

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 Drug Assistance Program (ADAP)
- AIDS Insurance Continuation Program (AICP)

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 Ryan White Part B Program requirements.

Similarly, the Patient Care Resources Section, Bureau of HIV/AIDS, contracts with lead fiscal agencies to administer General Revenue 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.C, Allowable Funded Services).

The following represent a few 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 HRSA the statewide Part B grant application
- Act as fiscal administrator of all Part B funds
- Ensure compliance with all Part B requirements
- Ensure Part B is payer 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 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 Ryan White Part B and General Revenue 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 Patient Care Network 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. A summary of the roles and responsibilities of the lead fiscal agencies as designated in the Department's contracts includes:

- Sign the primary Ryan White Part B and Patient Care Network 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)
- 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: Department of Health as the Lead Fiscal Agent

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 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 the 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.

E. 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.

F. 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

G. Eligibility for Services

All clients receiving services from Ryan White Part B, General Revenue Patient Care Network or other Bureau of HIV/AIDS administered programs must be determined eligible based on Chapter 64D-4, Florida Administrative Code.

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 General Revenue Patient Care Network 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
- HIV/AIDS Bureau (Federal): <http://hab.hrsa.gov/>
- HRSA Program Policy Notices: <http://hab.hrsa.gov/law.htm>
- Ryan White HIV/AIDS Treatment Extension Act of 2009: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_public_laws&docid=f:publ087.111.pdf
- Ryan White Programs (i.e. Parts A, B, C,...): <http://hab.hrsa.gov/aboutus.htm>
- Ryan White Resource Materials: <http://hab.hrsa.gov/tools.htm>
- Bureau of HIV/AIDS Program Notices: http://www.doh.state.fl.us/Disease_ctrl/aids/care/Program_notices.html

Please direct questions regarding the programmatic development of the Part B or General Revenue Patient Care Network contract to your local contract manager. See Section 4 for Community Programs staff contact information.