

Purpose: This document is a guide and does not take the place of contract language. This guide is meant to summarize and display items to facilitate invoice preparation using automation and reports.

Required Deliverables

Task 1. B1a1. Ensure all employees that are responsible for determining a client's eligibility to receive Ryan White Services completes Eligibility Training per Chapter 64D-4, Florida Administrative Code. Provide proof of completion of the training to the Lead Agency prior to determining a new Client's eligibility to receive Ryan White Services.

Required: Proof of Eligibility Training Completion, for all employees and subcontractors that are responsible for determining a client's eligibility.

➤ Due: Within 8 calendar days following the end of each month being reported.

Registering as a new user in the FL RW Portal

1. Complete a CAREWare Access Request Form (CARF) for the new staff person.
2. Submit CARF to Yasmin.Andre@hfuw.org with a copy to Evan.Cochuyt@hfuw.org for Provider Administrator approval along with the following information:
 - a. Name:
 - b. Email:
 - c. Domain: [Agency Name as assigned in CAREWare]
 - d. Needs Eligibility Training: Yes or No
 - e. Describe the need for user access (as applicable): New case management staff in Area 7 who will conduct client eligibility.
3. Access to the FL RW Portal will be requested from HIVAppSupport@flhealth.gov by providing the CARF, the user's name, email address, county the user will serve, and phone number.
4. A ticket number will be generated for the request and the user will receive a welcome email with further instructions for logging onto the Ryan White Portal.
5. Once access is obtained, user will log into the portal at <https://rwces.floridahealth.gov/> using their e-mail login and password.

Registering for the Ryan White Patient Care Eligibility Training:

1. Visit: https://www.seaetc.com/event/?ER_ID=88670 and click the blue Register button below the Florida Health logo.
2. If you have an SE AETC user account, you will be prompted to login to your SE AETC account. If you do not have a SE AETC user account, you will need to create one to access the course content.
3. Once you are logged in and registered for the course, check your "dashboard" for the event details. Located there will be instructions listed below:
4. Watch a recording of the training module.
5. Access the training post-test survey.
6. Obtain at least an 80% to pass the post-test. You will be able to retake the exam in the event you cannot obtain at least an 80% on your first attempt.
7. Please print or save your certificate before proceeding, as you will not be able to access the certificate at a later date.

For questions or issues regarding the course, please contact aetc@medicine.ufl.edu for further assistance.



Task 2. B1a2. Verify each Client’s eligibility to receive Ryan White Services per Chapter 64D-4, Florida Administrative Code. Maintain or update client eligibility status as required per Chapter 64D-4 and enter the client’s eligibility status into CAREWare. Submit documentation that includes each client’s eligibility determination to the Lead Agency.

Required: Client Services and Eligibility Report

1. Log into CAREWare Azure and click on “Reports” in menu
2. Click “Custom Reports”
3. Select “Client Services and Eligibility [Provider Name]”
4. Click “Run Report”
5. Click “Edit Parameters” to edit fields and click “Save”
6. Click “Open in New Tab” to retrieve report

➤ Due: Within 8 calendar days following the end of each month being reported.

Client Services and Eligibility

Data Scope:

Report Start Date: 05/01/2023

Report End Date: 05/31/2023

| <u>URN:</u> | <u>Srv Category:</u> | <u>Srv Short Name:</u> | <u>Is RW Eligible In Span:</u> |
|-------------|---|--|--------------------------------|
| | Oral Health Care | OHC99 - ORAL HEALTH CARE; UNSPECIFIED | Yes |
| | Referral for Health Care and Support Services | REF07 - AMBULATORY/OUTPATIENT MEDICAL SPECIALTY REFERRAL | Yes |
| | Oral Health Care | OHC99 - ORAL HEALTH CARE; UNSPECIFIED | Yes |
| | Medical Transportation Services | MTR99 - MEDICAL TRANSPORTATION; UNSPECIFIED | Yes |
| | Referral for Health Care and Support Services | REF99 - REFERRAL SERVICE UNSPECIFIED | Yes |
| | Referral for Health Care and Support Services | REF99 - REFERRAL SERVICE UNSPECIFIED | Yes |
| | AIDS Pharmaceutical Assistance | APA99 - LOCAL AIDS DRUG ASSISTANCE UNSPECIFIED | Yes |
| | Referral for Health Care and Support Services | Medication (LPAP) Referral | Yes |
| | Referral for Health Care and Support Services | REF99 - REFERRAL SERVICE UNSPECIFIED | Yes |
| | Oral Health Care | OHC99 - ORAL HEALTH CARE; UNSPECIFIED | Yes |

Task 3. B1a3. Ensure each Client is eligible to receive Ryan White Services prior to receiving services. Create a brief summary verifying that all clients receiving Ryan White services were eligible to receive Services.

Required: Statement signed by person signing the invoice, “This statement confirms that all clients who received services this month were eligible to receive services at the time of service.”

Note: This statement is already included in the most current Expenditure Report template.

➤ Due: Within 8 calendar days following the end of each month being reported.

Task 4. B1a4. Providing (cost-reimbursement proof of) Ryan White Services in the Service Area.

Required: Monthly Expenditure Report available on [Part B Resource Hub](#)

Required: Financial Report displaying unduplicated # clients and # units of service by category and funding source.

1. Log into CAREWare Azure and click on “Reports” in menu
2. Click “Financial Reports”
3. Select “Funding Source Filter” and check the box for Part B or General Revenue
4. Click save and enter begin and end dates. Select “Run ”
5. Click “PDF” to retrieve report

Required: Custom Reports by service category containing the following fields: Client URN, Srv Date, Srv Short Name, Srv Qty, Employee Name, PO# (as applicable), and Other Custom Fields as applicable by category.

1. Log into CAREWare Azure and click on “Reports” in menu
2. Click “Custom Reports”
3. Select the appropriate report by service category (ie. Part B Outpatient Ambulatory Health Services)
4. Click ‘Run Report’ and enter begin and end dates.
5. Click “PDF” to retrieve report

Due: Within 8 calendar days following the end of each month being reported.

Task 5. B1a5. Provide case management services as defined in the Florida Ryan White Part B Patient Care Program Administrative Guidelines for each Eligible Client and maintain a minimum case load of 60 Eligible Clients per full-time equivalent (FTE) Case Manager. Ensure each Case Manager working less than full-time maintains a prorated case load based on a minimum of 60 Eligible Clients multiplied by the percentage of time allocated for case management responsibilities. The case load of each case manager can include a combination of eligible clients receiving core medical services or support services. Document the caseload in a monthly case management report identifying each case manager, the proportion of FTE for the case manager, and the number of clients assigned to the case manager.

Required: Case Management Case Load Report

Manual report in MS Word (example below)

| Case Manager Caseload for Ryan White Part B & General Revenue Program | | | |
|--|--------------|-------------------------|--------------------------|
| Contracts: CODTZ & CODUJ | | | |
| Provider: [Name] | | | |
| Month: | | | |
| Case Manager | FTE % | Eligible Clients | Note |
| Supervisor | 1.0 | 221 | Oversees caseload |
| Case Manager Smith | 1.0 | 65 | |
| Case Manager Diaz | 0.5 | 32 | |
| Case Manager Jones | 0.25 | 17 | |
| Case Manager Bush | 1.0 | 107 | |
| Total | 3.75 | 221 | |

Task 6. B1a6. Prepare a CQM Plan and ensure the CQM Plan includes the following components: infrastructure, priorities, performance measures, quality improvement activities, action plan with a timeline, and responsible parties.

Required: Submit the CQM Plan to the Lead Agency for review and approval. Implement the approved CQM Plan after Lead Agency approval.

- Due: Submit within 30 calendar days of execution of this contract and implement within 60 days of Lead Agency approval.

Task 7. B1a7. Generate, analyze, and submit a report of CQM activities and performance measures each quarter.

Required: Quarterly CQM Report available on [Part B Resource Hub](#)

- Due: Within 30 calendar days following the end of each quarter.

Task 8. B1a8. Identify an annual quality improvement project based on the performance measures in the approved CQM Plan. Complete the A3 Report Systematic Problem-solving Template (Attachment VIII) to document continuous-improvement approach. Submit the completed A3 Report Systematic Problem-solving Template (Attachment VIII) to the Lead Agency no later than 60 calendar days before the end of the contract term

Required: [A3 Report Systematic Problem-Solving Template \(Attachment VIII\)](#)

- Due: No later than 60 days before the end of the contract term.

Task 9. B1a9. Enter the Client Level Data elements listed below into CAREWare for each Eligible Client that receives Patient Care Services (excluding Eligible Clients that received Test and Treat services) each month.

- a) Notice of eligibility or recertification of eligibility;
- b) Client ID Number;
- c) Core Medical Services or Support Services that each Eligible Client is receiving;
- d) Full legal name;
- e) Date of birth;
- f) Gender;
- g) Sex at birth;
- h) Ethnicity;
- i) Race;
- j) Full address including city, state, zip code, and county;
- k) HIV status;
- l) HIV diagnosis date;
- m) AIDS diagnosis date (if applicable);
- n) HIV risk factors;
- o) Vital Status;
- p) For Eligible Clients who receive outpatient ambulatory health services, include the following:
 - (1) Health coverage;

- (2) Housing status;
- (3) Federal poverty level and income;
- (4) CD4 counts with dates;
- (5) Viral Load counts with dates;
- (6) Prescribed antiretroviral therapy;
- (7) HIV risk reduction screening or counseling; and
- (8) Pregnancy status (if applicable).

Required: Data elements must be entered into CAREWare as specified.

Required: Submit the Missing Data Elements Report

1. Log into the [HIVAIDS Enterprise Report Portal](#)
2. Click on CAREWare on menu bar
3. Locate the Missing Data Elements Report New report
4. Click on View/Run
5. Enter report end and start dates
6. Click OK to generate report, and print

➤ Due: Within 8 calendar days following the end of each month being reported.

Task 10. B1a10. Collect the following expenditure data for clients receiving core medical and support services under this contract.

- a) Units of core medical and support services provided;
- b) Number of Eligible Clients served with totals;
- c) The total amount of funds spent during the month reported; and
- d) Year to date amount spent during the contract year.

Required: Monthly Expenditure Report available on [Part B Resource Hub](#)

➤ Due: Within 8 calendar days following the end of each month being reported.

Task 11. B1a11. Prepare a monthly invoice and submit a completed copy of the Monthly Expenditure Report to the Lead Agency.

Required: Monthly Expenditure Report available on [Part B Resource Hub](#)

➤ Due: Within 8 calendar days following the end of each month being reported.

See Invoice Requirements (Attachment I: C.3.a-d) of the contract.

Task 12. B1a12. Prepare a monthly narrative documenting the status of the program, current expenditures, personnel, problems, challenges, Corrective Action, client grievances, and client impact.

Required: Provider Monthly Narrative available on [Part B Resource Hub](#)

➤ Due: Within 8 calendar days following the end of each month being reported.

Task 13. B1a13. Finalize, upload, and submit the Client Level Data in the HRSA EHB for the annual RSR. Submit the confirmation email generated by the EHB.

Required: Finalized report due in the EHB in March.

1. Refer to TargetHiv.org for the most current RSR manual with instructions:
<https://targethiv.org/library/rsr-manual>
 2. Print the EHB submission confirmation submit according to the schedule.
- Due: Providers must submit preliminary RSR reports in the EHB by February 15 of each reporting year, or as scheduled by the HIV Section.

Task 14. B1a14. Generate, analyze, and submit an RSR Validation Report and an RSR Client Report Viewer each quarter through CAREWare for all Core Medical and Support Services. Complete a Quarterly RSR report.

Required:

1. RSR Validation Report
 - a) Log into CAREWare Azure
 - b) Click on "Reports" in menu bar
 - c) Click on "HRSA Reports"
 - d) Click on "RSR Validation Report"
 - e) Click "Edit" to edit fields
 - f) Enter reporting "Year"
 - g) Check "Apply Filter," if applicable
 - h) Click "Save"
 - i) Click "Run" to obtain report
2. RSR Client Report Viewer
 - a) Log into CAREWare Azure
 - b) Click on "Reports" in menu bar
 - c) Click on "HRSA Reports"
 - d) Click on "RSR Client Report"
 - e) Click "Edit" in menu bar to edit fields
 - f) Enter reporting "Year"
 - g) Check "Apply Filter," if applicable
 - h) Click "Save"
 - i) Click "Run" to obtain report
 - j) Click "Download RSR File"
 - k) Do not open file at this time but-make note of this file name and location to access it
 - l) Click "Back"
 - m) Select "RSR Viewer"
 - n) Choose the report file you just downloaded and noted; if needed, enter the Provider Name for the report you ran
 - o) Click "View RSR File"
 - p) Print or Export
3. Quarterly RSR Report available on [Part B Resource Hub](#)

- Due: Submit the RSR data electronically to the Lead Agency within 8 calendar days following the end of each quarter.

Task 15. B1a15. Respond to the Lead Agency request for annual monitoring. Prepare and make available to the Lead Agency all programmatic and fiscal documentation required to conduct on-site and desk-reviews for the monitoring process. The Lead Agency will monitor the provider for contractual compliance once annually or as deemed necessary by the Bureau of HIV/AIDS.

The monitoring will include, at a minimum, a review of client files, monthly reports, and physical security of the database and corresponding paper files. If the Provider fails to meet established standards and goals, a follow-up review will be conducted within sixty (60) calendar days of the initial monitoring.

If corrective action is necessary as a result of the initial on-site monitoring and the follow up monitoring visit by the Lead Agency, failure to correct deficiencies within forty-five (45) calendar days of notification by the Lead Agency to the provider shall result in termination of contract.

- a) The following HRSA monitoring standards may be used as a resource:
 1. The National Monitoring Standards for Ryan White Part A and Part B Grantees: Universal Part A and B, available at: <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/2023-rwhap-nms-part-b.pdf>;
 2. National Monitoring Standards for Ryan White B Grantees: Fiscal Part B, available at <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/2023-rwhap-nms-part-b.pdf>; and
 3. National Monitoring Standards for Ryan White Part B Grantees: Program – Part B, available at <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/2023-rwhap-nms-part-b.pdf>

Required: Confirmation of Lead Agency request for annual monitoring.

Lead Agency Supporting Documentation: Annual Monitoring Report & Corrective Action Plan.

Task 16. B1a16. Provider, its employees, subcontractors, and agents must comply with the requirements of the Department’s Data Security and Confidentiality requirements (Attachment V) throughout the contract term

Required: [Data Security and Confidentiality Agreement](#)

- Due: Ongoing compliance.

Task 17. B1a17. Provider will send a representative to the monthly Executive Committee meeting or the monthly Planning Council Business Meeting for the Central Florida HIV Planning Council (CFHPC). Prior notification to the Lead Agency is required for providers who wish to be excused for scheduling conflicts.

Required: Representation at required Planning Council meetings or documentation of excusal on file for the month being reported.

Schedule of meetings: <http://centralfloridahivpc.com/calendar/>.

Lead Agency Supporting Documentation: Sign-in sheet and meeting minutes (HFUW indicates if no meeting).

Task 18. B1a18. Provider shall participate in system-wide planning and evaluation activities conducted by the Central Florida HIV Planning Council including, but not limited to assessments of: Provider Capacity & Capability, Client Needs, Customer Satisfaction, and other special studies as recommended.

Required: Participation in annual planning and evaluation activities as outlined by the Consortia.

Lead Agency Supporting Documentation: Confirmation of provider participation by Lead Agency staff via meeting minutes, attendance sheets, survey responses, etc.

Task 19. B1a19. Providers shall attend Quarterly Provider Meetings as scheduled. Prior notification to the Lead Agency is required for providers who wish to be excused for scheduling conflicts.

Required: Representation at Quarterly Provider Meetings or documentation of excusal on file for the month being reported.

Lead Agency Supporting Documentation: Sign-in sheet and meeting minutes (indicate if no meeting).

Task 20. B1a20. Comply with the most recent version of the Florida Ryan White Part B Patient Administrative Guidelines, The Florida HIV/AIDS Patient Care Eligibility Procedures Manual, Case Management Operation Guidelines, Ryan White HIV/AIDS Program Services Report Instruction Manual, Orlando Service Area RWHAP Service Standards, and the Ryan White HIV/AIDS Program Part B Manual throughout the contract term.

Required: Complete and submit the [Acknowledgement Form \(Attachment VII\)](#) to the Lead Agency.

➤ Due: Within 30 calendar days after execution of this contract and renewal.

Task 21. B1a21. Enter all services being provided to eligible clients using program income into CAREWare each month.

Required: Submit the CAREWare generated Service Detail Report to the Lead Agency.

1. Log into CAREWare Azure

2. Click on “Reports” in menu bar
3. Click on “Client Data Reports”
4. Click on “Service Detail Report”
5. Enter “Start Date” and “End Date” of the report
6. Check “Apply Custom Filter”
7. Click on “Edit Filter”
8. Click on “Add”
9. In Report Fields, search ‘Srv Funding’ (enter)
10. Double click on the field name ‘Srv Funding’
11. In “Criterion Details,” type in ‘Part B’ or ‘General Revenue’, and click “Save”
12. Click “Back” to get to the Service Detail Report screen.
13. Apply Custom Filter, and click “PDF”
14. Click “Multiple Client Service Detail Report”; the field Contract will indicate services provided under Program Income.
15. Print and save as PDF

➤ Due: Within 8 calendar days following the end each quarter.

Task 22. B1a22. Create a schedule of planned local holidays observed during the contract term and submit it to the Lead Agency.

Required: Schedule of planned local holidays (example below).

➤ Due: Within 30 calendar days of execution of this contract and with each subsequent renewal.

| 2024 Holidays | Date Observed |
|-----------------------------|----------------------|
| New Year’s Day | January 1 |
| Martin Luther King, Jr. Day | January 15 |
| Memorial Day | May 27 |
| Juneteenth | June 19 |
| Independence Day | July 4 |
| Labor Day | September 2 |