THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY

Contract Number

20-1180 A-4

SAP Number 4400015714

Department of Public Health

Department Contract Representative Telephone Number

Monica Rivera (909) 361-0211

Contractor

SAN BERNARDINO

Contractor Representative Telephone Number Contract Term Original Contract Amount Amendment Amount Total Contract Amount Cost Center Grant Number (if applicable)

| County of Riverside, Department of |
|------------------------------------|
| Public Health |
| Lea Morgan, HIV/STD Branch Chief |
| (951) 358-5307 |
| March 1, 2021 – February 28, 2026 |
| \$3,905,542 |
| \$210,520 |
| \$4,116,062 |
| 9300371000 |
| N/A |
| |

IT IS HEREBY AGREED AS FOLLOWS:

Amendment No. 4

It is hereby agreed to amend Contract No. 20-1180, effective November 19, 2024, as follows:

SECTION V. FISCAL PROVISIONS

Paragraph A and C are amended to read as follows:

A. The maximum amount of payment under this Contract shall not exceed \$4,116,062, of which \$4,116,062 may be federally funded, and shall be subject to availability of funds to the County. If the funding source notifies the County that such funding is terminated or reduced, the County shall determine whether this Contract will be terminated or the County's maximum obligation reduced. The County will notify the Contractor in writing of its determination and of any change in funding amounts. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the performance hereof, including travel and per diem.

| Original Contract | \$2,245,365 | March 1, 2021 through February 29, 2024 |
|-------------------|---------------------|---|
| Amendment No. 1 | (\$78,633) decrease | March 1, 2021 through February 29, 2024 |
| Amendment No. 2 | \$ 230,093 | March 1, 2022 through February 29, 2024 |
| Amendment No. 3 | \$ 1,508,717 | March 1, 2023 through February 28, 2026 |

| Program Year | Dollar Amount |
|--|------------------|
| March 1, 2021 through February 2 2022 | 28, \$722,244 |
| March 1, 2022 through February 2 2023 | 28, \$873,556 |
| March 1, 2023 through February 2 2024 | 29, \$769,914* |
| March 1, 2024 through February 2 2025 | 28, \$875,174 |
| March 1, 2025 through February 2 2026 | 28, \$875,174 |
| Тс | otal \$4,116,062 |

It is further broken down by Program Year as follows:

*This amount includes a decrease of \$31,111 from the previous year.

C. Contractor shall provide monthly invoices to the County within twenty (20) calendar days or earlier following the month in which services were provided in the format designated in the Invoice (Attachment K), attached hereto and incorporated herein by this reference. Invoices submitted after the required due date will be paid at the sole discretion of the County. Progress and utilization reports must be entered into ARIES before the invoice is submitted for payment. Contractor will submit all supporting documentation for all line items and clearly identify the supporting data/information of the submitted invoice, including utilization, narrative reports, and supporting documentation will not be processed and will be returned to Contractor. Failure to submit documents as required may result in the delay of payment to the Contractor. The County reserves the right to revise invoice formats to meet updated program requirements. Refer to RWP Policy #2: Monthly Invoice/Reporting Packet for most recent requirements. Invoices shall be submitted to:

Ryan White Program Office Department of Public Health 451 E. Vanderbilt Way, 2nd Floor San Bernardino, CA 92408 Main Line: (909) 387-6492 FAX: (909) 387-6493

X. GENERAL PROVISIONS

Paragraph A is amended to read as follows:

- A. When notices are required to be given pursuant to this Contract, the notices shall be in writing and mailed to the following respective addresses listed below.
 - Contractor: County of Riverside, Department of Public Health P.O. Box 7600 Riverside, CA 92513-7600
 - County: (Program Information) San Bernardino County Department of Public Health Attn: Ryan White Program Office 451 E. Vanderbilt Way, 2nd Floor San Bernardino, CA 92408

County: (Contract Information) San Bernardino County Department of Public Health Attn: Contracts and Grants Unit 451 E. Vanderbilt Way, 3rd Floor, Suite 325 San Bernardino, CA 92408

ATTACHMENTS

- ATTACHMENT A Remove and replace SCOPE OF WORK for Program Year 2024-25 (Revised August 2024)
- ATTACHMENT B Remove and replace SCOPE OF WORK MAI for Program Year 2024-25 (Revised August 2024)
- ATTACHMENT J Remove and replace PROGRAM BUDGET AND ALLOCATION for Program Year 2024-25 (Revised August 2024)

All other terms and conditions of Contract No. 20-1180 remain in full force and effect.

This agreement may be executed in any number of parts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Contract. The parties shall be entitled to sign and transmit an electronic signature of the Contract (whether by facsimile, PDF, or other email transmission), which signature agrees to promptly execute and deliver to the other party an original signed Contract upon request.

| | Approved as to Form: Minh C. Tran County Counsel <i>Esen Sainz</i> By: Esen Sainz Deputy Counsel Counsel | |
|---|---|--|
| SAN BERNARDINO COUNTY | Y OF THIS D THE Title Title Director of P (Authorized signe (Authorized signe (Print or type nam Director of P (Print or type nam Director of P | ri e of person signing contract) ublic Health int or Type) |
| FOR COUNTY USE ONLY Approved as to Legal Form Interfill Adam Ebright, County Counsel Date | ► Joshu Zugas Joshu Dug | pproved by Department (Nov 7, 2024 14:07 PST) as, Public Health Director OV 7, 2024 |

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| Element #1: The HIV Nurse Clinic Manager is responsible for ensuring Case Management (Non-Medical) Services are delivered according to the IEHPC Standards of Care and Scope of Work activities. Activities: | PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES: | •• | Group Name and S Description (must be HIV+ S related) D | Proposed Number of Units = Transactions or 15 min encounters (See Attachment P) | Proposed Number of Visits = Regardless of number of transactions or number of units | Proposed Number of Clients | | | | Service Health Outcomes: | Service Goal: | Service Category: | Grant Period: | Contractor: | Contract Number: | |
|--|---|----|---|--|--|-----------------------------------|------------------------|---|--|---------------------------------------|--|--------------------------------------|-----------------------------------|---|-------------------------|--|
| responsible for ces are delivere pe of Work acti |) IMPLEMENTA | | Service Area of Tar Service Popu Delivery | 's Iters | ts actions or | nts | | Improved or maintained viral suppression rate Improve retention in Care (at least one medical visit each 6-month period) | Improved or maintained CD4 cell count, as a % of total lymphocyte cell count | Improved or maintained CD4 cell count | The goal of Case Management (non-medical) is to facilitate linkage and retention in care through the provision of guidance and assistance with service information and referrals | NON-MEDICAL CASE MANAGEMENT SERVICES | March 1, 2024 - February 28, 2025 | County of Riverside Department of Public Health, HIV/STD Branch | | USE A SEI |
| ensuring Case d according to vities. | HON ACTIVITI | | Targeted Open/ Population Closed | 1,250 | 750 | 650 | SA1 West Riv | aintained virai | aintained CD4 | aintained CD4 | se Managemen ssistance with | AL CASE MA | - February 28, | erside Departm | | SCOPE OF WORK – RYAN WHITE FUSE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED S |
| | | | n/ Expected Avg. Attend. ed per Session | 500 | 300 | 175 | SA2 Mid Riv | suppression ra least one medi | cell count, as | cell count | tt (non-medica service inform | NAGEMEN | 2025 | ent of Public F | | WORK – |
| 1, 2, & 3 03/01/24- 02/28/25 | Service Timeline Area | | cted Session ttend. Length ssion (hours) | 250 | 200 | 125 | SA3 East Riv | ite Ical visit each (| a % of total lyı | | is to facilitat ation and refer | I SERVICES | | fealth, HIV/S1 | | RYAN WI |
| | LINE | | on Sessions th per Week rs) | 0 | 0 | 0 | SA4 San B West | 5-month period | nphocyte cell (| | e linkage and r rals | | | D Branch | | |
| Patient Assessments Care Plans Case Management Tracking Log Case Conferencing Documentation Referral Logs Progress Notes | | | s Group k Duration | 0 | 0 | 0 | SA5 San B East |) | count | | etention in car | | | | | ART A ERVICE CATEGORY |
| nts t Tracking L g Document | PROCESS OUTCOMES | | - | 0 | 0 | 0 | SA6 San B Desert | | | | e through th | | | | | |
| og ation | TCOMES | | Outcome Measures | 2,000 | 1,250 | 950 | FY 24/25 TOTAL | | | | e provision of | | | | | |

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| assessment within 3 days from referral. | assessment within 3 days from referral. | | | ARIES Reports |
|---|---|-------------------------------|------------------------------------|--|
| Element #2: Initial and on-going of acuity level | evel | 1, 2, & 3 | 03/01/24- 02/28/25 | |
| Activities: Case Manager will provide initial and ongoing a acuity level during intake and as needed to deter Management or Medical Case Management neewill also be used to develop patient's Care Plan. Case Manager will discuss budgeting with patien to necessary services and Case Manager will scr violence, mental health, substance abuse, and ad | ivities: Case Manager will provide initial and ongoing assessment of patient's acuity level during intake and as needed to determine Case Management or Medical Case Management needs. Initial assessment will also be used to develop patient's Care Plan. Case Manager will discuss budgeting with patients to maintain access to necessary services and Case Manager will screen for domestic violence. mental health. substance abuse. and advocacy needs. | | | . 1 |
| Element #3: | ייה יהלייולנטן מסיים מויש | 1, 2, & 3 | 03/01/24- | |
| Element #3: Development of a comprehensive, individual care plan Activities: Case Manager will refer and link patients to me health, substance abuse, psychosocial services, as needed and Case Manager will provide refer in their support network. Case Manager will be responsible for eligibilit, HIV patients to ensure patients obtain health in coverage for medical care and that Ryan White as payer of last resort. Case Manager will assist patient to apply for me California, ADAP and/or OA CARE HIPP etc. Case Manager will coordinate and facilitate be patients to become educated on covered California for the patients to become educated on covered California for the patients to become educated on covered California for the california for the patients to become educated on covered California for the patients to become educated on covered California for the patients to become educated on covered California for the patients to become educated on covered California for the patients to become educated on covered California for the patients to become educated on covered California for the patients to become educated on covered California for the patients to become educated on covered California for the patients to become educated on covered California for the patients to become educated on covered California for the patients to become educated on covered California for the patients to become educated on covered California for the patients for the patients to become educated on covered California for the patients for the | t #3: ment of a comprehensive, individual care plan. es: Case Manager will refer and link patients to medical, mental health, substance abuse, psychosocial services, and other services as needed and Case Manager will provide referrals to address gaps in their support network. Case Manager will be responsible for eligibility screening of HIV patients to ensure patients obtain health insurance coverage for medical care and that Ryan White funding is used as payer of last resort. Case Manager will assist patient to apply for medical, Covered California, ADAP and/or OA CARE HIPP etc. Case Manager will coordinate and facilitate benefit trainings for patients to become educated on covered California open enrollment, Medi-Cal IEHP, OA- CARE HIPP etc. | 1, 2, & 3 3 | 03/01/24- 02/28/25 | |
| Element #4: Case Manager will provide education and counseling to assis patients with transitioning if insurance or eligibility changes. | Element #4: Case Manager will provide education and counseling to assist the HIV patients with transitioning if insurance or eligibility changes. | 1, 2, & 3 | 03/01/24- 02/28/25 | |
| Case Manager will assist patients with ob resources for daily living such as bus pass and other emergency financial assistance. | es: Case Manager will assist patients with obtaining needed financial resources for daily living such as bus pass vouchers, gas cards, and other emergency financial assistance. | | | |
| Contract Number: | | | | |
| Contractor: | County of Riverside Department of Public Health, HIV/STD | olic Health, H | IV/STD | - |
| Grant Period: | March 1, 2024 - February 28, 2025 | | | |
| Service Category: Service Goal: | Medical Case Management (MCM) The goal of providing medical case management services is to ensure that struggling with challenging barriers to care, marginally in care, and/or ex | nagement ser care, margina | vices is to ens lly in care, an | Medical Case Management (MCM) The goal of providing medical case management services is to ensure that those who are unable to self-manage their care, struggling with challenging barriers to care, marginally in care, and/or experiencing poor CD4/Viral load tests receive intense |

| Activities: Management and MCM staff will attend Inland Empire HIV Planning Council Standards of Care Committee meetings to ensure compliance. MCM staff will receive annual training on MCM practices and best practices for coordination of care, and motivational interviewing. | Element #1: The HIV Nurse Clinic Manager is responsible for ensuring MCM services are delivered according to the IEHPC Standards of Care and Scope of Work activities. | N/A PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES: | Group Name and Service Description Service (Must be HIV+ related) Delivery | Proposed Number of Units = Transactions or 15 min encounters | Proposed Number of Visits = Regardless of number of transactions or number of units | Proposed Number of Clients | | Improved Improved Improved Intervention | Service Health Outcomes: Improved |
|--|--|---|--|--|--|----------------------------|------------------------|--|--|
| attend Inland Ei ings to ensure o ning on MCM onal interviewir | ole for ensuring and Scope of W | AND IMPLEMI | Targeted Population | 1,250 | 665 | 455 | SA1 West Riv | Improved or maintained CD4 cent Improved or maintained viral load Improved retention in care (at leas Reduction of Medical Case Manag | Improved or maintained CD4 cell count Improved or maintained CD4 cell count |
| mpire HIV Plar compliance. practices and be rg. | , MCM services ⁷ ork activities. | ENTATION AC | Open/ A Closed I | 500 | 390 | 130 | SA2 Mid Riv | iral load e (at least 1 mec Management | D4 cell count |
| nning Council est practices for | are delivered | rivities: | Expected S Avg. Attend. 1 per Session (| 250 | 195 | 65 | SA3 East Riv | dical visit in each utilization due | ac a % of total |
| | 1, 2, & 3 | SERVICE | Session Sess Length per [\] (hours) | 0 | 0 | 0 | SA4 San B West | Improved or maintained CD+ cert count, as a 70 or total tymphocyte cert count Improved or maintained viral load Improved retention in care (at least 1 medical visit in each 6-month period) Reduction of Medical Case Management utilization due to client self-sufficiency. | Improved or maintained CD4 cell count Improved or maintained CD4 cell count as a % of total lymphocyte cell count |
| | 03/01/24- 02/28/25 | TIMELINE | Sessions Group ber Week Duration | 0 | 0 | 0 | SA5 San B East | d) iciency. | wint |
| Comprehensive Case Conference Referral Logs Progress Notes | Medical Cas Assessments Patient Acui | <u>.</u> | | 0 | 0 | 0 | SA6 San B Desert | | |
| Comprehensive Care Plan Case Conferencing Documentation Referral Logs Progress Notes | Medical Case Management Needs Assessments Patient Acuity Assessments Repetit and recourse referrate | PROCESS OUTCOMES | Outcome Measures | 2,000 | 1,250 | 650 | FY 24/25 TOTAL | | |

| Element #2: Medical Case Managers will provide Medical Case Management Services to patients that meet TGA MCM service category criteria: | 1, 2, & 3 | 03/01/24- 02/28/25 | Cultural Competency Plan ARIES Reports |
|--|-----------|-----------------------|---|
| Activities: | | | |
| Benefits counseling, support services assessment and assistance with access to public and private programs the patient may qualify for. Make referrals for: home health, home and community-based services, mental health, substance abuse, housing assistance as needed | | | |
| Element #3: Medical Case Managers will conduct an initial needs assessment to identify which HIV | 1, 2, & 3 | 03/01/24- 02/28/25 | |
| patients meet the criteria to receive medical case management. | | | |
| Activities: Initial patient, family member and personal support system assessment. Re-assessments will be conducted at a minimum of every four months by MCM staff to determine ongoing or new service needs | | | |
| Element #4: | 1, 2, & 3 | 03/01/24- | |
| Medical Case Managers will conduct initial and ongoing assessment of patient acuity level and service needs. | | 02/28/25 | |
| Activities: | | | |
| • If patient is determined to not need intensive case management services, they will be referred and linked with case management (non-medical) services. | | | |
| Element #5: The MCM staff will develop comprehensive, individualized care plans in collaboration with | 1, 2, & 3 | 03/01/24- 02/28/25 | |
| patient, primary care physician/provider and other health care/support staff to maximize patient's care and facilitate cost-effective outcomes. | | | |
| Activities: The plan will include the following elements: moblem/presenting issue(s) service | | | |
| need(s), goals, action plan, responsibility, and timeframes. | | | |

| COMES | PROCESS OUTCOMES | TIMELINE | CE A | SERVI ARE/ | PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES: | ENTATION / | ND IMPLEM | LIVERY AI | SERVICE DE | PLANNED S |
|---------------------|---|------------------------|----------------------------|-----------------------------|---|---|---|---------------------------------|---|--|
| | | | | | | | | | | N/A |
| Outcome Measures | Group Duration | Sessions per Week | ion Length (hours) | Session L (hou | Expected Avg. Attend. per Session | Open/ Closed Av | | Targeted Population | Service Area of Service Delivery | Group Name and Description (Must be HIV+ related) |
| 0 | 3,000 | 0 | 0 | 0 | 400 | 800 | 1,800 | S | of Units 5 min encounter | Proposed Number of Units = Transactions or 15 min encounters |
| - | 950 | 0 | 0 | 0 | 150 | 300 | 500 | ions | of Visits nber of transacti | Proposed Number of Visits = Regardless of number of transactions or number of units |
| - | 450 | 0 | 0 | 0 | 75 | 100 | 275 | | of Clients | Proposed Number of Clients |
| | FY 24/25 TOTAL | SA6 San B Desert | SA5 San B East | SA4 San B West | SA3 East Riv | SA2 Mid Riv | SA1 West Riv | | | |
| | | | period). | d d | Improve retention in care (at least 1 medical visit in each 6-month period). Link newly diagnosed HIV+ to care within 30 days: and Increase rate of ART adherence | re (at least 1 m HV+ to care w lherence | Improve retention in care (at lea Link newly diagnosed HIV+ to Increase rate of ART adherence | Improve Link new Increase | | |
| | | ţ | | i ij inprocy | Improved or maintained viral load. | l viral load. | Improved or maintained viral load | Improve | | Outcomes: |
| | | VM). | ine (AAHI) | HIV Medic | National Institutes of Health, American Academy of HIV Medicine (AAHIVM) | lealth, Americ | Institutes of H | National | | Service Health |
| for the | To maintain or improve the health status of persons living with HIV/AIDS in the TGA. NOTE: Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service. | in the TGA. NOT | HIV/AIDS i consistent v | iving with I sare that is a | ntus of persons h he provision of (| e the health sta tion includes th | tain or improvent t of HIV infect | To main treatmen | | Service Goal: |
| | | | | VICES | OUTPATIENT/AMBULATORY HEALTH SERVICES | BULATORY | ATIENT/AMI | OUTP. | | Service Category: |
| | | | | | | uary 28, 2025 | March 1, 2024 - February 28, 2025 | March | | Grant Period: |
| | | | ranch | HV/STD B | County of Riverside Department of Public Health, HIV/STD Branch | Department of | of Riverside L | County | | Contractor: |
| | | | | | | | | | r: | Contract Number: |
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| Activities: Completing a medical history Conducting a physical examination including an assessment for oral health care Reviewing lab test results Assessing the need for medication therapy Development of a Treatment Plan. Collection of blood samples for CD4 Viral load, Hepatitis, and other testing Perform TB skin test and chest x-ray | Element #3: Clinic staff will conduct assessments including evaluation health history and presenting problems. Those on HIV medications are evaluated for treatment adherence. Assessments will consist of: | Activity: Management staff will attend Inland Empire HIV Planning Council Standard of Care Meetings. Management/physician/clinical staff will attend required CME training and maintain American Academy of HIV Medicine (AAHIVM) Certification. | Element #2: The HIV/STD Branch Chief, Medical Director, and HIV Clinic Manager are responsible for ensuring Outpatient/Ambulatory Health Services are delivered according to the IEHPC Standards of Care and Scope of Work activities. | Element #1: DOPH-HIV/STD medical treatment team will provide the following service delivery elements to PLWHA receiving * HIV Outpatient/Ambulatory Health Services at Riverside Neighborhood Health Center, Perris Family Care Center, and Indio Family Care Center. Provide HIV care and treatment through the following: Activities: Development of Treatment Plan Diagnostic testing Early Intervention and Risk Assessment Preventive care and screening Practitioner examination Documentation and review of medical history Diagnosis and treatment of common physical and mental conditions Prescribing and managing Medication Therapy Education and counseling on health issues Continuing care and management of chronic conditions Referral to and provision of Specialty Care Treatment adherence counseling/education |
|--|---|--|--|--|
| | 1, 2, & 3 | | 1, 2, & 3 | 1, 2, & 3 |
| | 03/01/24- 02/28/25 | | 03/01/24- 02/28/25 | 03/01/24- 02/28/25 |
| | | | | Patient health assessment Lab results Treatment plan Psychosocial assessments Treatment adherence documentation Case conferencing documentation Progress notes Cultural Competency Plan ARIES reports Viral loads Reduction in unmet need Prescription of/adherence to ART |

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| Element #4: | 1, 2, & 3 | 03/01/24- | |
|--|-------------|-----------|--|
| Clinicians will complete a medical history on patients, including family medical history, | | 02/28/25 | |
| psycho-social history, current medications, environmental assessment, diabetes, | · · · · · · | | |
| cardiovascular diseases, renal disease, GI abnormalities, pancreatitis, liver disease, and | | | |
| hepatitis. | | | |
| Activities: | | | |
| Conducting a physical examination | | | |
| Reviewing lab test results | | | |
| Assessing the need for medication therapy | | | |
| Development of a Treatment Plan. | | | |

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| | | 02/28/25 | 1, 2, & 3 | | eria: | he following crit | y MNT based on t | HIV patients will be assessed by MNT based on the following criteria: |
|---|---|-----------------------------|-----------------------------|------------------------------|--|---|--|--|
| ARIES Reports Cultural Competency Plan Academy of Nutrition and Dietetics Standards Viral loads | ARIES Reports Cultural Competency Plan Academy of Nutrition and Standards Viral loads | | | abuse, | t by the physician o ts will be referred t fatigue, substance | ical appointment problems. Patien t gain ts poor appetite, | ients to be screened at every medical appointment by the physician or staff to identify nutrition related problems. Patients will be referred to ased on the following criteria: HIV/AIDS diagnosis Unintended weight loss or weight gain Body mass index below 20 Barriers to adequate intake such as poor appetite, fatigue, substance abuse. food insecurity, and depression | D D D D T ba |
| MNT schedules/logs MNT encounter logs Nutrition Screening and MNT assessment MNT Referrals Progress/treatment | MNT schedules/logs MNT encounter logs Nutrition Screening assessment MNT Referrals Prognates | 03/01/24- 02/28/25 | 1, 2, & 3 | de but | ool to identify factors could inclue ypertension, | ion Screening Tc sessments. Risk f lrug use/abuse, h | ll develop a Nutrit rition Therapy Ass wasting, obesity, d 'sfunction etc. | Element #1: Medical Nutrition Therapist will develop a Nutrition Screening Tool to identify patients who need Medical Nutrition Therapy Assessments. Risk factors could include but are not limited to: weight loss, wasting, obesity, drug use/abuse, hypertension, cardiovascular disease, liver dysfunction etc. |
| Outcome Measures | | s Group k Duration | Sessions per Week | Session Length (hours) | Expected Avg. Attend. per Session | Open/ Closed | ce Targeted of Population Pry | Group Name and Service Description Area of (Must be HIV+ Service related) Delivery |
| 600 | 0 | 0 | 0 | 125 | 175 | 300 | unters | Proposed Number of Units = Transactions or 15 min encounters (See Attachment P) |
| 450 | 0 | 0 | 0 | 75 | 125 | 250 | sactions or | Proposed Number of Visits = Regardless of number of transactions or number of units |
| 211 | 0 | 0 | 0 | 22 | 46 | 143 | | Proposed Number of Clients |
| FY 24/25 TOTAL | SA6 San B Desert | SA5 San B East | SA4 San B West | SA3 East Riv | SA2 Mid Riv | SA1 West Riv | | |
| | | | nth period) | in each 6-mor | Improve retention in care (at least 1 medical visit in each 6-month period) Improve viral suppression rate. | on in care (at lea uppression rate. | Improve retention in care (at le Improve viral suppression rate. | Service Health Outcomes: |
| es. | ve health outcome | naintain positiv | utcomes or r | rove health ou | Facilitate maintenance of nutritional health to improve health outcomes or maintain positive health outcomes | enance of nutriti | Facilitate maint | Service Goal: |
| | | | | | ERAPY | MEDICAL NUTRITION THERAPY | MEDICAL NU | Service Category: |
| | | | | | 025 | March 1, 2024 - February 28, 2025 | March 1, 2024 | Grant Period: |
| | | | ranch | HIV/STD BI | County of Riverside Department of Public Health, HIV/STD Branch | rside Departmen | County of Rive | Contractor: |
| | | | | | | | | Contract Number: |

| • Low risk - to be seen by an RDN at least annually |
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| Activities: Initial MNT assessment and treatment will include the following: |
| Gathering of baseline information. Routine quarterly or semi-annually follows- up can be scheduled to continue education and counseling. |
| Nutrition-focused physical examination; anthropometric data; client history; food /nutrition-related history; biochemical data, medical tests, and procedures. |
| Identify as early as possible new risk factors or indicators of nutritional compromise. |
| Discuss plan of treatment with treating physician. Treating physician will RX food and/or nutritional supplements. |
| Participate in bi-weekly case conferences to discuss treatment planning and coordination with the medical team |
| 1, 2, & 3 |
| HIV patients who are identified for group education based on MNT assessment 02/28/25 and treatment will be referred to MNT group/educational classes 02/28/25 |
| Activities: MNT will develop educational curriculum. HIV patient will attend MNT group/educational class as recommended by MNT and treating physician. |

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| | SCOPE OF WORK – PART A USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY |
|-----------------------------|---|
| Contract Number: | |
| Contractor: | County of Riverside Department of Public Health, HIV/STD Branch |
| Grant Period: | March 1, 2024 - February 28, 2025 |
| Service Category: | EARLY INTERVENTION SERVICES (PART A) |
| Service Goal: | Quickly link HIV infected individuals to testing services, core medical services, and support services necessary to support treatment adherence and maintain in medical care. Decreasing the time between acquisition of HIV and entry into care will facilitate access to medications, decrease transition rates, and improve health outcomes. |
| Service Health Outcomes: | Improved or maintained CD4 cell count Improved or maintained CD4 cell count, as a % of total lymphocyte cell count Improved retention in care (at least 1 medical visit in each 6 month period) Improved viral suppression |
| | Targeted HIV Testing-Maintain 1:1% positivity rate or higher |
| | |

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| • | • | • | Group Name and Description (must be HIV+ related) |
|---|---|---|---|
| | | | Service Area of Service Delivery |
| | | | Targeted Population |
| | | | Open/ Closed |
| | | | Expected Open/ Avg. Attend. Closed per Session |
| | | | Session Sessi Length per (hours) Wee |
| | | | Session Sessions Group Length per Duration (hours) Week |
| | | | Group Duration |
| | | | Outcome Measures |

| Element #1: Identify/locate HIV+ unaware and HIV + that have fallen out of | 1, 2, & 3 | 03/01/24- | Outreach schedules and logs |
|---|-----------|-----------|--|
| $\frac{1}{10}$ | - ; - ; - | 20/20/00 | Outroph Ensemble min robe |
| care | | | LTC Documentation Logs |
| Activities: | | | Assessment and Enrollment Forms Reporting Forms |
| EIS staff will work with grass-roots community-based and faith- based agencies, local churches and other non-traditional venues to | | | Case Conferencing Documentation Referral Logs |
| reach targeted communities to perform targeted HIV testing, link | | | Progress Notes Cultural Competency Plan |
| Services and newly diagnosed and unmet need to HIV care and | | | ARIES Reports |
| | | | |
| shelters and hospitals to perform targeted HIV testing, linking newly diagnosed to HIV care and treatment. | | | |
| EIS staff will work with treatment team staff to identify PLWHA that have fallen out-of-care and unmet need nonulation to | | | |
| provide the necessary support to bring back into care and maintain into treatment and care. | | | |
| EIS staff will provide the following service delivery elements to PLWHA receiving EIS at Riverside Neighborhood Health Center, | | | |
| Perris Family Care Center and Indio Family Care Center. Services | | | |
| based on the Inland Empire HIV Planning Council Standards of Care. | | | |
| Element #2 | 1, 2, & 3 | 03/01/24- | |
| care and treatment within 30 days or less. Provide referrals to systems of care (RW & non-RW) | | C7/07/70 | |
| Activities: | | | |
| EIS staff will coordinate with HIV Care and Treatment facilities who link patient to care within 30 days or less. | | | |
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| 03/01/24- 02/28/25 |
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| 03/01/24- 02/28/25 |
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| 03/01/24- 02/28/25 | 1, 2, & 3 | Element #7 : EIS staff will assist patients with enrollment or transition activities to other health insurance payer sources (i.e., ADAP, MISP, Medi-Cal, Insurance Marketplace, OA Care HIPP, etc.). |
|-----------------------|-----------|---|
| | | EIS staff will work with the DOPH-Surveillance unit to target areas in need of services. |
| | | Activities: EIS staff will coordinate with prevention and outreach programs within the TGA to strategically plan service areas to serve. |
| 03/01/24- 02/28/25 | 1, 2, & 3 | Element #6: EIS staff will coordinate with local HIV prevention /outreach programs to identify target outreach locations and identify individuals not in care and avoid duplication of outreach activities. |
| | | Senior Communicable Disease Specialist (CDS) will review all data elements to ensure linkage and retention of patient. |
| | | Activities: EIS staff will meet with DOPH Prevention on a weekly basis to exchange information on newly diagnosed patients ensuring that the person is referred to EIS and linked to HIV care and treatment within 30 days or less |
| 03/01/24- 02/28/25 | 1, 2, & 3 | Element #5: EIS staff will work with HIV Testing & Counseling Services to bring newly diagnosed individuals from communities of color to Partner Services and HIV treatment and care at DOPH- HIV/STD as well as other HIV care and treatment facilities throughout Riverside County. |
| | | asking HIV + individuals and high risk HIV negative individuals to recruit their social contacts for HIV testing and linkage to care services. |

| Information will be entered into ARIES. The ARIES reports will be used by the Clinical Quality Management Committee to identify quality service indicators, continuum of care data and provide opportunities for improvement in care and services, | Activities: EIS staff will maintain documentation on all EIS encounters/activities including demographics, patient contacts, referrals, and follow-up, Linkage to Care Documentation Logs, Assessment and Enrollment Forms and Reporting Forms in each patient's chart. | entation to | Training to be obtaining through the AIDS Education and Training Center on a semi-annual basis. Training elements will be incorporated into policies/plans for the department. | Activities: Senior CDS and Clinic Supervisor will review and update on an ongoing basis the written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide services based on established national Cultural and Linguistic Competency Standards. | Element #8: 1 Senior CDS and Clinic Supervisor will ensure that clinic staff at all levels and across all disciplines receive ongoing education and training in cultural competent service delivery to ensure that patients receive quality care that is respectful, compatible with patient's cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the race/ethnicity, gender, sexual orientation, and religious preference of community served. | EIS staff will coordinate with non-medical case management services to assist with benefits counseling and rapid linkage to care and support services. |
|--|--|-----------------------|--|---|---|--|
| | | 1, 2, & 3 | | | 1, 2, & 3 | |
| | | 03/01/24- 02/28/25 | | | 03/01/24- 02/28/25 | |
| | | | | | | |

improve desired patient outcomes and results can be used to develop and recommend "best practices.

| | USE A S | SEPARATE SCO | SCOPE OI dpe of Work 1 | SCOPE OF WORK – MAI USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERV | | ICE CATEGORY | | |
|--|--|--|--|--|--------------------------------|-------------------|-------------------------------------|--|
| umber: | | | | | | | | |
| Contractor: | County of Riverside Department of Public Health, HIV/STD Branch March 1 2024 - February 28 2025 | le Departmen | t of Public He אזיק | ealth, HIV/ST | D Branch | | | |
| ory: | MAI EARLY INTERVENTION SERVICES | TERVENTIO | ON SERVIC | ES | | | | |
| | Quickly link HIV i | infected indiv | iduals from c | ommunities o | f color (Africa | an American a | ind Latinos) to | Quickly link HIV infected individuals from communities of color (African American and Latinos) to testing services, core |
| | ime between acqu | isition of HIV | vices necess / and entry in | ary to support to care will fa | t treatment adl | to medication | naintain in med ns, decrease tra | medical services, and support services necessary to support treatment adherence and maintain in medical care. Decreasing the time between acquisition of HIV and entry into care will facilitate access to medications, decrease transition rates, and improve health outcomes |
| | health outcomes. | | | | | | | |
| Service Health Outcomes: | Improved or maintained CD4 cell count Improved or maintained CD4 cell count, as a % of total lymphocyte cell count Improved retention in care (at least 1 medical visit in each 6-month period) Improved viral suppression rate | ained CD4 ce ained CD4 ce n in care (at le ppression rate | ell count ell count, as a east 1 medical | % of total lyn visit in each | nphocyte cell 6-month perio | count d) | | |
| | Targeted HIV Testing-Maintain 1.1% positivity rate or higher | ing-Maintain | 1.1% positiv | ity rate or hig | her | | | |
| BLACK / AFRICAN AMERICAN | | SA1 West Riv | SA2 Mid Riv | SA3 East Riv | SA4 San B West | SA5 San B East | SA6 San B Desert | FY 24/25 TOTAL |
| Number of Clients | | 100 | 55 | 20 | 0 | 0 | 0 | 175 |
| Number of Visits = Regardless of number of transactions or number of units | ctions or | 125 | 65 | 35 | 0 | 0 | 0 | 225 |
| Proposed Number of Units = Transactions or 15 min encounters (See Attachment P) | ters | 175 | 122 | 78 | 0 | 0 | 0 | 375 |
| HISPANIC / LATINO | | SAI West Riv | SA2 Mid Riv | SA3 East Riv | SA4 San B West | SA5 San B East | SA6 San B Desert | FY 24/25 Total |
| Number of Clients | | 100 | 55 | 20 | 0 | 0 | 0 | 175 |
| Number of Visits= Regardless of number of transactions or number of units | f number of | 125 | 65 | 35 | 0 | 0 | 0 | 225 |
| Proposed Number of Units = Transactions or 15 min encounters (See Attachment P) | ters | 175 | 122 | 78 | 0 | 0 | 0 | 375 |

| TOTAL MAI (sum of two tables above) | SA1 West Riv | SA2 Mid Riv | SA3 East Riv | SA4 San B West | SA5 San B East | SA6 San B Desert | FY 24/25 TOTAL |
|--|--------------------|---|------------------------------------|----------------------|-------------------|------------------------|-------------------|
| Number of Clients | 200 | 110 | 40 | 0 | 0 | 0 | 350 |
| Number of Visits = Regardless of number of transactions or number of units | 250 | 130 | 70 | 0 | 0 | 0 | 450 |
| Proposed Number of Units = Transactions or 15 min encounters (See Attachment P) | 350 | 244 | 156 | 0 | 0 | 0 | 750 |
| Group Name and Service Description (Must be HIV+ related) Delivery • | Open/ on Closed | Expected Avg. Attend. per Session | Session nd. Length n (hours) | Sessions per Week | Group Duration | Outcome Measures | asures |
| • • | | | | | | | |

| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES: | SERVICE | TIMELINE | PROC | PROCESS OUTCOMES |
|--|-----------|-----------|------|------------------------------------|
| Element #1: Connect/reconnect HIV infected individuals into care | 1, 2, & 3 | 03/01/24- | • | MAI/EIS schedules and logs |
| utilizing the "Bridge" program as the model. | | 02/28/25 | | MAI/EIS Encounter Logs |
| Activities: | | | • | Linkage to Care Documentation Logs |
| -MAI EIS staff will work with grass-roots community-based and | | | | Assessment and Enrollment Forms |
| faith-based agencies, local churches, and other non-traditional venues | | | - | Reporting Forms |
| to reach targeted communities of color (African American and Latino | | | • | Case Conferencing Documentation |
| communities) to perform targeted HIV testing, link unaware | | | - | Referral Logs |
| populations to HIV Testing and Counseling and Partner Services and | | | • | Progress Notes |
| newly diagnosed and unmet need to HIV care and treatment. | | | • | Cultural Competency Plan |
| -MAI EIS staff will work with prisons, jails, correctional facilities, | | | • | ARIES Reports |
| homeless shelters, and hospitals to perform targeted HIV testing, | | | | |
| linking newly diagnosed to HIV care and treatment. | | | | |
| -MAI EIS staff will work with treatment team staff to identify | | | | |
| PLWHA that have fallen out-of-care and unmet need population to | | | | |
| provide the necessary support to bring back into care and maintain | | | | |
| into treatment and care. | | | | |

| | 02/28/25 | 1, 2, œ J | Services to bring newly diagnosed individuals from communities of color to Partner Services and HIV treatment and care at DOPH- HIV/STD as well as other HIV care and treatment facilities throughout Riverside County. |
|---|-----------|-----------|--|
| | 10/10/20 | 1 7 & 2 | and high-risk HIV negative individuals to recruit their social contacts for HIV testing and linkage to care services. |
| | | | communities. -Researching and utilizing the <i>Bridge</i> model asking HIV + individuals |
| | | | linguistically appropriate for African American and Hispanic/Latino |
| | | | -Developing and using outreach materials (i.e., flyers, brochures, website) focus groups and surveys that are culturally and |
| | | | Activities: |
| | 02/28/25 | ŕ | activities to reach African American and Hispanic/Latino HIV |
| 1 | 03/01/24- | 1, 2, & 3 | Element #4: MAI EIS staff will utilize evidence-based strategies and |
| | | | linkage and coordinate care for patient. |
| | | | maintain in HIV care and treatment. |
| | | | (i.e., mental health, medical case management, house, etc.) to |
| | | | -Link high-risk HIV positive MAI populations to support services |
| | | | housing, etc. to help patient remain in care and treatment. |
| | | | management to assist with benefits counseling, transportation, |
| | | | -Link patient to non-medical case management. medical case |
| | | | Irealui iiisuialice payei sources (i.e., ADAr, MIDr, Meul-Cal, Insurance Marketnlace OA-Care HIPP etc) |
| | | | -Assist HIV patients with enrollment or transition activities to other |
| | | | Coordinate with HIV care and treatment. |
| | | | -Link patient who have fallen out of care within 30 days or less. |
| | | | Activities: |
| | 02/28/25 | | Perform follow-up activities to ensure linkage to care. |
| 1 | 03/01/24- | 1, 2, & 3 | Element #3: Re-linking HIV patients that have fallen out of care. |
| | | | strategies to promote access to care. |
| | | | education, intensive case management and patient navigation |
| | | | -Interventions will also include community-based outreach natient |
| | | | Insurance Marketnlace OA-Care HIPP etc.) |
| | | | health insurance naver sources (i.e. ADAP MISP Medi-Cal |
| | | | -Assist HIV nations with enrollment or transition activities to other |
| | | | facilities who link nation to care within 30 days or less |
| | | | ACUVILIES: |
| | | | outreach program to avoid duplicate efforts. |
| | 02/28/25 | | planned and delivered in coordination with local HIV prevention |
| | 03/01/24- | 1.2.&3 | Element #2: Conduct in depth, one-on-one encounters that are |

| Activities: MAI EIS suff will meet with DOPH Prevention on a weekly basis to exchange information on newly diagnosed ensuring hat the person is referred to EIS MAI and in linked to HIV care and reatment within 30 days or less Senior Communicable Disease Specialist (CDS) will review all data bements to ensure linkage and retention of patient. 1, 2, & 3 03/01/24- Element #6: MAI EIS staff will coordinate with locations and identify outreach programs to identify target outreach locations and identify activities: 1, 2, & 3 03/01/24- MAI EIS staff will coordinate with prevention and outreach programs within the TGA to strategically plan service areas to serve. 1, 2, & 3 03/01/24- MAI EIS staff will work with the DOPH-Surveillance unit to target areas in need of services. 1, 2, & 3 03/01/24- Element #7: MAI EIS staff will assist patients with enrollment or etc). 1, 2, & 3 03/01/24- Element #7: MAI EIS staff will coordinate with one-medical case management etc). 1, 2, & 3 03/01/24- MAI EIS staff will coordinate with one-medical case management services to assist with benefits counseling and rapid linkage to care 1, 2, & 3 03/01/24- | | | | and support services. |
|--|---|-----------|-----------|---|
| on a nsuring are and / all data / evention 1, 2, & 3 identify identify ivities ivities ivities ivities to serve. to serve. to target to target .e., HIPP, gement | | | | services to assist with benefits counseling and rapid linkage to care |
| on a nsuring care and / all data / evention 1, 2, & 3 identify ivities to serve. to serve. to serve. to target nt or 1, 2, & 3 .e., HIPP, | | | | -MAI EIS staff will coordinate with non-medical case management |
| on a nsuring care and / all data / evention 1, 2, & 3 identify ivities identify ivities identify ivities to serve. to serve. to serve. to serve. to target nt or the formulation 1, 2, & 3 identify ivities | | | | Activities: |
| on a nsuring care and / all data / all data / evention 1, 2, & 3 identify identify identify ivities identify ivities identify ivities identify ivities identify ivities identify ivities to serve. to serve. to target to target int or 1, 2, & 3 nt or 1, 2, & 3 | | | | etc.). |
| on a nsuring care and / all data / evention 1, 2, & 3 identify identify ivities ivities ivities i to serve. to serve. to target to target i t, 2, & 3 i dentify i dent | | | | ADAP, MISP, Medi-Cal, Insurance Marketplace, OA Care HIPP, |
| on a nsuring care and / all data / evention 1, 2, & 3 identify identify ivities ivities to serve. to serve. to target 1, 2, & 3 | | 02/28/25 | | transition activities to other health insurance payer sources (i.e., |
| on a nsuring are and / all data / evention 1, 2, & 3 identify identify ivities to serve. to serve. | | 03/01/24- | 1, 2, & 3 | Element #7: MAI EIS staff will assist patients with enrollment or |
| on a nsuring care and / all data revention 1, 2, & 3 identify identify ivities to serve. | I | | | areas in need of services. |
| on a nsuring care and / all data revention 1, 2, & 3 identify identify ivities to serve. | | | | -MAI EIS staff will work with the DOPH-Surveillance unit to target |
| on a nsuring care and / all data revention 1, 2, & 3 identify identify | | | | programs within the TGA to strategically plan service areas to serve. |
| n 1, 2, & 3 | | | | -MAI EIS staff will coordinate with prevention and outreach |
| n 1, 2, & 3 | | | | Activities: |
| n 1, 2, & 3 | | | | individuals' not in care and avoid duplication of outreach activities |
| 1 1, 2, & 3 | | 02/28/25 | | /outreach programs to identify target outreach locations and identify |
| Activities: MAI EIS staff will meet with DOPH Prevention on a weekly basis to exchange information on newly diagnosed ensuring hat the person is referred to EIS MAI and in linked to HIV care and reatment within 30 days or less Senior Communicable Disease Specialist (CDS) will review all data elements to ensure linkage and retention of patient. | | 03/01/24- | 1, 2, & 3 | Element #6: MAI EIS staff will coordinate with local HIV prevention |
| Activities: MAI EIS staff will meet with DOPH Prevention on a weekly basis to exchange information on newly diagnosed ensuring hat the person is referred to EIS MAI and in linked to HIV care and reatment within 30 days or less Senior Communicable Disease Specialist (CDS) will review all data | | | | elements to ensure linkage and retention of patient. |
| Activities: MAI EIS staff will meet with DOPH Prevention on a weekly basis to exchange information on newly diagnosed ensuring that the person is referred to EIS MAI and in linked to HIV care and treatment within 30 days or less | | | | -Senior Communicable Disease Specialist (CDS) will review all data |
| Activities: MAI EIS staff will meet with DOPH Prevention on a weekly basis to exchange information on newly diagnosed ensuring that the person is referred to EIS MAI and in linked to HIV care and | | | | treatment within 30 days or less |
| Activities: MAI EIS staff will meet with DOPH Prevention on a weekly basis to exchange information on newly diagnosed ensuring | | | | that the person is referred to EIS MAI and in linked to HIV care and |
| Activities: MAI EIS staff will meet with DOPH Prevention on a | | | | weekly basis to exchange information on newly diagnosed ensuring |
| | | | | Activities: MAI EIS staff will meet with DOPH Prevention on a |

County of Riverside Public Health Ryan White Part A/MAI 3/1/2024 - 2/28/2025 Master Line Item Budget

| | Salary | FTE | Program | Direct | CQM | Administrative | Total |
|---|--|---|------------------------------|--|----------------|------------------------------|----------------------|
| | Guiury | | Subtotal | Services | Culin | Administrative | Total |
| Personnel | 610 750 | 0.42 | \$ 4,600,00 | £ 4000.00 | 60 | | 64.000 |
| Zane, RMD | \$10,750 | 0.43 | | | \$0 | \$0 | \$4,600 |
| Calderon, CPCL Latif/Cole/Gilbert, -NP | \$212,100 \$199,000 | 0.24 | \$ 51,000.00 \$ 13,000.00 | \$ 47,000.00 \$ 13,000.00 | \$4,000 \$0 | \$0 \$0 | \$51,000 \$13,000 |
| | \$199,000 | 0.07 | \$ 13,000.00 | | \$0 | \$0 | \$13,000 |
| Pineda, VOA III | | | | | | | |
| Hunt, AHSA Osaki, KHSA | \$50,000 \$41,000 | 0.23 | \$ 11,620.00 \$ 18,500.00 | | \$0 \$0 | \$0 \$0 | \$11,620 |
| | | 0.45 | | | | | \$18,500 |
| Ramirez, GHSA | \$52,000 \$85,000 | 0.17 | \$ 8,763.00 \$ 40,410.00 | \$ 8,763.00 \$ 21,000.00 | \$0 | \$0 | \$8,763 |
| Rojas, S. /Dorothy, ALVN | | 0.48 | | | \$19,410 | \$0 | \$40,410 |
| Arrona, I-Sr CDS Olmos, JCDS | \$73,000 \$50,000 | 0.81 | \$ 40,628.00 \$ 40,500.00 | \$ 40,628.00 \$ 40,500.00 | \$0 \$0 | \$0 \$0 | \$40,628 \$40,500 |
| | \$60,000 | 0.01 | \$ 40,500.00 | \$ 40,500.00 | \$0 \$0 | \$0 | \$40,500 |
| Arrona, I./ Vacant -CDS | | 0.01 | | | | | |
| Ramos, GCDS | \$63,000 \$79,000 | 0.77 | \$ 48,349.00 | \$ 48,349.00 | \$0 | \$0 | \$48,349 |
| Rosales, SSSP | | | \$ 22,300.00 | \$ 22,300.00 | \$0 | \$0 | \$22,300 |
| Alatorre, RSSP | \$71,000 | 0.28 | \$ 20,200.00 | \$ 20,200.00 | \$0 | \$0 | \$20,200 |
| Jimenez, BSSP | \$85,000 | 0.51 | \$ 43,554.00 | | \$0 | \$0 | \$43,554 |
| Barajas, VLVN | \$85,000 | 0.11 | \$ 9,500.00 | \$ 9,500.00 | \$0 | \$0 | \$9,500 |
| Malixi, EricLVN | \$78,000 | 0.31 | \$ 24,200.00 | \$ 24,200.00 | \$0 | \$0 | \$24,200 |
| Del Villar, DLVN | \$79,000 | 0.41 | \$ 32,700.00 | \$ 32,700.00 | \$0 | \$0 | \$32,700 |
| Medina, OLVN | \$81,000 | 0.12 | \$ 9,500.00 | \$ 9,500.00 | \$0 | \$0 | \$9,500 |
| Rodriguez, SNutrition | \$69,777 | 0.16 | \$ 11,465.00 | \$ 11,465.00 | \$0 | \$0 | \$11,465 |
| Whaples, NPD | \$85,000 | 0.05 | \$ 4,235.00 | \$ 4,235.00 | \$0 | \$0 | \$4,235 |
| Mansell, SNutrition | \$10,000 | 0.64 | \$ 6,400.00 | \$ 6,400.00 | \$0 | \$0 | \$6,400 |
| McCarthy, MNutrition | \$81,000 | 0.06 | \$ 5,105.00 | \$ 5,105.00 | \$0 | \$0 | \$5,105 |
| Varela, MNutrition | \$81,000 | 0.14 | \$ 11,700.00 | \$ 11,700.00 | \$0 | \$0 | \$11,700 |
| Personnel Subtotal | \$1,817,731 | 7.414 | \$ 483,043 | \$ 459,633 | \$23,410 | \$0.00 | \$483,043 |
| | | | | | and and with | | |
| Fringe | | | | | | | |
| OAHS Fringe | 54% | in the second | \$69,542 | \$69,542 | \$0 | \$0 | \$69,542 |
| MAI/EIS Fringe | 54% | the second s | \$26,406 | \$26,406 | \$0 | \$0 | \$26,406 |
| EIS Fringe | 54% | 1 - A. 2 - A. | \$43,590 | \$43,590 | \$0 | \$0 | \$43,590 |
| Non-Med Fringe | 54% | State of States | \$41,850 | \$41,850 | \$0 | \$0 | \$41,850 |
| Med-Case Fringe | 54% | 1. A. R. M. | \$45,803 | \$45,803 | \$0 | \$0 | \$45,803 |
| Nutrition Fringe | 54% | | \$21,009 | \$21,009 | \$0 | \$0 | \$21,009 |
| CQM Fringe | 54% | - and the second second second | \$12,641 | \$0 | \$12,641 | \$0 | \$12,641 |
| Fringe Subtotal | | and the second second second | \$260,841 | \$248,200 | \$12,641 | \$0 | \$260,841 |
| Total Personnel | | | \$743,884 | \$707,833 | \$36,051 | \$0 | \$743,884 |
| Travel | | | | | | | |
| Local Travel | and the second states | the second se | \$6,943 | \$5,843 | \$300 | \$800 | \$6,943 |
| Total Travel | | | \$6,943 | \$5,843 | \$300 | \$800 | \$6,943 |
| | Less the second of | The second second | A STATISTICS | States and the states | Super States | A State of the second second | CARLES STATES |
| Other | | | | owners and the second sec | | | |
| Admin Support, Insurance, Payroll | In the second second | STREET, STREET, | \$59,682 | \$0 | \$0 | \$59,682 | \$59,682 |
| RC Information Tech | The state of the s | Jun State Party | \$5,236 | \$2,925 | \$200 | \$2,111 | \$5,236 |
| Clinic Licensure | | | \$120 | \$0 | \$120 | \$0 | \$120 |
| Laboratory Services | The state of the second st | | \$9,000 | \$8,000 | \$120 | \$1,000 | \$9,000 |
| Medical/Pharmacy Supplies | | | \$15,404 | \$14,404 | \$0 | \$1,000 | \$9,000 |
| Office Supplies | | | \$6,338 | \$4,923 | \$365 | \$1,000 | \$6,338 |
| Rent/Utilities/Maintenance | And the second second second | | \$20,449 | \$11,315 | \$0 | \$9,134 | \$20,449 |
| Communications | | | \$3,389 | \$1,999 | \$0 | \$1,390 | \$3,389 |
| Training | | | \$4,729 | \$4,479 | \$250 | \$1,390 | \$4,729 |
| Total Other | CARE CONTRACTOR OF AND | | \$124,347 | \$48,045 | \$250 | \$75,367 | \$124,347 |
| | Theory and the state of the | A CONTRACTOR | \$124,347 | \$48,045 | 2202 | \$15,301 | \$124,347 |
| Total Direct Costs | | at the state of the | | \$761,721 | | | \$761,721 |
| Total Administrative Costs | | | | \$101,121 | | \$76,167 | \$76,167 |
| Total CQM Costs | | CALL PROPERTY OF | and a second reaction of the | | \$37,286 | \$70,107 | \$70,107 |
| Overall Budget | | | | \$761,721 | \$37,286 | \$76,167 | |
| | A CONTRACTOR OF | | | | | | \$875,174 |
| Percentages | 在西方法法国、利用州北部公司 | NETROPOSITES SU | 口和运行的情報自己的问题。 | 87.04% | 4.26% | 8.70% | |

| RWA Award: | Вι | udget | Ad | d. Funds | | Total: |
|-------------------------------|----------------|---------------------|----|------------------|----------|----------------|
| Medical Care | \$ | 251,076 | \$ | 2,790.00 | \$ | 253,866.00 |
| Medical Case Management | \$ | 151,148 | \$ | 1,679.00 | \$ | 152,827.00 |
| EIS - Part A | \$ | 138,971 | \$ | 1,544.00 | \$ | 140,515.00 |
| Medical Nutrition Therapy | \$ | 67,225 | \$ | 747.00 | \$ | 67,972.00 |
| Case Management - Non Medical | \$ | 133,070 | \$ | 1,479.00 | \$ | 134,549.00 |
| MAI - EIS | \$ | 85,147 | \$ | 3,012 | \$ | 88,159.00 |
| Total: | \$ | 826,637.00 | \$ | 11,251.00 | \$ | 837,888.00 |
| RWA CQM Award | B | udget | Δd | d. Funds | | Total: |
| NYA Olan Anala | 50 | luger | nu | | | i otur. |
| MAI-CQM | \$ | 172.62 | Au | -172.62 | \$ | - |
| MAI-CQM | | | Au | | \$ \$ | 37,286.00 |
| | \$ | 172.62 | \$ | -172.62 | \$ | - |
| MAI-CQM CQM | \$ \$ \$ | 172.62 38,852.00 | | -172.62 -1566 | \$ | - 37,286.00 |

County of Riverside Public Health Ryan White Part A/MAI 3/1/2024 - 2/28/2025 Outpatient/Ambulatory Health Services

| | Total Salary | Ryan White FTE | Ryan White \$ | Direct Services | Administrative | Total |
|-----------------------------------|---|---------------------------|---------------|--------------------|---------------------------|------------------------------|
| Personnel | | | | | | |
| Zane, RMD | \$10,750 | 0.428 | \$4,600 | \$4,600 | \$0 | \$4,600 |
| Calderon, CPCL | \$212,100 | 0.222 | \$47,000 | \$47,000 | \$0 | \$47,000 |
| Latif/Cole/Gilbert, -NP | \$199,000 | 0.065 | \$13,000 | \$13,000 | \$0 | \$13,000 |
| Pineda, VOA III | \$37,104 | 0.116 | \$4,300 | \$4,300 | \$0 | \$4,300 |
| Hunt, AHSA | \$50,000 | 0.232 | \$11,620 | \$11,620 | \$0 | \$11,620 |
| Osaki, KHSA | \$41,000 | 0.451 | \$18,500 | \$18,500 | \$0 | \$18,500 |
| Ramirez, GHSA | \$52,000 | 0.169 | \$8,763 | \$8,763 | \$0 | \$8,763 |
| Rojas, S. /Dorothy, ALVN | \$85,000 | 0.247 | \$21,000 | \$21,000 | \$0 | \$21,000 |
| Personnel Subtotal | \$686,954 | 1.930 | \$128,783 | \$128,783 | \$0 | \$128,783 |
| | | | Street Street | | | |
| Fringe | | | | | | |
| Fringe Subtotal | 54% | | \$69,542 | \$69,542 | \$0 | \$69,543 |
| A DE MARY STATE OF A | | | | | | |
| Total Personnel | | | \$198,325 | \$198,325.00 | \$0 | \$198,326 |
| and the set of the second | 17. 18 Jan 199 | | | | The second here | |
| Travel | | | | | 1 | |
| Local Travel | | | \$1,500 | \$1,500 | \$250 | \$1,750 |
| Total Travel | Ward March Concerning of Station | | \$1,500 | \$1,500 | \$250 | \$1,750 |
| | | | | | Transfer and | and the second states of the |
| Other | | | | | | |
| Admin Support, Insurance, Payroll | | | \$19,379 | \$0 | \$19,379 | \$19,379 |
| RC Information Tech | | い。通知には通 | \$898 | \$898 | \$0 | \$898 |
| Laboratory Services | APRIL PROVIDENT | 1444-14-14-14 | \$9,000 | \$8,000 | \$1,000 | \$9,000 |
| Medical/Pharmacy Supplies | have the second destroy and | | \$15,404 | \$14,404 | \$1,000 | \$15,404 |
| Office Supplies | | | \$1,500 | \$1,250 | \$250 | \$1,500 |
| Rent/Utilities/Maintenance | | | \$5,500 | \$4,500 | \$1,000 | \$5,500 |
| Communications | Carl and a start of the | The Constants of the same | \$710 | \$510 | \$200 | \$710 |
| Training | | | \$1,400 | \$1,400 | \$0 | \$1,400 |
| Total Other | | | \$53,791 | \$30,962 | \$22,829 | \$53,791 |
| | | 1 | The Market | | San States | A Start Start |
| Total Direct Costs | States and the | Sector Constraint | \$253,616 | \$230,787 | All the second states and | \$230,787 |
| Total Administrative Costs | admitte and a de | | | | \$23,079 | \$23,079 |
| Overall Budget | a te | | | \$230,787 | \$23,079 | \$253,866 |
| Percentages | an chain an an | and some line where | | 90.91% | 9.09% | |

| | New Award | Check | |
|-----------|--------------|---------|--|
| \$251,076 | \$253,866 | \$0.00 | |
| | \$ 23,079.00 | \$ - | |

Total Award Amount:

Indirect:

\$22,829

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County of Riverside Public Health Ryan White Part A/MAI 3/1/2024 - 2/28/2025 MAI Early Intervention Services

| Hi an A ala | Total Salary | Ryan White FTE | Ryan White \$ | Direct Services | Administrative | Total |
|-----------------------------------|--------------|-------------------|--|--------------------|----------------|----------|
| Personnel | | | | | | |
| Arrona, I-Sr CDS | \$73,000 | 0.238 | \$17,376 | \$17,376 | \$0 | \$17,376 |
| Olmos, JCDS | \$50,000 | 0.420 | \$21,000 | \$21,000 | \$0 | \$21,000 |
| Arrona, I./ Vacant -CDS | \$60,000 | 0.002 | \$147 | \$147 | \$0 | \$147 |
| Ramos, GCDS | \$63,000 | 0.165 | \$10,377 | \$10,377 | \$0 | \$10,377 |
| Personnel Subtotal | \$246,000 | 0.825 | \$48,900 | \$48,900 | \$0 | \$48,900 |
| Fringe | | Phone and the | | | | |
| Fringe | 54% | | \$26,406 | \$26,406 | \$0 | \$26,406 |
| Total Personnel | | | \$75,306 | \$75,306 | \$0 | \$75,306 |
| Travel | | | | | | -1 |
| Local Travel | | | \$950 | \$800 | \$150 | \$950 |
| Total Travel | | | \$950 | \$800 | \$150 | \$950 |
| Other | | | | | | |
| Admin Support, Insurance, Payroll | | the designment of | \$5,513 | \$0 | \$5,513 | \$5,513 |
| RC Information Tech | | | \$500 | \$500 | \$0 | \$500 |
| Office Supplies | - A. | No. Contraction | \$996 | \$846 | \$150 | \$996 |
| Rent/Utilities/Maintenance | | | \$3,555 | \$1,555 | \$2,000 | \$3,555 |
| Communications | | | \$539 | \$339 | \$200 | \$539 |
| Training | | | \$800 | \$800 | \$0 | \$800 |
| Total Other | | | \$11,903 | \$4,040 | \$7,863 | \$11,903 |
| Total Direct Costs | | | \$88,159 | \$80,146 | | \$80,146 |
| Total Administrative Costs | | | adam no | | \$8,013 | \$8,013 |
| Overall Budget | | | and the second | \$80,146 | \$8,013 | \$88,159 |
| Percentages | | | | 90.91% | 9.09% | |

Total Award Amount: Indirect:
 Award
 Check

 \$85,147
 \$88,159
 \$0

 \$ 8,014.00
 \$

County of Riverside Public Health Ryan White Part A/MAI 3/1/2024 - 2/28/2025 Early Intervention Services

· ,

| | Total Salary | Ryan White FTE | Ryan White \$ | Direct Services | Administrative | Total |
|-----------------------------------|--------------|----------------------|--|--------------------|----------------|--|
| Personnel | | | | | | |
| Arrona, I., -Sr CDS | \$73,000 | 0.319 | \$23,252 | \$23,252 | \$0 | \$23,252 |
| Olmos, JCDS | \$50,000 | 0.390 | \$19,500 | \$19,500 | \$0 | \$19,500 |
| Ramos, GCDS | \$63,000 | 0.603 | \$37,972 | \$37,972 | \$0 | \$37,972 |
| Personnel Subtotal | \$186,000 | 1.311 | \$80,724 | \$80,724 | \$0 | \$80,724 |
| Fringe | | | Bart Barter and | | | |
| Fringe | 54% | | \$43,590 | \$43,590 | \$0 | \$43,591 |
| Total Personnel | | | \$124,314 | \$124,314 | \$0 | \$124,315 |
| | | | <i><i>ψ</i></i>124 , 014 | φ124,014 | WW | <i><i>ψ</i></i>124 , <i>θ</i>10 |
| Travel | | | | | | |
| Local Travel | | | \$564 | \$314 | \$250 | \$564 |
| Total Travel | | | \$564 | \$314 | \$250 | \$564 |
| | | | 1. A. A. A. A. A. | | Side Au | |
| Other | | | | | | |
| Admin Support, Insurance, Payroll | | Sec. Berry | \$9,983 | \$0 | \$9,983 | \$9,983 |
| RC Information Tech | | States Participation | \$600 | \$600 | \$0 | \$600 |
| Office Supplies | x States | and the second | \$925 | \$775 | \$150 | \$925 |
| Rent/Utilities/Maintenance | | 1 | \$2,660 | \$660 | \$2,000 | \$2,660 |
| Communications | | | \$690 | \$300 | \$390 | \$690 |
| Training | | | \$779 | \$779 | \$0 | \$779 |
| Total Other | | | \$15,637 | \$3,114 | \$12,523 | \$15,637 |
| Total Direct Costs | | A share from the | \$140,515 | \$127,742 | | \$127,742 |
| Total Administrative Costs | | | | | \$12,773 | \$12,773 |
| Overall Budget | | | | \$127,742 | \$12,773 | \$140,515 |
| Percentages | | | | 90.91% | 9.09% | |

| | | Award | Check |
|---------------------|-----------|-----------|-------|
| Total Award Amount: | \$138,971 | \$140,515 | \$0 |
| Indirect | | 12774 | \$1 |

County of Riverside Public Health Ryan White Part A/MAI 3/1/2024 - 2/28/2025 Non-Medical Case Management

| | Total Salary | Ryan White FTE | Ryan White \$ | Direct Services | Administrative | Total |
|-----------------------------------|----------------------|-------------------------------------|---------------------------------------|--------------------|----------------|----------------|
| Personnel | | | and the second second | Lorenza - Lor | | er erulosiste. |
| Arrona, I./ Vacant -CDS | \$60,000 | 0.002 | \$146 | \$146 | \$0 | \$146 |
| Rosales, SSSP | \$79,000 | 0.172 | \$13,600 | \$13,600 | \$0 | \$13,600 |
| Alatorre, RSSP | \$71,000 | 0.162 | \$11,500 | \$11,500 | \$0 | \$11,500 |
| Jimenez, BSSP | \$85,000 | 0.209 | \$17,754 | \$17,754 | \$0 | \$17,754 |
| Barajas, VLVN | \$85,000 | 0.112 | \$9,500 | \$9,500 | \$0 | \$9,500 |
| Malixi, EricLVN | \$78,000 | 0.077 | \$6,000 | \$6,000 | \$0 | \$6,000 |
| Del Villar, DLVN | \$79,000 | 0.120 | \$9,500 | \$9,500 | \$0 | \$9,500 |
| Medina, OLVN | \$81,000 | 0.117 | \$9,500 | \$9,500 | \$0 | \$9,500 |
| Personnel Subtotal | \$618,000 | 0.971645713 | \$77,500 | \$77,500 | \$0 | \$77,500 |
| Fringe | | | | en szár jeres | | |
| Fringe | 54% | | \$41,850 | \$41,850 | \$0 | \$41,850 |
| Total Personnel | | | \$119,350 | \$119,350 | \$0 | \$119,350 |
| Travel | | | | | | |
| Local Travel | en i zeneralitettika | Reconstruction of the second second | \$300 | \$150 | \$150 | \$300 |
| Total Travel | | | \$300 | \$150 | \$150 | \$300 |
| Other | | | | | | |
| Admin Support, Insurance, Payroll | | | \$9,397 | \$0 | \$9,397 | \$9,397 |
| RC Information Tech | | | \$400 | \$400 | \$0 | \$400 |
| Office Supplies | ENG CTORES | | \$1,218 | \$968 | \$250 | \$1,218 |
| Rent/Utilities/Maintenance | | | \$2,734 | \$600 | \$2,134 | \$2,734 |
| Communications | | | \$650 | \$350 | \$300 | \$650 |
| Training | | 10.000 | \$500 | \$500 | \$0 | \$500 |
| Total Other | | | \$14,899 | \$2,818 | \$12,081 | \$14,899 |
| Total Direct Costs | | | \$134,549 | \$122,318 | | \$122,318 |
| Total Administrative Costs | 1 A | No. | | | \$12,231 | \$12,231 |
| Overall Budget | | 18 H | ш- <u>д</u> | \$122,318 | \$12,231 | \$134,549 |
| Percentages | | ALC: TARKET | · · · · · · · · · · · · · · · · · · · | 90.91% | 9.09% | Terr defense 1 |

| | | Aw | vard | Check |
|---------------------|-----------|----|-----------|------------|
| Total Award Amount: | \$133,070 | | \$134,549 | \$0 |
| Indirect: | | \$ | 12,232.00 | \$ 1.00 |

County of Riverside Public Health Ryan White Part A/MAI 3/1/2024 - 2/28/2025 Medical Case Management

| | Total Salary | Ryan White FTE | Ryan White \$ | Direct Services | Administrative | Total |
|-----------------------------------|--|--|------------------|-----------------------|----------------|---|
| Personnel | | | | | | |
| Rosales, SSSP | \$79,000 | 0.110 | \$8,700 | \$8,700 | \$0 | \$8,700 |
| Alatorre, RSSP | \$71,000 | 0.123 | \$8,700 | \$8,700 | \$0 | \$8,700 |
| Jimenez, BSSP | \$85,000 | 0.304 | \$25,800 | \$25,800 | \$0 | \$25,800 |
| Arrona, I./Vacant -CDS | \$60,000 | 0.004 | \$221 | \$221 | \$0 | \$221 |
| Malixi, EricLVN | \$78,000 | 0.233 | \$18,200 | \$18,200 | \$0 | \$18,200 |
| Del Villar, DLVN | \$79,000 | 0.294 | \$23,200 | \$23,200 | \$0 | \$23,200 |
| Personnel Subtotal | \$452,000 | 1.066875327 | \$84,821 | \$84,821 | \$0 | \$84,821 |
| Fringe | | And the second | | and the second second | | |
| Fringe | 54% | | \$45,803 | \$45,803 | \$0 | \$45,803.34 |
| Total Personnel | | | \$130,624 | \$130,624 | \$0 | \$130,624 |
| | | | | | | |
| Travel | | | | | | |
| Local Travel | | | \$1,200 | \$1,200 | \$0 | \$1,200 |
| Total Travel | STATE OF STATE OF STATE | | \$1,200 | \$1,200 | \$0 | \$1,200 |
| Other | and the second | A STATE OF A STATE OF AN | | | | 100 B 200 |
| Admin Support, Insurance, Payroll | | Street - Contraction | \$11,342 | \$0 | \$11,342 | \$11,342 |
| RC Information Tech | | | \$527 | \$527 | \$0 | \$527 |
| Office Supplies | The second second second second second | | \$1,334 | \$1,084 | \$250 | \$1,334 |
| Rent/Utilities/Maintenance | | | \$6,000 | \$4,000 | \$2,000 | \$6,000 |
| Communications | | La Brancis | \$800 | \$500 | \$300 | \$800 |
| Training | de la kale | | \$1,000 | \$1,000 | \$0 | \$1,000 |
| Total Other | | | \$21,003 | \$7,111 | \$13,892 | \$21,003 |
| Total Direct Costs | | | \$152,827 | \$138,935 | | \$138,935 |
| Total Administrative Costs | | 13 | | 1.00,000 | \$13,892 | \$13,892 |
| Overall Budget | | | | \$138,935 | \$13,892 | \$152,827 |
| Percentages | 924 (State 1946) | Handhard Bake | | 90.91% | 9.09% | |

| | | Aw | /ard | Check | |
|---------------------|-----------|----|-----------|-------|------|
| Total Award Amount: | \$151,148 | | \$152,827 | | \$0 |
| Indirect: | | \$ | 13,893.00 | \$ | 1.00 |

County of Riverside Public Health Ryan White Part A/MAI 3/1/2024 - 2/28/2025 Nutrition Therapy

| | Total Salary | Ryan White FTE | Ryan White \$ | Direct Services | Administrative | Total |
|-----------------------------------|--------------|-------------------|--------------------|--------------------|----------------|----------------|
| Personnel | $\sim 2r^2$ | 1 | A State of the | 2 | | |
| Rodriguez, SNutrition | \$69,777 | 0.164 | \$11,465 | \$11,465 | \$0 | \$11,465 |
| Whaples, NPD | \$85,000 | 0.050 | \$4,235 | \$4,235 | \$0 | \$4,235 |
| Mansell, SNutrition | \$10,000 | 0.640 | \$6,400 | \$6,400 | \$0 | \$6,400 |
| McCarthy, MNutrition | \$81,000 | 0.063 | \$5,105 | \$5,105 | \$0 | \$5,105 |
| Varela, MNutrition | \$81,000 | 0.144 | \$11,700 | \$11,700 | \$0 | \$11,700 |
| Personnel Subtotal | \$326,777 | 1.062 | \$38,905 | \$38,905 | \$0 | \$38,905 |
| Fringe | | | | | | |
| Fringe | 54% | | \$21,009 | \$21,009 | \$0 | \$21,009 |
| Total Personnel | | | \$59,914 | \$59,914 | \$0 | \$59,914 |
| Travel | a filte | | | | Linn on | nessi Satat |
| Local Travel | ALL REAL TRA | STATES STATES | \$1,879 | \$1,879 | \$0 | \$1,879 |
| Total Travel | | | \$1,879 | \$1,879 | \$0 | \$1,879 |
| Other | | | | | | an teau |
| Admin Support, Insurance, Payroll | 16 K. 3.21.5 | | \$4,068 | \$0 | \$4,068 | \$4,068 |
| RCIT Enterprise | | | \$2,111 | \$0 | \$2,111 | \$2,111 |
| Total Other | | | \$6,179 | \$0 | \$6,179 | \$6,179 |
| Total Direct Costs | | | \$67,972 | \$61,793 | | \$61,793 |
| Total Administrative Costs | GOL STREET | | | | \$6,179 | \$6,179 |
| Overall Budget | | | | \$61,793 | \$6,179 | \$67,972 |
| Percentages | | Carterio Carto | manimental data de | 90.91% | 9.09% | |

Total Award Amount: \$67,225 \$67,972 Indirect:

Award Check \$0 \$6,179.00 \$ -

County of Riverside Public Health Ryan White Part A/MAI 3/1/2024 - 2/28/2025 **Clinical Quality Management**

| | Total Salary | Ryan White FTE | Ryan White \$ | СQМ | Total |
|---------------------|--------------|----------------------|------------------|--------------|--|
| Personnel | | | | | |
| Rojas, S LVN | \$85,000 | 0.228 | \$19,410 | \$19,410 | \$19,410 |
| Calderon, C. PCL | \$212,100 | 0.019 | \$4,000 | \$4,000 | \$4,000 |
| Personnel Subtotal | \$297,100 | 0.247 | \$23,410 | \$23,410 | \$23,410 |
| | | | State of States | | 8 2 4 |
| Fringe | | | | | |
| Fringe | 54% | | \$12,641 | \$12,641 | \$12,641 |
| | | | | a general de | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |
| Total Personnel | | | \$36,051 | \$36,051 | \$36,051 |
| | | | The Are | State B | |
| Travel | | | | | |
| Local Travel | | | \$300 | \$300 | \$300 |
| Total Travel | | | \$300 | \$300 | \$300 |
| | | | Sector State | | |
| Other | 1 | | | | 2 |
| Clinic Licensure | | | \$120 | \$120 | \$120 |
| Office Supplies | | | \$365 | \$365 | \$365 |
| RC Information Tech | | | \$200 | \$200 | \$200 |
| Training | | | \$250 | \$250 | \$250 |
| Total Other | | | \$935 | \$935 | \$935 |
| | | | | | |
| Total CQM Costs | | 2.5 15840 - 6.40 | | \$37,286 | \$37,286 |
| Overall Budget | | | | \$37,286 | \$37,286 |
| Percentages | | | | 100.00% | |

Total Award Amount:

.

Check: Award \$38,852 \$37,286

\$0

County of Riverside Public Health Ryan White Part A/MAI 3/1/2024 - 2/28/2025 Master Fringe Benefit Breakdown

Fringe-Applies to all service categories

| Social Security | 5.97% |
|-------------------------------|----------|
| Medicare | 1.42% |
| Flex Credits | 12.77% |
| Vision Services Plan | 0.02% |
| Basic Life | 0.09% |
| Retirement | 31.83% |
| 401 | 0.15% |
| LTD | 0.34% |
| Unemployment | 0.16% |
| Short Term Disability | 0.00% |
| Health,Safety & Training Fund | 0.03% |
| 517000 worker's comp | 1.22% |
| | = 4 0004 |

Fringe Subtotal

• •

54.00%

County of Riverside Public Health Ryan White Part AMAI 3/1/2024 - 2/28/2025 Master Budget Narrative

| | | aster burget Namatye | |
|--|---|---|---|
| Personnel | | FTE Budget | |
| Zane, RMD | Physician | 0.428 | \$4,600 |
| OAHS Provides medi | cal diagnosis, treatment, and managem | entincluding the prescription of antiretroviral | therapy to patients with HIV disease al |
| three health care cents | ers in Riverside County Perform diagnor | stic testing, documentation and tracking of via | al loads and CD4 counts Early |
| intervention and risk a common physical and | | ng, practitioner examination, medical history) | taking, diagnosis and treatment of |

· .

| OAHS Provides medical a | diagnosis, treatment, and management inclu | ding the prescription of antiretrovical therapy to patients | with HIV disease at |
|--|--|---|---|
| three health care centers i intervention and risk asset | n Riverside County. Perform diagnostic testi isment, preventive care and screening, prac | ding the prescription of antretroviral therapy to patients ng, documentation and tracking of viral loads and CD4 titioner examination, medical history taking, diagnosis a cordance with Ryan White Standards of Care and, US I | counts. Early and treatment of |
| guidelines and AAHIVM be | est practices. | cordance with Nyan White Standards of Care and, US (k, clinic audits, and clinic logs at the health care certers Mr.caps. | Public Health Service |
| maintains proper clinic wo Latif/Cole/Gilbert, -NP | httow processes for quality control and iden Nurse Practitioners | 0 065 | \$13,000 |
| Provides medical diagnos | s. treatment, and management including the | prescription of antiretroviral therapy to patients with Hil | V disease at three |
| health care centers in Rive and risk assessment, prev | erside County. Perform diagnostic testing, do entive care and screening, practitioner example. | ocumentation and tracking of viral loads and CD4 count nination, medical history taking, diagnosis and treatmen | s Early intervention t of common physical |
| and mental health needs Fineda, VOA II | Office Assistant II | 0.116 | \$4,300 |
| OAHS Provides support t Hunt, AHSA | o providers and nurses at three health care o Health Services Assistant | 0.232 | \$11,620 |
| OAHS Provides direct par | tient care and provides support duties to phy | nicians, registered nurses and LVN's at three health ca | re centers |
| Osaki, K. HSA | Health Services Assistant | 0.451 | \$18,500 |
| OAHS Provides direct par Ramirez, OHSA | tient care and provides support duties to phy Health Services Assistant | cicians, registered nurses and LVN's at three health ca 0 169 | se centers \$8,763 |
| OAHS Provides direct pa | tent care and provides support duties to phy | sicians, registered nurses and LVN's at three health ca | re centers |
| Rojas, S. /Dorothy, AL | VN Licensed Vocalional Nurse II | 0.475 | \$40,410 |
| OAHS Provides direct pat COM Establish and maint maintains proper clinic wo Arrona, I-Sr CDS | ent care and provides support duties to phy ain Clinic Quality Control of office paperwork (kflow processes for quality control and iden Senior Communicable Disease Spec | sicians, and registered nurses at bree health care cents, clinic audits, and clinic logs at the health care centers fit gaps failst 0 557 | ers Reviews and \$40,628 |
| | | | Identify barriers to |
| | | lations in service areas 1, 2, and 3 in Riverside County, ces. Link newly diagnosed HIV+ to medical care in 30 d is QA activities. | |
| Olmos, JCDS | Communicable Disease Specialist | 0.810 | \$40,500 |
| MAI & EIS Provide MAI EI Riverside County Identify medical care in 30 days or Arrona, I/ Vacant -CDS | S Services to African American and Latino u barriers to care. Assist patient with linkage to less. Assist patients that have fallen out of o Communicable Disease Specialist | naware and unmet need populations in service areas 1 o modical care and wraparound services. Link newly di- are fapilitating access to care. Perform targeted HIV ter 0.009 | , 2, and 3 in agnosed HIV+ to sting \$514 |
| | | | |
| develop a care plan in coll MCM & MCM Provides M | aboration with patients, conduct initial and o aboration with patient, work in collaboration edical Case Management & New Medical Co- | rigoing assessment of patient service needs, assess pa with multidisciplinary HIV care team at three health care ise Management Services to HIV patients, conduct initia | e centers al and oncome |
| assessment of patient sen mutidisciplinary HIV care | vice needs, assess patient acuity level, devel team at three health care centers | se wanagement betwees to Hiv patients, conduct into lop a care plan in collaboration with patient, work in coll | aboration with |
| Ramos_G -CDS | Communicable Disease Specialist | 0 767 | \$48,349 |
| MAI & EIS Provide MAI EI | S Services to African American and Latino u | naware and unmet need populations in service areas 1 | , 2, and 3 in |
| Riverside County Identify medical care in 30 days or Rosales, SSSP | barriers to care. Assist patent with linkage to less. Assist patients that have fallen out of c Social Services Practitioner | a medical care and wraparound services. Link newly di are facilitating access to care. Perform targeted HIV ter 0.282 | agnosed HIV+ to sting |
| MCM & N-MCM Help pati Alatorre, RSSP | ents identify all available health and disabilit Social Services Practitioner | v benefits. Educate patients on public and private benef 0.285 | fits at three health \$20,200 |
| MCM & N-MCM Help pati Imenez B .SSP | ents identify all available health and disabilit Social Services Practitioner | y benefits. Educate patients on public and private benef 0.512 | tis at three health |
| MCM & N-MCM Help pati Barajas, VLVN | ents identify all available health and disabilit Licensed Vocational Nurse II | v benefits. Educate patients on public and private benef 0.112 | \$43,654 fits at three health \$9,500 |
| | | | |
| Non-MCM_Provides direct Mallxl, Eric, -LVN | Licensed Vocational Nurse II | physicians, and registered nurses at three health care. 0.310 | senters \$24,200 |
| | | | |
| | | provide coordination and follow - up of medical treatment | |
| COM: Establish and maint | an Clinic Quality Control of office paperwork | physicians, and registered nurses at three health care k, clinic audits, and clinic logs at the health care centers thy gaps | Reviews and |
| Del Villar, DLVN | Licensed Vocational Nurse II | 0.414 | \$32,700 |
| Non-MCM. Provides direct | patient care and provides support duties to | physicians, and registered nurses at three health care | centers |
| MCM. Provides Medical C adherence counseling at th | ase Management Services to HIV patients, p tree health care centers | physicians, and registered nurses at three health care provide coordination and follow - up of medical treatmen 0.117 | nt. Provide treatment |
| | | | |
| Non-MCM Provides direc Redriguez, SNutrition | patient care and provides support duties to Nutritionist | physicians, and registered nurses at three health care 0.164 | stil.465 |
| | | | |
| Nutrition: Performs nutritio Determines, through appli | nal assessments on HIV patients , Teaches | and counsels HIV patients on healthy food choices and | |
| | | her individuals are al nutritional risk. Gives direct nutritio | anal and dieteto |
| | | her individuals are al nutritional risk. Gives direct nutrition et and group session 0 050 | onal and dietetic |
| Whaples, NPD Nutrition: Performs nutritio | Program Director nal assessments on HIV patients : Teaches | 0.050 and counsels HIV patients on healthy food choices and | 54,235 |
| Whaples, NPD Nubition: Performs nutritio Determines, through appli- consultation to individuals | Program Director nal assessments on HIV patients : Teaches | | 54,235 |
| Whaples, NPD Nutriton: Performs nutritic Determines, through appli- consultation to individuals Mansell, SNutrition | Program Director nal assessments on HIV patients ; Teaches, action of various published standards, wheth with special nutritional needs in an individua Nutritionist | 0050 and counsels Wip patients on healthy food choices and her individuals are al nutritional risk. Gives direct nutrition and group session 0.649 | snal and dieteto \$4,235 lood preparation. onal and dieteto \$6,400 |
| Whaples, NPD Nutriton: Performs nutrito Determines, through appli- consultation to individuals. Mansell, SNutrition Nutrition: Performs nutritic Determines, through appli | Program Director ana lassessmeets on HIV patients ; Teaches, cation of various published standards, wheth with special nutritional needs in an indendua Nutritionist nutritionist nail assessments on HIV patients ; Teaches, cation of various published standards, wheth | 0050 and counsels HV patents on healthy food choces and her individuals are al nutritional risk. Gives deect nutrici il and counsession 0.60 and counsels HV patents on healthy food choices and and counsels HV patents on healthy food choices and individuals are at nutritional risk. Gives deect nutrici | snal and dieteto \$4,235 lood preparation. onal and dieteto \$6,400 |
| Whaples, NPD Nutriton: Performs nutrito Determines, through appli- consultation to individuals. Mansell, SNutrition Nutrition: Performs nutritic Determines, through appli | Program Director and assessments on HIV patients; Teaches, cation of various published standards, wheth this pocula mutitorianal needs in an individual Nutritionist nal assessments on HIV patients; Teaches, cation of various published standards, wheth this pacella mictional needs in an individual | 0050 and counsels HV patents on healthy food choces and her individuals are al nutritional risk. Gives deect nutrici il and counsession 0.60 and counsels HV patents on healthy food choices and and counsels HV patents on healthy food choices and individuals are at nutritional risk. Gives deect nutrici | snal and dieteto \$4,235 lood preparation. onal and dieteto \$6,400 |
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