative.

Duty to Report/Failing to Call

You have a duty to report any violations of this guide and, while you may initially be reluctant to "Get involved," it's important to note that failure to report violations can have substantial consequences.

In addition to the possibility of being held personally liable for the legal or ethical violation (which may result in fines or even jail time), you may be subject to disciplinary proceedings, including termination. So, when in doubt, speak up.

There will be no reprisal for the reporting of incidences.

Violations may result in disciplinary action, up to and including termination and legal prosecution. As with all disciplinary matter, principles of fairness and equity always apply.

It is your responsibility to make yourself knowledgeable about all company policies. An Employee Handbook, Drug Free Workplace Policy and this Code of Ethics Guide are placed on the company server for your convenience.

This information supplements any division/department policies related to the areas discussed in this guide. This guide applies to the CRC Beechwood location only and was written to ensure that the laws within this location have been considered. This guide offers general guideline only and is subject to local law. It is not intended to be all inclusive.

INTEGRITY

"Integrity is doing the right thing, even if nobody is watching"

Erakal Goodman, PHD

Director of Clinical Programs

TEAMWORK

"Teamwork makes the dream work"

Angela Malone

Director of Specialty Programs

EXCELLENCE

"Giving 100% of everything you have"

Diane Templeton

ACCOUNTABILITY

"Performing to the level that you can STAND behind your work"

Dawn Smith, MBA

Staff Accountant

A Message from Human Resources

Integrity is the foundation upon which all successful businesses are built. Our clients, board of directors, colleagues and community partners expect honest and ethical conduct from each of us every day. We know that the overwhelming majority of CRC's employees conduct themselves ethically in accordance with the law. The Guide to Ethical Conduct is a means of reaffirming our shared commitment to our core values.

Our commitment to the highest standards of integrity begins with ensuring that everyone across the CRC organization understands our core values-values that define how we conduct ourselves-both as employees and as decision-makers.

These four values are the foundation of CRC's Guide to Ethical Conduct:

INTEGRITY

We must demand of ourselves and of each other the highest standards of individual and agency integrity. We safeguard company assets. We comply with all company policies and laws.

TEAMWORK

We foster an environment that encourages innovation, creativity, and results through teamwork. We practice leadership that teaches, inspires, and promotes full participation and career development. We encourage open and effective communication and interaction.

EXCELLENCE

We continually challenge each other to improve our services, our processes, and our individual selves. We strive always to understand our clients and help them achieve their goals. We are dedicated to diversity, fair treatment, mutual respect, and trust.

ACCOUNTABILITY

We honor the commitments we make, and take personal responsibility for all actions and results. We create an operating discipline of continuous improvement that is an integral part of our culture.

This book, together with any agency specific policies your program or department may have, provides a guide to help you understand what is expected from you and to help you make good decisions.

We all share the responsibility to make our core values a vital part of our daily business activities. Our Board of Directors, Senior management and entire CRC family must be accountable to the highest standards of integrity and full compliance with the regulations and policies that affect the conduct of our business. We have a zero tolerance policy for ethical violations.

Respectfully,

Paula Jamison

Director of Human Resources

Table of Contents

Equal Employment.....

Harassment-Free Workplace.....

Substance-Free Workplace.....

Health, Safety, and the Environment.....

Political Activities.....

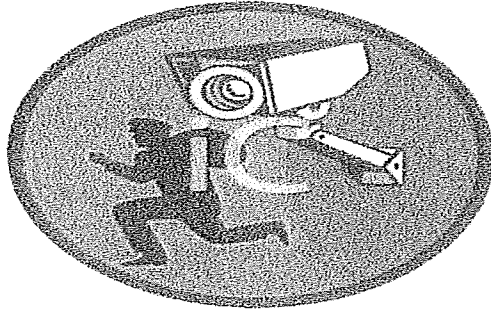
Conflicts of Interest.....

Gifts.....

Fraud.....

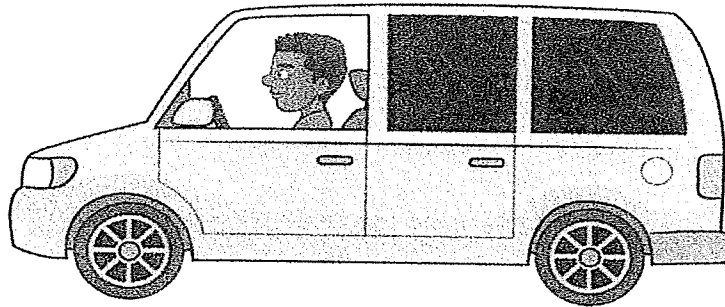
The Media.....

E-Mail the Internet, and the Use of Company Property.....



SECURITY

EQUAL EMPLOYMENT



PROVIDING OPPORTUNITY FOR ALL



As a company, we expect that all employees treat one another with respect and dignity. Every employee has a unique role in making CRC a more inspiring and rewarding workplace. Our values are richly embedded in the commitment and are backed by many of the policies and practices outlined in this book.

Equal opportunity and fair treatment extends to all employees. CRC specifically prohibits Discrimination on the basis of age, color, disability, ethnicity, marital or family status, national origin, race, religion, sex, sexual orientation, veteran status, or any other characteristic protected by law. These principles extend to all employment decisions, including:

- Recruiting, hiring, and training
- Promotions, pay and benefits; and
- Transfers and workforce reductions

All of these types of decisions are based on the individual applicant or employee's qualifications as they relate to the particular job.

In addition to complying with U.S. Equal Employment Opportunities (EEO) laws, CRC complies with all other applicable civil rights, human rights, environmental and labor laws.

CRC is committed to providing an environment that values diversity with a conscious desire to achieve understanding, respect, inclusion and continuous learning.

A Community Commitment

Our values show our commitment to being a good community-wide citizen and acting in a socially responsible way in the communities where we live and work.

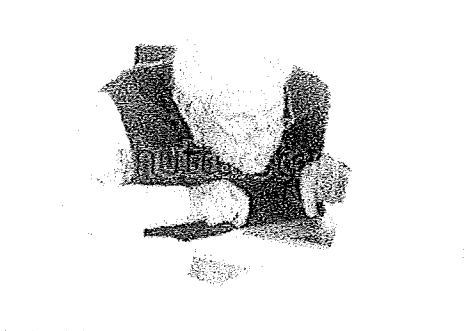
We require CRC programs and departments to provide clean and safe working environments and conditions, forbid child labor at our facilities, and require that employees receive all benefits mandated by applicable laws. Regardless of what departments/programs you work, CRC prohibits employees from engaging in activities that do not maintain individual dignity and respect, even if permission is under applicable law.

Fair Treatment Violations Look Like...

Ex: Benjamin, a Mental Health Tech, is fired after he explains that he cannot work Sunday afternoons because he honors his religious observations on that day.

Ex: Nana wears a turban for religious reasons and leaves her desk and goes into the restroom to pray. Her co-workers have complained, and Nana's supervisor has asked her to stop praying and wearing the turban.

HARASSMENT-FREE WORKPLACE

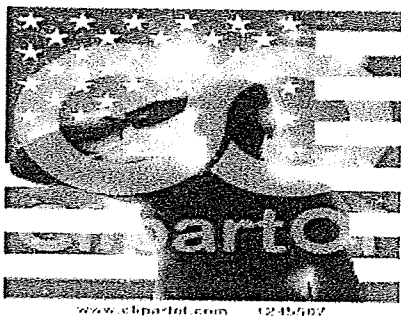
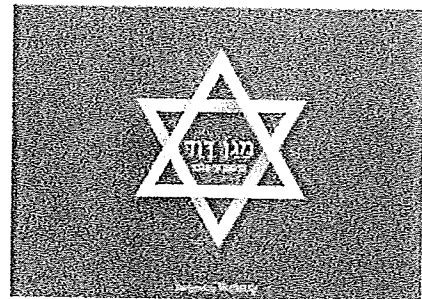
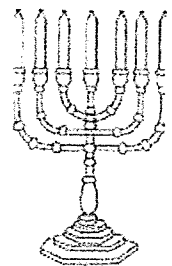
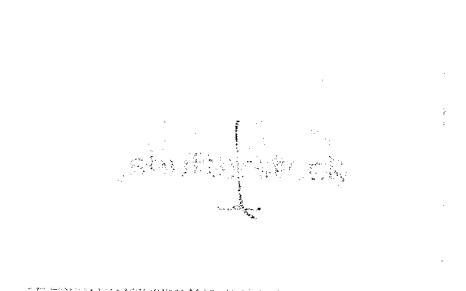


Age

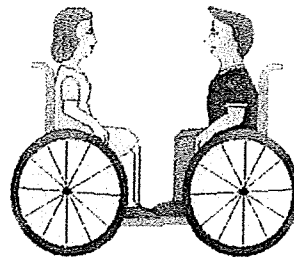


RESPECT

RELIGION

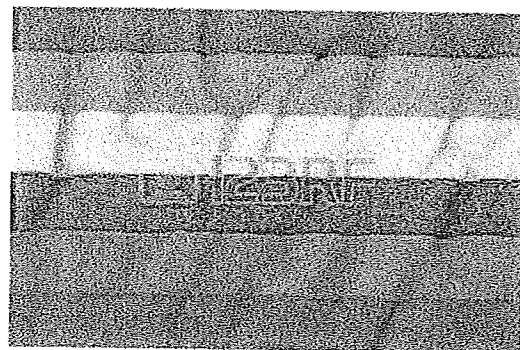


VETERAN STATUS



DISABILITY

SEXUAL PREFERENCE



Race

Teamwork Starts with Respect

Promoting teamwork and excellence demands a working environment that is free from discrimination, harassment, or other intimidating personal behaviors. CRC maintain a professional and harassment –free working environment. It is a place where employees act with respect for one another and for those whom we do business.

The following behavior is expressly prohibited:

- Unwelcomed conduct- whether verbal, physical, or visual- that is based on a person's protected status, such as race, color, religion, sex, age, national origin, citizenship status, disability, sexual orientation, veteran status, or any other protected status;
- Abusive language, physical aggression, deliberately causing injury to another, or any disorderly conduct of malicious disturbance. This includes intimidation or harassment of others;
- Sexual harassment. This includes unwelcomed sexual advances, request for sexual favors, as well as other physical, verbal or visual conduct based on sex when:
 1. Submission to the conduct is an explicit or implicit term or condition of employment; or
 2. The conduct has the purpose or effect of unreasonably with the individual's work performance by creating a hostile, offensive, or intimidating working environment.

Sexual harassment is conduct based upon sex, whether directed toward a person of the same or opposite sex.

In addition to covering employees, our harassment –free workplace policy extends to business associates, such as outside vendors, professionals, and other providers of good or services to any CRC department.

Harassment Looks Like...

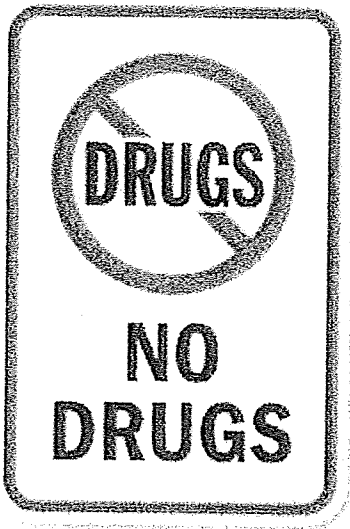
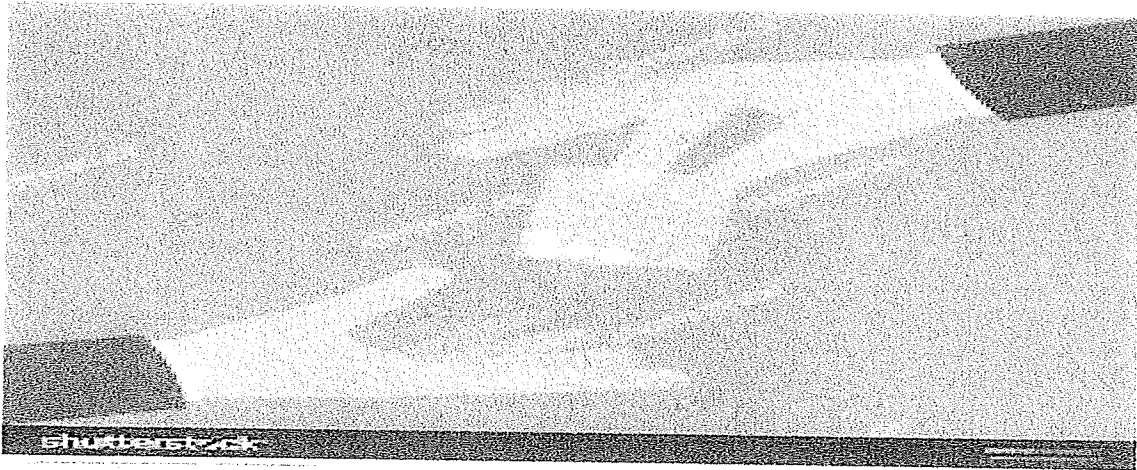
KC has a habit of telling jokes –sex jokes, African American jokes, Polish jokes, Jewish jokes, Caucasian jokes, jokes about everyone. He even has sent them via e-mail on the company's distribution list.

A program supervisor thinks MJ is getting older and feels she can't perform as well as when she was younger. The supervisor decides to place MJ in a desk job with less hours and hired a younger man to replace MJ as a driver. MJ has never been reprimanded for bad performance. MJ was not aware of the changes until it happened.

DD is openly gay and has no problem with his preference. He respectfully talks about his sexuality with other employees, when they ask questions. Employees are making jokes behind DD's back. DD has overheard some of the employees making jokes of him at a company Christmas Party off the premises.

Note: This policy applies to both work-related settings and activities outside of the workplace.

SUBSTANCE FREE WORKPLACE



For the Well-Being of All Employees

Substance abuse- whether alcohol or drug abuse-poses a serious threat to the safety, health and productivity of our organization, employees and customers. CRC has a drug/alcohol-free workplace policy that applies to employees, vendors, customers, and guests.

Our Drug/Alcohol (Substance) Free workplace policy prohibits:

- The use of possession of alcohol, illegal drugs, and other controlled substances in the workplace. The presence will not be tolerated under any circumstances. (Possession of prescription medication for medical treatment is permitted); and
- Being under the influence of alcohol, illegal drugs or any other controlled substance on the job.
- This policy also includes taking prescribed drugs in excess of what is prescribed and taking drugs prescribed for someone other than the employee.

Functions Involving Alcohol

There may be company-sponsored events where management approves the serving of alcoholic beverages. In these cases all appropriate liquor laws must be followed, including laws regarding the serving of alcohol of those under the legal drinking age. Consistent with our policy, intoxication and excessive drinking at these events is prohibited. Although, alcohol may be served at certain events, an employee is not allowed to drink during work-hours events.

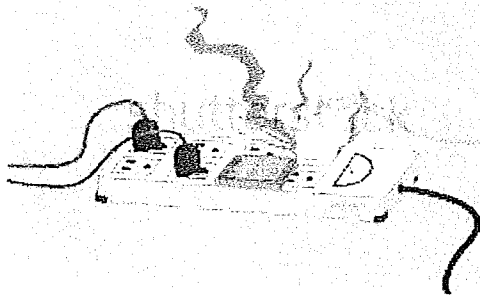
Substance Abuse in the workplace Looks Like....

JJ, a programs manager, frequently entertains customers at lunch. She regularly has two or three drinks and returns to work with a little buzz".

Mr. J. keeps a bottle of liquor in his desk for "energy boosters" after a long day.

Rena takes double the physician -prescribed amount of a relaxant to get her through a "tough day".

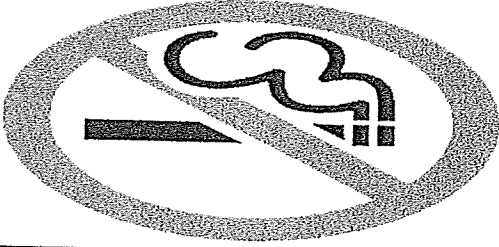
HEALTH, SAFETY, AND THE ENVIRONMENT

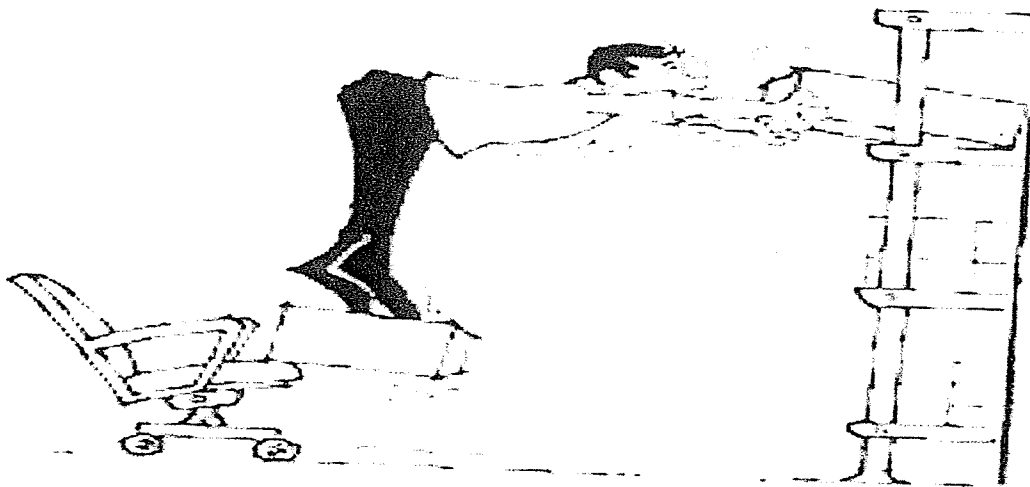


www.thalite.com 312291742

Teamwork Improves



NOTICE	
	This is a smoke-free workplace



Making Workplace Safety a Priority

Having a safe workplace is one of the most important benefits we offer to our employees and their families. We are committed to ensuring a safe working environment for all employees. We do this by following strict safety and health rules and practices, including:

- Prohibiting the possession of weapons and other dangerous devices by CRC Employees, contractors, vendors, and visitors at all times on the company's or ALF property.
- Not tolerating any threats of harm-either direct or indirect-or any conduct that harasses, disrupts, or interferes with another employee's work of performance or creates an intimidating, hostile work environment;
- Rigorously adhering to the established safety procedures, following safety practices and avoiding short cuts;

While compliance with all applicable laws, regulations, and record keeping requirements is mandatory, CRC seeks to exceed the minimum legal standards. It is our intent to avoid all injuries and to be recognized as an industry leader in safety.

Unsafe Behavior Related to Health, Safety, And Environmental Issues Looks Like....

To save money JD provides half the number
Of food service gloves and instructs employees
To rinse, dry and re-use them.

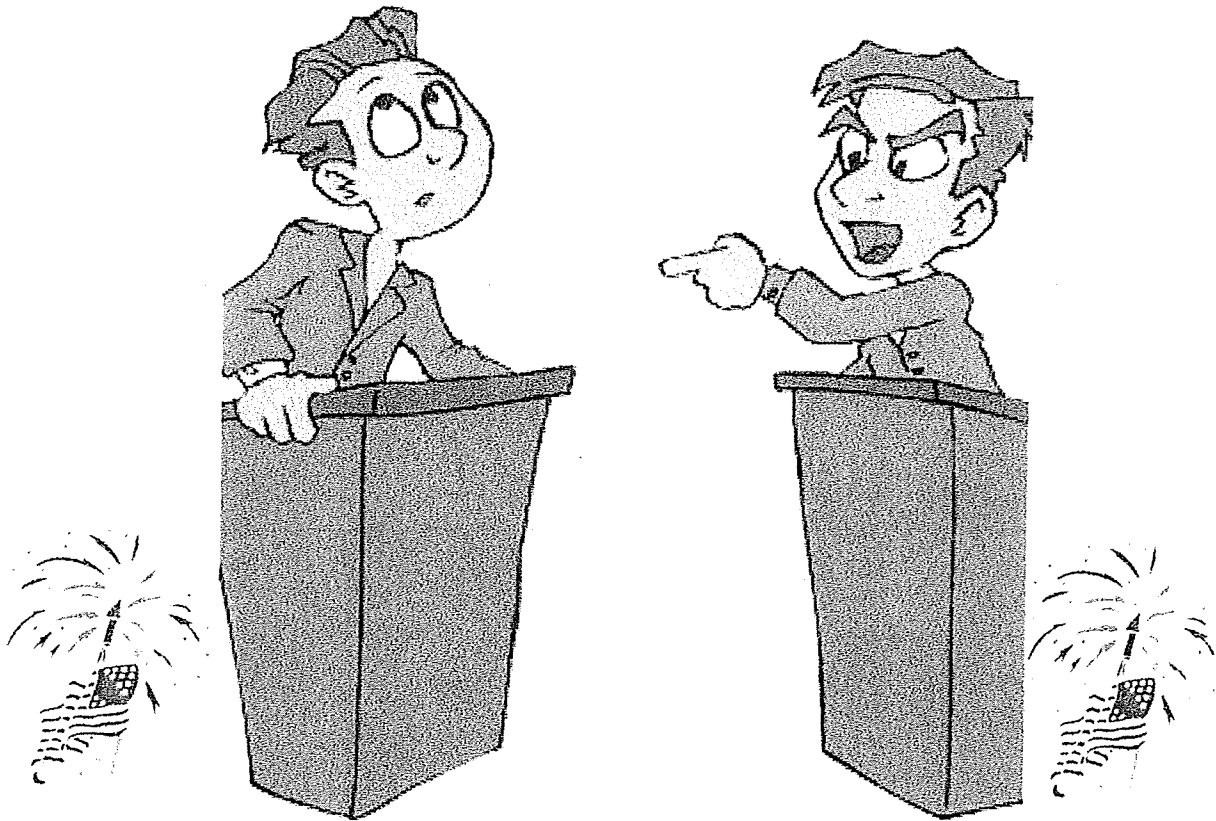
A client is bleeding profusely on his clothing
and on the floors. The client was given a change
of clothing. The Safety Supervisor allows the
person responsible for waste material to dump
the clothing into the local dumpster.

The maintenance supervisor gives orders to an
employed client to clean the bathroom with
bleach, unsupervised. The client gets bleach
in his eyes.

If you become aware of any actual or potential safety or environmental hazard, or if you have a safety concern, immediately notify your supervisor or department director. You may also notify the Safety Manager at Ext. 111 or 118

POLITICAL ACTIVITIES

VOTE FOR ME
A CHICKEN IN EVERY POT



A PERSONAL MATTER

While CRC encourages employees to be informed voters and involve themselves in the political process, that participation is entirely voluntary and must be made on personal time. In addition:

- Employees may not make any contribution of company funds, property, or services to any political candidate, party, or committee without the prior approval of CRC's Executive Director;
- Employee's may not pressure or solicit other employees to make political contributions or participate in support of a political party or candidate;
- Cooperating with or participating in political or economic boycotts is illegal and may be subject to civil and criminal penalties. Employees who wish to participate in or support a boycott must first consult with the Executive Director.
- CRC employees must comply with all national, state, and local laws regulating participation in political affairs. This includes contributions to political parties, national political committees and individual candidates.

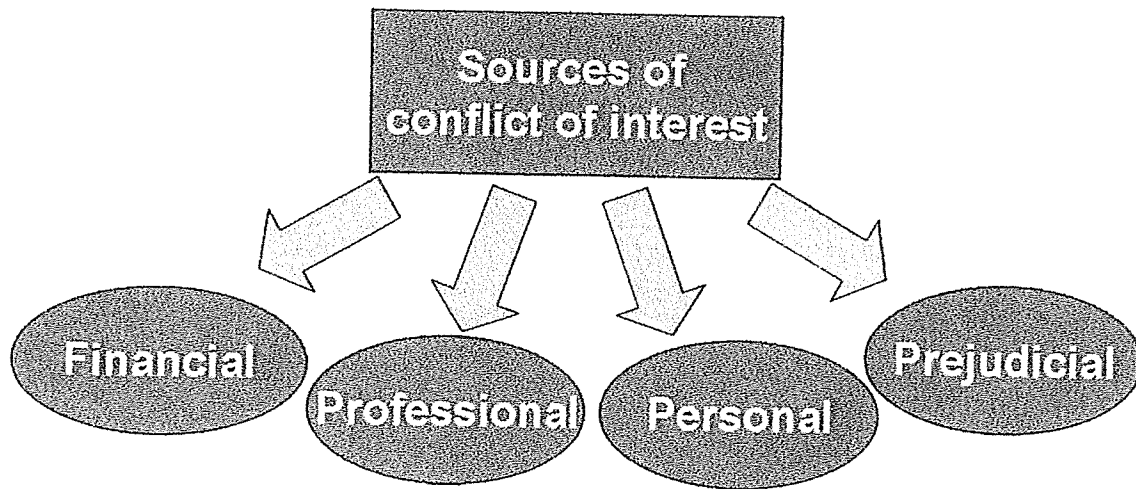
Inappropriate Political Activity in The Workplace Looks Like....

Toby distributes fliers, sponsoring a political candidate running for local council, in the cafeteria at work.

Debbie, a team leader, uses company e-mail to solicit support for his cousin who is running for state representative.

Todd, a supervisor, asks his subordinates for money for his favorite politician's fund-raiser.

CONFLICTS OF Interest



Resolve Your Conflicts

<p>If you're giving feedback in a conflict, use RISC</p> <ul style="list-style-type: none">R - REPORT the facts; stick to the facts (<i>When x happened...</i>)I - State the IMPACT in feeling words (<i>I felt _____ because...</i>)S - SPECIFY what you prefer to see happening (<i>Now I prefer...</i>)C - State the negative and positive CONSEQUENCES (<i>If we can solve this..., but if we can't...</i>)	<p>If you're receiving feedback in a conflict, use PAUSE</p> <ul style="list-style-type: none">P - PARAPHRASE what the other person has said (<i>If I understand correctly, you're saying...</i>)A - ASK questions that begin with what, how, and whenU - USE time to cool down (<i>Thank you for the feedback. I'd like to think about it and get back to you.</i>)SE
---	--

Know Where Your Loyalties Lie

As a CRC employee, you make business decisions every day. It's important that each decision, and any related action, be based on the needs of the company-not for personal interest or relationships.

Every day, each of us works with suppliers, customers, consumers, ALF operators and others who do business with CRC. It is essential that you avoid even the appearance of conflicts of personal interest.

For purposes of this policy, a conflict of interest is any interest that conflicts with the purpose, policies, or operations of your service with CRC. The appearance of a conflict is what a reasonable person might view as a potential conflict. Conflicts apply equally to business relationships and personal activities.

Other Business or Financial Interests

Conflicts of interest don't end when you leave the office. You must manage all business relationships that you may have with your CRC responsibilities in mind. Even outside the office, work to avoid any situations that might lead to a conflict-or the appearance of a conflict- between yourself and your work at CRC.

In addition, if you or an immediate family member has any significant financial interest in a CRC supplier, customer, consultant, or competitor, you must notify your Human Resource Representative. Immediate family members include your spouse/domestic partner, as well as your parents, siblings, children, grandchildren, grandparents, aunts, uncles, nephews, and nieces.

The company will work with you to determine the appropriate course of action.

Involvement in Other Organizations

If you serve as a director, manager supervisor, or consultant with any company that does business with CRC you must notify the Human Resources Representative. If you provide equivalent services as those you provide at CRC for another agency must inform the Human Resources Representative. This policy includes volunteer positions, e.g., positions that are unpaid.

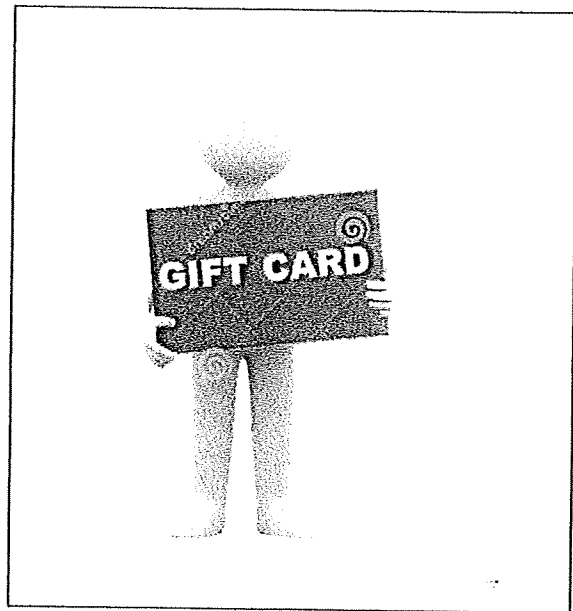
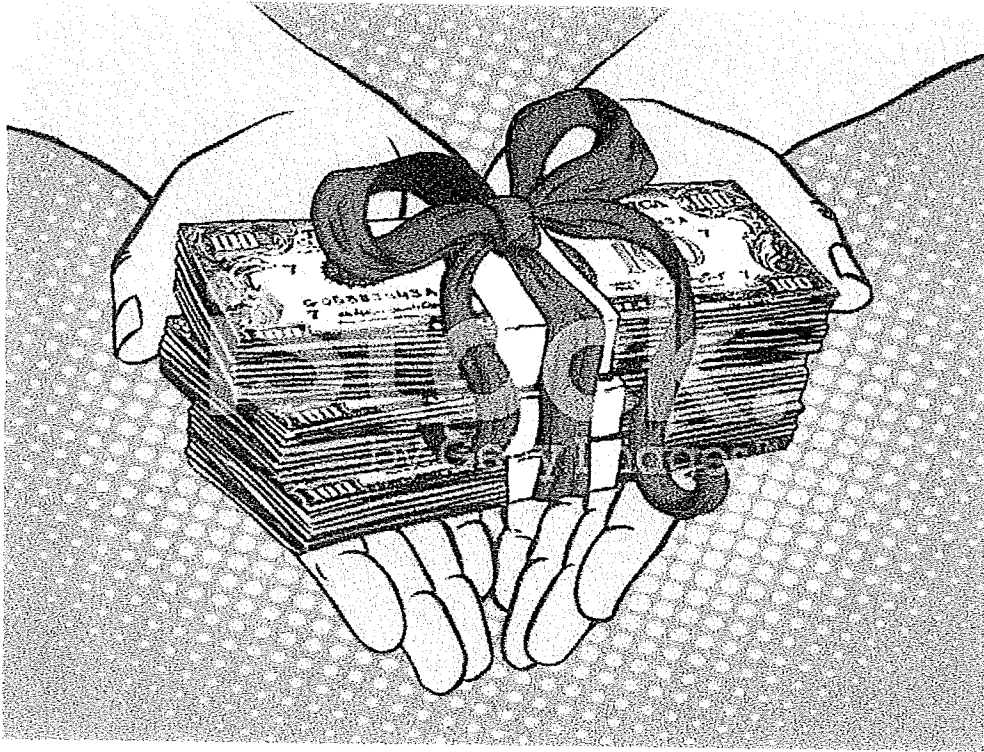
Conflicts of Interest Look Likes...

A Clinical Director is also the Board of Directors Of an agency that provide case management services to CRC consumers. The Director has not made it known to CRC that he is on the other company's board.

Ms. Jackson, fiscal manager whose niece operates an vending machine company. She learns that CRC will be soon choosing a new vending service. Ms. Jackson gives her niece the terms of the best proposal received so far. She then submits a better proposal on behalf of her company.

Lynn made copies of a client's chart on her jump drive. Lynn works for XYZ Agency which is a competitor to CRC. She gave copies of the chart to XYZ Agency.

Gifts



Appropriate Giving and Receiving

It is inadvisable to accept or give any gifts or offers from anyone CRC does business with. If the gift or offer is of significant value, accepting it can create the appearance of a conflict of interest. It could be suggested or interred that the gift-giver might receive favorable preferential treatment- such as purchase orders or better prices, terms, or conditions of sale.

This policy extends to vendors, suppliers, customers, consumers, ALF operators, as well as entities or individuals currently doing or seeking to do business with any CRC entity.

Generally, acceptable gifts re:

- Infrequent and not excessive in value; and
- Small enough so that you or the company are not embarrassed to discuss them.

Never give to or receive a gift from a U.S. or foreign government official.

CRC requires employees to disclose to the Fiscal Manager any business gift, favor or entertainment (other than business meals), given or received, that has a value of more than \$20.00.

Beware of Bribes

While CRC is careful about the companies it does business with, there's always a risk that a business associate may try to "buy your favor"- a nice way of saying bribery. Any bribe or improper payment is prohibited. In addition to cash payments, bribes include:

- Kickbacks or kickback schemes;
- Unexplained rebates; and
- Payments for advertising or other disguised allowances or expenses

Business Relationships

It's important that all relationships with suppliers, customers, and other parties be based on lawful, efficient, and fair business practices. Reasonable business entertainment that is in the best interests of the company is allowed, Such entertainment must always be conducted in an appropriate and lawful manner.

Foreign Corrupt Practices Act

CRC complies with the U. S. Foreign Corrupt Practices Act. Among other things, this act prohibits employees from bribing any public official, government, or other individual – regardless of nationality of local custom- to secure any concession, contact, or favorable treatment for CRC of its employees. Bribes include any kickbacks or other unlawful payments.

Bribes and Inappropriate Gifts Look Like...

A supplier bidding on a contract offers Annette a fee to provide him with the amount of the lowest bid she has received so far.

Fraud



Know How to Identify and Avoid It

Fraud-or the act or intent to cheat, trick, steal, deceive, or lie- is both dishonest and, in most cases, criminal. International acts of fraud are subject to strict disciplinary action, including dismissal and possible civil and / or criminal action.

It's important to understand what fraud can entail, so you can recognize it and avoid mistakes. Some examples include:

- Submitting false expense reports;
- Forging or altering checks;
- Misappropriating assets or misusing company property;
- Unauthorized handling or reporting of transactions;
- Making any entry on company records or financial statements that is not accurate an in accordance with proper accounting standards.
- Writing notes on clients when the client who did not attend counseling sessions.
- Submitting billing invoices on clients who did not attend counseling sessions, and receiving payment for the transaction.

Fraud Look Like....

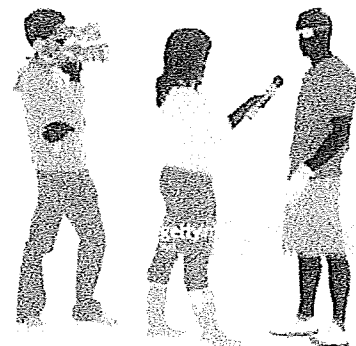
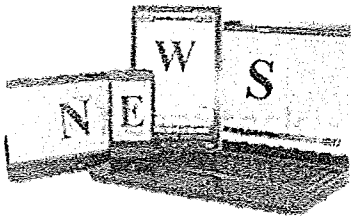
Randy's client signed the sign-in sheet, but did not stay for the counseling session. Randy's progress notes for the client stated the client attended group therapy for that day and a billing invoice was submitted for payment. CRC received payment for this consumer and did not return the payment to the payor.

Gordy loans his employees money from the company, charges them interest, and deposit their repayments into his personal bank account.

A consumer died and the counselor signed the clients name on the sign-in sheet and wrote notes the client, as though the client had attended a group session.

These are just some examples of fraud. If you experience or witness other activities you think may be fraudulent, Notify your Supervisor or the Human Resource representative.

THE MEDIA and FINANCIAL COMMUNITY



Our Reputation Depends on Our Public Appearance

Communication with the news media is an important part of CRC's communications policy. However, as a public company, CRC has certain regulatory and legal obligations regarding how it makes significant event and information available to the public

In general, communications with the news media-including financial press and financial analyst -should be directed to the Executive Director's administrative assistant. Media request for information might include:

- Years end financial reports
- Rumors about acquisition, or other significant business event;
- Spreading rumors about leadership changes
- Questions about audits, policies, criminal activity, employees, consumers, etc.

A Word about Internet Posting and Chat Rooms

In today's electronic age, posting information on Internet bulletin boards or even communicating in the chat rooms (other than internal/company-provided spaces) is the same as "speaking to the media."

Employees should not use these forums to discuss matters or opinions related to the company or any of its industries, or to respond to comments about the company.

If you see a comment or posting of concern, you are encouraged to bring it to the attention of Your department's Supervisor, Director, Human Resources representative or a Quality Assurance representative.

Improper Responses to Requests for Information Looks Like...

Lena, the Fiscal Manager's support clerk, receives a phone call from a reporter who asks, "Is it true that you are about to merge with one of your sister agencies?" Lena replies, "I don't know, but I'll call you back when I know For sure"

A client's mug shot was shown on the local news, as an alleged bank robber. Dana, a counselor, gives an interview with a local television reporter and reveals the name of the consumer, and the consumers diagnosis.

A rumor is being spread about Mr. Reggie, Executive Director. The media is requesting to see Mr. Reggie to ask questions about the matter. The receptionist tells the media the Ex. Director is not in and gives them his home address; his license plate, His cell phone number and a full physical description of Mr. Reggie.

3.0 Internet Usage Policy

3.1 Internet use, on company time, is authorized to conduct company business only. Internet use brings the possibility of breaches to the security of confidential Company information. Internet use also creates the possibility of contamination to our system via viruses or spyware. Spyware slows unauthorized people, outside the company, potential access to Company passwords and other confidential information.

3.2 Removing such programs from the company network requires IT staff to invest time and attention that is better devoted to progress. For this reason, and to assure the use of work time appropriately for work, we ask staff members to limit Internet use.

3.3 Additionally, under no circumstances may company computers or other electronic Equipment be used to obtain, view, or reach any pornographic, or otherwise immoral, unethical, or non-business-related Internet sites. Doing so can lead to disciplinary action up to and including termination of employment.

Community Rehabilitation Center (CRC) Email and Internet Usage Policy

1.0 Purpose

The purpose is to prevent tarnishing the public image of CRC when email goes out from CRC. The general public will tend to view that message as an official policy statement from CRC. This policy covers appropriate use of any email sent from a CRC email address and applies to all employees, vendors, and agents operating on behalf of CRC. To eliminate unwanted Spyware and viruses while accessing the Internet.

2.0 Email Usage Policy

2.1 Prohibited Use. The CRC email system shall not be used for the creation or distribution of any disruptive or offensive messages, including offensive comments about race, gender, hair color, disabilities, age, sexual orientation, pornography, religious beliefs and practice, political beliefs, or national origin. Employees who receive any emails with this content from any CRC employee(s) should report the matter to their supervisor immediately.

2.2 Personal Use

Using a reasonable amount of CRC resources for personal emails is acceptable, but non-work related email shall be saved in a separate folder from work related email. Sending chain letters or joke emails from a CRC email account is prohibited. Mass mailing from CRC shall be approved by CRC Executive Director before sending. These restrictions also apply to the forwarding of mail received by a CRC employee.

2.3 Monitoring

CRC employees shall have no expectation of privacy in anything they store, send or receive on the company's email system. CRC may monitor messages without prior notice. CRC is not obliged to monitor email messages.

2.4 Enforcement

Any employee found to have violated this policy may be subject to disciplinary action, up to and including termination of employment.

2.5 Company Owns Employee Email

Keep in mind that the Company owns any communication sent via email or that is stored on company equipment. Management and other authorized staff have the right to access any material in your email or on your computer at any time. Please do not consider your electronic communication, storage or access to be private if it is created or stored at work.