



Contract Number

20-1180 A-4

SAP Number

4400015714

Department of Public Health

Department Contract Representative	Monica Rivera
Telephone Number	(909) 361-0211
Contractor	County of Riverside, Department of Public Health
Contractor Representative	Lea Morgan, HIV/STD Branch Chief
Telephone Number	(951) 358-5307
Contract Term	March 1, 2021 – February 28, 2026
Original Contract Amount	\$3,905,542
Amendment Amount	\$210,520
Total Contract Amount	\$4,116,062
Cost Center	9300371000
Grant Number (if applicable)	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

It is further broken down by Program Year as follows:

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

*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 reports printed from ARIES and logs (as required). Invoices submitted without corresponding 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

Esen Sainz

By: _____

Esen Sainz

Deputy Counsel Counsel

SAN BERNARDINO COUNTY

► *Dawn Rowe*
Dawn Rowe, Chair, Board of Supervisors

Dated: NOV 19 2024
SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County
By: _____
Deputy



County of Riverside, Department of Public Health
(Print or type name of corporation, company, contractor, etc.)

By ► *Rachelle Roman*
(Authorized signature - sign in blue ink)

Name *for* Kim Saruwatari
(Print or type name of person signing contract)

Title *Deputy Director*
Director of Public Health
(Print or Type)

Dated: 10/10/2024

Address _____

FOR COUNTY USE ONLY

Approved as to Legal Form

► *Adam Ebright*
Adam Ebright, County Counsel
Date Nov 7, 2024

Reviewed for Contract Compliance

► _____
Date _____

Reviewed/Approved by Department

► *Joshua Dugas* (Nov 7, 2024 14:07 PST)
Joshua Dugas, Public Health Director
Date Nov 7, 2024

SCOPE OF WORK – RYAN WHITE 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:	NON-MEDICAL CASE MANAGEMENT SERVICES
Service Goal:	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
Service Health Outcomes:	Improved or maintained CD4 cell count Improved or maintained CD4 cell count, as a % of total lymphocyte cell count Improved or maintained viral suppression rate Improve retention in Care (at least one medical visit each 6-month period)

	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
Proposed Number of Clients	650	175	125	0	0	0	950
Proposed Number of Visits = Regardless of number of transactions or number of units	750	300	200	0	0	0	1,250
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	1,250	500	250	0	0	0	2,000

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

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:			SERVICE AREA	TIMELINE	PROCESS OUTCOMES
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:	1, 2, & 3	03/01/24-02/28/25	<ul style="list-style-type: none"> • Patient Assessments • Care Plans • Case Management Tracking Log • Case Conferencing Documentation • Referral Logs • Progress Notes 		

<ul style="list-style-type: none"> Case Manager will work with patient to conduct an initial intake assessment within 3 days from referral. 			<ul style="list-style-type: none"> Cultural Competency Plan ARIES Reports
<p>Element #2: Initial and on-going of acuity level</p> <p>Activities:</p> <ul style="list-style-type: none"> 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, 2, & 3	03/01/24-02/28/25	
<p>Element #3: Development of a comprehensive, individual care plan.</p> <p>Activities:</p> <ul style="list-style-type: none"> 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	03/01/24-02/28/25	
<p>Element #4: Case Manager will provide education and counseling to assist the HIV patients with transitioning if insurance or eligibility changes.</p> <p>Activities:</p> <ul style="list-style-type: none"> 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. 	1, 2, & 3	03/01/24-02/28/25	
Contract Number:	County of Riverside Department of Public Health, HIV/STD		
Contractor:			
Grant Period:	March 1, 2024 - February 28, 2025		
Service Category:	Medical Case Management (MCM)		
Service Goal:	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 care coordination assistance to support participation in HIV medical care.		

Service Health Outcomes:		Improved or maintained CD4 cell count Improved or maintained CD4 cell count, as a % of total lymphocyte cell 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.						
		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
Proposed Number of Clients		455	130	65	0	0	0	650
Proposed Number of Visits = Regardless of number of transactions or number of units		665	390	195	0	0	0	1,250
Proposed Number of Units = Transactions or 15 min encounters		1,250	500	250	0	0	0	2,000
Group Name and Description (Must be HIV+ related)	Service Area of Service Delivery	Targeted Population	Open/ Closed	Expected Avg. Attend. per Session	Session Length (hours)	Sessions per Week	Group Duration	Outcome Measures
N/A								
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:								PROCESS OUTCOMES
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.		SERVICE AREA 1, 2, & 3		TIMELINE 03/01/24-02/28/25		• Medical Case Management Needs Assessments • Patient Acuity Assessments • Benefit and resource referrals • Comprehensive Care Plan • Case Conferencing Documentation • Referral Logs • Progress Notes		
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.						

<p>Element #2: Medical Case Managers will provide Medical Case Management Services to patients that meet TGA MCM service category criteria:</p> <p>Activities:</p> <ul style="list-style-type: none"> 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 	1, 2, & 3	03/01/24-02/28/25	<ul style="list-style-type: none"> Cultural Competency Plan ARIES Reports
<p>Element #3: Medical Case Managers will conduct an initial needs assessment to identify which HIV patients meet the criteria to receive medical case management.</p> <p>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.</p>	1, 2, & 3	03/01/24-02/28/25	
<p>Element #4: Medical Case Managers will conduct initial and ongoing assessment of patient acuity level and service needs.</p> <p>Activities:</p> <ul style="list-style-type: none"> If patient is determined to not need intensive case management services, they will be referred and linked with case management (non-medical) services. 	1, 2, & 3	03/01/24-02/28/25	
<p>Element #5: The MCM staff will develop comprehensive, individualized care plans in collaboration with patient, primary care physician/provider and other health care/support staff to maximize patient's care and facilitate cost-effective outcomes.</p> <p>Activities:</p> <ul style="list-style-type: none"> The plan will include the following elements: problem/presenting issue(s), service need(s), goals, action plan, responsibility, and timeframes. 	1, 2, & 3	03/01/24-02/28/25	

Contract Number:																								
Contractor:		County of Riverside Department of Public Health, HIV/STD Branch																						
Grant Period:		March 1, 2024 - February 28, 2025																						
Service Category:		OUTPATIENT/AMBULATORY HEALTH SERVICES																						
Service Goal:		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, National Institutes of Health, American Academy of HIV Medicine (AAHIVM).																						
Service Health Outcomes:		Improved or maintained CD4 cell count; as a % of total lymphocyte cell count. Improved or maintained viral load. 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																						
		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						
Proposed Number of Clients		275		100		75		0		0		0		0		450								
Proposed Number of Visits = Regardless of number of transactions or number of units		500		300		150		0		0		0		0		950								
Proposed Number of Units = Transactions or 15 min encounters		1,800		800		400		0		0		0		0		3,000								
Group Name and Description (Must be HIV+ related)		Service Area of Service Delivery		Targeted Population		Open/ Closed		Expected Avg. Attend. per Session		Session Length (hours)		Sessions per Week		Group Duration		Outcome Measures								
N/A																								
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:																			SERVICE AREA		TIMELINE		PROCESS OUTCOMES	

<p>Element #1: DOPH-HIV/STD medical treatment team will provide the following service delivery elements to PL WHA 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:</p> <p>Activities:</p> <ul style="list-style-type: none"> • 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 • Integrate and utilize ARIES to incorporate core data elements. 	<p>1, 2, & 3</p> <p>03/01/24-02/28/25</p>	<ul style="list-style-type: none"> • 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
<p>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.</p> <p>Activity:</p> <ul style="list-style-type: none"> • 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. 	<p>1, 2, & 3</p> <p>03/01/24-02/28/25</p>	
<p>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:</p> <p>Activities:</p> <ul style="list-style-type: none"> • 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 	<p>1, 2, & 3</p> <p>03/01/24-02/28/25</p>	

<p>Element #4:</p> <p>Clinicians will complete a medical history on patients, including family medical history, psycho-social history, current medications, environmental assessment, diabetes, cardiovascular diseases, renal disease, GI abnormalities, pancreatitis, liver disease, and hepatitis.</p> <p>Activities:</p> <ul style="list-style-type: none">• Conducting a physical examination• Reviewing lab test results• Assessing the need for medication therapy• Development of a Treatment Plan.	1, 2, & 3	03/01/24-02/28/25	
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Contract Number:											
Contractor:	County of Riverside Department of Public Health, HIV/STD Branch										
Grant Period:	March 1, 2024 - February 28, 2025										
Service Category:	MEDICAL NUTRITION THERAPY										
Service Goal:	Facilitate maintenance of nutritional health to improve health outcomes or maintain positive health outcomes.										
Service Health Outcomes:	Improve retention in care (at least 1 medical visit in each 6-month period) Improve viral suppression rate.										
Proposed Number of Clients	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
	143	46	22	0	0	0					211
Proposed Number of Visits = Regardless of number of transactions or number of units	250	125	75	0	0	0					450
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	300	175	125	0	0	0					600

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

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.	1, 2, & 3	03/01/24-02/28/25	<ul style="list-style-type: none"> MNT schedules/logs MNT encounter logs Nutrition Screening and MNT assessment MNT Referrals Progress/treatment notes ARIES Reports Cultural Competency Plan Academy of Nutrition and Dietetics Standards Viral loads
Activities: <ul style="list-style-type: none"> HIV patients to be screened at every medical appointment by the physician or nursing staff to identify nutrition related problems. Patients will be referred to MNT based on the following criteria: <ul style="list-style-type: none"> 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 			
Element #2: HIV patients will be assessed by MNT based on the following criteria: <ul style="list-style-type: none"> High risk - to be seen by an RDN within 1 week 	1, 2, & 3	03/01/24-02/28/25	

<ul style="list-style-type: none"> • Moderate risk - to be seen by an RDN within 1 month • Low risk - to be seen by an RDN at least annually <p>Activities: Initial MNT assessment and treatment will include the following:</p> <ul style="list-style-type: none"> • 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 			
<p>Element #3: HIV patients who are identified for group education based on MNT assessment and treatment will be referred to MNT group/educational classes</p> <p>Activities:</p> <ul style="list-style-type: none"> • MNT will develop educational curriculum. • HIV patient will attend MNT group/educational class as recommended by MNT and treating physician. 	1, 2, & 3	03/01/24-02/28/25	

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 rate Targeted HIV Testing-Maintain 1:1% positivity rate or higher

	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
Proposed Number of Clients	75	40	35	0	0	0	150
Proposed Number of Visits = Regardless of number of transactions or number of units	225	100	50	0	0	0	375
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	250	175	75	0	0	0	500

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

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE	TIMELINE	PROCESS OUTCOMES
<p>Element #1: Identify/locate HIV+ unaware and HIV + that have fallen out of care</p> <p>Activities: EIS staff will work with grass-roots community-based and faith-based agencies, local churches and other non-traditional venues to reach targeted communities to perform targeted HIV testing, link unaware populations to HIV Testing and Counseling and Partner Services and newly diagnosed and unmet need to HIV care and treatment.</p> <p>EIS staff will work with prisons, jails, correctional facilities, homeless shelters and hospitals to perform targeted HIV testing, linking newly diagnosed to HIV care and treatment.</p> <p>EIS staff will work with treatment team staff to identify PL WHA 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.</p> <p>EIS staff will provide the following service delivery elements to PL WHA receiving EIS at Riverside Neighborhood Health Center, Perris Family Care Center and Indio Family Care Center. Services will also be provided in the community throughout Riverside County based on the Inland Empire HIV Planning Council Standards of Care.</p> <p>Element #2 Linking newly diagnosed and unmet need individuals to HIV care and treatment within 30 days or less. Provide referrals to systems of care (RW & non-RW)</p> <p>Activities: EIS staff will coordinate with HIV Care and Treatment facilities who link patient to care within 30 days or less.</p>	<p>1, 2, & 3</p>	<p>03/01/24-02/28/25</p>	<ul style="list-style-type: none"> ■ Outreach schedules and logs ■ Outreach Encounter Logs ■ LTC Documentation Logs ■ Assessment and Enrollment Forms ■ Reporting Forms ■ Case Conferencing Documentation ■ Referral Logs ■ Progress Notes ■ Cultural Competency Plan ■ ARIES Reports

<p>Assist HIV patients with enrollment or transition activities to other health insurance payer sources (i.e., ADAP, MISP, Medi-Cal, Insurance Marketplace, OA-Care HIPP, etc.)</p> <p>Interventions will also include community-based outreach, patient education, intensive case management and patient navigation strategies to promote access to care.</p>			
<p>Element #3</p> <p>Re-linking HIV patients that have fallen out of care. Perform follow-up activities to ensure linkage to care.</p> <p>Activities:</p> <p>Link patients who have fallen out of care within 30 days or less. Coordinate with HIV care and treatment.</p> <p>Assist HIV patients with enrollment or transition activities to other health insurance payer sources (i.e., ADAP, MISP, Medi-call, Insurance Marketplace, OA-Care HIPP, etc.)</p> <p>Link patient to non-medical case management, medical case management to assist with benefits counseling, transportation, housing, etc. to help patient remain in care and treatment.</p> <p>Link high-risk HIV positive EIS populations to support services (i.e., mental health, medical case management, house, etc.) to maintain in HIV care and treatment.</p> <p>Participate in bi-weekly clinic care team case conferencing to ensure linkage and coordinate care for patient.</p>	1, 2, & 3	03/01/24-02/28/25	
<p>Element #4:</p> <p>EIS staff will utilize evidence-based strategies and activities to reach high risk MSM HIV community. These include but are not limited to:</p> <p>Activities:</p> <p>Developing and using outreach materials (i.e., flyers, brochures, website) that are culturally and linguistically appropriate for high risk communities-Utilizing the Social Networking model</p>	1, 2, & 3	03/01/24-02/28/25	

<p>asking HIV + individuals and high risk HIV negative individuals to recruit their social contacts for HIV testing and linkage to care services.</p>			
<p>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.</p> <p>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</p> <p>Senior Communicable Disease Specialist (CDS) will review all data elements to ensure linkage and retention of patient.</p>	<p>1, 2, & 3</p>	<p>03/01/24-02/28/25</p>	
<p>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.</p> <p>Activities: EIS staff will coordinate with prevention and outreach programs within the TGA to strategically plan service areas to serve.</p> <p>EIS staff will work with the DOPH-Surveillance unit to target areas in need of services.</p>	<p>1, 2, & 3</p>	<p>03/01/24-02/28/25</p>	
<p>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 HRP, etc.).</p>	<p>1, 2, & 3</p>	<p>03/01/24-02/28/25</p>	

<p>EIS staff will coordinate with non-medical case management services to assist with benefits counseling and rapid linkage to care and support services.</p>			
<p>Element #8: 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.</p> <p>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.</p> <p>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.</p>	1, 2, & 3	03/01/24-02/28/25	
<p>Element #9: EIS Staff will utilize standardized, required documentation to record encounters and progress.</p> <p>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.</p> <p>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,</p>	1, 2, & 3	03/01/24-02/28/25	

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

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SCOPE OF WORK – MAI
USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	County of Riverside Department of Public Health, HIV/STD Branch									
Contractor:	County of Riverside Department of Public Health, HIV/STD Branch									
Grant Period:	March 1, 2024 - February 28, 2025									
Service Category:	MAI EARLY INTERVENTION SERVICES									
Service Goal:	Quickly link HIV infected individuals from communities of color (African American and Latinos) 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 rate Targeted HIV Testing-Maintain 1.1% positivity rate or higher									
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	125	65	35	0	0	0				225
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	175	122	78	0	0	0				375
HISPANIC / LATINO										
	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	125	65	35	0	0	0				225
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	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	0	350	
Number of Visits = Regardless of number of transactions or number of units	250	130	70	0	0	0	0	450	
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	350	244	156	0	0	0	0	750	
Group Name and Description (Must be HIV+ related)	Service Area of Service Delivery	Targeted Population	Open/Closed	Expected Avg. Attend. per Session	Session Length (hours)	Sessions per Week	Group Duration	Outcome Measures	
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•									
•									

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:		SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: Connect/reconnect HIV infected individuals into care utilizing the "Bridge" program as the model. Activities: -MAI EIS staff will work with grass-roots community-based and faith-based agencies, local churches, and other non-traditional venues to reach targeted communities of color (African American and Latino communities) to perform targeted HIV testing, link unaware populations to HIV Testing and Counseling and Partner Services and newly diagnosed and unmet need to HIV care and treatment. -MAI EIS staff will work with prisons, jails, correctional facilities, 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.		1, 2, & 3	03/01/24-02/28/25	<ul style="list-style-type: none"> MAI/EIS schedules and logs MAI/EIS Encounter Logs Linkage to Care Documentation Logs Assessment and Enrollment Forms Reporting Forms Case Conferencing Documentation Referral Logs Progress Notes Cultural Competency Plan ARIES Reports

<p>Element #2: Conduct in depth, one-on-one encounters that are planned and delivered in coordination with local HIV prevention outreach program to avoid duplicate efforts.</p> <p>Activities:</p> <ul style="list-style-type: none"> -EIS MAI staff will coordinate with HIV Care and Treatment facilities who link patient to care within 30 days or less. -Assist HIV patients with enrollment or transition activities to other health insurance payer sources (i.e., ADAP, MISP, Medi-Cal, Insurance Marketplace, OA-Care HIPP, etc.) -Interventions will also include community-based outreach, patient education, intensive case management and patient navigation strategies to promote access to care. 	1, 2, & 3	03/01/24-02/28/25	
<p>Element #3: Re-linking HIV patients that have fallen out of care. Perform follow-up activities to ensure linkage to care.</p> <p>Activities:</p> <ul style="list-style-type: none"> -Link patient who have fallen out of care within 30 days or less. -Coordinate with HIV care and treatment. --Assist HIV patients with enrollment or transition activities to other health insurance payer sources (i.e., ADAP, MISP, Medi-Cal, Insurance Marketplace, OA-Care HIPP, etc.) -Link patient to non-medical case management, medical case management to assist with benefits counseling, transportation, housing, etc. to help patient remain in care and treatment. -Link high-risk HIV positive MAI populations to support services (i.e., mental health, medical case management, house, etc.) to maintain in HIV care and treatment. -Participate in bi-weekly clinic care team case conferencing to ensure linkage and coordinate care for patient. 	1, 2, & 3	03/01/24-02/28/25	
<p>Element #4: MAI EIS staff will utilize evidence-based strategies and activities to reach African American and Hispanic/Latino HIV community. These include but are not limited to:</p> <p>Activities:</p> <ul style="list-style-type: none"> -Developing and using outreach materials (i.e., flyers, brochures, website), focus groups, and surveys that are culturally and linguistically appropriate for African American and Hispanic/Latino communities. -Researching and utilizing the <i>Bridge</i> model asking HIV + individuals and high-risk HIV negative individuals to recruit their social contacts for HIV testing and linkage to care services. 	1, 2, & 3	03/01/24-02/28/25	
<p>Element #5: MAI 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.</p>	1, 2, & 3	03/01/24-02/28/25	

<p>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</p> <p>-Senior Communicable Disease Specialist (CDS) will review all data elements to ensure linkage and retention of patient.</p>			
<p>Element #6: MAI 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</p> <p>Activities:</p> <p>-MAI EIS staff will coordinate with prevention and outreach programs within the TGA to strategically plan service areas to serve.</p> <p>-MAI EIS staff will work with the DOPH-Surveillance unit to target areas in need of services.</p>	1, 2, & 3	03/01/24-02/28/25	
<p>Element #7: MAI 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.).</p> <p>Activities:</p> <p>-MAI EIS staff will coordinate with non-medical case management services to assist with benefits counseling and rapid linkage to care and support services.</p>	1, 2, & 3	03/01/24-02/28/25	

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

	Salary	FTE	Program Subtotal	Direct Services	CQM	Administrative	Total
Personnel							
Zane, R. -MD	\$10,750	0.43	\$ 4,600.00	\$ 4,600.00	\$0	\$0	\$4,600
Calderon, C.-PCL	\$212,100	0.24	\$ 51,000.00	\$ 47,000.00	\$4,000	\$0	\$51,000
Latiff/Cole/Gilbert, -NP	\$199,000	0.07	\$ 13,000.00	\$ 13,000.00	\$0	\$0	\$13,000
Pineda, V. -OA III	\$37,104	0.12	\$ 4,300.00	\$ 4,300.00	\$0	\$0	\$4,300
Hunt, A. -HSA	\$50,000	0.23	\$ 11,620.00	\$ 11,620.00	\$0	\$0	\$11,620
Osaki, K. -HSA	\$41,000	0.45	\$ 18,500.00	\$ 18,500.00	\$0	\$0	\$18,500
Ramirez, G. -HSA	\$52,000	0.17	\$ 8,763.00	\$ 8,763.00	\$0	\$0	\$8,763
Rojas, S./Dorothy, A. -LVN	\$85,000	0.48	\$ 40,410.00	\$ 21,000.00	\$19,410	\$0	\$40,410
Arrona, I-Sr CDS	\$73,000	0.56	\$ 40,628.00	\$ 40,628.00	\$0	\$0	\$40,628
Olmos, J. -CDS	\$50,000	0.81	\$ 40,500.00	\$ 40,500.00	\$0	\$0	\$40,500
Arrona, I/ Vacant -CDS	\$60,000	0.01	\$514	\$514	\$0	\$0	\$514
Ramos, G. -CDS	\$63,000	0.77	\$ 48,349.00	\$ 48,349.00	\$0	\$0	\$48,349
Rosales, S. -SSP	\$79,000	0.28	\$ 22,300.00	\$ 22,300.00	\$0	\$0	\$22,300
Alatorre, R. -SSP	\$71,000	0.28	\$ 20,200.00	\$ 20,200.00	\$0	\$0	\$20,200
Jimenez, B. -SSP	\$85,000	0.51	\$ 43,554.00	\$ 43,554.00	\$0	\$0	\$43,554
Barajas, V. -LVN	\$85,000	0.11	\$ 9,500.00	\$ 9,500.00	\$0	\$0	\$9,500
Malixi, Eric. -LVN	\$78,000	0.31	\$ 24,200.00	\$ 24,200.00	\$0	\$0	\$24,200
Del Villar, D. -LVN	\$79,000	0.41	\$ 32,700.00	\$ 32,700.00	\$0	\$0	\$32,700
Medina, O. -LVN	\$81,000	0.12	\$ 9,500.00	\$ 9,500.00	\$0	\$0	\$9,500
Rodriguez, S. -Nutrition	\$69,777	0.16	\$ 11,465.00	\$ 11,465.00	\$0	\$0	\$11,465
Whaples, N. -PD	\$85,000	0.05	\$ 4,235.00	\$ 4,235.00	\$0	\$0	\$4,235
Mansell, S. -Nutrition	\$10,000	0.64	\$ 6,400.00	\$ 6,400.00	\$0	\$0	\$6,400
McCarthy, M. -Nutrition	\$81,000	0.06	\$ 5,105.00	\$ 5,105.00	\$0	\$0	\$5,105
Varela, M. -Nutrition	\$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
Fringe							
OAHS Fringe	54%		\$69,542	\$69,542	\$0	\$0	\$69,542
MAI/EIS Fringe	54%		\$26,406	\$26,406	\$0	\$0	\$26,406
EIS Fringe	54%		\$43,590	\$43,590	\$0	\$0	\$43,590
Non-Med Fringe	54%		\$41,850	\$41,850	\$0	\$0	\$41,850
Med-Case Fringe	54%		\$45,803	\$45,803	\$0	\$0	\$45,803
Nutrition Fringe	54%		\$21,009	\$21,009	\$0	\$0	\$21,009
CQM Fringe	54%		\$12,641	\$0	\$12,641	\$0	\$12,641
Fringe Subtotal			\$260,841	\$248,200	\$12,641	\$0	\$260,841
Total Personnel			\$743,884	\$707,833	\$36,051	\$0	\$743,884
Travel							
Local Travel			\$6,943	\$5,843	\$300	\$800	\$6,943
Total Travel			\$6,943	\$5,843	\$300	\$800	\$6,943
Other							
Admin Support, Insurance, Payroll			\$59,682	\$0	\$0	\$59,682	\$59,682
RC Information Tech			\$5,236	\$2,925	\$200	\$2,111	\$5,236
Clinic Licensure			\$120	\$0	\$120	\$0	\$120
Laboratory Services			\$9,000	\$8,000	\$0	\$1,000	\$9,000
Medical/Pharmacy Supplies			\$15,404	\$14,404	\$0	\$1,000	\$15,404
Office Supplies			\$6,338	\$4,923	\$365	\$1,050	\$6,338
Rent/Utilities/Maintenance			\$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	\$0	\$4,729
Total Other			\$124,347	\$48,045	\$935	\$75,367	\$124,347
Total Direct Costs				\$761,721			\$761,721
Total Administrative Costs						\$76,167	\$76,167
Total CQM Costs					\$37,286		\$37,286
Overall Budget				\$761,721	\$37,286	\$76,167	\$875,174
Percentages				87.04%	4.26%	8.70%	

RWA Award:	Budget	Add. 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	Budget	Add. Funds	Total:
MAI-CQM	\$ 172.62	-172.62	\$ -
CQM	\$ 38,852.00	-1566	\$ 37,286.00
Total:	\$ 39,024.62	\$ (1,738.62)	\$ 37,286.00

Combined Award: **\$ 865,661.62** **\$ (9,512.38)**
6.1.24 Combined Award: **\$ 875,174.00** **\$ -**

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, R. -MD	\$10,750	0.428	\$4,600	\$4,600	\$0	\$4,600
Calderon, C. -PCL	\$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, V. -OA III	\$37,104	0.116	\$4,300	\$4,300	\$0	\$4,300
Hunt, A. -HSA	\$50,000	0.232	\$11,620	\$11,620	\$0	\$11,620
Osaki, K. -HSA	\$41,000	0.451	\$18,500	\$18,500	\$0	\$18,500
Ramirez, G. -HSA	\$52,000	0.169	\$8,763	\$8,763	\$0	\$8,763
Rojas, S. /Dorothy, A. -LVN	\$85,000	0.247	\$21,000	\$21,000	\$0	\$21,000
Personnel Subtotal	\$686,954	1.930	\$128,783	\$128,783	\$0	\$128,783
Fringe						
Fringe Subtotal	54%		\$69,542	\$69,542	\$0	\$69,543
Total Personnel			\$198,325	\$198,325.00	\$0	\$198,326
Travel						
Local Travel			\$1,500	\$1,500	\$250	\$1,750
Total Travel			\$1,500	\$1,500	\$250	\$1,750
Other						
Admin Support, Insurance, Payroll			\$19,379	\$0	\$19,379	\$19,379
RC Information Tech			\$898	\$898	\$0	\$898
Laboratory Services			\$9,000	\$8,000	\$1,000	\$9,000
Medical/Pharmacy Supplies			\$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			\$710	\$510	\$200	\$710
Training			\$1,400	\$1,400	\$0	\$1,400
Total Other			\$53,791	\$30,962	\$22,829	\$53,791
Total Direct Costs			\$253,616	\$230,787		\$230,787
Total Administrative Costs					\$23,079	\$23,079
Overall Budget				\$230,787	\$23,079	\$253,866
Percentages				90.91%	9.09%	

\$22,829

Total Award Amount:	\$251,076	New Award	\$253,866	Check	\$0.00
Indirect:		\$ 23,079.00	\$	-	

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

	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, J. -CDS	\$50,000	0.420	\$21,000	\$21,000	\$0	\$21,000
Arrona, I./ Vacant -CDS	\$60,000	0.002	\$147	\$147	\$0	\$147
Ramos, G. -CDS	\$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						
Fringe	54%		\$26,406	\$26,406	\$0	\$26,406
Total Personnel			\$75,306	\$75,306	\$0	\$75,306
Travel						
Local Travel			\$950	\$800	\$150	\$950
Total Travel			\$950	\$800	\$150	\$950
Other						
Admin Support, Insurance, Payroll			\$5,513	\$0	\$5,513	\$5,513
RC Information Tech			\$500	\$500	\$0	\$500
Office Supplies			\$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					\$8,013	\$8,013
Overall Budget				\$80,146	\$8,013	\$88,159
Percentages				90.91%	9.09%	

Total Award Amount:	\$85,147	Award	\$88,159	Check	\$0
Indirect:			\$ 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, J. -CDS	\$50,000	0.390	\$19,500	\$19,500	\$0	\$19,500
Ramos, G. -CDS	\$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						
Fringe	54%		\$43,590	\$43,590	\$0	\$43,591
Total Personnel			\$124,314	\$124,314	\$0	\$124,315
Travel						
Local Travel			\$564	\$314	\$250	\$564
Total Travel			\$564	\$314	\$250	\$564
Other						
Admin Support, Insurance, Payroll			\$9,983	\$0	\$9,983	\$9,983
RC Information Tech			\$600	\$600	\$0	\$600
Office Supplies			\$925	\$775	\$150	\$925
Rent/Utilities/Maintenance			\$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			\$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						
Arrona, I./ Vacant -CDS	\$60,000	0.002	\$146	\$146	\$0	\$146
Rosales, S. -SSP	\$79,000	0.172	\$13,600	\$13,600	\$0	\$13,600
Alatorre, R. -SSP	\$71,000	0.162	\$11,500	\$11,500	\$0	\$11,500
Jimenez, B. -SSP	\$85,000	0.209	\$17,754	\$17,754	\$0	\$17,754
Barajas, V. -LVN	\$85,000	0.112	\$9,500	\$9,500	\$0	\$9,500
Malixi, Eric. -LVN	\$78,000	0.077	\$6,000	\$6,000	\$0	\$6,000
Del Villar, D. -LVN	\$79,000	0.120	\$9,500	\$9,500	\$0	\$9,500
Medina, O. -LVN	\$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						
Fringe	54%		\$41,850	\$41,850	\$0	\$41,850
Total Personnel			\$119,350	\$119,350	\$0	\$119,350
Travel						
Local Travel			\$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			\$1,218	\$968	\$250	\$1,218
Rent/Utilities/Maintenance			\$2,734	\$600	\$2,134	\$2,734
Communications			\$650	\$350	\$300	\$650
Training			\$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					\$12,231	\$12,231
Overall Budget				\$122,318	\$12,231	\$134,549
Percentages				90.91%	9.09%	

		Award	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, S. -SSP	\$79,000	0.110	\$8,700	\$8,700	\$0	\$8,700
Alatorre, R. -SSP	\$71,000	0.123	\$8,700	\$8,700	\$0	\$8,700
Jimenez, B. -SSP	\$85,000	0.304	\$25,800	\$25,800	\$0	\$25,800
Arrona, I./Vacant -CDS	\$60,000	0.004	\$221	\$221	\$0	\$221
Malixi, Eric. -LVN	\$78,000	0.233	\$18,200	\$18,200	\$0	\$18,200
Del Villar, D. -LVN	\$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						
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			\$1,200	\$1,200	\$0	\$1,200
Other						
Admin Support, Insurance, Payroll			\$11,342	\$0	\$11,342	\$11,342
RC Information Tech			\$527	\$527	\$0	\$527
Office Supplies			\$1,334	\$1,084	\$250	\$1,334
Rent/Utilities/Maintenance			\$6,000	\$4,000	\$2,000	\$6,000
Communications			\$800	\$500	\$300	\$800
Training			\$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					\$13,892	\$13,892
Overall Budget				\$138,935	\$13,892	\$152,827
Percentages				90.91%	9.09%	

	Award	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						
Rodriguez, S. -Nutrition	\$69,777	0.164	\$11,465	\$11,465	\$0	\$11,465
Whaples, N. -PD	\$85,000	0.050	\$4,235	\$4,235	\$0	\$4,235
Mansell, S. -Nutrition	\$10,000	0.640	\$6,400	\$6,400	\$0	\$6,400
McCarthy, M. -Nutrition	\$81,000	0.063	\$5,105	\$5,105	\$0	\$5,105
Varela, M. -Nutrition	\$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						
Local Travel			\$1,879	\$1,879	\$0	\$1,879
Total Travel			\$1,879	\$1,879	\$0	\$1,879
Other						
Admin Support, Insurance, Payroll			\$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					\$6,179	\$6,179
Overall Budget				\$61,793	\$6,179	\$67,972
Percentages				90.91%	9.09%	

	Award	Check	
Total Award Amount:	\$67,225	\$67,972	\$0
Indirect:	\$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 \$	CQM	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
Fringe					
Fringe	54%		\$12,641	\$12,641	\$12,641
Total Personnel			\$36,051	\$36,051	\$36,051
Travel					
Local Travel			\$300	\$300	\$300
Total Travel			\$300	\$300	\$300
Other					
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				\$37,286	\$37,286
Overall Budget				\$37,286	\$37,286
Percentages				100.00%	

	Award	Check:	
Total Award Amount:	\$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%

Fringe Subtotal 54.00%

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

Personnel	ETC	Budget
Zane, B. MD Physician	0.470	\$4,600
OAHIS Provides medical diagnosis, treatment, and management including the prescription of antiretroviral therapy to patients with HIV disease at three health care centers in Riverside County. Perform diagnostic testing, documentation and tracking of viral loads and CD4 counts. Early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental health needs.		
Edgerton, C. JPL Physician Care Leader	0.240	\$31,000
OAHIS Provides medical diagnosis, treatment, and management including the prescription of antiretroviral therapy to patients with HIV disease at three health care centers in Riverside County. Perform diagnostic testing, documentation and tracking of viral loads and CD4 counts. Early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental health needs. Ensures treatment is in accordance with Ryan White Standards of Care and US Public Health service guidelines and AA-HIV best practices.		
COV Establish and maintain Clinic Quality Control of office paperwork, clinic audits, and clinic logs at the health care centers. Reviews and maintains proper clinic workflow processes for quality control and identify gaps.		
Laird, Cole/Gibson, NP Nurse Practitioners	0.065	\$13,000
Provides medical diagnosis, treatment, and management including the prescription of antiretroviral therapy to patients with HIV disease at three health care centers in Riverside County. Perform diagnostic testing, documentation and tracking of viral loads and CD4 counts. Early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental health needs.		
Ornelas, Y. JCA # Office Assistant II	0.116	\$4,300
OAHIS Provides support to physicians and nurses at three health care centers.		
Hunt, A. JSA Health Services Assistant	0.222	\$11,620
OAHIS Provides direct patient care and provides support duties to physicians, registered nurses and LVNs at three health care centers.		
Osaki, K. JSA Health Services Assistant	0.451	\$18,500
OAHIS Provides direct patient care and provides support duties to physicians, registered nurses and LVNs at three health care centers.		
Ramirez, O. JSA Health Services Assistant	0.169	\$8,763
OAHIS Provides direct patient care and provides support duties to physicians, registered nurses and LVNs at three health care centers.		
Royce, S. Dorothy, A. JLVN Licensed Vocational Nurse II	0.478	\$45,470
OAHIS Provides direct patient care and provides support duties to physicians, and registered nurses at three health care centers.		
COV Establish and maintain Clinic Quality Control of office paperwork, clinic audits, and clinic logs at the health care centers. Reviews and maintains proper clinic workflow processes for quality control and identify gaps.		
Arreola, L. Sr CDS Senior Communicable Disease Specialist	0.557	\$40,678
MAI & EIS Provides EIS services to unaware and unmet need populations in service areas 1, 2, and 3 in Riverside County. Identify barriers to care. Assist patient with linkage to medical care and wraparound services. Link newly diagnosed HIV+ to medical care in 30 days or less. Assist patients that have fallen out of care facilities access to care. Oversees QA activities.		
Oimes, J. CDS Communicable Disease Specialist	0.810	\$40,500
MAI & EIS Provide MAI/EIS Services to African American and Latino unaware and unmet need populations in service areas 1, 2, and 3 in Riverside County. Identify barriers to care. Assist patient with linkage to medical care and wraparound services. Link newly diagnosed HIV+ to medical care in 30 days or less. Assist patients that have fallen out of care facilities access to care. Perform targeted HIV testing.		
Arreola, L. Vacant- CDS Communicable Disease Specialist	0.009	\$14
MAI & EIS Provides EIS Services to HIV patients, conduct initial and ongoing assessment of patient service needs, assess patient activity level, develop a care plan in collaboration with patient, work in collaboration with multidisciplinary HIV care team at three health care centers.		
MCM & MCM Provides Medical Case Management & Non-Medical Case Management Services to HIV patients, conduct initial and ongoing assessment of patient service needs, assess patient activity level, develop a care plan in collaboration with patient, work in collaboration with multidisciplinary HIV care team at three health care centers.		
Ramos, D. CDS Communicable Disease Specialist	0.767	\$48,249
MAI & EIS Provide MAI/EIS Services to African American and Latino unaware and unmet need populations in service areas 1, 2, and 3 in Riverside County. Identify barriers to care. Assist patient with linkage to medical care and wraparound services. Link newly diagnosed HIV+ to medical care in 30 days or less. Assist patients that have fallen out of care facilities access to care. Perform targeted HIV testing.		
Rooses, S. SSP Social Services Practitioner	0.282	\$32,300
MCM & MCM Help patients identify all available health and disability benefits. Educate patients on public and private benefits at three health.		
Alatorre, R. SSP Social Services Practitioner	0.295	\$30,200
MCM & MCM Help patients identify all available health and disability benefits. Educate patients on public and private benefits at three health.		
Limones, B. SSP Social Services Practitioner	0.614	\$43,644
MCM & MCM Help patients identify all available health and disability benefits. Educate patients on public and private benefits at three health.		
Barajas, V. JLVN Licensed Vocational Nurse II	0.112	\$9,500
Non-MCM Provides direct patient care and provides support duties to physicians, and registered nurses at three health care centers.		
Masri, Eric. JLVN Licensed Vocational Nurse II	0.310	\$24,800
MCM Provides Medical Case Management Services to HIV patients, provide coordination and follow-up of medical treatment. Provide treatment adherence counseling at three health care centers.		
Non-MCM Provides direct patient care and provides support duties to physicians, and registered nurses at three health care centers.		
COV Establish and maintain Clinic Quality Control of office paperwork, clinic audits, and clinic logs at the health care centers. Reviews and maintains proper clinic workflow processes for quality control and identify gaps.		
Del Villar, D. JLVN 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 Case Management Services to HIV patients, provide coordination and follow-up of medical treatment. Provide treatment adherence counseling at three health care centers.		
Medina, D. JLVN Licensed Vocational Nurse II	0.117	\$9,500
Non-MCM Provides direct patient care and provides support duties to physicians, and registered nurses at three health care centers.		
Rodriguez, S. Nutrition Nutritionist	0.164	\$11,465
Nutrition Performs nutritional assessments on HIV patients. Teaches and counsels HIV patients on healthy food choices and food preparation. Determines, through application of various published standards, whether individuals are at nutritional risk. Gives direct nutritional and dietetic consultation to individuals with special nutritional needs in an individual and group session.		
Wheeler, N. PD Program Director	0.690	\$4,235
Nutrition Performs nutritional assessments on HIV patients. Teaches and counsels HIV patients on healthy food choices and food preparation. Determines, through application of various published standards, whether individuals are at nutritional risk. Gives direct nutritional and dietetic consultation to individuals with special nutritional needs in an individual and group session.		
Mansell, S. Nutrition Nutritionist	0.640	\$6,400
Nutrition Performs nutritional assessments on HIV patients. Teaches and counsels HIV patients on healthy food choices and food preparation. Determines, through application of various published standards, whether individuals are at nutritional risk. Gives direct nutritional and dietetic consultation to individuals with special nutritional needs in an individual and group session.		
McCarthy, M. Nutrition Nutritionist	0.909	\$5,105
Nutrition Performs nutritional assessments on HIV patients. Teaches and counsels HIV patients on healthy food choices and food preparation. Determines, through application of various published standards, whether individuals are at nutritional risk. Gives direct nutritional and dietetic consultation to individuals with special nutritional needs in an individual and group session.		
Varela, M. Nutrition Nutritionist	0.144	\$11,700
Nutrition Performs nutritional assessments on HIV patients. Teaches and counsels HIV patients on healthy food choices and food preparation. Determines, through application of various published standards, whether individuals are at nutritional risk. Gives direct nutritional and dietetic consultation to individuals with special nutritional needs in an individual and group session.		
Personnel Subtotal	7.414	\$483,043
Fringe		
OAHIS Fringe 54%		\$69,542
MAI/EIS Fringe 54%		\$26,408
EIS Fringe 54%		\$43,550
Non-Med Fringe 54%		\$41,850
Med Case Fringe 54%		\$45,803
Nutrition Fringe 54%		\$121,000
COV Fringe 54%		\$12,641
Fringe Subtotal		\$260,841
Total Personnel		\$743,884
Travel		
Local Travel (Mileage is at \$ 67 federal rate, ~10,302.66 miles x \$ 67= \$690,472)		\$6,043
Total Travel		\$6,043
Other		
Admin Support, Insurance, Payroll		\$59,662
Covers Administration support, insurance costs, and payroll costs to implement the RW A services (~\$207,226/month x 12 months x 24 staff members= \$59,662)		
RCIT Enterprise		\$5,236
Covers Information Technology costs for staff computer equipment, landlines, and cellphones. Costs includes security, encryption, safety measures, etc. (~\$18,18/month x 12 months x 24 staff members= \$5,236)		
Clinic Lease		\$1,500
Clinic License renewals for Clinics to maintain high clinical quality management (ex. CLIA) (~\$120 cost per license renewal x 1 license= \$120)		
Laboratory Services		\$9,000
Medical testing and assessment for HIV/AIDS clinical care under OAHIS (Ex. Qumet Diagnostics) 300 clients x ~\$30 per testing services = \$9,000		
Medical/Pharmacy Supplies		\$15,404
Medical and Pharmaceutical supplies/equipment to support daily activities at three health care centers and provide pharmaceutical assistance to HIV patients receiving OAHIS. This also includes syringes, blood tubes, plastic gloves, equipment maintenance, etc. 300 clients x ~\$51.34 for medical/pharmaceutical services = \$15,404		
Office Supplies		\$5,338
Office supplies/equipment to support RW A Staff to implement daily service activities at three health care centers. This includes paper, pens, ink, etc. ~\$284.08 annually x 24 staff members = \$6,818		
Rent/Utilities/Maintenance		\$20,449
Office/clinic Space for clinic and support staff to provide RW A services. Includes utility (water, electricity) and maintenance costs such as security, janitorial services, and landscaping. \$40.85/sq foot x 500 sq feet = \$20,449		
Communications		\$3,369
Cell phone and desk phone expenses for staff. Will support daily activities at the health care centers and call clients and other staff. (~\$16.42/month x 12 months x 24 staff members = \$4,729)		
Training		\$4,729
Training for RWHS Staff who provide care to persons living with or at risk of acquiring HIV at a clinical setting. Training promotes and maintains strong education and experience to apply knowledge with RW A patients. Examples of Trainings include but not limited to the Virtual ACT HIV Conference. Average training fee of ~\$108.18 x 6 Trainings= \$4,729		
Other		\$124,347
Total Direct Costs	\$	761,721
Total Administrative Costs	\$	76,167
Total COV Costs	\$	37,296
Overall Budget	\$	875,174