

CONTRACT

FOR SERVICES UNDER \$50,000

ANY ALTERATIONS OF CONTRACT LANGUAGE WILL RESULT IN REVOCATION OF CITY ATTORNEY APPROVAL.

This Contract is to support clinical quality management activities for the Ryan White and HIV system of care programs and to provide customization and access to the Monitoring Platform proprietary system is entered into by and between Health Access LLC (herein referred to as “Contractor”), and the City of Columbus, Department of Health (herein referred to as “City”).

WITNESSETH

WHEREAS, the City has a need for CQM and administrative needs; and

WHEREAS, the Contractor has the necessary experience and expertise to provide said service; and

NOW, THEREFORE, in consideration of the mutual promises as hereinafter set forth, the parties agree as follows:

ENTIRE AGREEMENT

This Contract sets forth the entire agreement between the parties with respect to the subject matter hereof. Understandings, agreements, representations, or warranties not contained in this Contract, or as written amendment hereto, shall not be binding on either party. Except as provided herein, no alteration of any terms, conditions, delivery, price, quality, or specifications of this Contract shall be binding on either party without the written consent of both parties. This Contract is subject to the Ohio Public Records Act.

1. Contract Term

The term of this Contract shall be from March 1, 2025 to February 28, 2026. This Contract shall not automatically renew.

2. Maximum Obligation

The maximum amount to be paid under any purchase order associated with this Contract shall not exceed \$50,000.00 unless additional funds are appropriated and authorized.

3. Pricing and Scope of Services

The Contractor agrees to perform and invoice the Scope of Services as set forth **ON ATTACHED EXHIBIT A*** and as contained in the bid specifications, which are expressly incorporated herein.

*Contract is NOT valid if the Scope of Services is NOT attached.

No other costs, rates, or fees shall be payable to the Contractor for services performed hereunder. The terms and conditions specified in this Contract constitute the entire contract governing the purchase of services by the City from the Contractor, and shall supersede any terms and conditions which may accompany Contractor’s invoice/bid/estimate. Any and all verbal representations are superseded by this Contract. The terms of this Contract shall prevail over any conflicting or deficient terms or conditions listed in any attachments from Contractor.

4. Equal Opportunity Clause

Contractor agrees to abide by all of the terms, conditions and requirements set forth in Columbus City Code Section 3906.02, Equal Opportunity Clause. Failure or refusal of a Contractor or Subcontractor to comply with the provisions of Title 39 may result in cancellation of this Contract.

5. Taxes

Federal or State taxes are not to be included on invoices for the described services. Contractor will be provided an exemption certificate, if needed.

6. City's Contract Administrator/Contract Administration

Chris Hughes will manage the Contract on behalf of the City and will be the principal point of contact for the City concerning the Contractor's performance under this Contract.

Any notice or demand or other communication required or permitted to be given under this Contract or applicable law shall only be effective if it is in writing, properly addressed, and either delivered in person, or by a recognized courier service, or deposited with the United States Postal Services as first-class certified mail, postage prepaid and return receipt requested, to the parties at the following addresses:

Columbus Public Health: Chris Hughes, 240 Parsons Ave. Columbus OH, 43215

Contractor: Rhonda Stewart, 8163 Old Yankee St, Suite B. Dayton, OH 45458

7. Contractor as an Independent Contractor

The Contractor shall be and shall remain an Independent Contractor with respect to all services performed hereunder and neither Contractor nor its employees shall be considered "public employees" for purposes of OPERS membership. Contractor agrees to and does hereby accept full and exclusive liability for the payment of any and all contributions or taxes for Social Security, unemployment insurance or old age retirement benefits, pensions or annuities now or hereafter imposed under any state or federal law which are measured by the wages, salaries or other remunerations paid to the Contractor or persons employed by the Contractor for work performed under the terms of this Agreement and further agrees to obey all lawful rules and regulations and to meet all lawful requirements which are now, or hereafter may be, issued or promulgated under said respective laws.

Individuals utilizing a personal social security number for tax identification purposes and business entities with four (4) or fewer employees must complete and submit, as Exhibit D, the OPERS independent contractor acknowledgment form. THIS FORM CAN BE FOUND AT WWW.OPERS.ORG

8. Applicable Law, Remedies

This Agreement shall be governed in accordance with the laws of the State of Ohio and the ordinances, statutes and provisions of the Columbus City Code and Charter; specifically including, but not limited to Charter Sections 159 and 161. All claims, counterclaims, disputes and other matters in question between the City, its agents and employees, and the Contractor arising out of or relating to this Agreement or its breach will be decided in a court of competent jurisdiction within the County of Franklin, State of Ohio.

Chapter 377 of the Columbus City Codes is hereby incorporated into the contract and Contractor is required to comply with said chapter. This includes, but is not limited to reporting requirements and the obligation to review the commission list of contractors and subcontractors that received an adverse determination. Penalties for failure to comply with the labor commission include suspension for three years, up to permanent disbarment.

9. Payment/Invoice Submittal

Fees shall be paid for services rendered following: (1) the City's receipt of a correct invoice, which designates the specific applicable charges, and (2) issuance of a certified purchase order. The City will not be subject to any late payment charges. Rates shall be firm during the term of this Contract. The City will process correctly documented invoices for payment and Contractor should receive payment for such invoice within thirty (30) days from receipt and approval by the City.

Invoices: All invoices shall be submitted to the address listed on the Purchase Order.

10. Modifications

No modification, amendment, alteration, addition or waiver of any section or condition of this Contract shall be effective or binding unless it is in writing and signed by an authorized representative of the City and the Contractor and approved by the appropriate City authorities.

11. Contract Termination

If either the City or the Contractor violates any material term or condition of this Contract or fails to fulfill in a timely and proper manner its obligations under this Contract, then the aggrieved party shall give the other party (the “responsible party”) written notice of such failure or violation. The responsible party will correct the violation or failure within thirty (30) calendar days or as otherwise mutually agreed. If the failure or violation is not corrected, this Contract may be terminated immediately by written notice from the aggrieved party. The option to terminate shall be at the sole discretion of the aggrieved party.

When it is in the best interest of the City, the City may terminate this Contract, in whole or in part by providing seven (7) calendar days written notice to the Contractor prior to the effective date of termination. If this Contract is so terminated, the City is liable only for payments required by the terms of this Contract for services received and accepted by the City.

12. Nonexclusive Remedies

The remedies provided for in this Contract shall not be exclusive but are in addition to all other remedies available under the law.

13. Survivorship

All services executed pursuant to the authority of this Contract shall be bound by all of the terms, conditions, prices discounts and rates set forth herein, notwithstanding the expiration of the initial term of this Contract, or any extension thereof. Further, the terms, conditions, and warranties contained in this Contract that by their sense in context are intended to survive this completion of the performance, cancellation or termination of this Contract, shall so survive.

14. Save Harmless/Indemnification

Contractor shall protect, indemnify and save the City harmless from and against any damage, cost, or liability, including reasonable attorneys’ fees, resulting from claims for any or all injuries to persons or damage to property arising from intentional, willful or negligent acts or omissions of Contractor, its officers, employees, agents, or Subcontractors. The City will not indemnify the contractor and is prohibited from doing so.

15. Severability

If any term or condition of this Contract or the application thereof to any person(s) or circumstances is held invalid, such invalidity shall not affect other terms, conditions, or applications which can be given effect without the invalid term, condition, or application; to this end the terms and conditions for the Contract are declared severable.

16. Assignment

This Contract may not be assigned or otherwise transferred to others by the Contractor without the prior written consent of the City. If this Contract is so assigned, it shall inure to the benefit of and be binding

upon any respective successors and assigns (including successive, as well as immediate, successors and assignees) of the Contractor.

17. Authority to Bind

The signatories to this Contract represent that they have the authority to bind themselves and their respective organizations to this Contract.

18. Worker's Compensation

The Contractor shall comply with all Workers' Compensation laws of the State of Ohio. **Proof of coverage shall be attached to this Contract AS EXHIBIT B.**

19. Insurance

Contractor shall carry at least the minimum amounts listed below of Commercial Liability Insurance (Bodily Injury and Property Damage) naming the City as an additional insured. **Contractor must attach a copy of the Certificate of Insurance to this Contract AS EXHIBIT C:**

Bodily Injury Liability:

Each Person	\$500,000
Each Accident	\$1,000,000

Property Damage Liability:

Each Accident	\$500,000
All Accidents	\$1,000,000

20. Campaign Contributions

Contractor hereby certifies the following: that it is familiar with Ohio Revised Code ("O.R.C.") Section 3517.13; that it is in full compliance with Divisions (I) and (J) of that Section; that it is eligible for this contract under the law and will remain in compliance with O.R.C. Section 3517.13 for the duration of this contract and for one year thereafter.

21. City Income Taxes

Contractor hereby further agrees to withhold and pay all city income taxes due or payable under the provisions of Chapter 362, Columbus City Codes, for wages, salaries and commissions paid to its employees and further agrees that any of its subcontractors shall be required to agree to withhold and pay any such city income taxes due under said chapter for services performed under this Contract. If it has been determined by the Columbus Income Tax Division that Contractor, or any of its subcontractors, owes city income taxes, the Contractor agrees that the City may withhold the amount due to the City from any amount due to the Contractor for services performed under this Contract notwithstanding paragraph 9 hereinabove.

IN WITNESS WHEREOF, the parties have executed this Contract as of the day and year written below.

EXHIBITS A, B AND C MUST BE ATTACHED HERETO.

ANY ALTERATIONS OF CONTRACT LANGUAGE WILL RESULT IN REVOCATION OF CITY ATTORNEY APPROVAL.

CITY OF COLUMBUS

DocuSigned by:

MWR by Anita Clark

3/4/2025

5631545F188F46E...

Mysheika W. Roberts, MD, MPH

Date

Health Commissioner, Columbus Public Health

Federal Tax ID Number: 316400223

CONTRACTOR

Rhonda Stewart

March 1, 2025

Signature

Date

Rhonda Stewart, Vice President

Printed Name and Title

Please list remit address below:

Health Access, LLC
8163 Old Yankee St.
Suite B
Dayton, Ohio 45458

Federal ID Number: 84-2259646

EXHIBIT A – SCOPE OF SERVICES

**Ryan White Part A HIV Care: Provision of Core Medical and Support Services
FFY 2025: MARCH 1, 2025 – FEBRUARY 28, 2026**

I. GENERAL DATA

Grant Amount	\$50,000
Grantee/SERVICE PROVIDER	Health Access LLC
CFDA No.	93.940
Grantee FTI Number	84-2259646
Administrative Agency	Health Access LLC
Administrative Contact	Rhonda Stewart
Title	Vice President
Phone No.	(210) 389-1245
Email	rstewart@healthaccess-llc.com
Address	8163 Old Yankee St, Suite B Dayton, OH 45458
Columbus Public Health Dept. Grant Mgr.	Chris Hughes Management Analyst II (614) 645-6052 CMHughes@columbus.gov

II. PROJECT DESCRIPTION

Health Access LLC is to receive funding to support clinical quality management activities for the Ryan White and HIV system of care programs and to provide customization and access to the Monitoring Platform proprietary system. In addition, the City may request technical assistance for various activities beyond the scope of this contract to achieve successful outcomes for CQM and administrative needs or requirements. This award is as follows for each of these activities:

Clinical Quality Management (CQM):	\$41,662.50
Monitoring Platform Proprietary System:	\$6,948.75
Technical Assistance:	\$1,388.75

SCOPE OF SERVICES:

A. ADMINISTRATIVE

Health Access LLC shall:

1. Invoice monthly on organizational letterhead, with the remittance address, and include the Federal Tax ID number on all bills submitted to the City. Invoices should be submitted within fifteen (15) days of services rendered. Supporting documentation must be submitted with each invoice, including time and activity reports for any personnel funded by Ryan White Part A, partially or entirely, according to the approved budget and services completed.
2. Submit all final invoices by March 31, 2026. Invoices received after March 31, 2026, are not guaranteed payment.

3. Provide the City with timely notices of no less than thirty (30) days if it can no longer perform or execute the obligation of the Ryan White Part A HIV Care Program or City Contract.
4. Maintain and furnish, upon request, accurate and complete records and other evidence pertaining to all expenditures incurred for the contracted services utilizing Subrecipient's Record Retention Policy.
5. Perform all services in accordance with the privacy regulations [45 CFR 164.502(e); 164.504(e)] issued pursuant to the Health Insurance Portability and Accountability Act [42 USC 1320-1320d-8] and the terms of the attached Columbus Health Department Privacy Agreement. Adhere to all federal, state and local laws related to HIPAA and not use information that could compromise a client's confidentiality in communications regarding services contained in this contract.
6. Adhere to all federal, state and local laws and policies related to the Ryan White program and be solely responsible for all financial reimbursements, penalties and findings. This includes the Program, Fiscal, and Universal monitoring standards as issued and updated by the HIV/AIDS Bureau of the Health Resources and Services Administration (HRSA). This also includes all elements of the Funding Opportunity Announcement and the Notice of Grant Award, along with all Policy Notices and Program Letters. If the Subrecipient is found to have had unallowable costs, the Subrecipient shall repay the City for all such costs. This includes, but is not limited to, instances of paying unallowable costs or providing services to non-eligible clients.
7. Allow the City or its representative to make periodic monitoring site visits during normal working hours for the purpose of fiscal monitoring, observing the program, reviewing the information submitted in reports, documenting client outcomes and program impacts, and discussing any unforeseen problems or issues. This includes making all staff, documents, and files relevant to the Ryan White Part A program available upon request.
8. If applicable, submit, with the partially executed agreement, a line item budget for each of the service areas included within this contract. This budget shall reflect the budget awarded for this grant period outlined in the contract. All invoices shall reflect, and not exceed, the approved budget.
 - a. Prior approval for modifications is required. If the Subrecipient or the City desires to modify the budget, such action must occur in writing. The Subrecipient request or response shall include a brief justification and the modified budget. The Subrecipient shall contact the City to initiate a modification request and submit revisions to Sean Hubert, Seanh@columbus.gov and Angela Eberhardt, ANEberhardt@columbus.gov.
9. Participate and engage administrative and programmatic leadership staff in conference calls and/or in-person meetings, as requested by the City in a format defined by Columbus Public Health.

B. Clinical Quality Management (CQM)

Description

The purpose of the Ryan White program is to assure viral suppression or otherwise prevent the spread of HIV. The primary performance measure of the Central Ohio Ryan White program is the percentage of participants who achieve viral suppression. Specifically, Title XXVI of the PHS Act RWHAP Parts A – D1 establishes requirements for clinical quality management (CQM). Under the parameters set by HRSA's Policy Clarification Notice 15-02, the Ryan White recipient is required to establish a CQM program to:

- Assess the extent to which HIV health services provided to patients under the grant are consistent with the most recent Public Health Service guidelines (otherwise known as the HHS guidelines) for the treatment of HIV disease and related opportunistic infections.
- Develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.

Health Access LLC shall:

1. Evaluate structure (CQM Plans, work plans, QI projects) and data sets for activity planning with the CQM committee and Part A leadership.
2. Use the HRSA-approved Organizational Assessment (OA) that self-evaluates the current CQM program within eight (8) domains. The OA tool results identify all essential elements associated with a sustainable CQM program and fully align with the HIV/AIDS Bureau (HAB) guidance and PCN 15-02. The results of the OA are used to develop work plans for each element that guide the planning process for CQM.
3. Evaluate the current CQM plan using the HRSA-approved tool to gauge its effectiveness and ensure all components align with PCN 15-02 and legislative requirements.
4. Manage the CQM committee, especially the consumer involvement.
5. Use local data and collaborate with leaders in healthcare in the jurisdictions Health Access LLC serves; the team can provide insight into CQM-informed studies, including specific goals and activities/strategies that have proven successful in other similar healthcare settings (specifically with populations of focus).
6. Support Central Ohio's Ryan White Clinical Quality Management program in developing an efficient and effective process for medical case management, non-medical case management, and/or other supportive services. These services are designed to support achieving the programmatic performance measure of HIV viral suppression.

C. MONITORING PLATFORM PROPRIETARY SYSTEM

Health Access LLC shall:

1. Provide progress reports to the project leaders as mutually agreed upon or no less frequently than every other week of the project period. The progress reports will provide the project leaders with details to ensure that the actions pursued follow the contractual scope of work. The progress report format will be templated and approved by project leaders upon drafts presented after the project launch meeting. This progress report template will be used for the project period.
2. Provide additional access via telephone, virtual platform, or in person (as determined safe to do so) to periodically, or as needed, discuss the project status with the project leaders, including but not limited to the progress of the scope of work.
3. Respect the authenticity of the work to be performed for the City of Columbus and do not share or publish any finding or other data gathered for the development and completion of the project without

expressed written consent by the City of Columbus.

4. Work diligently with project leaders to ensure satisfaction and timelines are met and will continue to strive to work on improvements throughout the engagement.
5. Ensure the platform operates smoothly without issue by providing IT experts available to the City of Columbus via email and/or text for any questions or IT needs.
6. Ensure the platform build will use the most updated customized Fiscal, Programmatic and Universal monitoring tools used by the City of Columbus and provide:
 - Continued use of demographic collection tools for each service category to collect stratified data for use in developing and reviewing quality improvement projects for the program.
 - Continued standardized reports for each service category and by provider for the monitoring engagement year.
 - FY2025 Engagement Year customized HIV Continuum Dashboard reporting.
 - Continued HAB measure reporting by service category.
 - Customized CAP (corrective action plan) reporting structure for FY2025 (if edits are made based on the initial build): this feature allows the Recipient to note by service category specific indicators that are aligned with the program's quality improvement projects and will provide outcomes that fall below the specified target noted by the program.
 - Standardized trend reporting (year over year) by service category, provider, and overall TGA.
 - Continued notes feature by section in each monitoring tool. This tool allows you to include the notes and recommendations in the report function by service category and provider.
 - Continued the FPL Calculator feature to ensure eligibility calculations are performed accurately during the monitoring review period.
 - 7 Licenses: Two (2) Manager users who can create and edit charts for the entire Columbus TGA team, three (3) Contributor users who can create and edit only their charts, and two (2) Reviewer users who can view reports only.
 - At least two design requests that support continued improvement for the monitoring process for the Columbus TGA for the second engagement year build. Design requests can include additional reporting structures.

D. TECHNICAL ASSISTANCE

Health Access LLC shall:

1. Provide additional technical assistance as requested by the City of Columbus in addition to the contract needs and requirements stated above. Technical assistance will be billed hourly, not to exceed the current federal salary cap rate for Executive Level II. Assist can also include providing infrastructure, distribution and administrative support for client activities and incentives.

Additional Requirements

The Subrecipient understands that this contract with Columbus Public Health utilizes Federal grant monies from the HRSA, HAB As such, the Subrecipient agrees to comply with all Federal laws and regulations along with the appropriate requirements of Federal Uniform Grant Guidance. The Subrecipient agrees to provide Columbus Public Health with the Subrecipient's unique entity identifier (UEI) obtained in The System for Award Management (SAM.gov).

During the term of this contract the Subrecipient agrees to allow Columbus Public Health to monitor effectively the Subrecipient's use of these Federal grant monies and to ensure that the Subrecipient's performance goals are being achieved. This monitoring may include special reporting, site visits, regular contact, or other means to provide reasonable assurance that the Subrecipient's administers the Federal award in compliance with laws, regulations, and provisions of the grant agreement and this contract.

Columbus Public Health is required to ensure that subrecipients comply with the audit requirements of the Federal Uniform Grant Guidance. The Subrecipient agrees to assist Columbus Public Health in this effort by providing any needed information as requested and by complying with the audit requirements of the Federal Uniform Grant Guidance.

Attached to the Scope of Services is the Notice of Award. Attachment A.

VENDOR DETERMINATION FORM

Vendor Name: _____

Grant Name and number: _____

Contract Description: _____

Contract Amount: _____ PO number: _____

Section 1 – SUBRECIPIENT (FEDERAL FUNDS ONLY)

Description: A subaward is for the purpose of carrying out a portion of the city's Federal award and creates a Federal assistance relationship between the city and the outside entity. Outside entities that include one or more of these characteristics are responsible for adherence to applicable Federal program requirements specified in the Federal award.

Characteristics which support the classifications of the outside entity as a subrecipient include when the outside entity:

- ☐ **Determines who is eligible to receive what Federal assistance;**
- ☐ **Has its performance measured in relation to whether objectives of a Federal program were met; (example, CPH will rely on subrecipient's data to submit it's own data)**
- ☐ **Has responsibility for programmatic decision making;**
- ☐ **In accordance with its agreement, uses the Federal funds to carry out a program for a public purpose specified in authorizing statute, as opposed to providing goods or services for the benefit of the pass-through entity.**

For profit agency- Use standard contract, under/over 50K (over 50K must be legislated)

Not for profit agency-Use Subrecipient Agreement- Not For Profit Service Contract. Object class: 03/63920. Do not complete page 2.

Section 2 – BENEFICIARY (CARES/ARPA FUNDS) FISCAL MANAGER USE ONLY

Description: A benefit is granted for purpose of maintaining standard operations and may be used for operating costs including personnel, supplies, equipment, rent, etc. Characteristics indicative of a beneficiary relationship between the city and an outside entity are when the outside entity:

- ☐ **Is facing reduced revenues and difficulty maintaining standard operations;**
- ☐ **Requires assistance for operating costs including payroll, rent, supplies, etc;**
- ☐ **Provides goods or services that are ancillary to the operation of the Federal program.**
- ☐ **Is receiving funding from the American Recovery Plan Act**

Section 3 – CONTRACTOR

Description: A contract is for purpose of obtaining goods and services for the city's own use and creates a procurement relationship with the outside entity. Characteristics indicative of a procurement relationship between the city and an outside entity are when the outside entity:

- ☐ **Provides the goods and services within normal business operations; providing a service NOT provided by the city agency**
- ☐ **Provides similar goods or services to many different purchasers;**
- ☐ **Normally operates in a competitive environment;**
- ☐ **Provides goods or services that are ancillary to the operation of the Federal program.**

For profit- Use standard service contract, under/over 50K (over 50K must be legislated)

Not for profit agency- Go to page 2 to determine template to use

FINAL DETERMINATION:

- ☐ **SUBRECIPIENT** ☐ **BENEFICIARY** ☐ **CONTRACTOR**

NOT FOR PROFIT AGENCIES

Section 1 – GRANT AGREEMENT

Description: When financial assistance to a non-for-profit that provides general operating support to accomplish a particular **public purpose**. Characteristics which support the classifications of the outside entity as a grant agreement include when the outside entity:

- ☐ **The recipient is planning on doing the work anyway;**
- ☐ **The amount of funding is determined by the City, typically in a response to a request;**
- ☐ **Agreements that include advance payments**
- ☐ **Providing funds for the purpose of distributing all or a portion of funds to residents in the forms of stipends, incentives, vouchers or other direct payments.**

All Not-For-Profit agreements **over \$5,000 must be legislated** and must use the Grant Agreement Template.

insurance/workers comp not required. Use Object Class 05 / 65026 (funds must be appropriated there)

Section 2 – NOT FOR PROFIT SERVICE CONTRACT

Description: Agreement for the delivery of services to the public, which are NOT currently preformed or provided by an existing city agency. Characteristics indicative of a procurement relationship between the city and an outside entity are when the outside entity:

- ☐ **Obligation from the not for profit to provide a service or product to the public;**
- ☐ **Work that is being done is provided solely on the result of being paid;**
- ☐ **Funding is calculated off of fair market;**
- ☐ **Organization will submit detailed invoices for services/products rendered.**

Not for profit service contracts use the not-for-profit standard services contract. Over \$50K has to be legislated. Under \$50K does not have to be legislated. Insurance and Workers Comp are required. Use Object class 03/63920

FINAL DETERMINATION:

☐ Grant Agreement over \$5k ☐ Grant Agreement under \$5k ☐ Not-for-profit Service contract

Explanation of Determination if not clearly made by the criteria above:

FUNDING SOURCE OF CONTRACT

- ☐ CPH General fund
- ☐ Grant funded- State, private or local
- ☐ Grant funded- Federal -Query of findings from sam.gov and ohioauditor.gov attached



Employee Signature

Date

Supervisor Signature

Date



HEALTH ACCESS LLC

Unique Entity ID Z8CEGKSQM4T3	CAGE / NCAGE 9ESK1	Purpose of Registration All Awards
Registration Status Active Registration	Expiration Date Jun 19, 2025	
Physical Address 8163 Old Yankee ST STE B Dayton, Ohio 45458-1801 United States	Mailing Address 8163 Old Yankee ST STE B Dayton, Ohio 45458 United States	

Business Information

Doing Business as (blank)	Division Name (blank)	Division Number (blank)
Congressional District Ohio 10	State / Country of Incorporation Ohio / United States	URL (blank)

Registration Dates

Activation Date Jun 23, 2024	Submission Date Jun 19, 2024	Initial Registration Date Nov 29, 2022
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Entity Dates

Entity Start Date Jun 28, 2019	Fiscal Year End Close Date Dec 31
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Immediate Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Highest Level Owner

CAGE (blank)	Legal Business Name (blank)
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Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

Proceedings Questions

Registrants in the System for Award Management (SAM.gov) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2. C.F.R. 200 Appendix XII. Their responses are displayed in the responsibility/qualification section of SAM.gov. Maintaining an active registration in SAM.gov demonstrates the registrant responded to the proceedings questions.

Exclusion Summary

Active Exclusions Records?

No

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

Entity Types

Business Types

Entity Structure Corporate Entity (Not Tax Exempt)	Entity Type Business or Organization	Organization Factors Subchapter S Corporation
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Profit Structure

For Profit Organization

Feb 28, 2025 07:59:23 PM GMT
<https://sam.gov/entity/Z8CEGKSQM4T3/coreData?status=null>

Socio-Economic Types


Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Financial Information


Accepts Credit Card Payments	Debt Subject To Offset
No	No
EFT Indicator	CAGE Code
0000	9ESK1

Points of Contact

Electronic Business

 Rhonda Stewart, Vice President	8163 Old Yankee ST, Suite B Dayton, Ohio 45458 United States
--	--

Government Business

 Rhonda Stewart, Vice President	8163 Old Yankee ST, Suite B Dayton, Ohio 45458 United States
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Service Classifications

NAICS Codes

Primary	NAICS Codes	NAICS Title
Yes	541618	Other Management Consulting Services

Disaster Response

This entity does not appear in the disaster response registry.

Keith Faber
Ohio Auditor

Certified Search for Unresolved Findings for Recovery



Office of Auditor of State
88 East Broad Street
Post Office Box 1140
Columbus, OH 43216-1140

Auditor of State - Unresolved Findings for Recovery Certified Search

(614) 466-4514
(800) 282-0370

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Name: ,
Organization: **Health Access LLC**
Date: **2/28/2025 2:58:07 PM**

This search produced the following list of 4 possible matches:

Name/Organization	Address
Rhea, Monica	1049 Walton Ave.
Rhea, Shalan	
Rhea Academy Community School	
Rhea-Byrd, Rhonda	

The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes an organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awarded a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/03/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER BRS Insurance Agency 536 W. Loveland Ave Loveland OH 45140 INSURED Health Access LLC 8163 Old Yankee St Suite B Dayton OH 45458	CONTACT NAME: Carey Bush PHONE (A/C, No, Ext): (513)683-0777 E-MAIL ADDRESS: cbush@brsinsurance.com FAX (A/C, No): (513)683-6777 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Erie Insurance Exchange</td> <td>26271</td> </tr> <tr> <td>INSURER B : Hiscox Insurance Company Inc</td> <td>10200</td> </tr> <tr> <td>INSURER C : At-Bay Insurance</td> <td>19607</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Erie Insurance Exchange	26271	INSURER B : Hiscox Insurance Company Inc	10200	INSURER C : At-Bay Insurance	19607	INSURER D :		INSURER E :		INSURER F :	
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COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		Q61-0360143	02/02/2025	02/02/2026	EACH OCCURRENCE \$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000						
	MED EXP (Any one person) \$ 10,000						
	PERSONAL & ADV INJURY \$ 2,000,000						
							GENERAL AGGREGATE \$ 4,000,000
							PRODUCTS - COMP/OP AGG \$ 4,000,000
							\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		Q61-0360143	02/02/2025	02/02/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
							\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A	Q61-0360143 OH Stop GAP	02/02/2025	02/02/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	E.L. EACH ACCIDENT \$ \$500,000						
	E.L. DISEASE - EA EMPLOYEE \$ \$500,000						
	E.L. DISEASE - POLICY LIMIT \$ \$500,000						
B	Professional Liability			MPL4353624	01/20/2025	01/20/2026	Each Claim \$1,000,000 Aggregate \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Columbus Public Health is listed as Additional Insured with respects to Commercial General Liability policy.

Policy # Q61-0360143 provides Data Breach liability coverage of \$1,000,000

Policy # 6613993 Cyber Liability - At-Bay Insurance Services - eff 10/25/2024-10/25/2025 - aggregate limit \$2,000,000 - additional insured & wavier of subrogation status included.

CERTIFICATE HOLDER**CANCELLATION**

City of Columbus Public Health
 Attn: Chris Hughes
 240 Parsons Ave
 Columbus OH 43215

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Kristin Musselman

Fax:

Email:

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ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

Entity#: 4352828
Filing Type: DOMESTIC LIMITED LIABILITY COMPANY
Original Filing Date: 06/28/2019
Location: ---
Business Name: HEALTH ACCESS, LLC

Status: Active
Exp. Date: -

Agent/Registrant Information

CH&K AGENT SERVICE, INC.
1 SOUTH MAIN STREET, SUITE 1300
DAYTON OH 45402
06/28/2019
Active

Filings

Filing Type	Date of Filing	Document ID
OHIO LLC - ARTICLES OF ORGANIZATION	06/28/2019	201917900640

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that this is a list of all records approved on this business entity and in the custody of the Secretary of State.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th of March, A.D. 2025

Ohio Secretary of State

A handwritten signature in blue ink, reading "Frank LaRose".