

User Manual AIDS Information Management System

Florida Department of Health HIV/AIDS Section Patient Care Program This page is intentionally left blank.

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Section 1- Introduction

1.1 What is AIMS?

The AIDS Information Management System (AIMS 2.1) is a budget allocation and expenditures monitoring and reporting system that provides a method for the Florida Department of Health (DOH) HIV/AIDS program to collect and report expenditure data electronically to meet federal grant requirements.

Private providers and County Health Department(s) use AIMS to track funds and services funded by Ryan White Part B (Part B), Emerging Communities (EC), General Revenue, Patient Care Network (PCN), and Housing Opportunities for Persons with AIDS (HOPWA). Please refer to the Community Programs Administrative Guidelines¹ for further information on reporting requirements.

The purpose of this manual is to demonstrate system functions pertaining to Contractor, Contract Manager and Sub-Contractor users. For any questions about using AIMS, please call the Help Desk at 1-850-245-4744 and provide a detailed explanation about the issue.

1.2 Reporting Requirements

All HIV/AIDS Patient Care contracted providers and county health departments (CHDs) are required to adhere to reporting requirements as defined by the state and federal governments and any subsequent changes to these requirements enacted during the program year.

Monthly invoices for Part B, HOPWA² and Patient Care Network contracts are not to be processed for payment unless all reporting requirements have been met for the month. If a lead agency becomes aware that they will not be able to meet the reporting deadline, they must request an extension by emailing reporting program staff and giving the reason for the delay. Further information about reporting requirements can be found in the Community Programs Administrative Guidelines¹.

¹ The Administrative Guidelines are available at the following link - <u>http://www.floridahealth.gov/diseases-and-conditions/aids/patient-care/_documents/administrative-guidelines/Administrative_Guidelines_2017-2018_FINAL.pdf</u>.

² Housing Opportunities for Persons with AIDS

1.3 General Notes and Instructions

- 1. Users will only be able to view/access contracts and information for their area.
- 2. Fields marked with a red asterisk (*) require data entry.
- 3. AIMS does not have grammar or spell check for open text fields.
- 4. For all boxes that require a check, or to use the drop-down lists, point the mouse at the box or arrow and click.
- 5. Data entered on all screens will need to be saved or submitted prior to moving to a new screen.
- 6. All reports can be printed and/or exported to PDF, Excel or Word files.
- 7. Users should update contact information by editing their profile when something changes.
- Passwords must contain at least ten (10) characters, including an upper and lowercase letter, a number, and a special character. These rules are as per the DOH Information Security and Privacy Policy³.
- 9. The User account will be locked after three failed password attempts. Password must be reset using the Forgot Password feature.

³ DOHP 50-10.2-19 (1)(B)(4)(b)(1) - <u>http://www.floridahealth.gov/diseases-and-conditions/aids/patient-</u> care/ documents/dohp-50-10-16-complete.pdf

Section 2- Access to AIMS

AIMS "New User" training is generally hosted on the second Tuesday of every month. After attending a training, a user may request an Access Authorization Request form from the AIMS Administrator at <u>AIMS20Support@flhealth.gov</u>. Once the form is completed and signed by their supervisor, it should be returned via email to the AIMS Administrator. The request will then be verified and processed by designated HIV/AIDS Section staff and a new User ID and a temporary password will be generated. The User will receive an email notification with the User ID (as shown below) and the password will be provided by the AIMS Administrator over the phone.

Dear John Doe,
Your UserID has been created at AIMS 2.0 Portal.
https://flhiv.doh.state.fl.us/AIMS2.0/Default.aspx
Your Username is : JohnD
You will receive your password from AIMS Administrator
If you have any question please contact Eunice Sawaya @ Eunice.Sawaya@flhealth.gov or (850) 901-6950
Regards, AIMS Administrator

Additional assistance with the registration process is available by contacting the HIV Help Desk at 1-850-245-4744.

2.1 Logging into AIMS

Users can access the AIMS Application using the following link: <u>https://flhiv.doh.state.fl.us/aims2.0/</u>. Below is the screenshot for AIMS login screen.



To log in to the system, follow the steps described below:

- a) For an existing User of the AIMS Application
 - i. Enter your **User ID** in the field provided.
 - ii. Enter your **Password** in the field provided.
 - iii. Click the Login Here button.
 - iv. You will be logged into the AIMS Application and the application will redirect you to the <u>Homepage</u>.

Login - AIMS 2.1 APPLIC	ATION
User ID :	
	Enter your User ID
Password :	Enter your Password
	Login Here — III.
	Forgot Password

- c) For a New User of the AIMS Application
 - i. Enter your **User ID** in the field provided.
 - ii. Enter your **Password** in the field (as provided by the AIMS Administrator).
 - iii. Click the Login Here button.
 - iv. You will be redirected to the **Change Password to Login** screen as shown below.

Existing Password	:	* i
New Password	:	* — ii
Confirm Password	:	* ← …
In case you forget your ID or pa	ssword	
Security Question	:	What is the name of your best friend from childhood? 🔻 🚽 🛶 İ
Answer	:	* 🚽 🛶 V
Note: Password must contain atleas Password must contain a upp Password must contain a lowe Password must contain a num Password must contain a spec	er case letter. r case letter. ber.	

- v. To change the password, follow the below steps:
 - 1. Enter your **Existing Password** (as provided by the AIMS Administrator).
 - 2. Enter your New Password.
 - 3. Enter Confirm Password (same as New Password).
 - 4. Select a **Security Question** that is easy to remember and hard for others to figure out.
 - 5. Enter an **Answer** for the Security Question.
 - 6. Click Re-login with New Password.
 - 7. Follow steps as mentioned in 2.1(a).

Password requirements:

- 1. Password must contain at least 10 characters.
- 2. Password must contain an upper-case letter.
- 3. Password must contain a lower-case letter.
- 4. Password must contain a number.
- 5. Password must contain a special character.
- 6. Password cannot be any of your last 3 passwords.

2.1.1 Login Help

Click on the ? icon (located on the top right corner of the screen) for information on login functionality.



Clicking on this icon will redirect you to the screen displaying information on the User ID, Password, Login Here and Forgot Password functionality.

Login Page

- <u>User ID</u> Enter the User ID.
- <u>Password</u>
 Enter the Password.
- Login Here By clicking on this button, you can login to the portal.

Three times entering of the wrong password your account will be locked.

If role is not assigned or if the account is locked contact Administrator.

• Forgot Password?

If you forgot your password you can click on this link.

2.1.2 Contact/Support Information

Click on the *(c)* icon in the top right corner of the login page.



The support and contact information will be displayed.



Thursday, July 12, 2018

Support

Physical Addresses

Department of Health Feedback 4025 Esplanade Way Floor: 03 Tallahassee, FL 32399-1733 Phone: (850) 922-7599 Fax: (850) 414-6719

Mailing Addresses

AIMS20Support@flhealth.gov 4052 Bald Cypress Way, Bin # A09 Tallahassee, FL 32399 -1701

For any questions or comments please contact <u>AIMS20Support@flhealth.gov.</u>

2.2 Logout of AIMS

To log out of the AIMS Application, the user can click on the Logout tab located

- a) In the top right corner of the homepage, or
- b) In the bottom left section.



2.3 Forgot Password

The user can change their account password, if forgotten, by clicking on the **Forgot Password** link from the AIMS Login page.

a) On the login page click on the **Forgot Password**. The User will be redirected to the Forgot Password Screen.

CATION	
	*
Enter your User ID	*
Enter your Password	1
Forgot Password (a)	
	Enter your User ID Enter your Password Login Here

- b) On the Forgot Password screen enter all the required fields:
 - 1. Username (User ID)
 - 2. Email Address
 - 3. Password Recovery Question
 - 4. Password Recovery Answer
 - 5. **CAPTCHA⁴ code** as seen in the red box (this code is case-sensitive)
 - 6. If the code in the red box is unreadable, click on the on the one to get a new code.
- c) Click the **Submit** button to complete the password request.

Forgot Password

Username	:	JohnD * 1
Enter Email	:	johm.doe@mail.com * 🗲 — 2
Password Recovery Question	:	What is the name of your best friend from childhood?
Password Recovery Answer	:	······ * 4
Enter Below Code :	:	N5txaL 5
c)		N5txaL 🧔 🗲 6
Submit Cancel		

⁴ Completely Automated Public Turing test to tell Computers and Humans Apart

- e) The system will send out an email to the provided email address with a temporary code as shown below and on the same Forgot Password screen, the User will have the option to enter the Temporary Code and New Password.
 - 1. Enter the Temporary Code as received in the email.
 - 2. Enter a New Password.
 - 3. Enter the New Password again to Confirm.
 - 4. Click Submit

Your temporary code has been sent to your email. Please check your email. Enter Temporary Code : Enter New Password : Confirm New Password : Note: Password must contain atleast 10 characters. Password must contain a upper case letter. Password must contain a lower case letter.	Dear JohnD,									
Please note that the temporary code expires in 15 minutes. Regards, AIMS Administrator Forgot Password Your temporary code has been sent to your email. Please check your email. Enter Temporary Code : RsFr2Hh&Tv1 Enter New Password :3 Note: Password must contain atleast 10 characters. Password must contain a upper case letter. Password must contain a lower case letter.	Your Temporary code is RsFr2Hh&Tv									
Regards, AIMS Administrator Forgot Password Your temporary code has been sent to your email. Please check your email. Enter Temporary Code : Enter Temporary Code : Enter New Password : Confirm New Password : Note: Password must contain atleast 10 characters. Password must contain a upper case letter.	Please use this temporary code to change your password.									
AIMS Administrator Forgot Password Your temporary code has been sent to your email. Please check your email. Enter Temporary Code : RsFr2Hh&Tv 1 Enter New Password :	Please note that the temporary co	de expires	in 15 minutes.							
Your temporary code has been sent to your email. Please check your email. Enter Temporary Code : Enter New Password : Confirm New Password : Note: Password must contain atleast 10 characters. Password must contain a upper case letter. Password must contain a lower case letter.										
Enter New Password :	-									
Confirm New Password :	Enter Temporary Code	:	RsFr2Hh&Tv							
Note: Password must contain atleast 10 characters. Password must contain a upper case letter. Password must contain a lower case letter.	Enter New Password	:	2							
Password must contain a upper case letter. Password must contain a lower case letter.	Confirm New Password	:								
Password must contain a number. Password must contain a special character.	Password must contain a upper case letter. Password must contain a lower case letter. Password must contain a number. Password must contain a special character.									

f) The password will be updated successfully and the User can now log in to the AIMS system using the new password.

Note:

- 1. The System will not allow the use of last 3 passwords when creating a new password.
- 2. The temporary code is valid for only 15 minutes.

2.4 Homepage

After a successful login, the user will be redirected to the AIMS Homepage as shown in the screen below.

MAIDS INFO MANAGEMEN Wednesday, June 27, 2018	RMATION	N 1/ For better experie	ance, recommended browsers are in	sternet Explorer 10 or higher, Google Chro	me and Firefox.	Log	ped in as JohnD{ Edit	Florida HEALTH Protife] [Logout] 🖉 ?
AIMS 2.0	Welcome! Joh	hn Doe [Edit My Profile]			You have I	ast logged in on Wedne	sday, June 27, 2018 :	11:04:04 AM. [View details]
Administration View Users Add User View Roles	Messages							Show Pending Approvals
Add Role Approval Workflow		Date \$ End Date \$		Subject	Message		Message by	Actions
Mail Templates View Disabled Users		05/22/18	Final Implement	tation Plan - 2018-2019	Final 🗘 Implementation Plan		JaneD	View
Provider Management		05/22/18	Revised Impleme	intation Plan - 2018-2019	Revised 🗘		JohnX	View
View Providers Add Provider Organization Profile				Delete Messages				
	Requests							
Contract Management View Contracts	Date 🗘	Request to Unlock	Contract Name	Reason	Requested by	Status	Approved By	Actions
Add Contract Messages	05/18/18	Budget Amendment	ABC Contract	Please do the necessary processing,	JaneD	Approved	JohnD	
Master Data Management Master Data AIMS Data History Data Sutmission Expendime Data FTTY Demographic Data Revised implementation Plan Final Implementation Plan Contractor Reports Bureau Reports Bureau Reports Bureau Reports								
ContractUnit Reports Logout This sits is best viewed @ 1024+768 resolution or abc	ve				Email Advisory Accessibility Information *	Disclaimer * Privacy Stat	tement * Copyright@2	2012 State of Florida * v2.1.0.9

The user can land on the homepage at any given time by clicking on the AIDS Information Management System tab located at the top left corner.

	ORMATION ENT SYSTEM	For be
AIMS 2.0	Welcome! JohnD	[Edit My F
Provider Management		
View Providers Organization Profile	Messages	

2.4.1 Navigation Bar

The Navigation bar on the left displays the various menu options available for a User depending on the privileges assigned to him/her. Privileges are assigned as per different User roles in the system.

AIMS 2.0 Provider Management **View Providers Organization Profile** Contract Management View Contracts Messages Data Submission Expenditure Data FTTY Demographic Data Revised Implementation Plan Final Implementation Plan View Reports **Contractor Reports Bureau Reports** Report Manager ContractUnit Reports Sub-Contractor Reports Logout

2.4.2 Messages

The Messages section will be displayed on the Homepage. This section displays messages sent by the AIMS Administrator and system generated messages. The messages are displayed in a tabular form as shown in the screen below.

les	lessages								
	Date \$ End Date \$ Subject Message Message								
	05/22/18 Final Implementation Plan - 2018-2019 Baker CHD RW Consortia Submitted.								
	05/22/18 Revised Implementation Plan - 2018-2019 Baker CHD RW Consortia Revised Implementation Plan for the 2018-2019 Baker CHD RW Consortia is Submitted.								
b)	b) Delete Messages 4 b)								

a) To see more details about the message, click on the View link in the message row under the column Actions. Upon clicking the View link, a pop-up will appear with the detailed message.



- b) To delete old/unwanted messages, select the message using the checkbox and click the Delete Message button.
- c) All high priority messages will have a yellow background color.

	Date \$ End Date \$ Subject Message Message by Actions									
	07/05/18	Admin	<u>View</u>							
Delete Messages										

Users will receive messages for the following defined system actions:

- 1. Expenditure data submission.
- 2. Reminder message to submit expenditure data for a contract for the current month.
- 3. Budget planning for a contract.
- 4. FTTY⁵ Demographic data submission for a contract.
- 5. Sub-Contractor data submission for a contract.
- 6. Final Implementation Plan submission for a contract.
- 7. Revised Implementation Plan for a contract.

2.4.3 **Requests**

The Requests section on the homepage displays the requests and reasons to unlock budget amendments and Contracts submitted by users and the status of these budget amendments.

equests							
Date 🛟	Request to Unlock	Contract Name	Reason	Requested by	Status	Approved By	Actions
06/28/18	Budget Amendment	1516 Palm Beach CHD GR	Updates needed.	JohnD	Submitted		Enable Budget Planning?
06/28/18	Budget Amendment	MAY2018	Need to change the allocated amount.	JohnD	Submitted		Enable Budget Planning?
06/28/18	Budget Amendment	MAY2018	Unlock this Contract	JohnD	Approved	JaneD	

2.4.4 Edit Profile

Edit Profile

Users can edit their profile by clicking on the Edit Profile link located on the top left section of the screen.



a) Clicking on the Edit Profile link will redirect you to the "Edit Profile" Screen.

Username		JohnD		First Name	1 - C	John	*	
Last Name	:	Doe	*	Middle Name	:			
User Type	:	CONTRACTOR		Email Address	:	john.doe@flhe	alth.gov *	
Phone Number	:			Status	:	Active	b)	c)
Phone Extension	:						L	1

- b) You can update your First Name, Last Name, Middle name, Email Address, Phone Number and Phone Extension.
- c) Click on the Save button to save all the changes.
- d) Click on the Cancel button to cancel any changes and return to the Homepage.
- e) Click on the Change My Password button to change the password. This functionality is explained in the next <u>section</u>.

⁵ First Time This Year

2.4.5 Change Password

Users can change their password for the AIMS system by using the Reset Password functionality. As described in the above <u>section</u>, Edit Profile (item e), a User can click on the Change My Password button to reset the existing password. Clicking on the Change My Password button will redirect the user to the Reset Password screen.

- a) Change Password
 - 1. Enter existing password.
 - 2. Enter a new password.
 - 3. Confirm the new password.
 - 4. Click save to submit, the new password will be updated.

Reset Password		Fields with * mark are mandato
Change Password Ch	nge Security and Answer	
Existing Password	:	
New Password	:	
Confirm Password	:	
Note: Password must conta Password must conta Password must conta Password must conta Password must conta	n a upper case letter. n a lower case letter. n a number.	4
		Submit Ca

Password requirements:

- 1. Password must contain at least 10 characters.
- 2. Password must contain an upper-case letter.
- 3. Password must contain a lower-case letter.
- 4. Password must contain a number.
- 5. Password must contain a special character.
- 6. Password cannot be last 3 passwords
- b) Change Security and Answer
 - 1. Select the Change Security and Answer radio button.
 - 2. Select the Password Recovery Question from the drop-down list.
 - 3. Enter the Password Recovery Answer.
 - 4. Click Submit button to save the new security question and answer.

Reset Password	1		Fields with * mark are mandatory
Change Password Change	Security ar	id Answer	
Password Recovery Question	:	What is the name of your best friend from childhood?	4
Password Recovery Answer	:	3	•
			Cubmit Control

Submit Cancer

2.4.6 Login Details

Users will be able to audit their login activities for any suspicious behavior with their account. To check the account activity, View the Details link located in the top right section of the screen.



Clicking on this link, the user will be redirected to the View Details Screen. This screen will display detailed login activity including the Remote IP and Remote Host address, operating system, browser and date/time.

View Details

Remote IP 🛟	Remote Host 💲	os \$	Browser Details ¢	Date Accessed 💲
167.78.18.35	167.78.18.35	WinNT	Chrome	7/5/2018 11:02:16 AM
167.78.18.35	167.78.18.35	WinNT	Chrome	7/5/2018 10:26:12 AM
167.78.18.35	167.78.18.35	WinNT	Chrome	7/5/2018 10:03:41 AM
167.78.18.35	167.78.18.35	WinNT	Chrome	6/29/2018 11:29:31 AM
167.78.18.35	167.78.18.35	WinNT	Chrome	6/28/2018 3:28:24 PM
167.78.18.35	167.78.18.35	WinNT	Chrome	6/28/2018 2:29:25 PM
167.78.18.35	167.78.18.35	WinNT	Chrome	6/28/2018 1:32:03 PM
167.78.18.35	167.78.18.35	WinNT	Chrome	6/28/2018 1:23:11 PM
167.78.18.35	167.78.18.35	WinNT	Chrome	6/28/2018 1:20:39 PM
167.78.18.35	167.78.18.35	WinNT	Chrome	6/28/2018 10:28:08 AM
1 <u>2 3</u>				

2.4.7 Additional Information on Homepage

- a) Username it is displayed on the screen as shown in the screenshot below in several places.
- b) Current Date
- c) Current login date and time

	For better experience, recommended browsers are Internet Explorer 10 or	Florida
Monday, July 09, 2018	higher, Google Chrome and Firefox.	Logged in as Johnd[Edit Profile][Logout] 🛛 🌈 💡
AIMS 2.0 a) Welcome! JohnD	[Edit My Profile] c)	ngged in on Monday, July 09, 2018 1:48:42 PM. [View details]

- d) Useful links (at the bottom of the screen)
 - 1. Email Advisory
 - 2. Accessibility Information
 - 3. Disclaimer
 - 4. Privacy Statement
 - 5. Copyright Statement
 - 6. Software release version

This site is best viewed @ 1024x768 resolution or above

Email Advisory Accessibility Information * Disclaimer * Privacy Statement * Copyright©2012 State of Florida * v2.1.0.9

Section 3- Provider Management

The **Provider Management** section captures the organization/agency contact information. This information should be updated as changes occur to ensure data submitted to federal and state stakeholders are accurate.

The provider management section has two sections:

- 1. View Providers
- 2. Organization Profile

3.1 View Providers

AIMS **Users** can view all providers they are assigned to in the system. Contract Managers, Contractors and Bureau Users will be able to access this feature.

To view providers,

- a) Click on the View Providers link under Provider Management.
- b) A list of all the providers for the logged in user will be displayed in a table.
- c) View Detail
 - 1. Click on the View link, to see the detailed information on any provider listed.

AIMS 2.0		Provider Administrat	tion					
Provider Management View Providers Organization Profile		Select Area : ALL Select : Both Contract Organi	▼ zation [©] Sub-Contract	Organization				1
Contract Management		Enter Organization Name :		Search				
View Contracts	b)	Organization Name 🖨	Organization Type	VendorNumber 🗘	Website	Email	Phone	Actions
Data Submission		A.H. of Monroe County	Contractor	592678740	www.abc.com	abc@flhealth.gov	123-456-7899	View
Expenditure Data FTTY Demographic Data		ABC Health	Sub-Contract	1234578	www.xyz.com	xyz@flhealth.gov	123-456-7899	View
Revised Implementation Plan		1						

2. The user will be redirected to the View Organization screen displaying the Provider/Organization details.

View Organization

Organization Name	1	A.H. of Monroe County, Inc.	Vendor Number	:	592678740
Website Url	:	www.aidshelp.cc	Address1		1434 Kennedy Drive
Address2	:		City	:	Key West
State	:	Florida	Zipcode	:	33040
CHD Name	:	Monroe	Area	:	AREA 11B
Contact Information					
First Name	:	Scott	Last Name	:	Pridgen
Phone Number	1	305-296-6196	Phone Extension	:	
Fax		305-296-6337	Email Address	:	scott.pridgen@ahmonroe.org

2

- d) Filters
 - 1. User assigned to multiple providers from multiple areas will have the option to filter the organization list for a given area.
 - 2. Click on the Select Area drop-down. The result set will display the organization for the selected area only.
 - 3. The user can filter the Providers/Organization list by Organization type: Contract, Sub-contractor or Both.
 - 4. Click on any option, the result set will display the organization with selected organization type only.

Provider Administration

Provider Administra	ation		d)
Select Area : ALL	2		
select : Both Contract Orga	nization Sub-Cont	ract Organization	4
Enter Organization Name :		Search	
Enter Organization Name .		Search	
Organization Name 💲	Organization Type	Vendor Number 🔷	Website
A.H. of Monroe County, Inc.	Contractor	592678740	www.aidshelp.
ABC Health		1234578	
1			

- e) Search
 - 1. Type the organization name in the field provided.
 - 2. Click on the search button
 - 3. the list will display only the organization matching the searched name.
 - **Provider Administration**

Provider Administratio	on					e)
Select Area : ALL select : Both Contract Organizal Enter Organization Name : AB		2 anization Search				
Organization Name 🗘	Organization Type	Vendor Number 🗘	Website	Email	Phone	Actions
ABC Health 3		1234578		h@j.com	850-245-4444	<u>View</u>
1						

3.2 Organization Profile

Users can make changes to the Provider information by using the Organization Profile feature. Contract Manager, Contract, Bureau and Sub-Contractor users can access this feature.

Note: Sub-Contract user can only view the information and cannot make any changes.

a) Click on the Organization Profile link under Provider Management.

IMS 2.0
Provider Management
View Providers Organization Profile
Contract Management
View Contracts

- b) The system will redirect to the Organization Profile screen, with the first provider preselected.
- c) Use the Select Provider drop-down to choose any other Provider from the available list.
- d) To change any information, edit the appropriate fields.
- e) Click the Save button to save the changes, the changes will be saved successfully.
 Organization Profile (b Fields with * mark are mandatory

Organization Name		ABC Health	Vendor Number	:	1234578
Website Url	:		Address1	:	500 training street
Address2	:		City	:	Tallahassee
State	:	Florida 🔹	Zipcode	:	32309
Select CHD	:	Headquarters ▼	Area	:	Headquarters v *
Contact Information					
First Name	:	James	 Last Name 	:	Doe *
		850-245-0000	 Phone Extension 	:	2561
Phone Number					

Section 4- Contract Management

The Contract Management section captures contract details, service line items (service categories), budget planning, budget amendments, and subcontractor information. According to the Administrative Guidelines⁶, all providers are required to capture contract and subcontractor information for reporting. Any changes made to the contract, such as increasing the amount or adding service categories to the contract, should be approved by the assigned contract manager and Community Programs representative. Once the changes are approved, submit a Help Desk ticket and be prepared to provide supporting documentation to verify the change (e.g., a copy of email approving the change or amended contract). Please see the Administrative Guidelines⁶ for more details.

4.1 Contracts

AIMS contracts are initially created by Patient Care staff and will include the total contract amount and the service line items identified in the executed contract. The **View Contracts** tab allows the Contractor to view/edit the contract details, complete the budget planning and add subcontractors associated with the contract.

a) Click on the View Contracts link under Contract Management section on the navigation bar.



⁶ The Administrative Guidelines are available at the following link - <u>http://www.floridahealth.gov/diseases-and-conditions/aids/patient-care/ documents/administrative-guidelines/Administrative Guidelines 2017-2018 FINAL.pdf</u>

b) The screen will redirect to the View Contracts Screen, displaying all the available contracts for the logged in user.

View Contra	acts						b)
Select Year	: 2018-2019 🔻						
Select Provider	: All	¥					
Select Program	: All	T					
Contract Name	:	Search					
Area 💲	Contract Name 🗘	Organization Name 🗘	Program Name 💲	Contract Status 🗘	Start Date 💲	End Date 💲	Actions
AREA 2B	CODLT-Y3	Big Bend Cares, Inc.	Patient Care-Consortia	Contract Executed	4/1/2018	3/31/2019	View Budget Planning Add/View Sub-Contractors Sub-Contractor Allocation Request to Unlock/Amendment
Headquarters	MAY2018	ABC Health	Patient Care-Consortia	Contract Executed	4/1/2018	3/31/2019	View Budget Planning Sub-Contractor Allocation Request to Unlock/Amendment
Headquarters	ABC18	ABC Health	Patient Care-Consortia	Contract Executed	4/1/2018	3/31/2019	View Budget Planning Add/View Sub-Contractors Sub-Contractor Allocation Request to Unlock/Amendment
AREA 2B	CODMG-R2	Big Bend Cares, Inc.	HOPWA	Contract Executed	7/1/2018	6/30/2019	View Budget Planning Sub-Contractor Allocation Reguest to Unlock/Amendment

- c) The Contracts results can be filtered out by using the filter option:
 - 1. Select Year range from the dropdown list, the result set will be updated.
 - 2. Select Provider from the dropdown list, the result set will be updated.
 - 3. Select Program from the dropdown list, the result set will be updated.
 - 4. Enter Contract Name from the dropdown list and click Search to update the result set.

View Contracts

Select Year : 2017-2018 • 4
Select Provider : A.H. of Monroe County, Inc.
Select Program : HOPWA 🔹 🚽 3
Contract Name : Search 🚽 — 4

- d) The User has access to the following functions under the Actions tab:
 - 1. View To view contract details.
 - 2. Edit To edit the Contract fiscal details.
 - 3. Amendments To request changes to the Contract.
 - 4. Add Svc Lines Add Service Categories to the Contract.
 - 5. Budget Planning To allocate funds as part of budget planning for the contract.
 - 6. Add/View Sub-Contractors To view and add existing and new Sub-Contractors for the contract. You can also allocate funds to Sub-Contracts from here.
 - 7. Sub-contractor Allocation To allocate funds to sub-contractors from one location.
 - 8. Request to Unlock/Amendment To adjust budget summary or service line item funding of the contract.



4.1.1 View Contract Details

Click on the **View** tab for a Contract, to view the following details for a Contract:

- a) Contract details
- b) Fiscal facts
- c) Funding details

	Actions
View Con	Add Svc Lines Budget Planning Add/View Sub- ractors Sub-Contractor Allocation Request to Unlock/Amendment

View Contract

Contract Details ┥						
Contract #	:	_12345				
Start Date	:	4/1/2018	End Date	:		3/31/2019
Amount	:	500	Advance Payment	s :		
Clients Served	:	0	Method of Payme	nt :		
Orgnization Name	:	Big Bend Cares, Inc.	Program Name	:		Patient Care-Consortia
Contract Status	:	Contract Executed	Deliverables	:		
Fiscal Facts 🚽	b)					
Initial Year Funded	:		Fiscal Year	:		
Provider End Date	:		Administrative Cost Allowed			
Administrative Cost Percent	:		Administrative Cost Dollar			
Periodic Increase	:		Periodic Increase	ise Memo :		
Legislative Requirement	:		Law/Statutory Cit	ation :		
Budget Entity	:		Appropriation Cat	egory Code :		
Recurring General Revenue	:		Recurring Trust F	unds :		
Nonrecurring General Revenue	:		Recurring Trust F	unds :		
Procurement Method	:		Business Case Co	mpleted Prior :		
Business Case Completed After	:					
Funding Details ┥		c)				
VR		EO	OCA			Amount
Documents d)						

4.1.2 Edit Contracts

The **Edit** Contracts section allows users to edit any information for a given contract. Clicking on the Edit link will redirect the user to the Contract Details Edit page. This option is only available to the Contract Manager Users. The Contract will be permanently locked once the Final Implementation Plan is approved by the Contract Manager.

		Actions
View	Edit	Delete Amendments Add Svc Lines hing Add/View Sub-Contractors Sub-
Budge	et Plan	ning Add/View Sub-Contractors Sub-
Contra	<u>ctor Al</u>	location Request to Unlock/Amendment

The Contract Details page displays the following sections:

- a) Contract Summary
- b) Fiscal Facts
- c) Contract Documents

Contract Details

Contract Summary	Fiscal Facts Contract Documents - c)	
Import Contract to	CareWare O PDI Import b)	
Contract ID	2018-2019 Indian River CHD RW *	Progr

a) Contract Summary

- 1. The User can view the Contract Summary details of the selected contract.
- 2. Make changes to any enabled field and click "Save and Go to Fiscal Details" button.
- 3. The changes will be saved and the Fiscal Facts screen will be opened. Contract Details

Contract Details		Fields with * mark are n	nandatory			
Contract Summary Fiscal Fa	cts	Contract Documents				
Import Contract to CareWate 	ire 🔍	PDI Import				1
Contract ID	:	2018-2019 Indian River CHD RW *	Program Name	:	Patient Care-Consortia	▼ *
Area	:	AREA 15 *	Start Date	:	4/1/2018	540
End Date	:	3/31/2019 *	Contract Amount	:	90,000	sic
Vendor Name	:	FDOH in Indian River County 🔻	Total Allocation Amount	:	90,001	-
Matching CAREWare Provider	:	Indian River CHD 🔹				
Method of Payment	:	T	Law/Statutory Citation	:	381.003 F.S.	•
Procurement Method	:	Schedule C *				
Advance Authorization	:	N 🔻 🛎	Advance Amount	:	0	*
Administrative Cost Allowed	:	NV				
Administrative Cost Percent	:	0.00 *	Administrative Cost Dollar	:	0.00	*
Grant Analyst	:	johnsonk 🔹	Test Contract	:		
Is Sub-Contractor Data Required?	:					
			2		Save and Go to Fiscal Details	Cancel

b) Fiscal Facts

- 1. Following the steps from the above section, the Fiscal Facts screen will be displayed.
- 2. The User can also view the fiscal details of the contract by clicking on the Fiscal Facts tab directly.
- 3. Funding details listed for the contract are displayed under the Funding details section.

Contract Details						Fields with st mark are mandatory b
Contract Summary Fiscal De	etails Co	ontract Documents				
Program Name 2	:	Patient Care-Consortia	¥	Program Description	:	Ryan White Part B funds for patient care and support services provided through lead agencies and contracted providers
Contract Amount	:	1,150,000		Contract Amount Left	:	1,145,000
Other Cost Accumulator	:	Select OCA 🔻		ORG Code	:	No Org Code ▼ *
Expansion Option	:	No EO 🔻		Version	:	No Version V
Object Code	:		*	Budget Type	:	*
Fiscal Year	:	2018	*	Level 1	:	64
State Fund	:	No State Fund	•	Fund Identifier	:	No Fund Identifier
Budger Entity	:	No Budget Entity	•	Internal Budget Indicator	:	No Internal Budget Indiactor
Category Code	:		280	Amount	:	*
OCA Start Date	:		*	OCA End Date	:	*
						Add
						Fiscal details have been saved!

Program Name	OCA	ORG Code	EO	VR	Amount	Period	Actions
Patient Care-Consortia	PTC18	64361157113	PC	02	5,000.00	01/01/2018 to 01/01/2019	Edit Delete

- 4. Add new Funding:
 - i. Enter all the required fields.
 - ii. Click Add.
 - iii. The newly added funding source will be displayed in the Funding Details section. Contract Details

Program Name	:	Patient Care-Consortia	▼ *		Program Descript	tion	:	and support serv	B funds for patient ca ices provided through d contracted provider:
Contract Amount	:	1,150,000			Contract Amount	Left	:	1,145,000	
Other Cost Accumulator	:	Select OCA V			ORG Code		:	No Org Code 🔻	*
Expansion Option	:	No EO 🔻			Version		:	No Version •	
Object Code	:			*	Budget Type		:		*
Fiscal Year	:	2018		*	Level 1		:	64	
State Fund	:	No State Fund	T		Fund Identifier		:	No Fund Identifi	er 🔻
Budger Entity	:	No Budget Entity	*		Internal Budget I	ndicator	:	No Internal Budg	get Indiactor 🔻
Category Code	:		*	•	Amount		:		240
OCA Start Date	:			•	OCA End Date		:		aie
								i	i Add
								Fiscal	details have been sav
Funding Details									
Program Name	0	ORG Code	EO	VR	Amount		Perio	d	Actions
Patient Care-Consortia		C18 64361157113	PC	02	5,000,00	01/01		01/01/2019	Edit Delete

- 5. Edit Existing Funding:
 - i. For any existing funding details, click on the Edit link for the same.
 - ii. All the fields under the Fiscal Details section will be populated.
 - iii. Edit the fields as needed.
 - iv. Click the Update button to save changes.

Contract Summary Fiscal Details Contract Documents

Program Name	:	Patient Care-Consortia	*	Program Description	:	Ryan White Part B funds for patient care and support services provided through lead agencies and contracted providers
Contract Amount	:	1,150,000		Contract Amount Left	:	1,145,000
Other Cost Accumulator	:	PTC18 •		ORG Code	:	64361157113 🔹 *
Expansion Option	:	PC •		Version	:	02 🔻
Object Code	:	12	*	Budget Type	:	Unfunded *
						ii
Fiscal Year	:	2018	*	Level 1	:	64
State Fund	:	2	T	Fund Identifier	:	141001 🔻
Budger Entity	:	64200700		Internal Budget Indicator	:	11 •
Category Code	:	123	*	Amount	:	5000 *
OCA Start Date	:	1/1/2018	*	OCA End Date	:	1/1/2019 * II
						iv ———— Update

Funding Details							
Program Name	OCA	ORG Code	EO	VR	Amount	Period	Actions
Patient Care-Consortia	PTC18	64361157113	PC	02	5,000.00	01/01/2018 to 01/01/2019 i —	Edit Delete

5

- 6. Delete Funding Detail:
 - i. Click on the delete button for any funding detail.
 - ii. The system message will appear to confirm the deletion, select OK.
 - iii. The funding detail will be deleted.

Funding Details								
Program Nan	ne	OCA	ORG Code	EO	VR	Amount	Period	Actions
Patient Care-Cons	ortia	PTC18	64361157113	PC	02	5,000.00	01/01/2018 to 01/01/2019	<u>Edit</u> <u>Delete</u>
Are yo	u sure t	that you	ı want to dele	te the	e reco	ord?	Go to Contract I	Documents Cancel

4.1.3 Budget Planning

The **Budget Planning** module allows the user to allocate the funds to different service categories, a contract will provide during the fiscal year. Each provider must record services that will be provided by the contractor or sub-contractor/service and allocate amounts totalling 100% that they plan to spend for each service category.

Under **Actions** click on the **Budget Planning** link to open the Contract Budget Planning section.



Contract Budget Planning

Contract	: :	123456789					
Annual Budget	: :	100,000					
Advances	:	5,000					
Administrative Cost Limit	: 3	2,000					
Please allocate all funds to ser	vice categories and	sub contractors					- Hide Budget planni
Administrative Services							
Category Name				Amount Approved	i i i i i i i i i i i i i i i i i i i	Expended to Date	Expended on Sub Contracto
Administrative Services				2000.00	a)	0	0
Direct and Support Care Se	rvices						
Category Name				Amount Approved	1	Expended to Date	Expended on Sub Contracto
1g Home Health Care				0	— a)	0	0
1h Home & Community-based Hea	alth Services			0	a)	0	0
Medical Case Management				0	a)	0	0
Clinical Quality Managemer	nt Services						
Category Name				Amount Approved	4	Expended to Date	Expended on Sub Contracto
Planning and Development				0	a)	0	0
Inpatient/Managed Care Se	ervices						
Category Name	Amount App	proved	Expended	to Date	Exp	ended on Sub Contractor	
Planning and Evaluation Se	rvices						
Category Name	Amount App	proved	Expended	to Date	Exp	ended on Sub Contractor	
Advances			Europeded	Lie Date	Free	and a day of the construction	
Category Name	Amount App	proved	Expended	to Date	Expe	ended on Sub Contractor	
Other Services (4BMOE)							
Category Name	Amount App	proved	Expended	l to Date	Expe	ended on Sub Contractor	
Requested Service Line Ite	ms (CHD GR Only)					
Category Name	Amount App	proved	Expended	l to Date	Expe	ended on Sub Contractor	
		Total Amo	unt: 2000.00				c)
							1

- a) The User (Contractor) must enter the Amount Approved for each Service Category available for the contract.
- b) Click the 'save' button to save the data.
- c) Click the Submit button to submit the Budget Allocation Data.

Note:

- To Submit the Contract Budget Planning data, funds must be allocated to the assigned sub-contractor(s). Sub-contractors are only available for the following 3 Program Types – Patient Care-Consortia, Patient Care-EC and PTO-Base. For any other program type, Sub-contractors are not required and therefore, Contract Budget Planning data can be submitted directly.
- 2. Only funded service categories as indicated in the contract agreement are activated for the contract.
- 3. All budget planning and Subcontractor information should be entered into the system during the first month of the contract and is due no later than the 10th of the following month.

4.1.4 Add/View Sub-Contractors

Each provider must record the services that will be provided by the contractor and allocate 100% of the amounts they plan to spend on each service. The agency itself will need to be added as a subcontractor if the agency renders services in addition to a subcontractor.

After the Budget planning process is completed, to add Sub-Contractors to the contract, under **Actions** click on the **Add/View Sub-Contractors** link to open the Provider Data section.



The system will redirect to the Provider Data screen. This screen will display any existing Sub-Contractors for the given contract and options to add new Sub-Contractors.

Provider Data

View Sub-Contractors

Contract Name	:	12345	a)	b)	c)
Enter Provider Name		Search	<u>Copy Sub-Contractor</u>	rs Add Existing Sub-Contra	ctor Add New Sub-Contractor
					Cancel

From this page, users can add subcontractors in three different ways:

- a) Copy Sub-Contractors
- b) Add Existing Sub-Contractor
- c) Add New Sub-Contractors

4.1.4.1 Copy Sub-Contractors

To add sub-contractors from previous contracts, this feature can be used.

a) Click on the Copy Sub-contractors link.



- b) A pop-up will be displayed to find the contract from which you want to copy the subcontractors.
- c) Select the year from the drop-down menu.
- d) Select the Contract of interest from the drop-down menu.
- e) Click on the submit button.

nter	Provider Name :		
	Copy Sub-Contractors	b)	
	Year : 2018-2019 ▼ ← c)	e)	<u> </u>
	Select Contract : CODMG-R2 • d)		
1st		Submit Cancel	

- f) As per the selection, the system will display the sub-contractors for the chosen contract. The following information is displayed on the screen:
 - i. Current contract number
 - ii. Contract number from which the sub-contractors are being copied
 - iii. List of Sub-Contractors

Copy Sub-Contractors

iv. Any Sub-Contractor highlighted in red is already added to the current Contract.

Copy Sul Contract Contract	s From : CODLT 201	7-18 AD18 Rebate <	ii.				iii.
Select	Organization Name	Contractor submits data for this Sub- Contractor?	Contractor submits Zero Expenditure for this Sub- Contractor?	Minority Provider	Faith-Based Organization	CBC/MAI Organization	Actions
	SE Center for Infectious Diseases	iv.					Edit
	Mail-Meds Clinical Pharmacy						Edit
	Big Bend Transit						Edit
	Star Metro						Edit
	Big Bend Cares						Edit
	Costco						Edit
	Coast Dental						Edit

g) To select a sub-contractor, click on the checkbox under the Select column.

Ð

- h) After selecting sub-contractors, click on the Edit link for each sub-contractor.
 - i. The system will display the sub-contractor contact information details in a popup. Check the checkbox for **Sub Contractor Address Up to date**.
 - ii. Click the **Update** button.

Note: User shall be able to verify if the sub-contractor address is up to date. This feature has been added to comply with HRSA reporting requirements.

Edit					
Organization		TMH Family Residence Progr*	FEID#	:	59-1917016 * h)
Address1		1301 Hodges Dr. *	Address2		
City	:	Tallahassee *	State		Florida 🔻
Zipcode	:	32308 *	Select CHD		Leon *
Area		AREA 2B *			
Contact Information First Name Phone Number Fax	:	Joe * 850-431-6381 * 850-431-6403 *	Last Name Phone Extension Email Address	:	Mazziotta * JosephMazziotta@tmh.org *
Provide Direct Services Method of Procurement	:	Yes T Contract T	Select Month	: 🖌	April T
Sub Contractor Address	s Upto ii)	date — i)			

 Click the Save button to select the selected Sub-contractor. The option for a contractor to submit data for the sub-contractor has been added along with the options to select if the organization is a Minority Provider, Faith-Based Organization or CBC/MAI Organization.

Select	Organization Name	Contractor submits data for this Sub- Contractor?	Contractor submits Zero Expenditure for this Sub-Contractor?	Minority Provider	Faith-Based Organization	CBC/MAI Organization	Actions
🔲 g)	SE Center for Infectious Diseases						Edit
	TMH Family Residence Program					🗉 h) 🗕	Edit
	Ketchum, Wood & Burgert Pathology Assoc						Edit
	Quest Diagnostics						Edit
	Radiology Associates, P.A.						Edit
	Labcorp						Edit
	Tallahassee Primary Care						Edit
	CVS Pharmacy						Edit
	Eastwood Pharmacy						Edit
	Mail-Meds Clinical Pharmacy						Edit
1234	5						
Save 4	(cancer i)						

j) The selected sub-contractors will now be added to the Contract.

Contract Name Enter Provider Name	:	12345 Search	Copy Sub-Contractors Add Existing Sub-Contractor Add New Sub-Contract
	6	Organization Name 🗘	Actions
			Add Svc Lines Edit Enable
21st Century Oncology			
21st Century Oncology SE Center for Infectious	Diseases		Add Svc Lines Edit Disable
			Add Svc Lines Edit Disable Add Svc Lines Edit Disable

4.1.4.2 Adding an Existing Sub-contractor

To add existing sub-contractors from the system, this feature can be used.

a) Click on the Add Existing Sub-contractors link.

8	a)
Copy Sub-Contractors Add Existing	Sub-Contractor Add New Sub-Contractor

- b) A pop-up will be displayed to add existing Sub-Contractors from the system.
- c) Select the sub-contractor of choice from the Organization drop-down menu.
- d) Click on the Save button to add the selected sub-contractor.

Organization c) 💳		▶ 21st Century Oncology ▼		FEID#	:	592485899	*
Vebsite Url				Address1		7451 Gladiolus Drive	*
ddress2]	City	:	Fort Myers	*
itate	:	Florida 🔹]	Zipcode	:	33908	*
Select CHD	÷.	Select •	*	Area	1	AREA 2B	▼ *
Contact Information							
irst Name	:	Lammee	*	Last Name	:	Marone	*
hone Number	:	239-689-8800]*	Phone Extension	:		
ax	:	239-939-7733]*	Email Address	•	f@f.com	*
Contract		12345					
rovide Direct Services	:	Yes		Minority Provider	:	Select	▼ *
aith-Based Organization	:	Select •	*	CBC/MAI Organization	:	Select	¥ *
elect Month	:	January 🔻		Method of Procurement	:	Contract	•
llow Contractor to Submit ero Expenditure	1	Select •					

Note: All the fields marked with the red asterisk * must be updated even if the subcontractor already exists in AIMS. This is to avoid missing data necessary for annual reporting to the Health Resources and Services Administration (HRSA). Users will not be able to save changes if a required field is left blank. The fields named **Minority Provider, Faith-Based Organization** and **CBC/MAI Organization** must be updated every time the subcontractor is added or edited. This is to avoid missing data and ensure accuracy, as these statuses may change. Users will not be able to save data if the information is missing or null. The list of existing subcontractors is in alphabetical order.

4.1.4.3 Adding a New Sub-contractor

To add a new sub-contractor to the system, this feature can be used.

a) Click on the Add New Sub-contractors link.

	a)
	7
Copy Sub-Contractors Add Existing Sub-Contractor Add Nev	v Sub-Contractor

- b) A pop-up will be displayed to add new Sub-Contractors to the system.
- c) Enter all the required fields for the sub-contractor
- d) Click on the Save button to add the new sub-contractor to the system and to the selected contract.

Organization Name	•		*	FEID#				* ł
Website Url	:			Address1	:			*
Address2				City				*
State		Florida	¥	Zipcode				*
Select CHD	:	Select	₹.	Area	1	Select	۲	*
Contact Information								
First Name	:		*	Last Name	:			*
Phone Number	:		*	Phone Extension				
Fax	:		*	Email Address	:			*
Contract	:	12345		Provide Direct Services	:	Yes	•	į
Minority Provider	:	Select	*	Faith-Based Organization	:	Select	•	*
CBC/MAI Organization	:	Select	*	Select Month	:	January	۲	
Method of Procurement	:	Contract	•					
Allow Contractor to Submit Zero Expenditure	111	Select	•					
4.1.4.4 Add Service Lines

Once sub-contractors have been added using one of the ways as explained in the sections 4.1.4.1, 4.1.4.2 and 4.1.4.3 on the **View Subcontractors** page, the **Add Svc Lines** option is available for each added sub-contractor. This feature can be used to add service lines to a sub-contractor and allocate appropriate funds to the same for each service line. There are two ways to allocate funds to sub-contractors for a given contract. This section explains the first way.

a) Click on the Add Svc Lines for the sub-contractor you may need to add service lines.

Organization Name 🛊	Actions
21st Century Oncology	a) <u>Add Svc Lines</u> Edit Enable
SE Center for Infectious Diseases	Add Svc Lines Edit Disable
TMH Family Residence Program	Add Svc Lines Edit Disable
Quest Diagnostics	Add Svc Lines Edit Disable
21st Century Oncology	Add Svc Lines Edit Disable

- b) The system will be redirected to the Add Organization Category screen. This page will have the following options:
 - i. Checkbox for **Does Contractor submit data for this Sub-Contractor**. Click this checkbox if the Contractor can also submit data on the behalf of this sub-contractor.
 - ii. Service lines items Select all service lines which are applicable to the selected sub-contractor.
 - iii. Amount Approved for each selected service line item selected, enter the approved amount.

c) Click the Submit button to complete the process.

Add Organization Category

applation	1 Dist Conture Oresland					
janization es Contractor submit data for	: 21st Century Oncology					
s Sub-Contractor?	: 🛛 🔶 i.					
dministrative Services						_
Category Name		Amount Approved	Remaining Amount	Expended to date		
Administrative Services	iii. ——•	0	2000.00	0		
· · · · · · · · · · · · · · · · · · ·						
irect and Support Care S	ervices		Demoinin			
I. Category Name	iii.	Amount Approved	Remainin Amount	g Expended to date		
] 2h Linguistic Services		0	15000.00	0		
] 1a Ambulatory/Outpatient M	edical Care	0	20000.00	0		
] 1g Home Health Care		0	20000.00	0		
] 1k Medical Nutrition Therapy	,	0	20000.00	0		
] 11 Medical Case Management	t (including Treatment Adherence)	0	20000.00	0		
-						
linical Quality Manageme	int Services	Amount	Remaining			
Category Name		Approved	Amount	Expended to date		
Clinical Quality Management		0	1500.00	0		
npatient/Managed Care S	Comisor					
Category Name	Amount Approved	Rom	aining Amo	unt	Expended to date	
category Name	Amount Approved	Kem		inc	Expended to date	
lanning and Evaluation S	ervices					
Category Name		Amount Approved	Remaining Amount	Expended to date		
Planning and Evaluation		0	1500.00	0		
dvances						
ther Services (4BMOE)				unt	Expended to date	
ther Services (4BMOE) Category Name	Amount Approved	Rem	aining Amo	anc	Expended to date	
		Rem	aining Amo			
Category Name equested Service Line Ite	ems (CHD GR Only)		-			
			aining Amo aining Amo		Expended to date	

Note:

- 1. If the contractor decided to allow the sub-contractor to submit expenditure data, then they should work with the AIMS administrator to get sub-contractor users to get access to AIMS.
- 2. The approved amount cannot be greater than the remaining amount as mentioned for each service line.

4.1.4.5 Edit Provider Data

Once sub-contractors have been added using one of the ways as explained in the sections 4.1.4.1, 4.1.4.2 and 4.1.4.3 on the **View Subcontractors** page, you may edit the sub-contractor data by using the Edit feature available for each added sub-contractor.

a) To edit sub-contractor information, click on the Edit link for the sub-contractor of interest.

Organization Name 💲	Actions
21st Century Oncology	Add Svc Lines Edit 🔫 issble a)
SE Center for Infectious Diseases	Add Svc Lines Edit Disable
TMH Family Residence Program	Add Svc Lines Edit Disable
Quest Diagnostics	Add Svc Lines Edit Disable
21st Century Oncology	Add Svc Lines Edit Disable

- b) The system will pop-up the Edit Provider Data screen.
- c) Update/edit any field as required.
- d) Click Update to save the changes.

Organization Name	12	21st Century Oncology *	FEID#	12	592485899	*
Website Url	:		Address1	:	7451 Gladiolus Drive	*
Address2	15		City	15	Fort Myers	*
State	:	Florida 🔻	Zipcode	1	33908	*
Select CHD	1	Alachua 🔻	Area	•	AREA 2B	*
Contact Information						
First Name		Lammee *	Last Name		Marone	*
Phone Number	15	239-689-8800 *	Phone Extension	£		
Fax	82	239-939-7733 *	Email Address	12	f@f.com	*
Contract		12345	Provide Direct Services		Yes	1
Minority Provider	12	Yes 🔻	Faith-Based Organization	120	Yes	*
CBC/MAI Organization		Yes 🔻	Select Month		January	3
Method of Procurement	13.53	Contract 🔻				
Allow Contractor to Submit Zero Expenditure	:	No				

4.1.4.6 Disable/Enable Sub-contractor

For any added sub-contractor, you may disable or enable the same as required using this disable/enable the feature.

- a) Disabling
 - i. If a sub-contractor is enabled, Click on the **Disable** link for the sub-contractor of interest.

Organization Name 💲	Actions
21st Century Oncology	Add Svc Lines Edit Disable 🚽 i.
SE Center for Infectious Diseases	Add Svc Lines Edit Enable
TMH Family Residence Program	Add Svc Lines Edit Disable
Quest Diagnostics	Add Svc Lines Edit Disable
21st Century Oncology	Add Svc Lines Edit Disable a)

- ii. The system will prompt a pop-up box requesting to provide a reason for disabling the sub-contractor.
- iii. Enter the reason.
- iv. Click the Disable button.

	Enter Reason		
)	Please enter reason to disable sub-contractor Sub-Contractor no longer available.		ii.
c		//*	
	iv ——— Disable	Cancel	

v. The sub-contractor will be disabled.

b) Enabling

i. If a sub-contractor is disabled, Click on the **Enable** link for the sub-contractor of interest.

Organization Name 💲	Actions
21st Century Oncology	Add Svc Lines Edit Disable
SE Center for Infectious Diseases	Add Svc Lines_ Edit Enable 🔫 📊
TMH Family Residence Program	Add Svc Lines Edit Disable
Quest Diagnostics	Add Svc Lines Edit Disable
21st Century Oncology	Add Svc Lines Edit Disable b

- ii. The system will prompt a pop-up box requesting to provide a reason for enabling the sub-contractor.
- iii. Enter the reason.

iv. Click the **Enable** button.

Enter Reason		
Please enter reason to enable sub-contractor The sub contractor is available.		ii.
	//*	
iv. Enable	Cancel	

v. The sub-contractor will be enabled.

Note: Entering the reason for disabling in the textbox is mandatory as indicated by a red asterisk *.

4.1.5 Sub-contractor Allocation

There are two ways to allocate funds to a Sub-Contractor for each service line. The first option is explained in the section 4.1.4.4. This section explains the second option.

Note: To submit the budget planning, Contractors must allocate all the available funds to the added sub-contractors.

a) Under the View Contracts section, click Sub-Contractor Allocation link.



- b) The system will be redirected to the Sub-Contractor allocation screen.
- c) Allocate funds to each sub-contractor for each service lines as required.
- d) Click the Save button to save data
- e) Click the Submit button to submit data.

Does Contractor submit data for this Sub- Contractor?	Sub- Contractors	1a Ambulatory/Outpatient Medical Care	1g Home Health Care	1l Medical Case Management (including Treatment Adherence)	2h Linguistic Services	Administrative Services	1k Medical Nutrition Therapy	C
	Amount	20000.00	20000.00	20000.00	15000.00	2000.00	20000.00	1500.0
	Expended To Date	0	0	0	0	0	0	0
	21st Century Oncology	20000.00	20000.00	20000.00	15000.00	2000.00	20000.00	1500.0
	SE Center for Infectious Diseases	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	TMH Family Residence Program	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00	0.00	0.00
		20000.00	20000.00	20000.00	15000.00	2000.00	20000.00	1500.0
d) e)	Balance	-20000.00	-20000.00	-20000.00	-15000.00	-2000.00	-20000.00	-1500.0

Note: Contractor must allocate all the funds to the sub-contractor, to successfully submit the data.

f) If the contractor wants to submit data on behalf of the sub-contractor, enable the checkbox for the option Contractor Submits Data for this Sub-Contractor and click on the Submit button.

**Highlighted sub-contractor(s) are disabled						
Does Contractor submit data for this Sub- Contractor?	Sub- Contractors	1a Ambulatory/O Medical (
	Amount	20000.00				
	Expended To Date	0				
	21st Century Oncology	20000.00				
	SE Center for Infectious Diseases	0.00				
	TMH Family Residence Program	0.00				
	Quest Diagnostics	0.00				
	21st Century Oncology	20000.00				
f)	Balance	-20000.00				

Sub-Contractor allocation for 12345

Note: This option allows the contractor to submit the data for the sub-contractor through the **Sub-contractor expenditure** section (*refer to section 5.1*).

4.1.6 Budget Amendments

This feature is used by Contractor to amend or update budget planning once submitted. Budget planning is locked after the initial budget plan has been submitted. The contractor can request to amend the budget again using the **Request to unlock Budget Amendments** feature. Once the request is approved by the Contract Manager or Patient Care Community Program staff, the **Add Amendment** option will be enabled to complete the budget planning updates.

All changes saved in the **Budget Amendment** will immediately be reflected on the **Contract Budget Planning** page. The amendment will allow users to move money from one existing line item to another.

4.1.6.1 Request to Unlock

To update budget planning for a contract:

a) Click on the Request to Unlock/Amendment link for the contract of interest.



- b) The system will display a pop-up to create a request for the Budget Amendment.
- c) Select the radio button for Budget Amendment.

Request to Unlock		
* OBudget Amendment		b)
c)	//*	E .
	Submit Can	cel

- d) An additional option will appear Are there any changes in Direct and Support Care Services. Select Yes or No for the same. If Yes is selected, then the budget amendment request will be sent to Patient Care Community Programs staff to review and unlock. If No is selected, then the Contract Manager can review and unlock the budget amendment request.
- e) Enter the reason for this request.
- f) Click Submit.



4.1.6.2 Request Approval

Requests to unlock the Budget, made in the previous <u>section</u>, will appear under the Requests section of AIMS dashboard page of the Contract Manager, Bureau User or Patient Care Community Program staff.

As a Contract Manager or Bureau user, this request must be approved to proceed with the amendment.

- a) Go to the AIMS Dashboard screen.
- b) Under the Request section, locate the requests made by the contractors to unlock/enable Budget planning.
- c) Click on the Enable Budget Planning? Link.

Request	s 🔶 b)						
Date 🛟	Request to Unlock	Contract Name	Reason	Requested by	Status	Approved By	Actions
07/19/18	Budget Amendment	12345	Updates are required.	JohnD	Submitted	c)	Enable Budget Planning
04/10/18	Budget Amendment	CODLS-Y2	Please unlock	vallask	Approved	vallask	

d) The system will display with a confirmation message, click OK to close the same.

ſ	Enable Budget Planning		כ
1	Contract Budget Amendment enabled successfully!	d)	
	Ok		
int'	10 Dudest Association 10245 Opuaces are required.	1-h-D	C

e) The request to unlock the Budget plan will be completed.

Note: Providers must get approval from their contract manager and/or Community Programs representative prior to completing the amendment in AIMS. Please refer to the Administrative Guidelines⁷ for more details.

⁷ The Administrative Guidelines are available at the following link - <u>http://www.floridahealth.gov/diseases-and-conditions/aids/patient-care/ documents/administrative-guidelines/Administrative Guidelines 2017-2018 FINAL.pdf</u>

4.1.6.4 Amendment

If the request to unlock budget amendment is approved, then **Add Amendment** option will become active on the **Budget Planning** section. A contractor will be able to start an amendment for the contract of interest.

a) Click on the Budget Planning link under View Contracts section for the approved contract.



- b) The system will be redirected to the Contract Budget Planning screen. The Add Amendment link will be available for the contract at the bottom of the screen.
- c) To start the amendment process, click on the Add Amendment link.

ontract Budget Planning					b)
Contract	:	12345			
Annual Budget	:	100,000			
Advances	:	5,000			
Administrative Cost Limit	:	2,000			
Administrative Services					- Hide Budget plan
Category Name			Amount Approved	Expended to Date	Expended on Sub Contract
Administrative Services			2000.00	0	2000.00
Direct and Support Care Se	rvices				
Category Name			Amount Approved	Expended to Date	Expended on Sub Contract
1a Ambulatory/Outpatient Medical	Care		20000.00	0	20000.00
1g Home Health Care			20000.00	0	20000.00
1k Medical Nutrition Therapy			20000.00	0	20000.00
1l Medical Case Management (inclu	uding Treatment	Adherence)	20000.00	0	20000.00
2h Linguistic Services			15000.00	0	15000.00
Clinical Quality Managemen	t Services				
Category Name			Amount Approved	Expended to Date	Expended on Sub Contract
Clinical Quality Management			1500.00	0	1500.00
Planning and Evaluation Se	rvices				
			Amount Approved	Expended to Date	Expended on Sub Contract
Category Name			1500.00	0	1500.00

- d) The options for Budget Amendment Details will appear below the actual submitted data.
- e) Make changes for each service line as required.
- f) Click Save to save the changes.
- g) Click submit to submit the Amendment.

Contract Budget Planning

- Hid	
- Hid	
- Hid	
	le Budget planni
pended to te	Expended on Sub Contractor
	2000.00
pended to	Expended on
te	Sub Contractor
	20000.00
	20000.00
pended to te	Expended on Sub Contractor
	1500.00
pended to te	Expended on Sub Contractor
	4500.00
	Add Amendme
	Add Amendme
pended to te	
	Add Amendme
	Add Amendme Expended on Sub Contractor
	Add Amendme Expended on Sub Contractor
te pended to	Add Amendme Expended on Sub Contractor 2000.00 Expended on
te pended to	Add Amendme Expended on Sub Contractor 2000.00 Expended on Sub Contractor
te pended to	Add Amendme Expended on Sub Contractor 2000.00 Expended on Sub Contractor 20000.00
pended to te	Add Amendme Expended on Sub Contractor 2000.00 Expended on Sub Contractor 20000.00 20000.00
te pended to te	Add Amendme Expended on Sub Contractor 2000.00 Expended on Sub Contractor 20000.00 20000.00
pended to te	Add Amendme Expended on Sub Contractor 2000.00 Expended on Sub Contractor 20000.00 Expended on Sub Contractor
pended to te pended to te pended to	Add Amendme Expended on Sub Contractor 2000.00 Expended on 20000.00 20000.00 Expended on Sub Contractor 1500.00 Expended on
pended to te pended to te	Add Amendme Expended on Sub Contractor 2000.00 Expended on 20000.00 20000.00 Expended on Sub Contractor 1500.00
	ended to re pended to

Note: When moving funds from one-line item to another, the system will not allow users to enter an amount less than the Expended to Date amount or greater than contract amount.

The changes done on budget planning via amendment will reflect immediately on the **budget planning** page.

Section 5- Data Submission

Providers are required to submit monthly reports for their agency. These reports are used to fulfill the program's reporting requirements according to the grant and legislative awards. It is imperative that these reports be accurate and submitted on time. If a previously submitted report is inaccurate or incomplete, it is important that the report is updated and resubmitted. Please contact the assigned contract manager, and/or Community Program's representative for assistance as necessary.

The data submission module allows agencies to submit:

- 1. Expenditure Data.
- 2. First Time This Year (FTTY) and Women, Infant, Children, and Youth (WICY) demographic data.
- 3. Revised Implementation Plan (Consortia & EC contracts only)
- 4. Final Implementation Plan (Consortia & EC contracts only)

5.1 Expenditure Data as Sub-Contractor

The **Expenditure Data** section is used to document monthly expenditure data. Sub-Contractors are required to submit a monthly expenditure report that captures the following:

- a) The number of clients served
- b) The number of units of service provided
- c) The amount (from funds) expended by service category, and
- d) The amount they would like to put towards advance payments.

Service line items under the Administrative services category do not require the number of clients served or units of service provided.

A unit of service is defined in the Administrative Guidelines⁸ by service category.

The Expenditure data submission is initiated with the Sub-contractor submitting the expenditure report for each month towards an assigned contract. A Contractor can approve or reject the expenditure data submitted by the sub-contractor.

Note: This functionality will be available for contracts starting from the year 2018.

⁸ The Administrative Guidelines are available at the following link - <u>http://www.floridahealth.gov/diseases-and-conditions/aids/patient-care/ documents/administrative-guidelines/Administrative Guidelines 2017-2018 FINAL.pdf</u>

a) Under the Data Submission menu click Expenditure Data link.



- b) The system will redirect you to the Sub-Contractor Expenditure Data screen. Select the search criteria for which Expenditure Data needs to be submitted
 - i. Select the year
 - ii. Select Contract
 - iii. Select Sub-Contractor
 - iv. Select Month (the next month will appear if the expenditure data for the current month is submitted)
 - v. Click Submit button to open the report for the options selected.

Sub-Contractor Expenditure Data

Year	2018-2019 • i.	
Select Contract	h123456 🕶 🔫 — ii.	
Select Sub- Contractor	21st Century Oncology 🔻 🔫 —— III.	
Select Month	April • iv.	
		v. ——> Submit Cancel

c) The Expenditure Data report will be opened.

Expenditure Data for TLH-123

For Month: April

For Organization: 21st Century Oncology

	e Services							
Category Name			# Of Clients Served	Units of Service	Approved Budget	Expended this Month	Expended to date	Balance Lef
Administrative Ser	rvices		0	0	2000.00	0	0	2000.00
Direct and Sup	port Care Services							
Category Name			# Of Clients Served	Units of Service	Approved Budget	Expended this Month	Expended to date	Balance Lef
1a Ambulatory/Ou	Itpatient Medical Care	[0	0	2000.00	0	0	2000.00
1d Oral Health Car	re	[0	0	28000.00	0	0	28000.00
Clinical Quality	y Management Serv	ices						
Category Name			# Of Clients Served	Units of Service	Approved Budget	Expended this Month	Expended to date	Balance Lef
Clinical Quality Ma	inagement		0	0	18000.00	0	0	18000.00
T								
	naged Care Services # Of Clients Served		rvice Appro	ved Budget	Expended this	Month Expe	nded to date	Balance Left
Category Name			rvice Appro	ved Budget	Expended this	Month Expe	nded to date	Balance Left
Category Name	# Of Clients Served	Units of Se	rvice Appro # Of Clients Served	ved Budget Units of Service	Expended this Approved Budget	Month Expe Expended this Month	nded to date Expended to date	
Category Name Planning and E	# Of Clients Served	Units of Se	# Of Clients	Units of	Approved	Expended	Expended to	Balance Left Balance Left 50000.00
Category Name Planning and E Category Name	# Of Clients Served	Units of Se	# Of Clients Served	Units of Service	Approved Budget	Expended this Month	Expended to date	Balance Lef
Category Name Planning and E Category Name Planning and Evalu Other Services	# Of Clients Served	Units of Se	# Of Clients Served	Units of Service	Approved Budget	Expended this Month 0	Expended to date	Balance Lef
Category Name Planning and E Category Name Planning and Evalu Other Services Category Name	# Of Clients Served Evaluation Services uation 5 (4BMOE)	Units of Se	# Of Clients Served 0 rvice Appro	Units of Service	Approved Budget 50000.00	Expended this Month 0	Expended to date 0	Balance Lef
Category Name Planning and E Category Name Planning and Evalu Other Services Category Name Requested Ser	# Of Clients Served Evaluation Services uation s (4BMOE) # Of Clients Served	Units of Se	# Of Clients Served 0 rvice Appro	Units of Service 0 ved Budget	Approved Budget 50000.00	Expended this Month 0 Month Expe	Expended to date 0 nded to date	Balance Lef
Category Name Planning and E Category Name Planning and Evalu Other Services Category Name	# Of Clients Served Evaluation Services uation 5 (4BMOE) # Of Clients Served rvice Line Items (Ch	Units of Se	# Of Clients Served 0 rvice Appro	Units of Service 0 ved Budget	Approved Budget 50000.00 Expended this Expended this	Expended this Month 0 Month Expe	Expended to date 0 nded to date	Balance Lef 50000.00 Balance Left

- d) Enter the values as per the expenditure made for each category.
- e) For Administrative Services, only the total amount expended for the month is required.

Administrative Services						
Category Name		Units of Service		Expended this Month	Expended to date	Balance Left
Administrative Services	0	0	2000.00	0	e d)	2000.00

f) For all other categories, as applicable, you must enter the number of clients served, units of service and amount expended this month.

Direct and Support Care Services									
Category Name		Units of e) Service		Expended this Month	Expended to date	Balance Left			
1a Ambulatory/Outpatient Medical Care e)	0	0	2000.00	0	0	2000.00			
1d Oral Health Care	0	0	28000.00	0	0	28000.00			

- g) Click Save to save the data.
- h) Click Save & Submit to Submit the data for the given month.

Other Services	(4ВМОЕ)					
Category Name	# Of Clients Served	Units of Service	Approved Budget	Expended this Month	Expended to date	Balance Left
Requested Serv	rice Line Items (CHD G	R Only)				
Category Name	# Of Clients Served	Units of Service	Approved Budget	Expended this Month	Expended to date	Balance Left
			1	fotal Expended:	5300.00	5700.00
				Save Save &	Submit Cance	
]	

Note: The number of clients cannot be zero.

5.2 Sub-Contractor Expenditure Data

As a Contractor or Contract Manager, the user can approve or reject the Expenditure report submitted by the Sub-Contractor for any month (as explained in section 5.1).

a) Under the **Data Submission** menu click the **Expenditure Data** link.



b) The system will redirect you to the Expenditure Data screen with two options Expenditure Data and Sub-Contractor Expenditure Data. Click on the latter option.

Expenditure Data Select Expenditure Data Expenditure Data Sub-Contractor Expenditure b)

- c) On the Sub-Contractor Expenditure Data screen select the search criteria for which Expenditure Data needs to be reviewed
 - i. Select the year
 - ii. Select Contract
 - iii. Select Sub-Contractor
 - iv. Select Month
 - v. Click the Submit button to open the report of the options selected.

Sub-Contractor Expenditure Data



- d) The system will be redirected to the Expenditure data submitted by the sub-contractor.
- e) Contractor user may Approve or reject the same.
- f) If rejected, the Sub-Contractor will be notified and should resubmit the expenditure report for the same month again.

Expenditure Data for TLH-123

For Month: June

For Organization: 21st Century Oncology

	Services								
Category Name				# Of Clients Served	Units of Service	Approved Budget	Expended this Month	Expended to date	Balance Lef
Administrative Serv	rices			0	0	2000.00	100.00	300.00	1700.00
Direct and Supp	port Care Services								
Category Name				# Of Clients Served	Units of Service	Approved Budget	Expended this Month	Expended to date	Balance Lef
1a Ambulatory/Out	patient Medical Care			10	1	2000.00	200.00	700.00	1300.00
1d Oral Health Care	3			1	1	28000.00	4000.00	9000.00	19000.00
Clinical Quality	Management Services								
Category Name				# Of Clients Served	Units of Service	Approved Budget	Expended this Month	Expended to date	Balance Lef
Clinical Quality Man	agement			0	0	18000.00	500.00	500.00	17500.00
				•					
Innationt/Mana	aged Care Services								
тпрастенс/ мана	aged care services								
Category Name	# Of Clients Served	Units of Service	Approve	d Budget	Expended th	is Month	Expended to	o date Ba	lance Left
Category Name	-	Units of Service	Approve	d Budget	Expended th	is Month	Expended to) date Ba	lance Left
Category Name	# Of Clients Served	Units of Service	Approve	d Budget # Of Clients Served	Expended th	is Month Approved Budget	Expended to Expended this Month	o date Ba	
Category Name Planning and E	# Of Clients Served	Units of Service	Approve	# Of Clients	Units of	Approved	Expended	Expended to	Balance Left
Category Name Planning and Et Category Name Planning and Evalua	# Of Clients Served valuation Services ation	Units of Service	Approve	# Of Clients Served	Units of Service	Approved Budget	Expended this Month	Expended to date	Balance Lef
Category Name Planning and Et Category Name Planning and Evalua Other Services	# Of Clients Served valuation Services ation (4BMOE)			# Of Clients Served	Units of Service	Approved Budget 50000.00	Expended this Month 500.00	Expended to date 500.00	Balance Lef
Category Name Planning and Et Category Name Planning and Evalua	# Of Clients Served valuation Services ation	Units of Service	Approved	# Of Clients Served	Units of Service	Approved Budget 50000.00	Expended this Month	Expended to date 500.00	Balance Lef
Category Name Planning and Ev Category Name Planning and Evalua Other Services Category Name	# Of Clients Served valuation Services ation (4BMOE)	Units of Service		# Of Clients Served	Units of Service	Approved Budget 50000.00	Expended this Month 500.00	Expended to date 500.00	Balance Lef 49500.00
Category Name Planning and Ev Category Name Planning and Evalua Other Services Category Name	# Of Clients Served valuation Services ation (4BMOE) # Of Clients Served	Units of Service		# Of Clients Served 0	Units of Service	Approved Budget 50000.00 is Month	Expended this Month 500.00	Expended to date 500.00	Balance Lef
Category Name Planning and Ev Category Name Planning and Evalua Other Services Category Name Requested Serv	# Of Clients Served valuation Services ation (4BMOE) # Of Clients Served rice Line Items (CHD GR	Units of Service Only)	Approved	# Of Clients Served 0	Units of Service 0 Expended th	Approved Budget 50000.00 is Month is Month	Expended this Month 500.00 Expended to	Expended to date 500.00	Balance Lef 49500.00 lance Left
Category Name Planning and Ev Category Name Planning and Evalua Other Services Category Name Requested Serv	# Of Clients Served valuation Services ation (4BMOE) # Of Clients Served rice Line Items (CHD GR	Units of Service Only)	Approved	# Of Clients Served 0	Units of Service 0 Expended th	Approved Budget 50000.00 is Month is Month	Expended this Month 500.00 Expended to	Expended to date 500.00	Balance Left 49500.00 Jance Left Jance Left

g) If Approved, the sub-contractor will be notified about the same.

5.3 Expenditure Data as Contractor

The **Expenditure Data** section is used to document monthly expenditure data. Contractors are required to submit a monthly expenditure report that captures the following:

- a) The number of clients served
- b) The number of units of service provided
- c) The amount (from funds) expended by service category, and
- d) The amount they would like to put towards advance payments.

Service line items under the Administrative services category do not require the number of clients served or units of service provided.

If a Contract requires Sub-Contractor, the contractor will receive the expenditure report from the sub-contractor and as a Contractor, you may approve or reject the expenditure report.

If a Contractor is acting as a Sub-contractor or the contractor does not require a sub-contractor, then the Contractor is required to complete the expenditure report and submit the same.

A unit of service is defined in the Administrative Guidelines⁹ by service category.

a) Under the **Data Submission** menu click **Expenditure Data** link.

⁹ The Administrative Guidelines are available at the following link - <u>http://www.floridahealth.gov/diseases-and-</u> <u>conditions/aids/patient-care/ documents/administrative-guidelines/Administrative Guidelines 2017-</u> <u>2018 FINAL.pdf</u>



b) The system will redirect you to the Expenditure Data screen with two options Expenditure Data and Sub-Contractor Expenditure Data.

Expenditure Data	
Select Expenditure Data	
• Expenditure Data < C)	• Sub-Contractor Expenditure Data

c) Click on the **Expenditure Data** link, the system will redirect to the Submit Expenditure Data screen.

- d) On the Submit Expenditure Data screen select the search criteria for which Expenditure Data needs to be submitted
 - i. Select the year
 - ii. Select the Contract
 - iii. Select the Month (the next month will appear if the expenditure data for the current month is submitted)
 - iv. Click Submit button to open the report of the options selected.

Submit Expenditure Data d)

Year	: 2018-2019 V 🚽 — i.
Select Contract	: CODMG-R2 🔻 🔫 —— ii.
Select Month	: July 🔻 🔫 —— III.
	iv. ——> Submit Cancel

 e) The system will redirect you to the Expenditure data report for the selected contract and the month. The below screenshot displays the system assuming the sub-contractor expenditure data was submitted and approved.
 Expenditure Data for TLH-123

Administrative	Services								
Category Name				# Of Clients Served	Units of Service	Approved Budget	Expended this Month	Expended to date	Balance Le
Administrative Servi	ices			0	0	2000.00	100.00	300.00	1700.00
Direct and Supp	oort Care Services			<i></i>		-20	<i>1</i> 2		
Category Name				# Of Clients Served	Units of Service	Approved Budget	Expended this Month	Expended to date	Balance Le
1a Ambulatory/Outp	patient Medical Care			10	1	2000.00	200.00	700.00	1300.00
1d Oral Health Care				1	1	28000.00	4000.00	9000.00	19000.00
Clinical Quality	Management Services			d.					
Category Name				# Of Clients Served	Units of Service	Approved Budget	Expended this Month	Expended to date	Balance Le
Clinical Quality Man	<u>agement</u>			0	0	18000.00	500.00	500.00	17500.00
Inpatient/Mana	iged Care Services							/#.	
Category Name	# Of Clients Served	Units of Service	Approve	d Budget	Expended th	nis Month	Expended to	o date Ba	lance Left
Planning and Ev	valuation Services			2	5.1		5		
Category Name				# Of Clients Served	Units of Service	Approved Budget	Expended this Month	Expended to date	Balance Le
Planning and Evalua	ation			0	0	50000.00	500.00	500.00	49500.00
Advances									
Other Services	(4BMOE)								
Category Name	# Of Clients Served	Units of Service	Approve	d Budget	Expended th	his Month	Expended to	o date 🛛 🛛 Ba	lance Left
Requested Serv	ice Line Items (CHD GR	Only)			-0		- 10		
Category Name	# Of Clients Served	Units of Service	Approve	d Budget	Expended th	his Month	Expended to	o date Ba	lance Left
					Total Expend	ladı		5300.00	11000.00

- f) Click Save to save the data.
- g) Click Save & Submit to save and submit the data.

h) Expenditure data will be submitted and the Contract Manager will be notified.

Note: If the admin enables the contract manager to submit the expenditure data on behalf of the contractor, then the expenditure data submitted by the contractor will be approved.

5.3.1 View Missing Sub-Contractor Submission

If the Sub-Contractor has not submitted their expenditure data for the month, the Contractor will not be able to view the data and will not be able to submit the report. To view the Sub-Contractor actions for the month, follow the steps below.

- a) As a Contactor, open the Expenditure report for any contract.
- b) If the contract is missing sub-contractor data submission for the same, the View Missing Sub-Contactor Submission link will be activated.

Expenditure Data for TLH-123					b)		
or Month : April					Í		
Expenditure data can only be submitted once all the sub-contractors have submitted their data and approved by contractor (View Missing Sub-Contractor Submissions).							
Administrative Services							
Category Name	# Of Clients Served	Units of Service	Approved Budget	Expended this Month	Expended to date	Balance Left	

- c) Click on the link, the system will display a pop-up.
- d) The pop-up will display the Sub-contractors and the status of the expenditure data for the current month.

5.3.2 Zero Expenditure Submission

A Contractor or Contract manager can submit zero expenditures data for sub-contractors, if expenditure data is not submitted for a month by the sub-contractor and if the sub-contractor has zero expenditures.

- a) If the expenditure data is not submitted by the sub-contractor, the Expenditure data screen will have the View Missing Sub-contractor Submission link activated.
- b) All categories will contain zero values.
- c) Click on the link, the system will display a pop-up.
- d) The pop-up will display the status of the expenditure data by each sub-contractor for the given contract.
- e) Click on the Check-box to Submit the Data on the behalf of the Sub-Contractor, if not submitted. If the sub-contractor has saved the data but not submitted, the data will be submitted.
- f) Click the submit button.

Submission Details			
	2	aved then Zero Expenditure will be s aved Expenditure will be submitted	submitted
Organization Name	Status	Submit Expenditure for this me	onth
21st Century Oncology	Data is only saved	■ ← e)	
ces	1 d)	f) Submit	Cancel

- g) The Save and Save & Submit for the expenditure data for the same contract will be activated now.
- h) Click on Save & Submit button to submit the expenditure report.

Category Name	# Of Clients Served	Units of Service	Approved Budget	Expended this Month	Expended to date	Balance Left
Requested Serv	ice Line Items (CHD GR	Only)				
Category Name	# Of Clients Served	Units of Service	Approved Budget	Expended this Month	Expended to date	Balance Left
				Total Expended:	0.00	11000.00
				Total Advance Reimburse	Expended: 0	0

i) This will store zero expenditures for sub-contractors for that month

After all the sub-contractors have submitted their data, the contract manager is ready to submit expenditure data for that month.

5.4 FTTY Demographic Data

Providers are required to submit a monthly demographic report, also known as the FTTY (First Time This Year) report. It captures basic demographic data on clients seen for the first time in the fiscal year.

The following data are required for this report:

1. Unduplicated client

- a) Each client must only be counted once each fiscal year. For example, if Rachel Doe is seen in April of FY 2017-18, she will not be counted again when she returns in June for a follow-up visit. She will be counted as a FTTY client when she returns for a visit during FY 2018-19.
- b) The FTTY unduplicated client count will decrease as the fiscal year progresses because clients are typically seen within the first few months of the year. It is not unusual to have no FTTY clients during some of the latter months of the fiscal year.

2. WICY data

The State is required to report information on Ryan White expenditures for Women, Infant, Children and Youth (WICY). Previously, this data was collected at the end of the fiscal year but is now collected monthly. WICY populations are defined as follows:

- a) Women: 25+ years old
- b) Infant: 0-35 months old (0-2 years old)
- c) Children: 36 months -11 years old
- d) Youth: 12-24 years old

3. Ethnicity and Race

a) Ethnicity and Race are two distinct categories and the unduplicated count should be divided among the groups available.

To view the FTTY Demographics Data, follow the below steps.

a) Under the **Data Submission** menu click the **FTTY Demographic Data** link.



- b) The system will redirect you to the Submit FTTY Demographic Data screen with the following search criteria:
 - i. Year
 - ii. Select Contract
 - iii. Select Month
 - iv. Click Submit button to open the report of the options selected.

Submit FTTY Demographic Data



- c) The system will redirect you to the FTTY Demographic Data for the selected contract.
- d) Enter the total number of unduplicated clients.
- e) Enter the totals for each section/sub-section for the remaining 3 categories and its subcategories.
- f) Click Save to save the data.
- g) Click Save & Submit to submit the data.

FTTY Demographic Data for TLH-123

For Month : April

TOTAL		
Description	Total	Year to Date
Unduplicated clients	d) ——— 0	0
WICY		
Description	Total	Year to Date
Women (Ages 25 and Up)	e) 0	0
Infant (Age 0-2)	0	0
Children (Ages 3-11)	0	0
Youth (Ages 12-24)	0	0
Non-WICY (Male Ages 25 and Up)	0	0
ETHNICITY		
CINNICITY		
Description	Total	Year to Date
	Total 0	Year to Date
Description		
Description Hispanic	0	0
Description Hispanic Non-Hispanic	0	0
Description Hispanic Non-Hispanic RACE		
Description Hispanic Non-Hispanic RACE Description	0 0 Total	0 0 Year to Date
Description Hispanic Non-Hispanic RACE Description White	0 0 Total 0	0 0 Year to Date

If the provider for the contract is available in the CAREWare database, the button "Get Data from CAREWare" will be visible. Clicking on the button will get the data from CAREWare and automatically fills in the report.

Note: The total of 3 categories/sub-categories cannot be greater the total unduplicated number.

c)

5.5 Revised Implementation Plan

The State submits an implementation plan each year as part of the Ryan White Part B grant submission (Consortia & EC Contracts only). It provides an estimate of the number of clients, units of service and the amount of funding the program will spend by line item. Once the grant is awarded and providers have had a chance to plan the services they will provide, data from this section is submitted as the **Revised Implementation Plan** to reflect the services the field intends to render for the year. Implementation Plans are required for Ryan White Part B-funded providers only.

Once the fiscal year ends, the State is required to report on the services rendered throughout the fiscal year. This data is captured in the Final Implementation Plan. HRSA also requires that grantees provide information on the accomplishments, challenges and changes the agency experienced throughout the fiscal year. This is collected through the Progress Report narrative.

The following reports are available under the Annual Revised Data Submission section:

- 1. Annual Progress Data
- 2. Revised Implementation Plan

Providers estimate the number of clients and units of service the agency will provide in the new fiscal year. The **Revised Implementation Plan** will become inaccessible after the submission deadline has passed.

To access these reports, follow the steps below:

a) Under the Data Submission menu click Revised Implementation Plan link.



 b) The system will redirect you to Annual Revised Data Submission screen with Annual Progress Data section selected.
 Annual Revised Data Submission

Annual Progress Data	Revised Ir	plementation Plan	
Year	:	2018-2019 🔻	
Select Contract	:	TLH-123 V	
Period	:	Annual *	
First Name	:	John	
Last Name	:	Doe	
Phone Number	:		
Phone Extension	:		

Save Continue Cancel

- c) The user will get the following options to choose from:
 - i. Year
 - ii. Select Contract
 - iii. Period
 - iv. First Name
 - v. Last Name
 - vi. Phone Number
 - vii. Phone Extension

Annual Revised Data Submission

			c)
Annual Progress Data	Revised Ir	nplementation Plan	
Year	:	2018-2019 • 1.	
Select Contract	:	TLH-123 🔹 💶 11.	
Period	:	Annual 🔻 🚤 🛄.	
First Name	:	John iv.	
Last Name	:	Doe	
Phone Number	:	vi.	e)
Phone Extension	:	vii.	Ţ
			d) — Save Continue Cancel

- d) Click Save to save the selection.
- e) Click Continue to save and submit the selection.

- f) The system will be redirected to the Revised Implementation Plan section.
- g) Enter the Number of Unduplicated Clients to be Served.
- h) Enter the Units of service to be Provided fields for all the categories.
- i) Click Save to save the data
- j) Click Save & Submit to submit the data.

mplementation Plan		96.96.96	Please Turn Off F	Pop Up Blocker**
Annual Progress Data Revised Implementa	ation Plan 🔫 — f)			
Revised Implemetaion Plan		g)	h)	
Direct and Support Care Services				
Category Name	Units of Description	# of Unduplicated Clients To Be Served	Units of Service To Be Provided	Approved Budget
1a Ambulatory/Outpatient Medical Care	Ambulatory/Outpatient Medical Care 1 visit/1 FTE,	10	10	2000.00
1d Oral Health Care	Oral Health Care 1 visit	10	10	28000.00
		Back Save	Save & Subm	it Cancel

k) The system will display a message for successful submission.

ſ	Message		1	Ď	te E
t		Revised Implementation Plan Submitted Successfully			-
		Ok			
L				 	

Note: The user must turn off pop up blocker to be able to view these screens.

5.6 Final Implementation Plan

The **Final Implementation Plan** reflects the number of clients served, unduplicated clients served, units of service provided, and the amount expended by line item at the end of the fiscal year. The plan is submitted to HRSA approximately 45 days after the end of the fiscal year (*Consortia & EC contracts only*).

The **Final Implementation Plan** auto-populates the number of clients served and units of service provided during the fiscal year, based on data submitted in the monthly Expenditure Reports. If these numbers are incorrect, corrections can only be made via the Expenditure Data page. The provider will need to identify the expenditure report(s) with the error and resubmit the correct amount expended, the number of clients served that month and/or units of service provided. For the unduplicated client count, providers will enter the number of unduplicated clients served by line item. This field is the only field available for editing. Providers should reference their primary data source (e.g., CAREWare) for this client count.

At the end of the Ryan White fiscal year, the agency will need to review and approve the **Final Implementation Plan**. It is imperative data is accurate. Data is updated as **Expenditure Reports** are submitted. It is advisable to review the report frequently throughout the year to catch errors early.

To access these reports, follow the steps below:

a) Under the Data Submission menu click Final Implementation Plan link.

AIMS 2.0
Provider Management
View Providers
Organization Profile
Contract Management
View Contracts
Contractor Comments
Data Submission
Expenditure Data
FTTY Demographic Data
Revised Implementation Plan
Final Implementation Plan
View Reports
Contractor Reports
a) Logout

 b) The system will redirect you to the Annual Final Data Submission screen with Annual Progress Data section selected.
 Annual Revised Data Submission

Annual Progress Data	Revised Ir	plementation Plan		
Year	:	2018-2019 🔻		
Select Contract	:	TLH-123 •		
Period	:	Annual T		
First Name	:	John		
Last Name	:	Doe		
Phone Number	:			
Phone Extension	:			

- c) The user will get the following options to choose from:
 - i. Year
 - ii. Select Contract
 - iii. Period
 - iv. First Name
 - v. Last Name
 - vi. Phone Number
 - vii. Phone Extension

Annual Revised Data Submission

Annual Keviseu i		1331011	c
Annual Progress Data	Revised Im	plementation Plan	
Year	:	2018-2019 🔻 📥 1.	
Select Contract	:	TLH-123 🔹 💶 II.	
Period	:	Annual 🔻 🚤 III.	
First Name	:	John iv.	
Last Name	:	Doe V	
Phone Number	:		e)
Phone Extension	:	vii.	1
			d)> Save Continue Cancel

- d) Click Save to save the selection.
- e) Click Continue to save and submit the selection.
- f) The system will be redirected to the Final Implementation Plan section.
- g) Enter the Number of Unduplicated Clients for all the categories.
- h) Click Save to save the data.

Please Turn Off Pop Up Blocker

Implementation Plan

Annual Progess Data Final Implementation Plan Progress Report						
Final Implementation Plan g)						
	Direct and Support Care	e Services				
	Category Name	Units of Description	# Of Clients Served	# of Unduplicated Clients	Units of Service Provided	Total Expenditures
	1a Ambulatory/Outpatient Medical Care	Ambulatory/Outpatient Medical Care 1 visit/1 FTE,	12	5	51	700.00
	1d Oral Health Care	Oral Health Care 1 visit	2	2	21	9000.00
	Clinical Quality Manager	ment Services				
	Category Name	Units of Description	# Of Clients Served	# of Unduplicated Clients	Units of Service Provided	Total Expenditures
	Clinical Quality Management	Encompasses capacity building, clinical quality mai	0	0	0	500.00
	Inpatient/Managed Car Category Name Units of De Planning and Evaluation	escription # Of Clients Served # of Unduplicate	ed Clients Uni			Expenditures
	Category Name	Units of Description	# Of Clients Served	# of Unduplicated Clients	Units of Service Provided	Total Expenditures
	Planning and Evaluation	Encompasses: program evaluation, needs assessn	0	0	0	500.00
	Advances					
	Other Services (4BMOE)					
		escription # Of Clients Served # of Unduplicate	ed Clients Uni	ts of Service P	rovided Total	Expenditures
	Requested Service Line					
	Category Name Units of De	escription # Of Clients Served # of Unduplicate	ed Clients Uni	ts of Service P	rovided Total	Expenditures
				h) -	Back Sav	ve Cancel

- i) The Progress Report becomes available for editing after the Final Implementation Plan has been submitted at the end of the Ryan White fiscal year. It is a narrative of the provider's accomplishments and challenges in meeting established goals and objectives. It also includes any technical assistance needs identified during the fiscal year. The responses should be concise and *fully* answered.
- j) Clicking on Save from the point h) above (if all the month's expenditure report has been submitted) the system will be redirected to the Progress report.
- k) Fill in all the questions from 1 to 4.
- I) Click save to save the data
- m) Click Save & Continue to save the data.

Progress Report

Annual Progress Data Final Implementation Plan Progress Repo	ort (j)	
		k)
 New services added to your program in the last fiscal year. Provide a description of specific Ryan White funded services added/deleted to the service system for the period of April 1- March 31. If applicable, note Emerging Communities funded services. 	:	
2. Describe any new access points created with Part B funds in the last fiscal year. Provide specific information on new points of entry into the HIV care system in the state/territory in the last fiscal year. In particular, highlight the points of entry that allow increased access to RYAN WHITE services or to clients receiving Ryan White services for the period of April 1-March 31. Note if funded through the Emerging Communities award.	:	//
3. Accomplishments of the last fiscal year. Provide specific information on the successes your program has achieved in the following areas: 1. Revising care systems to meet emerging needs. 2. Ensuring access to quality HIV/AIDS care. 3. Coordinating Ryan White services with other health-care delivery systems. 4. Evaluating the impact of Ryan White program funds and making needed improvements.	:	1
4. Challenges your program experienced in the last fiscal year. For each program area for which you did not meet the targeted numbers and/or expenditures, please briefly describe the challenges faced in meeting the targeted numbers and/or expenditures for the period of April 1-March 31.	: [) m)	1
	Back Save Submit & Continue C	Cancel

Note: It is advisable to write out responses in a Word or similar program first, then copy and paste text into the fields to ensure grammar and spelling are correct.

Section 6 – View Reports

AIMS provides several reports for different user types. All the reports are available under the View Reports section on the Navigation Bar. The following reports are available for each User:

		User Types			
Reports	Contract Manager	Contractor	Sub- Contractor	Bureau	
Contractor Reports	Yes	Yes ¹⁰		Yes	
Report Manager	Yes			Yes	
Bureau Reports				Yes	
Contract Unit Reports				Yes	
Sub-Contractor Reports			Yes		

Note: The system allows the Users to print, view and export all the available reports.

6.1 Contractor Reports

The Contract Manager, Contractor and Bureau users can access contractor Reports.

a) Click on the Contract Reports link under the View Report section on the navigation bar.



¹⁰ Only if a contractor is also a Contract Manager.

- b) The system will redirect the user to the list of the AIMS Contractor Reports Available:
 - 1. Expenditure/Invoice
 - 2. FTTY Demographic
 - 3. Providers/Subcontractor Data by Contract
 - 4. Progress Report
 - 5. Revised Implementation Plan Report
 - 6. Final Implementation Plan Report

AIMS Contractor Reports

Expenditure/Invoice	FTTY Demographic	Provider/Sub-Contractor Data by Contract
 Progress Report 	Revised Implementation Plan Report	 Final Implementation Plan Report

c) To open a report, select the report of interest and click on the same. For example, Expenditure/Invoice.

AIMS Contractor Reports



- d) The system will redirect the user to the report filter criteria.
 - 1. Select Area from the dropdown list
 - 2. Select Contract from the dropdown list
 - 3. Select a month from the dropdown list
 - 4. Click the Print Report button

Expenditure Report



(b

e) The system will redirect to the Report

									e)
l	Provider Agency Name & Address , , Contract Name:			Are Mor				FIC HE Report generated o	n: 07/10/2
	Contract Services		Expended Month	# of Clients		# of Approv nits Budg	ed Expended get Budget	Expended Y-T-D	Rate Exper
	21 21		0						09
	12	Tota	als						
	ADVANCE(S) INFORMATION	:	2				Total Contract Amount		
	Total Advances	\$0.00	-				Minus Expended Y-T-D		
	Previous Reductions	\$0.00					Minus UNPAID Advances	50	.00
	Current Reductions	\$0.00	<u>12</u>				Balance To Draw		
	Remaining Advances	\$0.00	Total	Expenditures t	his period:				
			Less Adv	ince Payback t	his period:	\$0.00			
	I certify that the above report is a true, at to the purpose of this referenced contrac		JNT OF FUNDS REQ of the activities this period			ted are made only for iter	ns which are allowable and directly n	elated	
	Signature & Title of Provider Age	nev Official	Date		100	Contract Mar	ager Signature	Date	10
	Signature & Title of Provider Age					Contract Man			

f) This report can be printed out or exported by following the steps explained in sections 6.5 and 6.7.

6.2 Report manager

The Report Manager section allows the Contract Manager and Bureau User to View, Approve, Un-Approve and Reject any Reports submitted.

a) Click on the Report Manager link under the View Report section on the Navigation Bar.



b) The system will redirect to the Report manager screen.

Report Manager

Select Program	:	Patient Care-CHD GR 🔹
Select Area	:	ALL
Select Contract	:	ALL
Select Status	:	Submitted •
Select Report	:	ALL

Report ≑	Contract Name 💲	Month/Quarter 💲	Status	Action
Expenditure	2017-2018 Miami CHD GR	April	Submited	<u>View</u>
Expenditure	2017-2018 Volusia CHD GR	April	Submited	<u>View</u>
Expenditure	2017-2018 Martin CHD GR	April	Submited	View
Expenditure	2017-2018 Palm Beach CHD GR	April	Submited	View
Expenditure	2017-2018 Bay CHD GR	April	Submited	View
Expenditure	2017-2018 Hernando CHD GR	April	Submited	View
Expenditure	2017-2018 Marion CHD GR	April	Submited	<u>View</u>
FttyDemographics	2017-2018 Broward CHD GR	January	Submited	<u>View</u>
FttyDemographics	2017-2018 Broward CHD GR	October	Submited	View
FttyDemographics	2017-2018 Broward CHD GR	November	Submited	<u>View</u>
1 <u>2</u>				

c) The reports are listed in the table on the Report Manager screen.

b)

6.2.1 Report Filters

The user can filter to the specific reports on different criteria provided:

- a) Program Select the dropdown menu to choose an available program.
- b) Area Select the dropdown menu to choose an available Area.
- c) Contract Select the dropdown menu to choose an available Contract.
- d) Status Select the dropdown menu to choose an available Report Status. By default, "Submitted" status is selected.
- e) Report Type Select the dropdown menu to choose an available Report Type. Following report types are available:
 - 1. Expenditure Data
 - 2. FTTY Demographic
 - 3. Annual Progress Report
 - 4. Revised Implementation Plan Report
 - 5. Final Implementation Plan Report

Report Manager

Select Program	:	Patient Care-CHD GR]◀──	a)
Select Area	:	ALL]	• b)
Select Contract	:	ALL]	• c)
Select Status	:	Submitted •		• d)
Select Report	:	ALL		• e)

The result set will dynamically update with a filter selection.

6.2.2 Report Actions

For any available report, the user can View, Approve, Reject or Un-Approve the report.

a) To view a report, click on the View link available in the Action column for the given report.

Report 🗘	Contract Name 💲	Month/Quarter 🛟	Status	Action
AnnualProgressReport	ABC	Annual-2010	Submited	View 🔶 a)
AnnualProgressReport	2017-2018 St. Lucie CHD RW Consortia	Annual-2017	Submited	View
AnnualProgressReport	2017-2018 Martin CHD RW Consortia	Annual-2017	Submited	View
AnnualProgressReport	2017-2018 Indian River CHD RW Consortia	Annual-2017	Submited	View
AnnualProgressReport	2018-2019 Indian River CHD RW Consortia	Annual-2018	Submited	View
AnnualProgressReport	2018-2019 Baker CHD RW Consortia	Annual-2018	Submited	View
Expenditure	CODLP-Y2	Final	Submited	View
Expenditure	2017-2018 Monroe CHD RW Consortia	Final	Submited	View
Expenditure	2017-2018 Volusia CHD RW Consortia	March	Submited	View
Expenditure	2017-2018 Flagler CHD RW Consortia	Final	Submited	View

- b) All report types (except Expenditure report) will be opened in a new tab with a standard report format.
- c) This report can be printed out or exported by following the steps explained in sections 6.5 and 6.7.

d) Viewing the Expenditure report, the system will be redirected to the Expenditure Data report.

For Month : March							d)
Administrative Ser	vices						
Category Name			# Of Clients Served	Units of Service	Approved Budget	Expended this Month	Expended t date
Administrative Services			0	0	126797.00	8196.82	114379.83
Direct and Support	Care Services						
Category Name			# Of Clients Served	Units of Service	Approved Budget	Expended this Month	Expended t date
1a Ambulatory/Outpatie	nt Medical Care		45	63	133930.00	7896.55	104233.39
1c AIDS Pharmaceutical	Assistance (local)		12	37	64698.00	3172.86	34643.60
1d Oral Health Care			21	27	209426.00	15185.18	183599.16
1f Health Insurance Prer	mium/Cost Sharing		120	296	517248.00	56028.61	363626.75
1j Mental Health Service	25		1	1	4000.00	31.00	1277.97
1k Medical Nutrition The	erapy		0	0	3000.00	0.00	0.00
1l Medical Case Manage	ment (including Treatment Adherenc	e)	101	192	276179.00	26681.11	264123.90
2a Case Management (n	non-medical)		88	144	118841.00	11678.80	112553.75
2c Emergency Financial	Assistance		2	4	48475.00	5506.75	38577.16
2d Food Bank/Home Del	livered Meals		48	48	35090.00	34996.50	34996.50
2h Linguistic Services			1	1	719.00	110.00	220.00
2i Medical Transportation	n Services		12	37	1625.00	0.00	1350.00
2k Psychosocial Support	: Services		0	0	0.00	0.00	0.00
Clinical Quality Mar	nagement Services						
Category Name			# Of Clients Served	Units of Service	Approved Budget	Expended this Month	Expended to date
Clinical Quality Manager	nent		0	0	84531.00	4422.63	75091.05
Inpatient/Managed	d Care Services						
Category Name	# Of Clients Served	Units of Service	Approved Budget	Expended this I	Ionth	Expended to d	ate
Planning and Evalu	ation Services						
Category Name			# Of Clients Served	Units of Service	Approved Budget	Expended this Month	Expended t date
Planning and Evaluation			0	0	42266.00	2948.42	36916.24
Advances							
Other Services (4B	MOE)						
Category Name	# Of Clients Served	Units of Service	Approved Budget	Expended this I	Ionth	Expended to da	ate
Requested Service	Line Items (CHD GR Only)						
Category Name	# Of Clients Served	Units of Service	Approved Budget	Expended this I	Ionth	Expended to d	ate
				Total Expended:		176855.23	1365589.30

Total Advance Reimburse Expended: 0.00 0.00

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Any report submitted can be processed by the three actions, Approve, Reject and Un-Approve:

- a) Select one or multiple reports by clicking the checkbox.
- b) Approve click this button to approve the expenditure data.
- c) Reject click this button to reject the expenditure data submitted. This action will allow the contractor to resubmit expenditure data.
- d) Un-Approve click this button to un-approve already approved expenditure data.

Month/Quarter 🔷	Status		Action
Annual-2010	Submited		<u>View</u>
Annual-2017	Submited		vien a)
Annual-2017	Submited		<u>View</u>
Annual-2017	Submited		<u>View</u>
Annual-2018	Submited		View
Annual-2018	Submited		View
Final	Submited		View
Final	Submited		View
March	Submited	l d)	View
Final	Submited C)	□ d)	View
A	pprove Reject	Un Appro	ove Cancel

Note: If the contractor has a contract manager role then the data submission is auto-approved.

6.3 Bureau Reports

Bureau users can access Bureau Reports.

a) Click on the Bureau Reports link under the View Report section on the navigation bar.



- b) The system will redirect the user to the list of the AIMS Bureau Reports Available:
 - 1. Expenditure/Invoice
 - 2. FTTY Demographic
 - 3. Contract Organization Data
 - 4. Providers/Sub-Contractor Data
 - 5. Allocation
 - 6. Progress Report

AIMS Bureau Reports			b)
Expenditure/Invoice Provider/Sub-Contractor Data	 FTTY Demographic Allocation 	 Contract Organization Data Progress Report 	
	-		

c) To open a report, select the report of interest and click on the same. For example, Expenditure/Invoice.



- d) The system will redirect the user to the report filter criteria.
 - 1. Select Area from the dropdown list
 - 2. Select Contract from the dropdown list
 - 3. Select a month from the dropdown list
 - 4. Click the Print Report button

Expenditure Report

Expenditure			d)
Select Area	: ALL • 1	4	
Select Contract	: CODMB-R2 • 2		
Select Month	: July • 3		
		Print Report	Cancel

e) The system will redirect to the Report

eport									e)
	Provider Agency Name & Addres	s	1	Iorida Depa	rtment of Health	ĥ			110
	y .			Expenditure	/Invoice Report	i			
	,			Progra	am Name:			FLO	rida
	Contract Name:				a Name:			HE	ΔΙΤΗ
					th: 0			Report generated o	n: 07/10/201
				Ye	ar:				
	Contract Services		Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate of Expend
			0						0%
		Т	otals						
	ADVANCE(S) INFORMATIO	N:				Total	Contract Amount		
	Total Advances	\$0.00				Minus	Expended Y-T-D		
	Previous Reductions	\$0.00				Minus	UNPAID Advances	\$0.	00
	Current Reductions	\$0.00				Balan	ce To Draw		
	Remaining Advances	\$0.00	Tota	Expenditures t	nis period:				
			Less Adv	ance Payback t	nis period:	\$0.00			
	I certify that the above report is a true, to the purpose of this referenced contr	AN accurate and correct reflecti act.	NOUNT OF FUNDS REG	UESTED THIS d; and that the exp	REPORT: enditures reported are r	nade only for items which a	ere allowable and directly re	lated	
	Signature & Title of Provider Ag	ency Official	Date		<u></u>	Contract Manager Sign	sature	Date	
					Contr	ract Manager's Supervis	or Signature	Date	

f) This report can be printed out or exported by following the steps explained in sections 6.5 and 6.7.

6.4 Contract Unit Reports

Bureau users can access Contract Unit Reports.

a) Click on the Contract Unit Reports link under the View Report section on the navigation bar.



- b) The system will redirect the user to the list of the AIMS Contract Unit Reports Available:
 - 1. Contracts By Region
 - 2. Contracts By Area
 - 3. Contracts Through OCA
 - 4. Contracts By Program

AIMS Contract Unit Reports				
	 Contracts By Region Contracts By Program 	• Contracts By Area	 Contracts Through OCA 	

c) To open a report, select the report of interest and click on the same. For example, Contracts By Region.

AIMS Contract Unit Reports



- d) The system will redirect the user to the report section.
 - 1. Select a region for which the report is required.
 - 2. Click Search.
 - 3. The updated report will be displayed.
 - 4. Save Report the report can be saved (Excel, PDF or Word format) using the save icon.

t Region	: Escambia Cou	inty Health Dept. (1)	•	1		
↓ 1 of 2	? Þ ÞI 💠	Find Next	↓ ↓ ⊕		2	Search Car
Contract Lis Dept. (1) Contract	t By Region Name : E Org Name	scambia County Heal	th Start Date	End Date	Amount	Florida HEALTH
ABC	AIDS Healthcare	Patient Care-Consortia	1/1/2013 12:00:00 AM	12/31/2013 12:00:00 AM	249960.00	Service and the Service Service
ABC TEST	Constant and the second second		Construction of the Constr			25000
	AIDS Healthcare Foundation	Patient Care-Consortia	1/1/2013 12:00:00 AM	12/31/2013 12:00:00 AM	249960.00	25000
	AIDS Healthcare Foundation State of Florida Department of	Patient Care-Consortia	1/1/2013 12:00:00 AM	12/31/2013 12:00:00 AM	249960.00	25000 270
TEST	AIDS Healthcare Foundation State of Florida Department of Corrections AIDS Healthcare	Patient Care-Consortia Prevention	1/1/2013 12:00:00 AM 7/1/2012 12:00:00 AM	12/31/2013 12:00:00 AM 6/30/2013 12:00:00 AM	249960.00 100000.00	25000 270 0
TEST	AIDS Healthcare Foundation State of Florida Department of Corrections AIDS Healthcare Foundation State of Florida Department of	Patient Care-Consortia Prevention Prevention	1/1/2013 12:00:00 AM 7/1/2012 12:00:00 AM 1/1/2013 12:00:00 AM	12/31/2013 12:00:00 AM 6/30/2013 12:00:00 AM 12/31/2013 12:00:00 AM	249960.00 100000.00 249960.00	25000 270 0 0

e) All reports except Contract Through OCA contains Region, Area and Program selection drop-down option respectively.

ContractList By Region Report

Select Region	: Escambia County Health Dept. (1)		
		Search	Cancel
ContractList By	/ Area Report		
Select Area	: ALL • • • e)		
		Search	Cancel
ContractList By	y Program Report		
Select Program	: Patient Care-Consortia e)		
		Search	Cancel

6.5 Sub-Contractor Reports

Sub-Contract users can access Sub-contractor Reports.

a) Click on the Sub-Contract Reports link under the View Report section on the navigation bar.



- b) The system will redirect the user to the list of the AIMS Sub-Contractor Reports Available:
 - 1. Expenditure Report

AIMS Sub-Contractor Reports



Expenditure Report

c) To open the report, click on the report.

AIMS Sub-Contractor Reports



- d) The system will redirect the user to the report filter criteria.
 - 1. Select Year from the dropdown list
 - 2. Select Area from the dropdown list
 - 3. Select Contract from the dropdown list
 - 4. Select Sub-Contractor from the dropdown list
 - 5. Select a month from the dropdown list
 - 6. Click the Print Report button

Sub-Contractor Expenditure Report

Select Year	: 2018-2019 • 4	
Select Area	: ALL • 2	
Select Contract	: No Contract 🔻 🚤 3	6
Select Sub- Contractor	: No Sub-Contractors V	0
Select Month	: 🔽 🗲 5	↓
		Print Report Cancel

e) The system will redirect to the Report

			1.22						
	Provider Agency Name & Address				rtment of Health				111
	1		E		Invoice Report				
					m Name:			Flo	rida
	Contract Name:				a Name: th: 0			HE	ALTH
				Ye				Report generated or	: 07/10/20
				Te	ai.				
	Contract Services		Expended Month	# of Clients	# of Service Units	Approved Budget	Expended Budget	Expended Y-T-D	Rate o Expen
	81		0						09
	8 <u></u>	То	tals						
	19								
	ADVANCE(S) INFORMATION	l:					Total Contract Amount		
	Total Advances	\$0.00					Minus Expended Y-T-D		
	Previous Reductions	\$0.00					Minus UNPAID Advances	\$0.	00
	Current Reductions	\$0.00					Balance To Draw		
	Remaining Advances	\$0.00	 Total	Expenditures th	nis period:				
			Less Adva	nce Payback th	nis period:	\$0.00			
		AMC	DUNT OF FUNDS REQU	JESTED THIS	REPORT:				
	I certify that the above report is a true, a to the purpose of this referenced contract	courate and correct reflection	n of the activities this period	and that the exp	enditures reported are n	nade only for items	which are allowable and directly re	lated	
	Signature & Title of Provider Age	ncy Official	Date	_	<u>.</u>	Contract Manag	er Signature	Date	32
					Contr	act Manager's Su	naminor Signature	Date	32
	Signature & Title of Provider Age	ncy Official	Date	_	Cont	5	-	11 <u>-</u>	-

f) This report can be printed out or exported by following the steps explained in sections 6.5 and 6.7

d)

6.6 Print Report

All reports generated can be printed by following the below steps:

- a) Print Reports
 - 1. Click on the Print icon.
 - 2. The system will display the Print to PDF options in a pop-up.
 - 3. Select the options as required
 - 4. Click export button
 - 5. The report will be downloaded on your computer and ready for printing.

1	Provider Agency Name & Address , ,	2
	Contract Name:	Print to PDF
		Page Range:
		All Pages Select Pages
	Contract Services	From: To:
	Contract services	() Print to PDF:
		 The viewer must export to PDF to print. Choose the Print option from the PDF reader application once the document is opened. Note: You must have a PDF reader installed to
		print. (eg. Adobe Reader)
1	ADVANCE(S) INFORMATION:	4 Export
8	Total Advances	\$0.00

6.7 Exporting Report

All reports generated can be exported by following the below steps:

- a) Export Reports
 - 1. Click on the Export icon.
 - 2. The system will display the Export options in a pop-up.
 - 3. Select the options as required
 - 4. Click Export button
 - 5. The report will be downloaded on your computer.

1	2	
	Provider Agency Name & Address	
	· · · · · · · · · · · · · · · · · · ·	
	Export	×
	File Format:	
	Crystal Reports (RPT)	
	Page Range:	
	O Select Pages	
	From: To:	Expended Month
		0
		Totals

Note: the report can be exported in different file formats: PDF, Excel, Word, RTF and XML.