

## SECTION 1. INTRODUCTION

The Florida Department of Health, Bureau of HIV/AIDS administers a variety of HIV/AIDS patient care programs. Some of these programs include, but are not limited to, the following:

- Ryan White Part B
- Emerging Communities
- Patient Care Networks
- General Revenue
- Housing Opportunities for Persons With AIDS (HOPWA)
- AIDS Insurance Continuation Program (AICP)
- AIDS Drug Assistance Program (ADAP)

A brief explanation of each of these programs is found in Appendix A.

A glossary of terms and acronyms used in this guidance is included as Appendix B.

### **A. Purpose of the Guidelines**

These guidelines are written for both contract managers and the lead fiscal agencies. For contract managers, the guidelines describe their roles and responsibilities and provide assistance in developing lead agency contracts and the monitoring of those contracts. For lead fiscal agencies, the guidelines describe their roles and responsibilities, the provisions of the lead agency contract, the requirements of subcontracts and the monitoring of subcontractors.

The guidelines apply to both Ryan White Part B (Part B) and General Revenue Patient Care Network (PCN) contracts.

**We strongly advise contract managers to become familiar with the contents of these guidelines and to review their contents with contracted providers at the time of the contract negotiations.** A copy of these guidelines should be given to the lead agency during negotiations.

### **B. Roles and Responsibilities: Bureau of HIV/AIDS**

The Florida Department of Health (Department) is the grantee for Florida's federally funded Ryan White Part B Program. The Patient Care Resources Section, Bureau of HIV/AIDS, is responsible for the management of this statewide program. As the grantee, the Department allocates funding statewide to each of Florida's 14 Ryan White Part B HIV care consortia geographical areas. The Department enters into contracts with lead fiscal agencies to provide services to the HIV-infected community in compliance with Part B program requirements.

Similarly, the Patient Care Resources Section, Bureau of HIV/AIDS, contracts with lead fiscal agencies to administer Patient Care Network programs. There are seven PCNs in Florida. PCNs follow the same

guidelines as the Part B programs; however, certain services that are not funded under Part B programs can be provided with PCN funds (see Section 3.D., Allowable Funded Services).

The following represent some of the Department's roles and responsibilities as grantee:

- Ensure the health and well-being of Floridians by providing access to HIV patient care and support services
- Coordinate statewide policy and procedures
- Prepare and submit to the Health Resources and Services Administration (HRSA) the statewide Part B grant application
- Act as fiscal administrator of all Part B and PCN funds
- Ensure compliance with all Part B and PCN requirements
- Ensure Part B and PCN are payers of last resort
- Prepare and review the Part B and PCN contracts
- Ensure match of state funds
- Ensure consortia conduct needs assessments, prepare service plans and coordinate service provisions
- Respond to all federal and state programmatic and reporting requirements
- Monitor and audit activities of consortia, emerging communities, lead agencies and primary contractors
- Facilitate statewide meetings
- Provide technical assistance

### **C. Roles and Responsibilities: Lead Fiscal Agencies**

The Part B and Patient Care Network lead fiscal agencies play an essential role in providing patient care and support services to the HIV/AIDS population. The majority of Florida's Part B and PCN lead agencies are private, community-based organizations. They are responsible for administrative and fiscal reporting and other Part B and PCN-related duties as specified in the contracts.

All lead agencies act as the fiscal conduit and data coordinator for the contracted providers within their area. The Department enters into contractual agreements with lead agency organizations that may subcontract with other service providers. The roles and responsibilities of lead fiscal agencies include, but are not limited to:

- Sign the primary Part B and PCN contracts with the state
- Develop and execute subcontracts
- Act as fiscal administrator of Part B and PCN funds
- Process invoices from subcontractors
- Reimburse subcontractors
- Submit program and financial reports to the state
- Ensure client satisfaction surveys are conducted and reviewed
- Provide technical assistance to subcontractors
- Monitor and audit subcontractors
- Facilitate the provider selection process
- Develop and ensure emergency procedures in preparation for disasters
- Administer needs assessments as required
- Develop with the consortia the local comprehensive plans (Part B only)

- Provide administrative support to the consortia (Part B only)
- Support the local planning body in the development of the Comprehensive Plan (Part B only)
- Maintain consortia files (Part B only)
- Ensure technical assistance resource materials are available to consortia members (Part B only)
- Organize consortia mailings (Part B only)

#### **D. Roles and Responsibilities: County Health Departments as the Lead Fiscal Agencies**

In some areas of the state, the county health department serves as the lead fiscal agency. As the lead agency, the county health department assumes administrative, fiscal and other responsibilities for their area. For these county health departments, the bureau puts the funding on Schedule C and includes an instruction letter stating the requirements for using the funds. The county health departments prepare and submit Part B and/or PCN budgets using the budget narrative and the budget summary formats provided as part of the contract templates. This budget is subject to programmatic and administrative review. County health departments serving as lead fiscal agencies are subject to the same programmatic and monitoring requirements as other lead agencies. The Community Program Coordinator for the consortium area serves as the monitor for the Schedule C requirements.

County health departments serving as lead fiscal agencies are required to maintain and submit, upon request, back-up documentation for all expenditures charged to either Part B or PCN as reported in AIMS. Community Programs staff will access reports from statewide databases whenever possible before making such a request.

#### **E. Lead Agency Policies**

According to the enacting legislation and the Code of Federal Regulations, lead agencies and providers receiving Part B funding should have the following written policies in place. In Florida, these requirements apply to PCNs as well. (See Section 4, "Contract Monitoring.")

- Establish eligibility and clinical policies to ensure that providers do not:
  - Permit denial of services due to pre-existing conditions
  - Permit denial of HIV services due to non-HIV-related conditions (primary care)
  - Provide any other barrier to care due to a person's past or present health condition
- Establish policies and procedures that provide, by referral or vouchers, transportation if facility is not accessible to public transportation
- Code of Ethics or Standards of Conduct
- Bylaws and Board policies
- Personnel policies:
  - Have policies and staff training on the requirement that Part B and PCN are the payers of last resort and how that requirement is met
  - Include in personnel manual and employee orientation information on regulations regarding lobbying with federal funds
  - Have policies that discourage: the hiring of persons with a felony criminal record; the hiring of persons being investigated by Medicare or Medicaid; and large signing bonuses
  - Have adequate policies and procedures to discourage soliciting cash or in-kind payments for: awarding agreements, including contracts; referring clients; purchasing goods or services; and/or submitting fraudulent billings

- Policies that discourage the use of two charge masters, one for self-pay clients and a higher one for insurance companies
- Purchasing policies that discourage kickbacks and referral bonuses
- Have a Conflict of Interest policy
- Develop fiscal, programmatic and general policies and procedures that include compliance with federal, Part B and PCN fiscal and programmatic requirements
- Develop and consistently implement of policies and procedures that establish uniform administrative requirements governing the monitoring of agreements, including actions to be taken when corrective action plan issues are not resolved in a timely manner
- Have in place policies that forbid the use of Part B and PCN funds for cash payments to service recipients
- Establish and consistently implement billing and collection, purchasing and procurement and accounts payable and accounting policies and procedures
- Establish policies and procedures that acknowledge the revisionary interest of the federal government over property improved or purchased with federal dollars
- Have in place policies and procedures to determine allowable and reasonable costs
- Have in place financial policies and procedures that guide selection of an auditor
- Establish policies and procedures for handling Part B and PCN revenues including program income
- Have in place policies and procedures that allow the grantee as funding agency prompt and full access to financial, program and management records and documents as needed for program and fiscal monitoring and oversight

## **F. Conflict of Interest**

Some lead fiscal agencies provide direct HIV patient care services. In this case, the agency must be particularly cognizant of the potential for conflicts of interest or the perception of such conflicts as they operate in their respective geographical areas. The Department requires the lead fiscal agency to establish and implement procedures to avoid conflicts of interest in the procurement and contract management process as well as the planning processes of the consortium.

## **G. Ryan White Part B Care Consortia**

According to HRSA, a Ryan White Part B care consortium is an association of one or more public, and one or more nonprofit private, (or private for-profit providers or organizations if such entities are the only available providers of quality HIV care in the area) health care and support service providers and community-based organizations...

Consortia act in an advisory capacity to the state for the purpose of planning and prioritizing the use of Part B funds; provide a forum for the infected and affected communities, providers and others; and facilitate the provision of coordinated, comprehensive health and support services to people infected and affected by HIV/AIDS. A consortium must include people living with HIV/AIDS.

The responsibilities of HIV care consortia generally fall under the following categories:

- Priority Setting
- Comprehensive Planning
- Coordination

- Service Delivery
- Capacity Development

The responsibilities of the consortia include, but are not limited to, the following:

- Participate in the needs assessment process
- Develop and recruit members to ensure an effective planning body
- Develop service priority funding recommendations
- Participate in the development of the comprehensive plan
- Promote coordination and integration of community resources
- Evaluate the effectiveness of the consortium

## **H. Payer of Last Resort**

Funds may not be used to provide items or services that have already been paid, or can reasonably be expected to be paid, by third party payers, including Medicaid, Medicare, other state or local entitlement programs, prepaid health plans or private insurance. It is therefore incumbent upon providers to ensure that eligible individuals are expeditiously enrolled in Medicaid and that Part B funds are not used to pay for any Medicaid-covered services for Medicaid enrollees. It is also important to ensure that providers pursue Medicaid and other third party payment when covered services are provided to beneficiaries of other programs. For example, if an applicant is eligible for Medicaid, the provider should retroactively bill Medicaid for Part B services provided during the time in which eligibility was being determined.

In areas where other HIV/AIDS funding is available, such as PCN and HOPWA, Part B does not require that each of these funding sources be exhausted prior to accessing Part B. Payment for eligible services should be coordinated across these funding streams. Technical assistance regarding payer of last resort issues is available from each area's HIV/AIDS Program Coordinator and contract manager.

## **I. Program References**

Listed below are Internet links to resource materials:

- Bureau of HIV/AIDS (State of Florida): [http://www.doh.state.fl.us/disease\\_ctrl/aids/index.html](http://www.doh.state.fl.us/disease_ctrl/aids/index.html)
- HIV/AIDS Bureau (Federal): <http://hab.hrsa.gov/>
- HRSA Program Policy Notices: <http://hab.hrsa.gov/manageyourgrant/policiesletters.html>
- HRSA Monitoring Standards: <http://hab.hrsa.gov/manageyourgrant/granteebasics.html>
- Ryan White HIV/AIDS Treatment Extension Act of 2009:  
<http://www.gpo.gov/fdsys/pkg/PLAW-111publ87/html/PLAW-111publ87.htm>
- Ryan White Programs (i.e. Parts A, B, C,...): <http://hab.hrsa.gov/abouthab/aboutprogram.html>
- Federal Ryan White Reporting Requirements:  
<http://hab.hrsa.gov/manageyourgrant/reportingrequirements.html>
- Bureau of HIV/AIDS Program Notices:  
[http://www.doh.state.fl.us/Disease\\_ctrl/aids/care/Program\\_notices.html](http://www.doh.state.fl.us/Disease_ctrl/aids/care/Program_notices.html)
- Florida Administrative Code 64D-4  
<https://www.flrules.org/gateway/ChapterHome.asp?Chapter=64D-4>

Please direct questions regarding the programmatic development of the Part B or PCN contract to your local contract manager. See Section 5 of this guidance for Community Programs staff contact information.