

Patient Care Contract Administrative Guidelines FY 2011-2012

TABLE OF CONTENTS

Section 1. Introduction

A. Purpose of Guidelines	1
B. Roles and Responsibilities: Bureau of HIV/AIDS	1
C. Roles and Responsibilities: Lead Fiscal Agencies	2
D. Roles and Responsibilities: County Health Departments as Lead Fiscal Agencies	3
E. Lead Agency Policies	3
F. Conflict of Interest	4
G. Ryan White Part B Care Consortia	4
H. Payer of Last Resort	5
I. Program References	5

Section 2. Contract Requirements

A. Eligibility for Services	1
B. Advances	1
C. Subcontractors	2
D. Medical and Non-Medical Case Management	3
1. Programmatic Information	3
2. Definitions	4
E. Required Performance Measures	5
F. Fee for Service	6

Section 3. Contract Budget

A. Budget	1
B. Unallowable Services or Costs	1
C. Budget Categories	2
D. Allowable Funded Services	2
1. HRSA's HIV-Related Service Categories	2
2. General Revenue Patient Care Network	3
E. Core and Support Service Categories	3
F. Health Insurance	4
G. Subcontract Budgets	4
H. Section A: Administration Costs Budget	4
1. Narrative	4
2. Positions	5
3. Fringe Benefits	5
4. Staffing	5
5. Travel	5
6. Office Expenses	6
7. Equipment	6

I.	Section B: Direct Care Costs	6
1.	Expenses Not Allowed	7
2.	Budget Narrative for Case Management Services	7
J.	Section C: Clinical Quality Management Budget	8
K.	Section D: Percentage of Funds for Women, Infants, Children and Youth	9
L.	Budget Revisions	9
 Section 4. Contract Monitoring		
A.	Monitoring Lead Agencies	1
B.	Monitoring of Subcontracted Providers	2
C.	HRSA Monitoring Standards	2
D.	HRSA Universal Standards	2
I.	Access to Care	2
II.	Eligibility Determination/Screening	4
III.	Anti-Kickback Statute	6
IV.	Provider Accountability	7
V.	Reporting	9
VI.	Monitoring	10
E.	HRSA Fiscal Monitoring Standards	12
I.	Limitation on Uses of Part B and PCN Funding	12
II.	Unallowable Costs	13
III.	Income from Fees for Services Performed	16
IV.	Imposition and Assessment of client Charges	19
V.	Financial Management	21
VI.	Property Standards	24
VII.	Cost Principles	26
VIII.	Auditing Requirements	28
IX.	Fiscal Procedures	30
X.	Unobligated Balances	33
F.	HRSA Programmatic Monitoring Standards	34
I.	Allowable Uses of Part B and PCN Service Funds	34
II.	Core Medical-Related Services	34
1.	Outpatient and Ambulatory Care	34
2.	Laboratory Tests	35
3.	Local AIDS Pharmaceutical Assistance Program (LPAP)	36
4.	Oral Health Care	37
5.	Early Intervention Services (EIS)	38
6.	Home Health Care	40
7.	Home and Community-based Health Services	41
8.	Hospice Care	42
9.	Mental Health Services	43
10.	Medical Nutrition Therapy	44
11.	Medical Case Management Services	45
12.	Substance Abuse Treatment Services – Outpatient	47
III.	Support Services	49
1.	Case Management (Non-medical)	49
2.	Child Care Services	50
3.	Emergency Financial Assistance	52
4.	Food Bank/Home-delivered Meals	53

6. Health Education/Risk Reduction	54
7. Housing Services	55
8. Legal Services	56
9. Linguistic Services	57
10. Medical Transportation Services	58
11. Outreach Services	59
12. Psychosocial Support	60
13. Referral for Health Care/Support Services	61
14. Rehabilitation Services	63
15. Respite Care	64
16. Substance Abuse Treatment – Residential	65
17. Treatment Adherence Counseling	66
IV. Quality Management	67
V. Other Service Requirements	68
VI. Prohibition on Certain Activities	69
VII. Data Reporting Requirements	70
VIII. Consortia	71
G. Selected References	75

Section 5. Reporting and Contact Information

A. Reporting Requirements	1
B. AIMS Reporting Requirements, HIV/AIDS Patient Care Resources Programs	1
C. Contact Information	3

Appendices

- A. Florida Department of Health, Bureau of HIV/AIDS Administered Programs
- B. Glossary of Terms and Acronyms
- C. Administrative Assessment
- D. HAB HIV Core Clinical Performance Measures
- E. Performance Measure Submission Form
- F. Requirements Regarding Imposition of Charges for Services
- G. Ryan White Program Services Definitions
- H. Units of Service – Definitions
- I. HIV/AIDS Eligibility File Review Form