

Summary of Changes

2010-2011 Ryan White Part A Policy and Procedures

The following items summarize major changes to the 2010-2011 policy and procedures. This summary does not include grammatical changes, or language simplification. Providers are encouraged to read the manual and pay particular attention to the Contract Policies, Eligibility Section and Service Specific polices related to the areas that the agency provides.

Section 1: Contract Policies

- 10 day billing extension reduced to 5 days
- Bills are due on the due date instead of at 5:00
- All billing submissions will be completed electronically
- Variance reports will be due quarterly instead of monthly
- Removing monthly narrative report
- Consolidated the Cover Page- no more cover page revision form
- Added to Administrative Policies:
 - Grant award
 - Task Orders
 - Conditions of Award
 - Program Budget and Work Statement

Section 2: Service Specific Policies

- Added bullet that all providers must meet the standards of care for the service category as defined by the Ryan White Planning Council
- Outreach-
 - Ryan White Part A Eligibility no longer required for case finding. Eligibility is required for follow up
 - Street Outreach, Follow up and Case Finding forms should continue to be completed, but not submitted with monthly billings
- FAP –
 - Revised to reflect the remaining category “Health Insurance Premium and Cost Sharing” Any information not reflected within Health Insurance Premium and Cost Sharing has been removed
 - No longer need to submit applications in monthly bills

Section 3: Eligibility

- HIV documentation for new clients (beginning in 2010) requires a lab test. In cases where a physician’s note is collected, an accompanying lab test must be collected within 60 days
- Procedural items related to CAREWare data entry have been relocated to the CAREWare manual
- 30 Calendar days to get Release of Information, grievance, rights and responsibilities collected

Section 4: CAREWare

- CAREWare manual has been updated
 - New screenshots
 - Sections aligned with flow of the CW tabs
 - Integrates CE procedures
 - Newly integrated areas include:
 - Grouping the RDR and CWR
 - Billing data entry
 - Clinical data entry (for primary medical care providers only)
 - Forms usage
 - CW User Agreement permission definitions
 - Contact information for various CAREWare/VPN issues

Section 5: Grievance Policies

- No change

Section 6: Appendix

- Condition of Award – Licensing, providers will be asked for their Medicaid #, as applicable
- Primary Medical Care Providers may choose between participating in Planning Council Standards of Care and HAB measures or submit a HIVQual report
- Removed federal poverty level document, this item can be found online

Other:

- Billing section integrated into Billing forms in the appendix and contracts policy.
- 2010-2011 Variance Report coming soon!