

Patient Care Contract Administrative Guidelines

June 1, 2010 Revision

What's New

- 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. (Throughout the *Guidance*, references to county health departments serving as lead agencies have been updated accordingly.) (*Section 1, D., page 3*)
- 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 (*Section 1, I., page 4*)
- The first advance request should be dated the same date as the beginning date of the contract. For example, the first Part B advance request should be dated April 1, 2010. (*Section 2, A., page 2*)
- References to “Outcome/Output Measures” have been deleted. However, “HRSA’s HIV/AIDS Core Clinical Performance Measures” remain unchanged. (*Section 2, E., page 5*)

Budget revisions to patient care contracts do not require a contract amendment. However, the providers must report all budget revisions using the contract Attachment 3 (Attachment 1 for county health departments serving as lead agencies) and complete the columns labeled FY 2010-2011 Increase/Decrease and FY 2010-2011-Revised Allocation. In addition, the provider must submit a narrative justifying the reason for the increase or decrease. The Department of Health contract manager will approve and sign the revised budget and justification narrative. If funds are being moved from a core service to a support service, the contract manager must send the budget revision to the Community Programs Coordinator for review prior to approval. If funds are being moved from one core service to another or from a support service to a core service, Community Programs review prior to approval is not required.

Revisions that will increase/decrease Direct Services categories may be requested. Requests may also be made to move unexpended funds from the Administrative and Clinical Quality Management categories

into the Direct Services category only and may not be used to increase Administrative or Clinical Quality Management costs.

Once a revision is reviewed and approved, the contract manager will place the revised contract Attachment 3 (Attachment 1 for county health departments serving as lead agencies) and the justification narrative in the contract file and on the shared drive and send a copy to the following entities by email:

- Disbursements (individual analyst)
 - Reporting and Information Systems Unit via AIMS
 - Community Programs Coordinator (*Section 3, K., page 8*)
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- Monthly invoices for Part B and PCN contracts are not to be processed unless all reporting requirements have been met for the month. (*Section 4, A., page 1*)

 - Please review “Contact Information” in Section 4, page 4, for recent updates.