



**Contract Number**

20-1181 A-4

**SAP Number**

4400015715

**Department of Public Health**

**Department Contract Representative**  
**Telephone Number**

Monica Rivera  
(909) 361-0211

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

DAP Health  
William VanHemert  
(760) 323-2118  
March 1 2021 – February 28, 2026  
\$14,536,788  
(\$804,238)  
\$13,732,550  
9300371000  
N/A

**IT IS HEREBY AGREED AS FOLLOWS:**

**Amendment No. 4**

It is hereby agreed to amend Contract No. 20-1181, effective November 19, 2024, as follows:

**SECTION V. FISCAL PROVISIONS**

**Paragraph A and C is amended to read as follows:**

- A. The maximum amount of payment under this Contract shall not exceed \$13,732,550, of which \$13,732,550 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	\$7,932,984	March 1, 2021 through February 29, 2024
Amendment No. 1	(\$276,951) decrease	March 1, 2021 through February 29, 2024
Amendment No. 2	\$452,440	March 1, 2022 through February 29, 2024
Amendment No. 3	\$6,428,315	March 1, 2023 through February 28, 2026

Amendment No. 4 (\$ 804,238) decrease March 1, 2024 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	\$2,552,011
March 1, 2022 through February 28, 2023	\$2,786,693
March 1, 2023 through February 29, 2024	\$3,066,028*
March 1, 2024 through February 28, 2025	\$2,663,909
March 1, 2025 through February 28, 2026	\$2,663,909
Total	\$13,732,550

\*This amount includes an increase of \$296,259 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, 2<sup>nd</sup> 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: DAP Health  
1695 N. Sunrise Way  
Palm Springs, CA 92262

County: (Program Information)  
San Bernardino County  
Department of Public Health  
Attn: Ryan White Program Office  
451 E. Vanderbilt Way, 2<sup>nd</sup> Floor  
San Bernardino, CA 92408

County: (Contract Information)  
San Bernardino County  
Department of Public Health  
Attn: Contracts and Grants Unit  
451 E. Vanderbilt Way, 3<sup>rd</sup> 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 PLAN for Program Year 2024-25 (Revised August 2024)

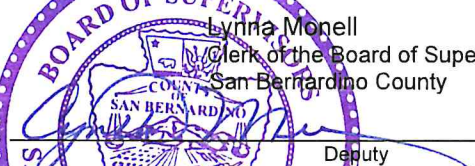
**All other terms and conditions of Contract No. 20-1181 remain in full force and effect.**

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.

SAN BERNARDINO COUNTY

►   
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

By   
Lynn Monell  
Clerk of the Board of Supervisors  
San Bernardino County  
Deputy



DAP Health

(Print or type name of corporation, company, contractor, etc.)

By ►   
David Brinkman (Oct 30, 2024 17:04 PDT)  
(Authorized signature - sign in blue ink)

Name David Brinkman  
(Print or type name of person signing contract)


Title Chief Executive Officer  
(Print or Type)

Dated: Oct 30, 2024

Address On File

**FOR COUNTY USE ONLY**

Approved as to Legal Form

►   
Adam Ebright, Deputy County Counsel  
Date Oct 30, 2024

Reviewed for Contract Compliance

► \_\_\_\_\_  
Date \_\_\_\_\_

Reviewed/Approved by Department

►   
Joshua Dugas (Oct 30, 2024 15:39 PDT)  
Joshua Dugas, Director of Public Health  
Date Oct 30, 2024

## SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED GRANT AND SERVICE

<b>Contract Number:</b>	
<b>Contractor:</b>	Desert AIDS Project dba DAP Health (DAP)
<b>Grant Period:</b>	March 1, 2024 – February 28, 2025
<b>Service Category:</b>	Case Management – Non-Medical
<b>Service Goal:</b>	Facilitate linkage and retention in care through the provision of guidance and assistance with service information and referrals.
<b>Service Health Outcomes:</b>	Improve retention in care (at least 1 medical visit in each 6-month period); Improve viral suppression rate).

	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
<b>Number of Clients</b>	0	0	1601	0	48	76	1725
<b>Number of Visits</b> = Regardless of number of transactions or number of units	0	0	9708	0	104	1188	11000
<b>Number of Units</b> = Transactions or 15 min encounters	0	0	28983	0	396	621	30000

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
<b>Element #1:</b> Initial assessment of service needs; <b>Element #2:</b> Initial and ongoing assessment of acuity level; and <b>Element #6:</b> Ongoing assessment of the client's and other key family members' needs and personal support systems. <b>Activities:</b> Screening for Payer of Last Resort with support from on-site central registration; Through communication via email, phone or in-person sessions, working collaboratively with client to identify need for services and providing guidance and assistance in improving access to needed services. Referring clients to co-located (to include shared electronic health records) with medical clinic, dental clinic, behavioral health, early intervention programs and other social services such as food, housing, transportation and psychosocial support programs; and Referring clients to needed services provided by community referral partners.	3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>Eligibility documentation complete at least every six months.</li> <li>Needs Assessment results in ARIES and dates and content of changes noted as well as record of communication dates and type.</li> <li>Progress notes in ARIES.</li> <li>Referrals documented in Progress Notes, ARIES and electronic health records (EHR).</li> <li>Employment records.</li> <li>MOUs/Contracts/Agreements/Letters of support from partners</li> </ul>
<b>Element #3:</b> Development of a comprehensive, individualized care plan;	3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>Care plan documented in ARIES.</li> <li>Treatment adherence counseling documented in ARIES.</li> </ul>

<p><b>Element #4:</b> Continuous client monitoring to assess the efficacy of the care plan;</p> <p><b>Element #5:</b> Re-evaluation of the care plan at least every 6 months with adaptations as necessary;</p> <p><b>Element #7:</b> Provide education, advice and assistance in obtaining medical, social, community, legal, financial (e.g. benefits counseling), and other services;</p> <p><b>Element #8:</b> Discuss budgeting with clients to maintain access to necessary services; and</p> <p><b>Element #10:</b> Benefits counseling (assist with obtaining access to other public and private programs for which clients are eligible (e.g. Medi-Cal, Medicare, Covered CA, ADAP, Premium Assistance, etc.).</p> <p><b>Activities:</b> In alignment with client's needs, barriers to care, eligibility, motivation and capacity, developing an ISP with goals and objectives signed by both the client and case manager to indicate commitment to implementation; Ensuring shared access to EHR and electronic dental records (EDR); Reviewing health indicators to include medical visits and viral load; and Updating Care Plan as needed in collaboration with client.</p>			<ul style="list-style-type: none"> <li>• Benefits counseling documented in ARIES.</li> <li>• Progress notes in ARIES.</li> <li>• Insurance status documented in ARIES and proof of insurance on record.</li> <li>• Quality Improvement Plan.</li> </ul>
<p><b>Element #9:</b> Case Conferencing session.</p> <p><b>Activities:</b> Holding weekly interdisciplinary Case Conference with all departments represented; and Documenting outcomes and planned course of action.</p>	3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>• Case Conference logs.</li> <li>• ARIES Progress Notes.</li> </ul>
<p><b>Element #11:</b> Services are provided based on Cultural and Linguistic (C&amp;L) Competency Standards.</p> <p><b>Activities:</b> Enrolling staff in annual C&amp;L Competency training; Providing care compatible with client culture, health beliefs, practices, preferred language, and reflecting and respecting gender and sexual diversity of community served; Recruiting, retaining and promoting diverse staff and management representative of the demographic characteristics of the service area; Reviewing C&amp;L Competency Plan annually and updating as needed; Assessing C&amp;L Competency and reflectiveness of client and target populations; Tracking client demographics and language needs; Employing bilingual Spanish staff and retaining additional language assistance as needed at no cost to the client; and Providing frequently used materials in Spanish.</p>	3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>• Staff development documentation and personnel files.</li> <li>• Client Satisfaction Survey results.</li> <li>• Staff race/ethnicity/gender/sexual orientation survey results.</li> <li>• C&amp;L Competency Plan and All-Staff Meeting agenda.</li> <li>• C&amp;L Competency Self-Assessment and plan to address deficiencies.</li> <li>• Race, ethnicity and language proficiency recorded in ARIES.</li> <li>• Staff language proficiency survey results.</li> <li>• "Interpreter Needed" alert in EHR as well as accounting of payment to interpretive service vendors.</li> <li>• Spanish versions of most common forms and signage.</li> </ul>

## SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED GRANT AND SERVICE

<b>Contract Number:</b>	
<b>Contractor:</b>	Desert AIDS Project dba DAP Health (DAP)
<b>Grant Period:</b>	March 1, 2024 – February 29, 2025
<b>Service Category:</b>	Early Intervention Services (Part A)
<b>Service Goal:</b>	Quickly link HIV infected individuals to testing services, core medical services, and support services necessary to support treatment adherence and maintenance in medical care. Decrease the time between acquisition of HIV and entry into care and decrease instances of out-of-care to facilitate access to medications, decrease transmission rates, and improve health outcomes.
<b>Service Health Outcomes:</b>	If RW-funded testing: maintain 1.1% positivity rate or higher (targeted testing); Link newly diagnosed HIV+ to medical care in 30 days or less; Improve retention in care (at least 1 medical visit in each 6-month period); Improve viral suppression rate.

	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
<b>Number of Clients</b>	0	0	100	0	40	49	189
<b>Number of Visits</b> = Regardless of number of transactions or number of units	0	0	1000	0	330	400	1730
<b>Number of Units</b> = Transactions or 15 min encounters	0	0	3000	0	500	550	4050

### PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:

	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
<b>Element #1:</b> Identify/locate HIV+ unaware and HIV+ that have fallen out of care;	3, 5, 6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>Resumes of staff and staff training records.</li> <li>Advertising/Promotion collateral.</li> <li>No-Show reports and other functions of the EHR.</li> <li>Case Conference logs.</li> <li>MOU/Letters of Support/Contracts/Agreements with County of Riverside and State of California.</li> <li>List of active EIS partners showing mix of traditional and non-traditional sites and schedule of partner activities (e.g. hosting our team to conduct regular testing and education, coordinating services with our mobile testing van, etc.).</li> </ul>
<b>Element #4:</b> Coordination with local HIV prevention programs;			
<b>Element #9:</b> Utilize the “Bridge” model to reconnect those that have fallen out of care; and			
<b>Element #10:</b> Establish and maintain formal linkages with traditional (prisons, homeless shelters, treatment centers, etc.) AND non-traditional (faith-based organizations, community centers, hospitals, etc.) entry points.			
<b>Activities:</b> Employing educated staff who are offered training to remain informed about epidemiology and target populations trends revealing			



<p>characteristics of high-risk individuals so that efforts to identify/locate can be focused; Conducting advertising and promotion to those groups to make them aware of services; Tracking missed appointments and other indicators of poor treatment adherence such as declining mental health in shared electronic health records (EHR) so that reports can be generated of those who have fallen out of care and case manager can be aware of those at high risk; Case Conferencing; Establishing regular contact with local HIV prevention programs to avoid duplication of services, coordinating training opportunities, linking clients to partner counseling and referral services, implementing data-to-care efforts and conducting mandated disease reporting; Training new staff and updating current staff on The Bridge and similar interventions that can be adapted to our service area; and Employing Community Partner Liaison to support EIS team and Leadership Team to maintain relationships with diverse group of both traditional and non-traditional collaborating partners who can provide access to high risk populations.</p>			<ul style="list-style-type: none"> <li>• Service deliveries in ARIES and documentation in EIS Logs and electronic databases.</li> <li>• Progress notes in ARIES.</li> <li>• EIS Enrollment Forms and Counseling Information Forms.</li> <li>• EIS logs showing documentation, when available, of the profile of individuals served as evidence of targeting efforts at high risk populations.</li> </ul>
<p><b>Element #2:</b> Provide testing services and/or refer high-risk unaware to testing; and</p> <p><b>Element #6:</b> Provide education/information regarding availability of testing and HIV care services to HIV+, those at-risk, those affected by HIV, and caregivers. Activities that are exclusively HIV prevention education are prohibited.</p> <p><b>Activities:</b> Conducting HIV testing on-site, at stationary sites throughout the community, via mobile testing unit and at special events; Delivering education/information in conjunction with testing tailored for audience age, gender, race/ethnicity/gender/sexual orientation, risk group, immigration status, addiction history, etc.; Maintaining partnership with on-site laboratory for confirmatory testing; Hosting State of California HIV testing training program for certification of new test counselors; Recruiting and retaining volunteer test counselors; and Maintaining walk-in Sexual Health Clinic on-site at DAP</p>	3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>• EIS logs and Counseling Information Forms.</li> <li>• Records showing positivity rate of 1.1% or higher for targeted testing.</li> <li>• EIS Schedule showing education sessions utilizing Ryan White Part A funds were accompanied by testing.</li> <li>• List of partners welcoming DAP to provide testing and education services to the populations they serve.</li> <li>• Lease with LabCorp and evidence of interface between EHR and LabCorp.</li> <li>• Staff training logs.</li> <li>• Volunteer files.</li> <li>• Record of testing services provided through DAP's Sexual Health Clinic, The DOCK.</li> </ul>
<p><b>Element #3:</b> One-on-one, in-depth encounters;</p> <p><b>Element #5:</b> Identify and problem-solve barriers to care;</p> <p><b>Element #7:</b> Referrals to testing, medical care, and support services;</p> <p><b>Element #8:</b> Follow-up activities to ensure linkage;</p> <p><b>Element #11:</b> Utilize standardized, required documentation to record encounters, progress; and</p> <p><b>Element #12:</b> Maintain up-to-date, quantifiable data to accommodate reporting and evaluation.</p> <p><b>Activities:</b> Through one-on-one sessions, working collaboratively with the client to identify greatest barriers that if addressed will expedite linkage to medical care (e.g. insurance status, income, transportation, fear and concern, etc.); Case Conferencing; Co-locating medical clinic, dental clinic, behavioral health, home health programs and other social services</p>	3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>• EIS data showing rate of linkage to medical within 30 days.</li> <li>• Past and present medical appointment history and most recent lab results in on-site EHR or in ARIES.</li> <li>• EIS Enrollment Forms.</li> <li>• Needs assessments as appropriate documented in ARIES or client chart.</li> <li>• Case Conference logs.</li> <li>• Referrals and outcomes recorded in ARIES.</li> <li>• Progress notes in ARIES documenting encounters as well as reduced incidence of falling out of care after EIS discharge.</li> </ul>



<p>such as housing, food assistance and case management; Ensuring shared medical records review health indicators to include medical visits and viral load; Maintaining network of community clinic referral options to ensure client can link to care at most convenient and preferred provider; Documenting follow-up efforts such as phone calls, emails, social media connections, in-person sessions, mail or communication with collaborating partners per client consent; Adhering to using Inland Empire HIV Planning Council and local Ryan White Program published Standards of Care and EIS policies, procedures and forms; and Maintaining Ryan White Program-approved spreadsheets and support ongoing data entry in electronic databases.</p>			<ul style="list-style-type: none"> <li>• Functions of EpicCare and LEO customized to record required data and generate reports.</li> </ul>
<p><b>Element #13:</b> N/A</p>			
<p><b>Element #14:</b> Services are provided based on Cultural and Linguistic (C&amp;L) Competency Standards.</p> <p><b>Activities:</b> Enroll staff in annual C&amp;L Competency training; Provide care compatible with client culture, health beliefs, practices, preferred language, and in a manner that reflects and respects gender and sexual diversity of community served; Recruiting, retaining and promoting diverse staff and management representative of the demographic characteristics of the service area; Reviewing C&amp;L Competency Plan annually and updating as needed; Assessing C&amp;L Competency and reflectiveness of client and target populations; Tracking client demographics and language needs; Employing bilingual Spanish staff and retain additional language assistance as needed at no cost to the client; and Providing frequently used materials in Spanish.</p>	<p>3,5,6</p>	<p>03/01/24-02/28/25</p>	<ul style="list-style-type: none"> <li>• Staff development documentation and personnel files.</li> <li>• Client Satisfaction Survey results.</li> <li>• Staff race/ethnicity/gender/sexual orientation survey results.</li> <li>• C&amp;L Competency Plan and All-Staff Meeting agenda.</li> <li>• C&amp;L Competency Self-Assessment and plan to address deficiencies.</li> <li>• Race, ethnicity and language proficiency recorded in ARIES.</li> <li>• Staff language proficiency survey results.</li> <li>• “Interpreter Needed” alert in EHR as well as accounting of payment to interpretive service vendors.</li> <li>• Spanish versions of most common forms and signage.</li> </ul>

## SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED GRANT AND SERVICE

<b>Contract Number:</b>	Desert AIDS Project dba DAP Health (DAP)
<b>Contractor:</b>	
<b>Grant Period:</b>	March 1, 2024 – February 28, 2025
<b>Service Category:</b>	Emergency Financial Assistance (EFA)
<b>Service Goal:</b>	The overall goal of Emergency Financial Assistance is to prevent negative client outcomes as a result of emergency financial difficulties and to assist the client in securing a financially stable living situation.
<b>Service Health Outcomes:</b>	Improve retention in care (at least 1 medical visit in each 6-month period); Improve viral suppression rate.

	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
<b>Number of Clients</b>	0	0	25	0	5	5	35
<b>Number of Visits</b> = Regardless of number of transactions or number of units	0	0	25	0	5	5	35
<b>Number of Units</b> = Transactions or 15 min encounters	0	0	175	0	35	355	565

PLANNED SERVICE/DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
<b>Element #1:</b> Direct payment to an agency.	3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>Service deliveries in ARIES.</li> <li>Completed RW Emergency Financial Assistance Referral Form.</li> </ul>
<b>Element #2:</b> Current local limit = Maximum of three months to pay their utility bills (electricity, water, gas).			<ul style="list-style-type: none"> <li>Check and/or utility bill requests and cancelled checks and/or utility bill from vendor.</li> </ul>
<b>Activities:</b> Ensuring funds are not in the form of direct cash payments to recipients or services; and Ensuring shared access to EHR to monitor medical visits and viral load as well as living situation/housing status.			
<b>Element #3:</b> Services are provided based on Cultural and Linguistic (C&L) Competency Standards.	3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>Staff development documentation and personnel files.</li> <li>Client Satisfaction Survey results.</li> <li>Staff race/ethnicity/gender/sexual orientation survey results.</li> <li>C&amp;L Competency Plan and All-Staff Meeting agenda.</li> <li>C&amp;L Competency Self-Assessment and plan to address deficiencies.</li> </ul>
<b>Activities:</b> Enrolling staff in annual C&L Competency training; Providing care compatible with client culture, health beliefs, practices, preferred language, and in a manner that reflects and respects gender and sexual diversity of community served; Recruiting, retaining and promoting diverse staff and management representative of the demographic characteristics of the service area; Reviewing C&L			

Competency Plan annually and updating as needed; Assessing C&L Competency and reflectiveness of client and target populations; Tracking client demographics and language needs; Employing bilingual Spanish staff and retaining additional language assistance as needed at no cost to the client; and Providing frequently used materials in Spanish.			<ul style="list-style-type: none"> <li>• Race, ethnicity and language proficiency recorded in ARIES.</li> <li>• Staff language proficiency survey results.</li> <li>• “Interpreter Needed” alert in EHR as well as accounting of payment to interpretive service vendors.</li> <li>• Spanish versions of most common forms and signage.</li> </ul>
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## SCOPE OF WORK – PART A

### USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED GRANT AND SERVICE

<b>Contract Number:</b>	Desert AIDS Project dba DAP Health (DAP)	
<b>Contractor:</b>	Desert AIDS Project dba DAP Health (DAP)	
<b>Grant Period:</b>	March 1, 2024 – February 28, 2025	
<b>Service Category:</b>	Food Services	
<b>Service Goal:</b>	Supplement eligible HIV/AIDS consumer's financial ability to maintain continuous access to adequate caloric intake and balanced nutrition sufficient to maintain optimal health in the face of compromised health status due to HIV infection in the TGA.	
<b>Service Health Outcomes:</b>	Improve retention in care (at least 1 medical visit in each 6-month period); Improve viral suppression rate.	

	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
<b>Number of Clients</b>	0	0	545	0	15	40	600
<b>Number of Visits</b> = Regardless of number of transactions or number of units	0	0	6540	0	180	600	7320
<b>Number of Units</b> = Transactions or 15 min encounters	0	0	32700	0	900	3000	36600

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
<b>Element #1:</b> Food vouchers, actual food, and/or hot meals; <b>Element #2:</b> Licensure and Food Handling certification required if applicable; and <b>Element #3:</b> Current local limit = \$50 per client per month. <b>Activities:</b> Screening for Payer of Last Resort with support from on-site central registration and case management teams; Renewing food handling certification; Distributing food vouchers once a month on a regular basis, and as needed for emergency assistance, ensuring that every client receives an equal number of food vouchers each month; Securing vouchers from an accessible grocery store chain making every effort to purchase quantities that provide for discounts; Case Conferencing; Co-locating with case managers support review of health indicators to include medical visits and viral load; Ensuring shared access to electronic health records (EHR) and electronic dental records (EDR); Referring clients to co-located (to include shared electronic health records) with	3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>Eligibility documentation complete at least every six months.</li> <li>Current Food Handler license from the County of Riverside Department of Environmental Health.</li> <li>Food voucher eligibility lists produced monthly.</li> <li>Food voucher distribution receipts.</li> <li>Invoices showing discount from Stater Bros.</li> <li>Service deliveries in ARIES.</li> <li>Case Conference logs.</li> <li>Referrals documented in Progress Notes, ARIES and EHR.</li> <li>Employment records.</li> <li>MOUs/Contracts/Agreements/Letters of support from partners.</li> </ul>

medical clinic, dental clinic, behavioral health, early intervention programs and other social services such as housing, transportation and case management; and Referring clients to needed services provided by community referral partners.			
<p><b>Element #4:</b> Services are provided based on Cultural and Linguistic (C&amp;L) Competency Standards.</p> <p><b>Activities:</b> Enrolling staff in annual C&amp;L Competency training; Providing care compatible with client culture, health beliefs, practices, preferred language, and in a manner that reflects and respects gender and sexual diversity of community served; Recruiting, retaining and promoting diverse staff and management representative of the demographic characteristics of the service area; Reviewing C&amp;L Competency Plan annually and updating as needed; Assessing C&amp;L Competency and reflectiveness of client and target populations; Tracking client demographics and language needs; Employing bilingual Spanish staff and retaining additional language assistance as needed at no cost to the client; and Providing frequently used materials in Spanish.</p>	3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>• Staff development documentation and personnel files.</li> <li>• Client Satisfaction Survey results.</li> <li>• Staff race/ethnicity/gender/sexual orientation survey results.</li> <li>• C&amp;L Competency Plan and All-Staff Meeting agenda.</li> <li>• C&amp;L Competency Self-Assessment and plan to address deficiencies.</li> <li>• Race, ethnicity and language proficiency recorded in ARIES.</li> <li>• Staff language proficiency survey results.</li> <li>• “Interpreter Needed” alert in EHR as well as accounting of payment to interpretive service vendors.</li> <li>• Spanish versions of most common forms and signage.</li> </ul>

## SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED GRANT AND SERVICE

<b>Contract Number:</b>	Desert AIDS Project dba DAP Health (DAP)
<b>Grant Period:</b>	March 1, 2024 – February 28, 2025
<b>Service Category:</b>	Home & Community-Based Health Services
<b>Service Goal:</b>	To keep consumers out of inpatient hospitals, nursing homes, and other long-term care facilities as long as possible during illness.
<b>Service Health Outcomes:</b>	Reduction in inpatient, nursing home, long-term care instances; Improve retention in care (at least 1 medical visit in each 6-month period); Improve viral suppression rate.

	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
<b>Number of Clients</b>	0	0	13	0	5	5	23
<b>Number of Visits</b> = Regardless of number of transactions or number of units	0	0	676	0	260	260	1196
<b>Number of Units</b> = Transactions or 15 min encounters	0	0	10248	0	768	768	11784

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
<p><b>Element #1:</b> Development of written care plan signed by case manager and clinical health care professional responsible for client's HIV care and indicating need for this service. Care plan must also specify the types of services needed and quantity/duration.</p> <p><b>Element #2:</b> Documentation signed by professional that indicates services provided: types, dates, locations.</p> <p><b>Element #3:</b> Address the medical, social, mental health, and environmental needs.</p> <p><b>Element #4:</b> On-going activities to promote self-reliance.</p> <p><b>Element #5:</b> Assist client in becoming actively engaged in their health care.</p> <p><b>Element #6:</b> Assist with referrals and linkages to needed services.</p> <p><b>Activities:</b> Screening for Payer of Last Resort with support from on-site central registration and case management teams; Maintaining, and</p>	3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>Eligibility documentation complete at least every six months.</li> <li>Care plan signed by case manager and clinical health care professional responsible for client's HIV care and indicating need for this service, the types of services needed and quantity/duration.</li> <li>Chart notes documenting types, dates and locations of services provided.</li> <li>Needs Assessment and home care plan in ARIES and/or paper charts.</li> <li>Health indicator trends/flowsheets/reports.</li> <li>Case Conference logs.</li> <li>Quality Improvement Plan.</li> <li>Employment records.</li> </ul>

documenting in, paper charts and/or ARIES; Establishing initial assessment to include assessing needs and evaluating home environment; Developing home care plan to include activities to promote self-reliance and self-management; Co-locating (to include shared electronic health records) with medical clinic, dental clinic, behavioral health and social services including case management and early intervention teams; Maintaining community referral partners; Case Conferencing; Tracking of hospitalization records, medical visits, viral loads, and assessment tools/outcomes; Employing staff qualified to serve low-income PL WHA; and Offering services five days a week.			<ul style="list-style-type: none"> <li>• MOUs/Contracts/Agreements/Letters of support from partners.</li> <li>• Hospitalization records</li> <li>• Medical visits</li> <li>• Viral loads</li> </ul>
<p><b>Element #7:</b> Services are provided based on Cultural and Linguistic (C&amp;L) Competency Standards.</p> <p><b>Activities:</b> Enrolling staff in annual C&amp;L Competency training; Providing care compatible with client culture, health beliefs, practices, preferred language, and in a manner that reflects and respects gender and sexual diversity of community served; Recruiting, retaining and promoting diverse staff and management representative of the demographic characteristics of the service area; Reviewing C&amp;L Competency Plan annually and update as needed; Assessing C&amp;L Competency and reflectiveness of client and target populations; Tracking client demographics and language needs; Employing bilingual Spanish staff and retaining additional language assistance as needed at no cost to the client; and Providing frequently used materials in Spanish.</p>	3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>• Staff development documentation and personnel files.</li> <li>• Client Satisfaction Survey results.</li> <li>• Staff race/ethnicity/gender/sexual orientation survey results.</li> <li>• C&amp;L Competency Plan and All-Staff Meeting agenda.</li> <li>• C&amp;L Competency Self-Assessment and plan to address deficiencies.</li> <li>• Race, ethnicity and language proficiency recorded in ARIES.</li> <li>• Staff language proficiency survey results.</li> <li>• “Interpreter Needed” alert in electronic health record (EHR) as well as accounting of payment to interpretive service vendors.</li> <li>• Spanish versions of most common forms and signage.</li> </ul>



## SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED GRANT AND SERVICE

<b>Contract Number:</b>	Desert AIDS Project dba DAP Health (DAP)
<b>Contractor:</b>	
<b>Grant Period:</b>	March 1, 2024 – February 28, 2025
<b>Service Category:</b>	Housing Services
<b>Service Goal:</b>	To provide shelter, on an emergency or temporary basis, to eligible clients throughout the TGA at risk for homelessness or with unstable housing to ensure that they have access to and/or remain in medical care.
<b>Service Health Outcomes:</b>	Improve retention in care (at least 1 medical visit in each 6-month period); Improve viral suppression rate; Improve stable housing rate.

	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
<b>Number of Clients</b>	0	0	415	0	15	25	455
<b>Number of Visits</b> = Regardless of number of transactions or number of units	0	0	4,980	0	60	300	5340
<b>Number of Units</b> = Transactions or 15 min encounters	0	0	9960	0	360	600	10920

### PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:

SERVICE AREA

### PROCESS OUTCOMES

<b>Element #1:</b> Housing Case Management: Housing referral services defined as assessment, search, placement, and advocacy services must be provided by case managers or other professional(s) who possess a comprehensive knowledge of local, state, and federal housing programs and how these programs can be accessed.	3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>Eligibility documentation complete at least every six months.</li> <li>Housing Needs Assessment results in client chart.</li> <li>Housing Plan available for review including causes of housing crises and a strategy to identify, relocate and/or ensure progress towards long-term, stable housing or a strategy to identify an alternate funding source for housing assistance</li> <li>Progress notes in ARIES.</li> <li>Referrals documented in Progress Notes and/or ARIES.</li> <li>Housing status recorded in ARIES.</li> <li>Case Conference logs.</li> <li>Employment records.</li> </ul>
<b>Activities:</b> Screening for Payer of Last Resort with support from on-site central registration and case management teams; Collaborating with client to identify need for services and conducting searches on behalf of client for best match. Reviewing client's eligibility for local, state, federal and private sources of housing assistance and assist with applications or renewals for enrollment; Offering counseling, self-management strategies, training, and education that will support client's housing stability; Referring to needed services provided by community partners to			

include, shelters, transitional housing, sober living, and group quarters that have supportive environments; Case Conferencing; Ensuring shared access to electronic health records (EHR) to monitor medical visits and viral load as well as living situation/housing status; and Referring to co-located medical clinic, dental clinic, behavioral health, early intervention programs and other social services such as food, transportation and case management as needed.			<ul style="list-style-type: none"> <li>• MOUs/Contracts/Agreements/Letters of support from partners.</li> <li>• Quality Improvement Plan.</li> </ul>
<p><b>Element #2:</b> Housing Services (financial assistance): Short-term or emergency housing defined as necessary to gain or maintain access to medical care; and</p> <p><b>Element #3:</b> Current local limit = 90 days per client per grant year.</p> <p><b>Activities:</b> Ensuring funds are not in the form of direct cash payments to recipients or services; and Ensuring shared access to EMR to monitor medical visits and viral load as well as living situation/housing status.</p>	3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>• Service deliveries in ARIES.</li> <li>• Completed RW Emergency Housing Assistance/Referral Form.</li> <li>• Check requests and cancelled checks to/from motels, landlords, etc.</li> </ul>
<p><b>Element #4:</b> Services are provided based on Cultural and Linguistic (C&amp;L) Competency Standards.</p> <p><b>Activities:</b> Enrolling staff in annual C&amp;L Competency training; Providing care compatible with client culture, health beliefs, practices, preferred language, and in a manner that reflects and respects gender and sexual diversity of community served; Recruiting, retaining and promoting diverse staff and management representative of the demographic characteristics of the service area; Reviewing C&amp;L Competency Plan annually and updating as needed; Assessing C&amp;L Competency and reflectiveness of client and target populations; Tracking client demographics and language needs; Employing bilingual Spanish staff and retaining additional language assistance as needed at no cost to the client; and Providing frequently used materials in Spanish.</p>	3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>• Staff development documentation and personnel files.</li> <li>• Client Satisfaction Survey results.</li> <li>• Staff race/ethnicity/gender/sexual orientation survey results.</li> <li>• C&amp;L Competency Plan and All-Staff Meeting agenda.</li> <li>• C&amp;L Competency Self-Assessment and plan to address deficiencies.</li> <li>• Race, ethnicity and language proficiency recorded in ARIES.</li> <li>• Staff language proficiency survey results.</li> <li>• “Interpreter Needed” alert in EHR as well as accounting of payment to interpretive service vendors.</li> <li>• Spanish versions of most common forms and signage.</li> </ul>

## SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED GRANT AND SERVICE

<b>Contract Number:</b>	Desert AIDS Project dba DAP Health (DAP)	
<b>Contractor:</b>	March 1, 2024 – February 28, 2025	
<b>Grant Period:</b>	Medical Case Management	
<b>Service Category:</b>	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 test results receive intense care coordination assistance to support participation in HIV medical care. MCM services are best delivered when co-located in facilities that provide HIV/primary medical care.	
<b>Service Goal:</b>	Improved retention in care (at least 1 medical visit in each 6-month period), Improved viral suppression rate.	

	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
<b>Number of Clients</b>	0	0	535	0	8	57	600
<b>Number of Visits</b> = Regardless of number of transactions or number of units	0	0	4240	0	32	228	4500
<b>Number of Units</b> = Transactions or 15 min encounters	0	0	10510	0	128	912	11550

### PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:

SERVICE AREA

### PROCESS OUTCOMES

<b>Element #1:</b> Initial assessment of the client's service needs;	3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>Eligibility documentation complete at least every six months.</li> </ul>
<b>Element #7:</b> Ongoing assessment of the client's and other key family members' needs and personal support systems; and			<ul style="list-style-type: none"> <li>Needs Assessment results in ARIES and dates and content of changes noted as well as record of communication dates and type.</li> </ul>
<b>Element #9:</b> Client-specific advocacy and/or review of utilization of services.			<ul style="list-style-type: none"> <li>Progress notes in ARIES.</li> </ul>
<b>Activities:</b> Screening for Payer of Last Resort with support from on-site central registration and case management teams; and Through communication via email, phone or in-person sessions, working collaboratively with client to identify need for services that would alleviate or remove barriers and support engagement in care.			
<b>Element #2:</b> Development of a comprehensive Individualized Care Plan (ICP) with the client;	3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>ICP documented in ARIES.</li> <li>Treatment adherence counseling documented in ARIES.</li> <li>Benefits counseling documented in ARIES.</li> </ul>

<p><b>Element #5:</b> Continuous client monitoring to assess the efficacy of the care plan;</p> <p><b>Element #6:</b> Re-evaluation of the care plan at least every 6 months with adaptations as necessary;</p> <p><b>Element #8:</b> Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments; and</p> <p><b>Element #11:</b> Benefits counseling (assist with obtaining access to other public and private programs for which clients are eligible (e.g. Medi-Cal, Medicare, Covered CA, ADAP, Premium Assistance, etc.).</p> <p><b>Activities:</b> In alignment with client's needs, barriers to care, eligibility, motivation and capacity, developing an ISP with goals and objectives signed by both the client and case manager to indicate commitment to implementation; Ensuring shared access to electronic health records (EHR) and electronic dental records (EDR); Reviewing health indicators to include medical visits and viral load; and Updating ICP and Care Plan as needed in collaboration with client.</p>		<ul style="list-style-type: none"> <li>• Progress notes in ARIES.</li> <li>• Insurance status documented in ARIES and proof of insurance on record.</li> <li>• Quality Improvement Plan.</li> </ul>
<p><b>Element #3:</b> Timely and coordinated access to medically appropriate levels of health and support services and continuity of care;</p> <p><b>Element #4:</b> Coordination and follow-up of medical treatments; and</p> <p><b>Element #12:</b> Provide or refer clients for advice, support, counseling on topics surrounding HIV disease, treatments, medications, treatment adherence education, caregiver bereavement support, dietary/nutrition advice and education, and terms and information needed by the client to effectively participate in his/her medical care.</p> <p><b>Activities:</b> Co-locating (to include shared electronic health records) with medical clinic, dental clinic, behavioral health, early intervention programs and other social services; Maintaining community referral partners; Providing referrals and advocacy for linkage to needed services; and maintaining ongoing communication with community partners and internal departments receiving referrals.</p>	<p>3,5,6</p> <p>03/01/24-02/28/25</p>	<ul style="list-style-type: none"> <li>• Referrals and outcomes documented in Progress Notes, ARIES and EHR.</li> <li>• Employment records.</li> <li>• MOUs/Contracts/Agreements/Letters of support from partners.</li> </ul>
<p><b>Element #10:</b> Case Conferencing session.</p> <p><b>Activities:</b> Holding weekly interdisciplinary Case Conference with all departments represented; and Documenting outcomes and planned course of action.</p>	<p>3,5,6</p> <p>03/01/24-02/28/25</p>	<ul style="list-style-type: none"> <li>• Case Conference Attendance Logs.</li> <li>• ARIES Progress Notes.</li> </ul>
<p><b>Element #13:</b> Services are provided based on Cultural and Linguistic (C&amp;L) Competency Standards.</p> <p><b>Activities:</b> Enrolling staff in annual C&amp;L Competency training; Providing care compatible with client culture, health beliefs, practices, preferred language, and in a manner that reflects and respects gender and sexual diversity of community served; Recruiting, retaining and promoting diverse staff and management representative of the demographic characteristics of the service area; Reviewing C&amp;L Competency Plan annually and updating as needed; Assessing C&amp;L Competency and reflectiveness of client and target populations; Tracking</p>	<p>3,5,6</p> <p>03/01/24-02/28/25</p>	<ul style="list-style-type: none"> <li>• Staff development documentation and personnel files.</li> <li>• Client Satisfaction Survey results.</li> <li>• Staff race/ethnicity/gender/sexual orientation survey results.</li> <li>• C&amp;L Competency Plan and All-Staff Meeting agenda.</li> <li>• C&amp;L Competency Self-Assessment and plan to address deficiencies.</li> <li>• Race, ethnicity and language proficiency recorded in ARIES.</li> <li>• Staff language proficiency survey results.</li> </ul>

client demographics and language needs; Employing bilingual Spanish staff and retaining additional language assistance as needed at no cost to the client; and providing frequently used materials in Spanish.			<ul style="list-style-type: none"><li>• “Interpreter Needed” alert in EHR as well as accounting of payment to interpretive service vendors.</li><li>• Spanish versions of most common forms and signage.</li></ul>
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## SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED GRANT AND SERVICE

<b>Contract Number:</b>	
<b>Contractor:</b>	Desert AIDS Project dba DAP Health (DAP)
<b>Grant Period:</b>	March 1, 2024 – February 28, 2025
<b>Service Category:</b>	Oral Health Care
<b>Service Goal:</b>	Improve or maintain the oral health of HIV+ clients throughout the TGA to sustain proper nutrition and positive health outcomes.
<b>Service Health Outcomes:</b>	Improve retention in care (at least 1 medical visit in each 6-month period); Improve viral suppression rate; Improve oral health.

	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
<b>Number of Clients</b>	0	0	464	0	15	30	509
<b>Number of Visits</b> = Regardless of number of transactions or number of units	0	0	1920	0	58	122	2100
<b>Number of Units</b> = Transactions or 15 min encounters	0	0	9280	0	232	488	10000

### PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:

**Element #1:** Comprehensive oral exam;  
**Element #2:** Development/update of a treatment plan;  
**Element #3:** Development of oral hygiene plan;  
**Element #4:** Treatment visit;  
**Element #5:** Preventive visit; and  
**Element #6:** Emergency care visit.  
**Activities:** Screening for Payer of Last Resort with support from on-site central registration and case management teams; Maintenance of, and documentation in, electronic dental record (EDR) customized to track all required data and generate reports; Conducting oral X-rays; Providing initial, follow-up and urgent care appointments; Co-locating (to include shared electronic health records) with medical and other social services including case management and early intervention teams; Case Conferencing; Tracking of medical visits, viral loads, and reduction non-

### SERVICE AREA

### TIMELINE

### PROCESS OUTCOMES

- Eligibility documentation complete at least every six months.
- Progress notes and radiographs in EDR.
- Diagnoses and procedure codes, treatment plan signed by client, oral hygiene plans, prescriptions, medical history, lab orders/results, referrals in EDR.
- Past and future appointment history in EDR.
- Health indicator trends/flowsheets/reports.
- Case Conference logs.
- Quality Improvement Plan.
- Employment records.

preventative visit rate; Employing staff qualified to serve low-income PL WHA; and Offering services five days a week.			
<p><b>Element #7:</b> Services are provided based on Cultural and Linguistic (C&amp;L) Competency Standards.</p> <p><b>Activities:</b> Enrolling staff in annual C&amp;L Competency training; Providing care compatible with client culture, health beliefs, practices, preferred language, and in a manner that reflects and respects gender and sexual diversity of community served; Recruiting, retaining and promoting diverse staff and management representative of the demographic characteristics of the service area; Reviewing C&amp;L Competency Plan annually and update as needed; Assessing C&amp;L Competency and reflectiveness of client and target populations; Tracking client demographics and language needs; Employing bilingual Spanish staff and retaining additional language assistance as needed at no cost to the client; and Providing frequently used materials in Spanish.</p>	3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>• Staff development documentation and personnel files.</li> <li>• Client Satisfaction Survey results.</li> <li>• Staff race/ethnicity/gender/sexual orientation survey results.</li> <li>• C&amp;L Competency Plan and All-Staff Meeting agenda.</li> <li>• C&amp;L Competency Self-Assessment and plan to address deficiencies.</li> <li>• Race, ethnicity and language proficiency recorded in ARIES.</li> <li>• Staff language proficiency survey results.</li> <li>• "Interpreter Needed" alert in EDR as well as accounting of payment to interpretive service vendors.</li> <li>• Spanish versions of most common forms and signage.</li> </ul>



## SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED GRANT AND SERVICE

<b>Contract Number:</b>	
<b>Contractor:</b>	Desert AIDS Project dba DAP Health (DAP)
<b>Grant Period:</b>	March 1, 2024 – February 28, 2025
<b>Service Category:</b>	Psychosocial Support Services
<b>Service Goal:</b>	To provide psychosocial support services to persons living with HIV/AIDS in the TGA to maintain them in the HIV system of care.
<b>Service Health Outcomes:</b>	Improve retention in care (at least 1 medical visit in each 6-month period); Improve viral suppression rate.

	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
<b>Number of Clients</b>	0	0	72	0	5	5	82
<b>Number of Visits</b> = Regardless of number of transactions or number of units	0	0	3744	0	260	260	4264
<b>Number of Units</b> = Transactions or 15 min encounters	0	0	14976	0	1040	1040	17056

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
<p><b>Element #1:</b> Initial individual needs assessment;</p> <p><b>Element #2:</b> Individual support/counseling session;</p> <p><b>Element #3:</b> Group support/counseling session.</p> <p><b>Activities:</b> Screening for Payer of Last Resort with support from on-site central registration and case management teams; Through one-on-one sessions, working collaboratively with the client to identify need for services that would support engagement in care and prevent falling out of care; Providing counseling regarding the emotional and psychological issues related to living with HIV and to promote problem solving, service access, and steps towards diseases self-management; Providing peer, volunteer, and staff-led groups on a regular schedule various days a week; Case Conferencing; Co-locating with case managers to support review of health indicators to include medical visits and viral load as well as reduced incidence of becoming aware but not in care (unmet need); Ensuring shared access to electronic health records (EHR); Referring clients to co-located medical clinic, dental clinic, early intervention programs and other social services such as housing, food and case management; and Referring clients to needed services provided by community referral partners.</p>	3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>• Eligibility documentation complete at least every six months.</li> <li>• Needs Assessment in ARIES.</li> <li>• Service deliveries in ARIES.</li> <li>• Case Conference logs.</li> <li>• Progress Notes in ARIES.</li> <li>• Published group schedules.</li> <li>• Attendance Logs.</li> <li>• Documentation of topics/focus, group duration, group type (open/closed), general group goals.</li> <li>• Employment records.</li> <li>• MOUs/Contracts/Agreements/Letters of support from partners.</li> <li>• Quality Improvement Plan.</li> </ul>
<p><b>Element #4:</b> Case Conferencing session.</p> <p><b>Activities:</b> Holding weekly interdisciplinary Case Conference with all departments represented; and Documenting outcomes and planned course of action.</p>	3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>• Case Conference logs.</li> <li>• ARIES Progress Notes.</li> </ul>
<p><b>Element #5:</b> Referral to mental health professional.</p> <p><b>Activities:</b> Employing referral specialist to navigate insurance; Maintaining co-located substance abuse specialists, psychiatrists and therapists; and Maintaining relationship with community partners.</p>	3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>• Progress notes in EHR, ARIES and/or paper charts.</li> <li>• Employment records.</li> <li>• MOUs/Contracts/Agreements/Letters of support from partners.</li> </ul>
<p><b>Element #6:</b> Services are provided based on Cultural and Linguistic (C&amp;L) Competency Standards.</p> <p><b>Activities:</b> Enrolling staff in annual C&amp;L Competency training; Providing care compatible with client culture, health beliefs, practices, preferred language, and in a manner that reflects and respects gender and sexual diversity of community served; Recruiting, retaining and promoting diverse staff and management representative of the demographic characteristics of the service area; Reviewing C&amp;L Competency Plan annually and updating as needed; Assessing C&amp;L</p>	3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>• Staff development documentation and personnel files.</li> <li>• Client Satisfaction Survey results.</li> <li>• Staff race/ethnicity/gender/sexual orientation survey results.</li> <li>• C&amp;L Competency Plan and All-Staff Meeting agenda.</li> <li>• C&amp;L Competency Self-Assessment and plan to address deficiencies.</li> <li>• Race, ethnicity and language proficiency recorded in ARIES.</li> </ul>

Competency and reflectiveness of client and target populations; Tracking client demographics and language needs; Employing bilingual Spanish staff and retaining additional language assistance as needed at no cost to the client; and Providing frequently used materials in Spanish.			<ul style="list-style-type: none"><li>• Staff language proficiency survey results.</li><li>• “Interpreter Needed” alert in EHR as well as accounting of payment to interpretive service vendors.</li><li>• Spanish versions of most common forms and signage.</li></ul>
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## SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED GRANT AND SERVICE

<b>Contract Number:</b>	Desert AIDS Project dba DAP Health (DAP)	
<b>Contractor:</b>	March 1, 2024 – February 28, 2025	
<b>Grant Period:</b>	Medical Transportation Services	
<b>Service Category:</b>	To enhance clients' access to health care or support services using multiple forms of transportation throughout the TGA.	
<b>Service Goal:</b>	Improve retention in care (at least 1 medical visit in each 6-month period); Improve viral suppression rate.	
<b>Service Health Outcomes:</b>		

	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
<b>Number of Clients</b>	0	0	739	0	62	149	950
<b>Number of Visits</b> = Regardless of number of transactions or number of units	0	0	3436	0	620	1596	5652
<b>Number of Units</b> = Transactions or 15 min encounters	0	0	8868	0	744	1428	11040

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
<b>Element #1:</b> Bus pass (monthly pass only when justified, otherwise day pass); <b>Element #2:</b> Gasoline vouchers; <b>Element #3:</b> Van trip; <b>Element #4:</b> Urgent taxi trip; <b>Element #5:</b> Collect and maintain data to document that funds are used only for medical appointments and to obtain support services to maintain participation in medical care (origin, destination, method, etc.); and <b>Element #6:</b> Restricted to pick-up and drop-off points within the TGA. <b>Activities:</b> Screening for Payer of Last Resort with support from on-site central registration and case management teams; Educating clients on how to fill out mileage logs to document eligible mileage including purpose, starting point, destination, and signature of medical or social service provider visited; Ensuring that no cash payments are made to clients by securing gas cards from locally accessible gas station chain; Case Conferencing; Co-locating	3, 5, 6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>Eligibility documentation complete at least every six months.</li> <li>Mileage logs.</li> <li>Invoices and check requests and cancelled checks to/from Valero.</li> <li>Service deliveries in ARIES.</li> <li>Case Conference logs.</li> <li>Referrals documented in Progress Notes.</li> <li>Employment records.</li> <li>MOUs/Contracts/Agreements/Letters of support from partners.</li> <li>Medical visits.</li> <li>Viral loads.</li> </ul>

<p>with case managers to support review of health indicators to include medical visits and viral load; Ensuring shared access to electronic health records (EHR); Referring clients to co-located medical clinic, dental clinic, behavioral health, early intervention programs and other social services such as housing, food and case management; and Referring clients to needed services provided by community referral partners.</p>			
<p><b>Element #7:</b> Services are provided based on Cultural and Linguistic (C&amp;L) Competency Standards.</p> <p><b>Activities:</b> Enrolling staff in annual C&amp;L Competency training; Providing care compatible with client culture, health beliefs, practices, preferred language, and in a manner that reflects and respects gender and sexual diversity of community served; Recruiting, retaining and promoting diverse staff and management representative of the demographic characteristics of the service area; Reviewing C&amp;L Competency Plan annually and updating as needed; Assessing C&amp;L Competency and reflectiveness of client and target populations; Tracking client demographics and language needs; Employing bilingual Spanish staff and retaining additional language assistance as needed at no cost to the client; and Providing frequently used materials in Spanish.</p>	3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>• Staff development documentation and personnel files.</li> <li>• Client Satisfaction Survey results.</li> <li>• Staff race/ethnicity/gender/sexual orientation survey results.</li> <li>• C&amp;L Competency Plan and All-Staff Meeting agenda.</li> <li>• C&amp;L Competency Self-Assessment and plan to address deficiencies.</li> <li>• Race, ethnicity and language proficiency recorded in ARIES.</li> <li>• Staff language proficiency survey results.</li> <li>• “Interpreter Needed” alert in EHR as well as accounting of payment to interpretive service vendors.</li> <li>• Spanish versions of most common forms and signage.</li> </ul>

## SCOPE OF WORK – MAI

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED GRANT AND SERVICE

<b>Contract Number:</b>	Desert AIDS Project dba DAP Health (DAP)					
<b>Grant Period:</b>	March 1, 2024 – February 28, 2025					
<b>Service Category:</b>	Early Intervention Services (MAI)					
<b>Service Goal:</b>	Quickly link HIV infected individuals to testing services, core medical services, and support services necessary to support treatment adherence and maintenance in medical care. Decrease the time between acquisition of HIV and entry into care and decrease instances of out-of-care to facilitate access to medications, decrease transmission rates, and improve health outcomes.					
<b>Service Health Outcomes:</b>	If RW-funded testing: maintain 1.1% positivity rate or higher (targeted testing); Link newly diagnosed HIV+ to medical care in 30 days or less; Improve retention in care (at least 1 medical visit in each 6-month period); Improve viral suppression rate.					

BLACK / AFRICAN AMERICAN	SA1	SA2	SA3	SA4	SA5	SA6	FY 24/25 TOTAL
	West Riv	Mid Riv	East Riv	San B West	San B East	San B Desert	
<b>Number of Clients</b>	0	0	10	0	5	5	20
<b>Number of Visits</b> = Regardless of number of transactions or number of units	0	0	100	0	20	50	170
<b>Number of Units</b> = Transactions or 15 min encounters	0	0	200	0	150	200	550

HISPANIC / LATINO	SA1	SA2	SA3	SA4	SA5	SA6	FY 24/25 TOTAL
	West Riv	Mid Riv	East Riv	San B West	San B East	San B Desert	
<b>Number of Clients</b>	0	0	90	0	15	15	120
<b>Number of Visits</b> = Regardless of number of transactions or number of units	0	0	900	0	180	200	1280
<b>Number of Units</b> = Transactions or 15 min encounters	0	0	1800	0	300	800	2900

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
<b>Number of Clients</b>	0	0	100	0	20	20	140

<b>Number of Visits</b> = Regardless of number of transactions or number of units	0	0	1000	0	200	250	<b>1450</b>
<b>Number of Units</b> = Transactions or 15 min encounters	0	0	2000	0	450	1000	<b>3450</b>

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:			SERVICE AREA	TIMELINE	PROCESS OUTCOMES
<p><b>Element #1:</b> Identify/locate HIV+ unaware and HIV+ that have fallen out of care;</p> <p><b>Element #4:</b> Coordination with local HIV prevention programs;</p> <p><b>Element #9:</b> Utilize the "Bridge" model to reconnect those that have fallen out of care; and</p> <p><b>Element #10:</b> Establish and maintain formal linkages with traditional (prisons, homeless shelters, treatment centers, etc.) AND non-traditional (faith-based organizations, community centers, hospitals, etc.) entry points.</p> <p><b>Activities:</b> Employing educated staff who are offered training to remain informed about epidemiology and target populations trends revealing characteristics of high-risk individuals so that efforts to identify/locate can be focused; Conducting advertising and promotion to those groups to make them aware of services; Tracking missed appointments and other indicators of poor treatment adherence such as declining mental health in shared electronic health records (EHR) so that reports can be generated of those who have fallen out of care and case manager can be aware of those at high risk; Case Conferencing; Establishing regular contact with local HIV prevention programs to avoid duplication of services, coordinating training opportunities, linking clients to partner counseling and referral services, implementing data-to-care efforts and conducting mandated disease reporting; Training new staff and updating current staff on The Bridge and similar interventions that can be adapted to our service area; and Employing Community Partner Liaison to support EIS team and Leadership Team to maintain relationships with diverse group of both traditional and non-traditional collaborating partners who can provide access to high risk populations.</p>			3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>Resumes of staff and staff training records.</li> <li>Advertising/Promotion collateral.</li> <li>No-Show reports and other functions of the EHR.</li> <li>Case Conference logs.</li> <li>MOU/Letters of Support/Contracts/Agreements with County of Riverside and State of California.</li> <li>List of active EIS partners showing mix of traditional and non-traditional sites and schedule of partner activities (e.g. hosting our team to conduct regular testing and education, coordinating services with our mobile testing van, etc.).</li> <li>Service deliveries in ARIES and documentation in EIS Logs and electronic databases.</li> <li>Progress notes in ARIES.</li> <li>EIS Enrollment Forms and Counseling Information Forms.</li> <li>EIS logs showing documentation, when available, of the profile of individuals served as evidence of targeting efforts at high risk populations.</li> </ul>
<b>Element #2:</b> Provide testing services and/or refer high-risk unaware to testing; and			3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>EIS logs and Counseling Information Forms.</li> <li>Records showing positivity rate of 1.1% or higher for targeted testing.</li> </ul>
<b>Element #6:</b> Provide education/information regarding availability of testing and HIV care services to HIV+, those at-risk, those affected by					



<p>HIV, and caregivers. Activities that are exclusively HIV prevention education are prohibited.</p> <p><b>Activities:</b> Conducting HIV testing on-site, at stationary sites throughout the community, via mobile testing unit and at special events; Delivering education/information in conjunction with testing tailored for audience age, gender, race/ethnicity/gender/sexual orientation, risk group, immigration status, addiction history, etc.; Maintaining partnership with on-site laboratory for confirmatory testing; Hosting State of California HIV testing training program for certification of new test counselors; Recruiting and retaining volunteer test counselors; and Maintaining walk-in Sexual Health Clinic on-site at DAP</p>			<ul style="list-style-type: none"> <li>EIS Schedule showing education sessions utilizing Ryan White Part A funds were accompanied by testing.</li> <li>List of partners welcoming DAP to provide testing and education services to the populations they serve.</li> <li>Lease with LabCorp and evidence of interface between EHR and LabCorp.</li> <li>Staff training logs.</li> <li>Volunteer files.</li> <li>Record of testing services provide through DAP's Sexual Health Clinic, The DOCK.</li> </ul>
<p><b>Element #3:</b> One-on-one, in-depth encounters;</p> <p><b>Element #5:</b> Identify and problem-solve barriers to care;</p> <p><b>Element #7:</b> Referrals to testing, medical care, and support services;</p> <p><b>Element #8:</b> Follow-up activities to ensure linkage;</p> <p><b>Element #11:</b> Utilize standardized, required documentation to record encounters, progress; and</p> <p><b>Element #12:</b> Maintain up-to-date, quantifiable data to accommodate reporting and evaluation.</p> <p><b>Activities:</b> Through one-on-one sessions, working collaboratively with the client to identify greatest barriers that if addressed will expedite linkage to medical care (e.g. insurance status, income, transportation, fear and concern, etc.); Case Conferencing; Co-locating medical clinic, dental clinic, behavioral health, home health programs and other social services such as housing, food assistance and case management; Ensuring shared medical records review health indicators to include medical visits and viral load; Maintaining network of community clinic referral options to ensure client can link to care at most convenient and preferred provider; Documenting follow-up efforts such as phone calls, emails, social media connections, in-person sessions, mail or communication with collaborating partners per client consent; Adhering to using Inland Empire HIV Planning Council and local Ryan White Program published Standards of Care and EIS policies, procedures and forms; and Maintaining Ryan White Program-approved spreadsheets and support ongoing data entry in electronic databases.</p>	3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>EIS data showing rate of linkage to medical within 30 days.</li> <li>Past and present medical appointment history and most recent lab results in on-site EHR or in ARIES.</li> <li>EIS Enrollment Forms.</li> <li>Needs assessments as appropriate documented in ARIES or client chart.</li> <li>Case Conference logs.</li> <li>Referrals and outcomes recorded in ARIES.</li> <li>Progress notes in ARIES documenting encounters as well as reduced incidence of falling out of care after EIS discharge.</li> <li>Functions of EpicCare and LEO customized to record required data and generate reports.</li> </ul>
<p><b>Element #13:</b> Develop and implement specific, evidence-based strategies proven effective for African American and/or Hispanic populations.</p> <p><b>Element #14:</b> Services are provided based on Cultural and Linguistic (C&amp;L) Competency Standards.</p> <p><b>Activities:</b> Enroll staff in annual C&amp;L Competency training; Provide care compatible with client culture, health beliefs, practices, preferred language, and in a manner that reflects and respects gender and sexual diversity of community served; Recruiting, retaining and promoting</p>	3,5,6	03/01/24-02/28/25	<ul style="list-style-type: none"> <li>Staff development documentation and personnel files.</li> <li>Client Satisfaction Survey results.</li> <li>Staff race/ethnicity/gender/sexual orientation survey results.</li> <li>C&amp;L Competency Plan and All-Staff Meeting agenda.</li> <li>C&amp;L Competency Self-Assessment and plan to address deficiencies.</li> </ul>

diverse staff and management representative of the demographic characteristics of the service area; Reviewing C&L Competency Plan annually and updating as needed; Assessing C&L Competency and reflectiveness of client and target populations; Tracking client demographics and language needs; Employing bilingual Spanish staff and retain additional language assistance as needed at no cost to the client; and Providing frequently used materials in Spanish.			<ul style="list-style-type: none"> <li>• Race, ethnicity and language proficiency recorded in ARIES.</li> <li>• Staff language proficiency survey results.</li> <li>• “Interpreter Needed” alert in EHR as well as accounting of payment to interpretive service vendors.</li> <li>• Spanish versions of most common forms and signage.</li> </ul>
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Desert AIDS Project, Inc., dba DAP Health  
Ryan White Part A  
Line Item Budget: Case Management Non-Medical  
Budget Period 3/1/2024 - 2/28/2025

		Salary	Program FTE	Program Cost	Direct Costs	Admin Costs	Program Total
<b>Personnel</b>							
	Nebgen, Harlie; Case Mgmt Senior Manager	\$ 81,569	0.25	\$ 20,392	\$ 20,392		\$ 20,392
	Welden, Zayda; Director of Social Services	\$ 147,361	0.1	\$ 14,736	\$ 14,736		\$ 14,736
	Smith, Garrett; Eligibility Specialist	\$ 44,096	0.31293	\$ 13,799	\$ 13,799		\$ 13,799
	Aguilera, Jazmin; Eligibility Specialist	\$ 51,709	0.3129	\$ 16,180	\$ 16,180		\$ 16,180
	Aguilera, Azusel; Medical Case Manager	\$ 55,370	0.3	\$ 16,611	\$ 16,611		\$ 16,611
	Garcia, Ariann; Medical Case Manager	\$ 51,522	0.3	\$ 15,457	\$ 15,457		\$ 15,457
	Lainez, Roxane; Medical Case Manager	\$ 53,123	0.3	\$ 15,937	\$ 15,937		\$ 15,937
	Kiley, Carol; Medical Case Manager	\$ 65,811	0.3	\$ 19,743	\$ 19,743		\$ 19,743
	Laffredi, Alisia; Medical Case Manager	\$ 55,370	0.3	\$ 16,611	\$ 16,611		\$ 16,611
	Padilla, Samantha; Medical Case Manager	\$ 55,370	0.3	\$ 16,611	\$ 16,611		\$ 16,611
	Ramirez, Gilbert; Medical Case Manager	\$ 60,112	0.3	\$ 18,034	\$ 18,034		\$ 18,034
	Romero, Jose; Medical Case Manager	\$ 66,664	0.3	\$ 19,999	\$ 19,999		\$ 19,999
	Alatorre, Martin; Medical Case Manager	\$ 49,920	0.3	\$ 14,976	\$ 14,976		\$ 14,976
	Reed, Daniel, Soc. Serv. Data Entry Assistant	\$ 39,220	0.125	\$ 4,903	\$ 4,903		\$ 4,903
	Maldonado, Jose; Soc. Serv. Programs Assistant	\$ 43,680	0.125	\$ 5,460	\$ 5,460		\$ 5,460
	<b>Personnel Subtotal</b>			\$ 229,448	\$ 229,448	\$ -	\$ 229,448
<b>Fringe</b>			Percent	Program Cost	Direct Costs	Admin Costs	Program Total
	FICA, staff insurance, retirement, disability, work's compensation, other benefits		27.0%	\$ 61,951	\$ 61,951	\$ -	\$ 61,951
	<b>Fringe Subtotal</b>		27.0%	\$ 61,951	\$ 61,951	\$ -	\$ 61,951
<b>Total Personnel</b>							\$ 291,399
<b>Equipment</b>				Program Cost	Direct Costs	Admin Costs	Program Total
	Equipment > \$5,000						
	Computer software and hardware			\$ 10,000	\$ 10,000		\$ 10,000
	<b>Equipment Total</b>			\$ 10,000	\$ 10,000		\$ 10,000
<b>Supplies</b>				Program Cost	Direct Costs	Admin Costs	Program Total
	Office supplies, small tools and equipment			\$ 5,000	\$ 5,000		\$ 5,000
	<b>Supplies Total</b>			\$ 5,000	\$ 5,000		\$ 5,000
<b>Other</b>				Program Cost	Direct Costs	Admin Costs	Program Total
	Training, conferences and educational seminars			\$ 15,000	\$ 15,000		\$ 15,000
	Facility rent			\$ 8,989	\$ 8,989		\$ 8,989
	<b>Other Total</b>			\$ 23,989	\$ 23,989	\$ -	\$ 23,989
<b>Direct</b>				\$ 330,388	\$ 330,388		\$ 330,388
<b>Admin</b>	Administration (limited to 10% of total service budget)					\$ 32,640	\$ 32,640
<b>GRAND TOTAL</b>				\$ 330,388	\$ 330,388	\$ 32,640	\$ 363,028
<b>%</b>				91%	91%	9%	100%

\* Only include these in "Other" if they are not already included in Indirect

**Desert AIDS Project, Inc., dba DAP Health**  
**Ryan White Part A**  
**Budget Narrative Justification: Case Management Non-Medical**  
**Budget Period 3/1/2024 - 2/28/2025**

**Direct Costs**

<b>Personnel</b>	<b>\$ 229,448</b>
<p><b>Nebgen, Harlie; Case Mgmt Senior Manager - 0.25 FTE @ \$81,569/year</b>  Provides professional oversight of the delivery of MCM to ensure consistent and high quality services, client satisfaction, positive health outcomes, progress toward clinical quality improvement measures, compliance with policies and procedures, Standards of Care and National Monitoring Standards. Works with clients facing acute needs to ensure productive and beneficial Medical Case Manager assignments and facilitates re-assignments as requested. Informs clients of new and updated policies for public benefits programs.</p> <p><b>Welden, Zayda; Director of Social Services - 0.10 FTE @ \$147,361/year</b>  Provides professional oversight of the delivery of MCM to ensure consistent and high quality services, client satisfaction, positive health outcomes, progress toward clinical quality improvement measures, compliance with policies and procedures, Standards of Care and National Monitoring Standards. Works with clients facing acute needs to ensure productive and beneficial Medical Case Manager assignments and facilitates re-assignments as requested. Informs clients of new and updated policies for public benefits programs.</p> <p><b>Smith, Garrett, Eligibility Specialist - 0.31293 FTE @ \$44,096/year</b>  <b>Aguilera, Jazmin; Eligibility Specialist - 0.3129 FTE @ \$51,709/year</b>  Serves as the first point of contact for new clients to review, update and assist in establishing eligibility for Ryan White-funded PSS and other available state, county and local programs to assess payer of last resort, reviews income and residency eligibility and other general issues of compliance with the Standards of Care. Perform bi-annual eligibility recertifications with clients. Performs data entry related to client eligibility recertification for PSS. On behalf of client participates in case conferencing and makes integral referrals to link clients to care and services.</p> <p><b>Aguilera, Azusel; Medical Case Manager - 0.30 FTE @ \$55,370/year</b>  <b>Garcia, Ariann; Medical Case Manager - 0.30 FTE @ \$51,522/year</b>  <b>Lainez, Roxane; Medical Case Manager - 0.30 FTE @ \$53,123/year</b>  <b>Kiley, Carol; Medical Case Manager - 0.30 FTE @ \$65,811/year</b>  <b>Laffredi, Alisia; Medical Case Manager - 0.30 FTE @ \$55,370/year</b>  <b>Padilla, Samantha; Medical Case Manager - 0.30 FTE @ \$55,370/year</b>  <b>Ramirez, Gilbert; Medical Case Manager - 0.30 FTE @ \$60,112/year</b>  <b>Romero, Jose; Medical Case Manager - 0.30 FTE @ \$66,664/year</b>  <b>Alatorre, Martin; Medical Case Manager - 0.30 FTE @ \$49,920/year</b></p> <p>Provides support and care coordination for clients requiring Case Management as defined by standards of care and D.A.P. Policies and Procedures. Assess and document client's mental, social, financial and functional status, determines eligibility for services. Recommends, refers and coordinates client services including financial/budgeting counseling, public assistance, benefits specialists, insurance options, dental care, transportation, legal, mental health, health, prescriptions, etc. Coordinates medical/health services for an assigned HIV positive client population. With client, prepares a collaborative case management plan to coordinate access to medically appropriate health and support services required for continuity of care including physician care, pharmacy, mental health, psychosocial, nutrition, housing, etc. Prepares complete, accurate and timely documentation of all client interactions. Provides ongoing assessment of client needs and personal support system, updating the coordinated care plan as needed to effectively and efficiently maintain continuity of care and improve the overall health of the client. Participates in case conference meetings. Provides crisis intervention as necessary.</p> <p><b>Reed, Daniel, Soc. Serv. Data Entry Assistant - 0.125 FTE @ \$39,220/year</b>  Answers New Client Intake line, answers questions of potential clients and family members and initiates enrollment process for new clients. Assists in chart review audit including outcomes monitoring. Participates in case conferencing and supports internal and external referrals as needed to ensure quality CMNM.</p> <p><b>Maldonado, Jose; Soc. Serv. Programs Assistant - 0.125 FTE @ \$43,680/year</b>  Answers New Client Intake line, answers questions of potential clients and family members and initiates enrollment process for new clients. Assists in chart review audit including outcomes monitoring. Participates in case conferencing and supports internal and external referrals as needed to ensure quality CMNM.</p>	
<b>Fringe</b>	<b>\$ 61,951</b>
FICA, staff insurance, retirement, disability, work's compensation, other benefits	
<b>Equipment</b>	<b>\$ 10,000</b>
Equipment > \$5,000	
Computer Software and Hardware	
Medical record and health information systems computer software and hardware costs (less than \$4,999 each), necessary to document treatment plans, services provided, track compliance with treatment, health outcomes, test results and other information necessary to provide medical services. Includes the annual software license renewals and maintenance contracts. = \$10,000.	
<b>Supplies</b>	<b>\$ 5,000</b>
Office Supplies, small tools and equipment	
Standard office supplies, tools and minor equipment (i.e.: paper, related copy supplies, pens, pencils, tablets, paper clips, desk/office supplies, and other miscellaneous items), calculators, printers, scanners, keyboards, mouse, etc. No item's cost exceeds \$4,999.	
<b>Other</b>	<b>\$ 23,989</b>
<b>Training/Conference/Educational Seminars</b>	
Costs associated with professional development required by contract to increase staff knowledge about and expertise to deliver services to low-income people living with HIV. = \$15,000	
<b>Facility Rent</b>	
Portion of rent expense for Indio office when staffed to deliver MCM services. Rate calculated based on a percentage of workweek day / time program personnel utilization. = \$8,989.	
<b>Direct Costs Total</b>	<b>\$ 330,388</b>
<b>Administrative Costs</b>	<b>\$ 32,640</b>

**Desert AIDS Project, Inc., dba DAP Health**  
**Ryan White Part A**  
**Line Item Budget: EIS**  
**Budget Period 3/1/2024 - 2/28/2025**

		Salary	Program FTE	Program Cost	Direct Costs	Admin Costs	Program Total
<b>Personnel</b>							
	De La Cruz, Jose; CH Diagnostic Testing Outreach Coord	\$ 69,618	0.10000	\$ 6,962	\$ 6,962		\$ 6,962
	Ayala, Graciela; CH Early Intervention Specialist	\$ 51,709	0.16801	\$ 8,688	\$ 8,688		\$ 8,688
	Diaz, Julio; CH Early Intervention Specialist	\$ 50,294	0.17000	\$ 8,550	\$ 8,550		\$ 8,550
	Becker, Caitlin; CH Early Intervention Specialist	\$ 51,709	0.17000	\$ 8,791	\$ 8,791		\$ 8,791
	Cano, Adriana; CH Early Intervention Specialist	\$ 51,709	0.17000	\$ 8,791	\$ 8,791		\$ 8,791
	Ceja, Janette; CH Early Intervention Specialist	\$ 55,848	0.18000	\$ 10,053	\$ 10,053		\$ 10,053
	Merritt, Jacqueline Clare; CH Early Intervention Specia	\$ 51,709	0.18000	\$ 9,308	\$ 9,308		\$ 9,308
	Rocha, Alexis; CH Early Intervention Specialist	\$ 54,746	0.18000	\$ 9,854	\$ 9,854		\$ 9,854
	Nicasio, Yesenia; CH Early Intervention Specialist	\$ 51,709	0.18000	\$ 9,308	\$ 9,308		\$ 9,308
	Yancy, Lorisa; CH Early Intervention Specialist	\$ 63,856	0.18000	\$ 11,494	\$ 11,494		\$ 11,494
	Aleman Carrasco, Norma; CH Educator	\$ 49,192	0.15000	\$ 7,379	\$ 7,379		\$ 7,379
	Gonzalez, Alonso; CH Educator	\$ 53,664	0.15000	\$ 8,050	\$ 8,050		\$ 8,050
	Lopez, David; CH Educator	\$ 49,192	0.15000	\$ 7,379	\$ 7,379		\$ 7,379
	Miller, Caleb; CH Educator	\$ 49,192	0.15000	\$ 7,379	\$ 7,379		\$ 7,379
	Ruiz, Natalie; CH Educator	\$ 51,106	0.15000	\$ 7,666	\$ 7,666		\$ 7,666
	Malfavon, Michael; CH Events & Partnerships Coordin	\$ 60,861	0.10000	\$ 6,086	\$ 6,086		\$ 6,086
	Grissom, April; CH Senior Programs Manager	\$ 81,548	0.10000	\$ 8,155	\$ 8,155		\$ 8,155
	<b>Personnel Subtotal</b>			\$ 143,890	\$ 143,890	\$ -	\$ 143,890

			Percent	Program Cost	Direct Costs	Admin Costs	Program Total
<b>Fringe</b>							
	FICA, staff insurance, retirement, disability, work's compensation, other benefits		27.0%	\$ 38,850	\$ 38,850	\$ -	\$ 38,850
	<b>Fringe Subtotal</b>		27.0%	\$ 38,850	\$ 38,850	\$ -	\$ 38,850

<b>Total Personnel</b>							\$ 182,740
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				Program Cost	Direct Costs	Admin Costs	Program Total
<b>Travel</b>							
	Mileage			\$ 2,200	\$ 2,200		\$ 2,200
	<b>Travel Total</b>			\$ 2,200	\$ 2,200		\$ 2,200

				Program Cost	Direct Costs	Admin Costs	Program Total
<b>Supplies</b>							
	Computer software and hardware			\$ 3,000	\$ 3,000		\$ 3,000
	Medical supplies			\$ 17,555	\$ 17,555		\$ 17,555
	Printing and reproduction			\$ 1,000	\$ 1,000		\$ 1,000
	<b>Supplies Total</b>			\$ 21,555	\$ 21,555	\$ -	\$ 21,555

				Program Cost	Direct Costs	Admin Costs	Program Total
<b>Other</b>							
	Incentives			\$ 5,577	\$ 5,577	\$ -	\$ 5,577
	Outreach and stigma reduction			\$ 7,500	\$ 7,500		\$ 7,500
	Facility rent			\$ 5,000	\$ 5,000		\$ 5,000
	<b>Other Total</b>			\$ 18,077	\$ 18,077	\$ -	\$ 18,077

<b>Direct</b>				\$ 224,572	\$ 224,572		\$ 224,572
<b>Admin</b>	Administration (limited to 10% of total service budget)					\$ 22,186	\$ 22,186
<b>GRAND TOTAL</b>				\$ 224,572	\$ 224,572	\$ 22,186	\$ 246,758
<b>%</b>				91%	91%	9%	100%

\* Only include these in "Other" if they are not already included in Indirect

**Desert AIDS Project, Inc., dba DAP Health**  
**Ryan White Part A**  
**Budget Narrative Justification: EIS**  
**Budget Period 3/1/2024 - 2/28/2025**

<b>Direct Costs</b>		
<b>Personnel</b>		\$ 143,890
<p><b>Grissom, April; CH Senior Programs Manager - 0.10 FTE @ \$81,548/year</b></p> <p>Provides HIV Care Continuum for HIV Testing and EIS service delivery oversight to/for HIV newly diagnosed, unaware and out of care clients. Develops and directs the delivery of EIS targeted at populations for the agency. Identifies and arranges testing locations within the communities of the Coachella Valley, coordinates with community organizations to have a presence at community programs, health fairs, walks, concerts, etc. for the purposes of linking unaware and out of care to testing and services. Establishes and maintains relationship with community entities and organizations such as other clinic settings who may have contact with demographic populations who have been identified to be at a disproportionate risk for HIV infection to ensure continuity of care.</p> <p><b>De La Cruz, Jose; CH Diagnostic Testing Outreach Coordinator - 0.10 FTE @ \$69,168/year</b></p> <p>Establishes and strengthens relationships with Community Partners to expand participation and contributions for EIS program service delivery. Provides outreach and access to/for HIV high-risk populations who may be unaware or out of care. Recruits, trains and manages community outreach</p> <p><b>Ayala, Graciela; CH Early Intervention Specialist - 0.16801 FTE @ \$51,709/year</b>  <b>Rocha, Alexis; CH Early Intervention Specialist - 0.18 FTE @ \$54,746/year</b>  <b>Nicasio, Yesenia; CH Early Intervention Specialist - 0.18 FTE @ \$51,709/year</b>  <b>Yancy, Lorisa; CH Early Intervention Specialist - 0.18 FTE @ \$63,856/year</b>  <b>Diaz, Julio; CH Early Intervention Specialist - 0.17 FTE @ \$50,294/year</b>  <b>Becker, Caitlin; CH Early Intervention Specialist - 0.17 FTE @ \$1,709/year</b>  <b>Cano, Adriana; CH Early Intervention Specialist - 0.17 FTE @ \$51,709/year</b>  <b>Ceja, Janette; CH Early Intervention Specialist - 0.18 FTE @ \$55,848/year</b>  <b>Merritt, Jacqueline Clare; CH Early Intervention Specialist - 0.18 FTE @ \$51,709/year</b></p> <p>Delivers early intervention activities including outreach and support to current clients who have fallen out of care, testing among unaware, out-of-care, newly diagnosed and other populations at high risk of poor health outcomes and transmitting the disease. Provides health literacy assessments for high-risk populations. Directly provides early intervention services including counseling unaware and unmet need individuals with respect to HIV/AIDS risk, testing and care (including all inquiries from anonymous phone calls to professional groups), links clients to testing to confirm HIV and the extent of immune deficiency, intensive support and work to assess need, reduce barriers and link HIV positive to medical care. Provides care coordination with clinical services staff and case managers. Assists clients with referrals to community agencies, government entities and homeless shelters and other programs to reduce barriers to linkage.</p> <p><b>Beanes, Rick; CH Educator - 0.15 FTE @ \$49,192/year</b>  <b>Gonzalez, Alonso; CH Educator - 0.15 FTE @ \$53,644/year</b>  <b>Lopez, David; CH Educator - 0.15 FTE @ \$49,192/year</b>  <b>Miller, Caleb; CH Educator - 0.15 FTE @ \$49,192/year</b>  <b>Ruiz, Natalie; CH Educator - 0.15 FTE @ \$51,106/year</b></p> <p>Delivers comprehensive, innovative on-site and off-site HIV testing activities to identify unaware populations and link them to care. Develops strategies and educational programs to encourage regular testing and support early intervention among unaware, out-of-care, newly diagnosed and other populations at high risk of poor health outcomes and transmitting the disease. Conducts pre- and post- test counseling on risk and risk reduction strategies. Makes referrals for linkage to additional testing and medical care as needed. Conducts preliminary assessment of program eligibility. Provides care coordination with clinical staff and case managers.</p> <p><b>Malfavon, Michael; CH Events &amp; Partnerships Coordinator - 0.10 FTE @ \$60,861/year</b></p> <p>Establishes and strengthens relationships with Community Partners to expand participation and contributions for EIS program service delivery. Provides outreach and access to/for HIV high-risk populations who may be unaware or out of care. Recruits, trains and manages community outreach</p>		
<b>Fringe</b>		\$ 38,850
FICA, staff insurance, retirement, disability, work's compensation, other benefits		
<b>Travel</b>		\$ 2,200
Fuel / gas of agency vehicles and/or Mileage reimbursement of staff travel for the delivery or improvement of EIS at IRS determined mileage rates. (current IRS rate is applicable).		
<b>Supplies</b>		\$ 21,555
<p><b>Computer software and hardware</b></p> <p>Medical record and health information systems computer software and hardware costs (less than \$4,999 each), necessary to document treatment plans, services provided, track compliance with treatment, health outcomes, test results and other information necessary to provide medical services. Includes the annual software license renewals and maintenance contracts. = \$3,000.</p> <p><b>Medical supplies</b></p> <p>Projected costs for medical supplies (such as band aids, gloves, gauze, portable scales, alcohol, tongue depressors) and other supplies required to provide care services to the unaware and unmet need populations for EIS Linkage to Care, as well as serving current patient population. = \$17,555.</p> <p><b>Printing and reproduction</b></p> <p>Projected costs to cover printed material, copier/duplicating costs and services, flyers, patient information sheets, privacy notices and other related printing costs associated with the proposed service. \$1,000.</p>		
<b>Other</b>		\$ 18,077
<p><b>Incentives</b></p> <p>Items purchased such as food, gas gift cards and/or Lyft/Uber to motivate unaware individuals to engage in HIV testing. = \$5,577.</p> <p><b>Outreach and stigma reduction</b></p> <p>Costs for communications and advertising related to reaching the unaware and unmet need populations and linking them to EIS as well as serving current patient population. = \$7,500.</p> <p><b>Facility rent</b></p> <p>Portion of rent expense for Indio office when staffed to deliver EIS. Rate calculated based on a percentage of work week day / time of program personnel utilization. = \$5,000.</p>		
<b>Direct Costs Total</b>		\$ 224,572
<b>Administrative Costs</b>		\$ 22,186
<p>HRSA - 2 CFR 200.414(f) - 10% de minimis rate of modified total direct costs. Administrative costs associated with Finance Department and Grant Department support program personnel: Grant Accounting Manager, Grant Manager, Director of Institutional Giving calculated at .33333% x 3 staff = 10% Administrative Cost.</p>		

**Desert AIDS Project, Inc., dba DAP Health**  
**Ryan White Part A**  
**Line Item Budget: Emergency Financial Assistance**  
**Budget Period 3/1/2024 - 2/28/2025**

Supplies				Program Cost	Direct Costs	Program Total
	Emergency Financial Assistance			\$ 40,619	\$ 40,619	\$ 40,619
	Supplies Total			\$ 40,619	\$ 40,619	\$ 40,619

Direct				\$ 40,619	\$ 40,619	\$ 40,619
Subtotal						\$ 40,619
GRAND TOTAL				\$ 40,619	\$ 40,619	\$ 40,619
%				100%	100%	100%

\* Only include these in "Other" if they are not already included in Indirect



**Desert AIDS Project, Inc., dba DAP Health**  
**Ryan White Part A**  
**Budget Narrative Justification: Emergency Financial Assistance**  
**Budget Period 3/1/2024 - 2/28/2025**

**Direct Costs**

**Supplies**

**\$ 40,619**

**Emergency Financial Assistance**

Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes, as outlined in the Standards of Care. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program. = \$40,619.

**Direct Costs Total**

**\$ 40,619**

Desert AIDS Project, Inc., dba DAP Health  
Ryan White Part A  
Line Item Budget: Food  
Budget Period 3/1/2024 - 2/28/2025

		Salary	Program FTE	Program Cost	Direct Costs	Program Total
<b>Personnel</b>						
	Welden, Zayda; Director of Social Services	\$ 147,361	0.10	\$ 14,736	\$ 14,736	\$ 14,736
	Key, Brianna; Food & Transportation Pgms Coordinator	\$ 57,948	0.30434	\$ 17,636	\$ 17,636	\$ 17,636
	Maldonado, Jose; Social Services Assistant	\$ 43,680	0.20398	\$ 8,910	\$ 8,910	\$ 8,910
	<b>Personnel Subtotal</b>			\$ 41,282	\$ 41,282	\$ 41,282

			Percent	Program Cost	Direct Costs	Program Total
<b>Fringe</b>						
	FICA, staff insurance, retirement, disability, work's compensation, other benefits		27.0%	\$ 11,146	\$ 11,146	\$ 11,146
	<b>Fringe Subtotal</b>		27.0%	\$ 11,146	\$ 11,146	\$ 11,146

<b>Total Personnel</b>						\$ 52,428
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				Program Cost	Direct Costs	Program Total
<b>Supplies</b>						
	Food Vouchers/Assistance			\$ 372,670	\$ 372,670	\$ 372,670
	<b>Supplies Total</b>			\$ 372,670	\$ 372,670	\$ 372,670

<b>Direct</b>				\$ 425,098	\$ 425,098	\$ 425,098
<b>Subtotal</b>						\$ 425,098
<b>GRAND TOTAL</b>				\$ 425,098	\$ 425,098	\$ 425,098
<b>%</b>				100%	100%	100%

\* Only include these in "Other" if they are not already included in Indirect

**Desert AIDS Project, Inc., dba DAP Health**  
**Ryan White Part A**  
**Budget Narrative Justification: Food**  
**Budget Period 3/1/2024 - 2/28/2025**

**Direct Costs**

**Personnel**

**\$ 41,282**

**Welden, Zayda; Director of Social Services - 0.10 FTE @ \$147,361/year**

Provides professional oversight of the delivery of Food Services to ensure consistent and high quality services, client satisfaction, positive health outcomes, progress toward clinical quality improvement measures, compliance with policies and procedures, Standards of Care and National Monitoring Standards.

**Key, Brianna; Food & Transportation Programs Coordinator - 0.30434 FTE @ \$57,948/year**

Coordinates the delivery of vouchers, fresh and non-perishable food items and other supportive services under the supervision of the Director of Social Services. Acts as a resource and referral source for clients concerning food and nutritional needs. Prepares accurate, complete and timely documentation for all client interactions, inputs units of service as required. Supervises Food Bank volunteers.

**Maldonado, Jose; Social Services Assistant - 0.20398 FTE @ \$43,680/year**

Coordinates the purchase and distribution of vouchers in accordance with program policies and procedures. Coordinates with case managers, health center and other supportive services under the direct supervision of the Director of Social Services. Acts as a resource and referral source for clients concerning transportation needs to facilitate access to health care. Prepares accurate, complete and timely documentation for all client interactions, amounts distributed and inputs units of service as required.

**Fringe**

**\$ 11,146**

FICA, staff insurance, retirement, disability, work's compensation, other benefits

**Supplies**

**\$ 372,670**

**Food Vouchers/Assistance**

Food gift cards/vouchers for local grocery stores. = \$372,670.

**Direct Costs Total**

**\$ 425,098**

**Desert AIDS Project, Inc., dba DAP Health**  
**Ryan White Part A**  
**Line Item Budget: Home Health**  
**Budget Period 3/1/2024 - 2/28/2025**

		Salary	Program FTE	Program Cost	Direct Costs	Admin Costs	Program Total
<b>Personnel</b>							
	Welden, Zayda; Director of Social Services	\$ 147,361	0.10	\$ 14,736	\$ 14,736		\$ 14,736
	Baxter, Shelly; RN Case Mgr	\$ 89,512	0.10	\$ 8,951	\$ 8,951		\$ 8,951
	Becker, JoAnn; Social Work Case Manager	\$ 93,547	0.12	\$ 11,226	\$ 11,226		\$ 11,226
	Carroll, Cheryl; Program Assistant - In-Home Staff Superv	\$ 74,142	0.10	\$ 7,414	\$ 7,414		\$ 7,414
	Nelson, Stefany; Social Work Case Manager	\$ 85,176	0.117600	\$ 10,017	\$ 10,017		\$ 10,017
	Sayon, Mary Ann; RN Case Mgr	\$ 71,747	0.10	\$ 7,175	\$ 7,175		\$ 7,175
	Reed, Dan; Soc. Serv. Data Entry Assistant	\$ 39,220	0.10	\$ 3,922	\$ 3,922		\$ 3,922
	Bautista, Jessica; Home Health Aide/Homemaker	\$ 45,406	0.10	\$ 4,541	\$ 4,541		\$ 4,541
	Garten-Shuman, John; Home Health Aide/Homemaker	\$ 21,466	0.10	\$ 2,147	\$ 2,147		\$ 2,147
	Sandlin, Rebecca; Home Care Supportive Serv. Mgr.	\$ 100,888	0.10	\$ 10,089	\$ 10,089		\$ 10,089
	Vacant; Part Time Home Health Aide/Homemaker	\$ 21,466	0.10	\$ 2,147	\$ 2,147		\$ 2,147
	<b>Personnel Subtotal</b>			\$ 82,363	\$ 82,363	\$ -	\$ 82,363
<b>Fringe</b>			Percent	Program Cost	Direct Costs	Admin Costs	Program Total
	FICA, staff insurance, retirement, disability, work's compensation, other benefits		27.0%	\$ 22,238	\$ 22,238	\$ -	\$ 22,238
	<b>Fringe Subtotal</b>		27.0%	\$ 22,238	\$ 22,238	\$ -	\$ 22,238
<b>Total Personnel</b>							\$ 104,601
<b>Travel</b>				Program Cost	Direct Costs	Admin Costs	Program Total
	Mileage			\$ 6,000	\$ 6,000		\$ 6,000
	<b>Travel Total</b>			\$ 6,000	\$ 6,000	\$ -	\$ 6,000
<b>Supplies</b>				Program Cost	Direct Costs	Admin Costs	Program Total
	Office supplies, small tools and equipment			\$ 3,000	\$ 3,000		\$ 3,000
	Computer software and hardware			\$ 4,000	\$ 4,000		\$ 4,000
	<b>Supplies Total</b>			\$ 7,000	\$ 7,000		\$ 7,000
<b>Contractual</b>				Program Cost	Direct Costs	Admin Costs	Program Total
	Certified Home Health Aide/Homemaker - Elder Love			\$ 60,000	\$ 60,000		\$ 60,000
	<b>Contractual Total</b>			\$ 60,000	\$ 60,000		\$ 60,000
<b>Other</b>				Program Cost	Direct Costs	Admin Costs	Program Total
	Training/Conference/Educational Seminars			\$ 7,232	\$ 7,232		\$ 7,232
	<b>Other Total</b>			\$ 7,232	\$ 7,232		\$ 7,232
<b>Direct</b>				\$ 184,833	\$ 184,833		\$ 184,833
<b>Admin</b>	Administration (limited to 10% of total service budget)					\$ 18,260	\$ 18,260
<b>GRAND TOTAL</b>				\$ 184,833	\$ 184,833	\$ 18,260	\$ 203,093
<b>%</b>				91%	91%	9%	100%

\* Only include these in "Other" if they are not already included in Indirect

**Desert AIDS Project, Inc., dba DAP Health**  
**Ryan White Part A**  
**Budget Narrative Justification: Home and Community Health**  
**Budget Period 3/1/2024 - 2/28/2025**

<b>Direct Costs</b>		
<b>Personnel</b>		<b>\$ 82,363</b>
<p><b>Welden, Zayda; Director of Social Services - 0.10 FTE @ \$147,361/year</b>  Works closely with HCBHS team to ensure continuity of client care, quality, HIPAA compliance/guidelines, and achievement of HRSA performance measures. Provides professional oversight and direction to HCBHS team to assure client satisfaction and positive health outcomes. Expeditiously handles patient's grievances and complaints related to HCBHS. Evaluates new potential referral services for current patients and outreach to the unaware, out of care and/or newly diagnosed.</p> <p><b>Baxter, Shelly; RN Case Manager - 0.10 FTE @ \$89,512/year</b>  <b>Sayon, Mary Ann; RN Case Manager - 0.10 FTE @ \$71,747/year</b>  RN CM is an advocate and care coordinator for at risk patients, including hospital discharge, non- compliance for management of chronic disease, newly diagnosed for chronic disease or cancer, frail elderly or emergency room high utilization. The RN Case Manager is responsible for making an in depth assessment of a client's needs and provides appropriate interventions that will improve the outcome, provide appropriate access to care, decrease re-hospitalization or provide other support systems for the management of the condition. Conducts a thorough needs assessment based on the risk factor or diagnosis provided at the time of referral. This may include a medical history, functional abilities and social components including family support systems, ability to function independently, ability to obtain medication and understand the prescription, language skills and medical insurance status. Coordinates care with the SW Case Manager also assigned to the client.</p> <p><b>Becker, JoAnn; Social Work Case Manager - 0.12 FTE @ \$93,547/year</b>  <b>Nelson, Stefany; Social Work Case Manager - 0.1176 FTE @ \$85,176/year</b>  The Social Work Case Manager conducts assessments of clients and coordinates the delivery and/or referrals of social, medical, psycho social and/or in home services to persons with HIV infection who are patients of a health and/or rehabilitation facility in a manner consistent with the policies and procedures of DAP Health and related program protocols. Additionally, as a member of the Home Care Team this role will coordinate client discharge and ensure provision of services in accordance with Comprehensive Client Service Plan Also, while serving as a representative, acting as a resource/referral source for clients, making recommendations concerning their social and practical needs. Coordinates care with the Medical Case Manager RN also assigned to the client. As a member of the Home Care Team, this role will coordinate and ensure provision of services in accordance with Comprehensive Client Service Plan Also, while serving as a representative, acting as a resource/referral source for clients, making recommendations concerning their social and practical needs. Coordinates care with the Medical Case Manager RN also assigned to the client.</p> <p><b>Carroll, Cheryl; Program Assistant - In-Home Staff Supervisor - 0.10 FTE @ \$74,142/year</b>  This role provides administrative support to the Home Care Supportive Services Manager, as well as be responsible for supervising Homemakers/CHHAs/CNAs to ensure effective client care while following RW standards of Care and DAP Health guidelines and protocols. Schedule In-Home Care staff according to client's assessments and needs established by the Case Management team.</p> <p><b>Reed, Daniel; Social Services Data Entry Assistant - 0.10 FTE @ \$39,220/year</b>  Answers New Client Intake line, answers questions of potential clients and family members and initiates enrollment process for new clients. Assists in chart review audit including outcomes monitoring. Participates in case conferencing and supports internal and external referrals as needed to ensure quality CMNM.</p> <p><b>Sandlin, Rebecca; Home Care Supportive Services Manager - 0.10 FTE @ \$100,888/year</b>  Works closely with HCBHS team to ensure continuity of client care, quality, HIPAA compliance/guidelines, and achievement of HRSA performance measures. Provides professional oversight and direction to HCBHS team to assure client satisfaction and positive health outcomes. Expeditiously handles patient's grievances and complaints related to HCBHS. Evaluates new potential referral services for current patients and outreach to the unaware, out of care and/or newly diagnosed.</p> <p><b>Bautista, Jessica; Home Health Aide/Homemaker - 0.10 FTE @ \$45,406/year</b>  <b>Garten-Shuman, John; Home Health Aide/Homemaker - 0.10 FTE @ \$21,466/year</b>  <b>Vacant; Home Health Aide/Homemaker - 0.10 FTE @ \$21,466/year</b>  Provides in-home care and assistance per care plan to include skilled health services and personal care services in the home. Reports on client progress and/or continued needs for in-home care to RN Case Manager and Social Worker.</p>		
<b>Fringe</b>		<b>\$ 22,238</b>
FICA, staff insurance, retirement, disability, work's compensation, other benefits		
<b>Personnel Without Benefits</b>		
<b>Travel</b>		<b>\$ 6,000</b>
<b>Mileage</b> Reimbursement for travel for the delivery or improvement of HCBHS at IRS determined mileage rates. (current IRS rate is applicable). = \$6,000.		
<b>Supplies</b>		<b>\$ 7,000</b>
<b>Office supplies, small tools and equipment</b> Standard office supplies, tools and minor equipment (i.e.: paper, related copy supplies, pens, pencils, tablets, paper clips, desk/office supplies, and other miscellaneous items), calculators, printers, scanners, keyboards, mouse, etc. No item's cost exceeds = \$3,000.		
<b>Computer software and hardware</b> Medical record and health information systems computer software and hardware costs (less than \$4,999 each), necessary to document treatment plans, services provided, track compliance with treatment, health outcomes, test results and other information necessary to provide medical services. Includes the annual software license renewals and maintenance contracts. = \$4,000.		
<b>Contractual</b>		<b>\$ 60,000</b>
<b>Certified Home Health Aide/Homemaker - Elder Love</b> Provided by home health attendant care givers, home health homemakers and home health nursing through agency personnel. Provides in-home care and assistance per care plan to include skilled health services and personal care services in the home. Reports on client progress and/or continued needs for in-home care to RN Case Manager and Social Worker. = \$60,000.		
<b>Other</b>		<b>\$ 7,232</b>
<b>Training/Conference/Educational Seminars</b> Costs associated with professional development required by contract to increase staff knowledge about and expertise to deliver services to low-income people living with HIV. = \$7,232.		
<b>Direct Costs Total</b>		<b>\$ 184,833</b>
<b>Administrative Costs</b>		<b>\$ 18,260</b>
HRSA - 2 CFR 200.414(f) - 10% de minimis rate of modified total direct costs. Administrative costs associated with Finance Department and Grant Department support program personnel: Grant Accounting Manager, Grant Manager, Director of Institutional Giving calculated at .33333% x 3 staff = 10% Administrative Cost.		

Desert AIDS Project, Inc., dba DAP Health  
Ryan White Part A  
Line Item Budget: Housing  
Budget Period 3/1/2024 - 2/28/2025

		Salary	Program FTE	Program Cost	Direct Costs	Program Total
<b>Personnel</b>						
	Atchison, Monica; Housing Programs Manager	\$ 92,302	0.10	\$ 9,230	\$ 9,230	\$ 9,230
	Gonzalez-Ramos, Alexis; Housing Case Manager	\$ 51,542	0.25	\$ 12,886	\$ 12,886	\$ 12,886
	Gonzalez, Janett; Housing Case Manager	\$ 48,298	0.275	\$ 13,282	\$ 13,282	\$ 13,282
	Rodriguez, Marisa; Housing Outreach Navigator	\$ 43,680	0.26288	\$ 11,483	\$ 11,483	\$ 11,483
	<b>Personnel Subtotal</b>			\$ 46,880	\$ 46,880	\$ 46,880

			Percent	Program Cost	Direct Costs	Program Total
<b>Fringe</b>						
	FICA, staff insurance, retirement, disability, work's compensation, other benefits		27.0%	\$ 12,658	\$ 12,658	\$ 12,658
	<b>Fringe Subtotal</b>		27.0%	\$ 12,658	\$ 12,658	\$ 12,658

<b>Total Personnel</b>						\$ 59,538
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				Program Cost	Direct Costs	Program Total
<b>Travel</b>						
	Mileage					
				\$ 500.00	\$ 500.00	\$ 500.00
	<b>Travel Total</b>			\$ 500.00	\$ 500.00	\$ 500.00

				Program Cost	Direct Costs	Program Total
<b>Supplies</b>						
	Emergency Housing Assistance			\$ 63,000	\$ 63,000	\$ 63,000
	Office supplies, small tools and equipment			\$ 500	\$ 500	\$ 500
	Computer Software and Hardware			\$ 1,000	\$ 1,000	\$ 1,000
	<b>Supplies Total</b>			\$ 64,500	\$ 64,500	\$ 64,500

				Program Cost	Direct Costs	Program Total
<b>Other</b>						
	Training/conferences/educational seminars			\$ 2,395	\$ 2,395	\$ 2,395
	<b>Other Total</b>			\$ 2,395	\$ 2,395	\$ 2,395

<b>Direct</b>				\$ 126,933	\$ 126,933	\$ 126,933
<b>Subtotal</b>						\$ 126,933
<b>GRAND TOTAL</b>				\$ 126,933	\$ 126,933	\$ 126,933
<b>%</b>				100%	100%	100%

\* Only include these in "Other" if they are not already included in Indirect

**Desert AIDS Project, Inc., dba DAP Health**  
**Ryan White Part A**  
**Budget Narrative Justification: Housing**  
**Budget Period 3/1/2024 - 2/28/2025**

<b>Direct Costs</b>		
<b>Personnel</b>		\$ 46,880
<b>Atchison, Monica; Housing Programs Manager - 0.10 FTE @ \$92,302/year</b>		
Provides assistance in retaining/obtaining appropriate housing services to clients per DAP policies and procedures and related program protocols. Assesses client's immediate needs related to housing assistance, maintains listing and evaluates housing opportunities appropriate to client needs. Works as part of the integrated care team with medical, home care, counseling and education staff to ensure early intervention and continuity of care for clients needing housing assistance. Develops relationships with community, state and federal programs related to housing for HIV and low-income individuals. Maintains accurate, complete and timely documentation of all client evaluations, services provided including the reporting of units of service and other reporting required by funding organizations and grants.		
<b>Gonzalez-Ramos, Alexis; Housing Case Manager - 0.25 FTE @ \$51,542/year</b>		
<b>Gonzalez, Janett; Housing Case Manager - 0.275 FTE @ \$48,298/year</b>		
Coordinates the delivery of housing and other related supportive services under the supervision of the Housing Coordinator and Director of Social Services. Assists in the documentation of client needs, prepares paperwork necessary document and request payment for housing needs of clients.		
<b>Rodriguez, Marisa; Housing Outreach Navigator- 0.26288 FTE @ \$43,680/year</b>		
Responsible to work with Property Managers/Landlords, and Private owners within Coachella Valley and Riverside County, to identify/secured housing for people with HIV/AIDS and to find appropriate and safe shelters and emergency housing for home insecure clients while working on opportunities for permanent housing. This position is responsible for assisting clients with housing search and placement along with supportive services that will assist client to sustain permanent housing. In addition, educates the client about basic life skills and tenant rights and prospective landlords/, owners and management companies, about how subsidy programs work and services that can be provided		
<b>Fringe</b>		\$ 12,658
FICA, staff insurance, retirement, disability, work's compensation, other benefits		
<b>Travel</b>		\$ 500
Mileage reimbursement for travel for the delivery or improvement of Housing Services at current IRS determined rate. = \$500.		
<b>Supplies</b>		\$ 64,500
<b>Office supplies, small tools and equipment</b>		
Standard office supplies, tools and minor equipment (i.e.: paper, related copy supplies, pens, pencils, tablets, paper clips, desk/office supplies, and other miscellaneous items), calculators, printers, scanners, keyboards, mouse, etc. No item's cost exceeds \$500.		
<b>Computer Software and Hardware</b>		
Medical record and health information systems computer software and hardware costs (less than \$4,999 each), necessary to document treatment plans, services provided, track compliance with treatment, health outcomes, test results and other information necessary to provide medical services. Includes the annual software license renewals and maintenance contracts. = \$1,000.		
<b>Emergency Housing Assistance</b>		
Payments for emergency/short-term housing and motel vouchers, per Standards of Care, made directly to landlord. = \$63,000.		
<b>Other</b>		\$ 2,395
<b>Training/conferences/educational seminars</b>		
Costs associated with professional development required by contract to increase staff knowledge about and expertise to deliver services to low-income people living with HIV. = \$2,395.		
<b>Direct Costs Total</b>		\$ 126,933

Desert AIDS Project, Inc., dba DAP Health  
Ryan White Part A  
Line Item Budget: Case Management Medical  
Budget Period 3/1/2024 - 2/28/2025

		Salary	Program FTE	Program Cost	Direct Costs	Admin Costs	Program Total
<b>Personnel</b>							
	Nebgen, Harlie; Case Mgmt Senior Manager	\$ 81,569	0.206098	\$ 16,811	\$ 16,811		\$ 16,811
	Welden, Zayda; Director of Social Services	\$ 147,361	0.1	\$ 14,736	\$ 14,736		\$ 14,736
	Smith, Garrett; Eligibility Specialist	\$ 44,086	0.20	\$ 8,819	\$ 8,819		\$ 8,819
	Aguilera, Jazmin; Eligibility Specialist	\$ 51,709	0.20	\$ 10,342	\$ 10,342		\$ 10,342
	Aguilera, Azusel; Medical Case Manager	\$ 55,370	0.2	\$ 11,074	\$ 11,074		\$ 11,074
	Garcia, Ariann; Medical Case Manager	\$ 51,522	0.2	\$ 10,304	\$ 10,304		\$ 10,304
	Lainez, Roxane; Medical Case Manager	\$ 53,123	0.2	\$ 10,625	\$ 10,625		\$ 10,625
	Kiley, Carol; Medical Case Manager	\$ 65,811	0.2	\$ 13,162	\$ 13,162		\$ 13,162
	Laffredi, Alisia; Medical Case Manager	\$ 55,370	0.2	\$ 11,074	\$ 11,074		\$ 11,074
	Padilla, Samantha; Medical Case Manager	\$ 55,370	0.2	\$ 11,074	\$ 11,074		\$ 11,074
	Ramirez, Gilbert; Medical Case Manager	\$ 60,112	0.2	\$ 12,022	\$ 12,022		\$ 12,022
	Romero, Jose; Medical Case Manager	\$ 66,664	0.2	\$ 13,333	\$ 13,333		\$ 13,333
	Alatorre, Martin; Medical Case Manager	\$ 49,920	0.2	\$ 9,984	\$ 9,984		\$ 9,984
	Reed, Daniel, Soc. Serv. Data Entry Assistant	\$ 39,220	0.1	\$ 3,922	\$ 3,922		\$ 3,922
	Maldonado, Jose; Soc. Serv. Programs Assistant	\$ 43,680	0.1	\$ 4,368	\$ 4,368		\$ 4,368
	<b>Personnel Subtotal</b>			\$ 161,651	\$ 161,651	\$ -	\$ 161,651
<b>Fringe</b>			Percent	Program Cost	Direct Costs	Admin Costs	Program Total
	FICA, staff insurance, retirement, disability, work's compensation, other benefits		27.0%	\$ 43,646	\$ 43,646	\$ -	\$ 43,646
	<b>Fringe Subtotal</b>		27.0%	\$ 43,646	\$ 43,646	\$ -	\$ 43,646
<b>Total Personnel</b>							\$ 205,296
<b>Equipment</b>				Program Cost	Direct Costs	Admin Costs	Program Total
	Equipment > \$5,000						
	Computer software and hardware			\$ 3,000	\$ 3,000		\$ 3,000
	<b>Equipment Total</b>			\$ 3,000	\$ 3,000		\$ 3,000
<b>Supplies</b>				Program Cost	Direct Costs	Admin Costs	Program Total
	Office supplies, small tools and equipment			\$ 1,999	\$ 1,999		\$ 1,999
	<b>Supplies Total</b>			\$ 1,999	\$ 1,999		\$ 1,999
<b>Other</b>				Program Cost	Direct Costs	Admin Costs	Program Total
	Training, conferences and educational seminars			\$ 3,328	\$ 3,328		\$ 3,328
	Facility rent			\$ 6,327	\$ 6,327		\$ 6,327
	<b>Other Total</b>			\$ 9,655	\$ 9,655		\$ 9,655
<b>Direct</b>				\$ 219,950	\$ 219,950		\$ 219,950
<b>Admin</b>	Administration (limited to 10% of total service budget)					\$ 21,730	\$ 21,730
<b>GRAND TOTAL</b>				\$ 219,950	\$ 219,950	\$ 21,730	\$ 241,680
<b>%</b>				91%	91%	9%	100%

\* Only include these in "Other" if they are not already included in Indirect



**Desert AIDS Project, Inc., dba DAP Health**  
**Ryan White Part A**  
**Budget Narrative Justification: Case Management Medical**  
**Budget Period 3/1/2024 - 2/28/2025**

<b>Direct Costs</b>		
<b>Personnel</b>		<b>\$ 161,651</b>
<p><b>Nebgen, Harlie; Case Mgmt Senior Manager - 0.206098 FTE @ \$81,569/year</b></p> <p>Provides professional oversight of the delivery of MCM to ensure consistent and high quality services, client satisfaction, positive health outcomes, progress toward clinical quality improvement measures, compliance with policies and procedures, Standards of Care and National Monitoring Standards. Works with clients facing acute needs to ensure productive and beneficial Medical Case Manager assignments and facilitates re-assignments as requested. Informs clients of new and updated policies for public benefits programs.</p> <p><b>Welden, Zayda; Director of Social Services - 0.10 FTE @ \$147,361/year</b></p> <p>Provides professional oversight of the delivery of MCM to ensure consistent and high quality services, client satisfaction, positive health outcomes, progress toward clinical quality improvement measures, compliance with policies and procedures, Standards of Care and National Monitoring Standards. Works with clients facing acute needs to ensure productive and beneficial Medical Case Manager assignments and facilitates re-assignments as requested. Informs clients of new and updated policies for public benefits programs.</p> <p><b>Smith, Garrett, Eligibility Specialist - 0.20 FTE @ \$44,096/year</b></p> <p><b>Aguilera, Jazmim; Eligibility Specialist - 0.20 FTE @ \$51,709/year</b></p> <p>Serves as the first point of contact for new clients to review, update and assist in establishing eligibility for Ryan White-funded PSS and other available state, county and local programs to assess payer of last resort, reviews income and residency eligibility and other general issues of compliance with the Standards of Care. Perform bi-annual eligibility recertifications with clients. Performs data entry related to client eligibility recertification for PSS. On behalf of client participates in case conferencing and makes integral referrals to link clients to care and services.</p> <p><b>Aguilera, Azusel; Medical Case Manager - 0.20 FTE @ \$55,370/year</b></p> <p><b>Garcia, Ariann; Medical Case Manager - 0.20 FTE @ \$51,522/year</b></p> <p><b>Lainez, Roxane; Medical Case Manger - 0.20 FTE @ \$53,123/year</b></p> <p><b>Kiley, Carol; Medical Case Manager - 0.20 FTE @ \$65,811/year</b></p> <p><b>Laffredi, Alisia; Medical Case Manager - 0.20 FTE @ \$55,370/year</b></p> <p><b>Padilla, Samantha; Medical Case Manager - 0.20 FTE @ 55,370/year</b></p> <p><b>Ramirez, Gilbert; Medical Case Manager - 0.20 FTE @ \$60,112/year</b></p> <p><b>Romero, Jose; Medical Case Manager - 0.20 FTE @ \$66,664/year</b></p> <p><b>Alatorre, Martin; Medical Case Manager - 0.20 FTE @ \$49,920/year</b></p> <p>Provides intensive support and care coordination for clients requiring Medical Case Management as defined by standards of care and D.A.P. Policies and Procedures. Assess and document client's mental, social, financial and functional status, determines eligibility for services. Recommends, refers and coordinates client services including financial/budgeting counseling, public assistance, benefits specialists, insurance options, dental care, transportation, legal, mental health, health, prescriptions, etc. Coordinates medical/health services for an assigned HIV positive client population. With client, prepares a collaborative case management plan to coordinate access to medically appropriate health and support services required for continuity of care including physician care, pharmacy, mental health, psychosocial, nutrition, housing, etc. Prepares complete, accurate and timely documentation of all client interactions. Provides ongoing assessment of client needs and personal support system, updating the coordinated care plan as needed to effectively and efficiently maintain continuity of care and improve the overall health of the client. Participates in case conference meetings. Provides crisis intervention as necessary.</p> <p><b>Reed, Daniel, Soc. Serv. Data Entry Assistant - 0.10 FTE @ \$39,220/year</b></p> <p>Answers New Client Intake line, answers questions of potential clients and family members and initiates enrollment process for new clients. Assists in chart review audit including outcomes monitoring. Participates in case conferencing and supports internal and external referrals as needed to ensure quality CMNM.</p> <p><b>Maldonado, Jose; Soc. Serv. Programs Assistant - 0.10 FTE @ \$43,680/year</b></p> <p>Answers New Client Intake line, answers questions of potential clients and family members and initiates enrollment process for new clients. Assists in chart review audit including outcomes monitoring. Participates in case conferencing and supports internal and external referrals as needed to ensure quality CMNM.</p>		
<b>Fringe</b>		<b>\$ 43,646</b>
FICA, staff insurance, retirement, disability, work's compensation, other benefits		
<b>Equipment</b>		
Equipment > \$5,000	\$	3,000
<b>Computer Software and Hardware</b>		
Medical record and health information systems computer software and hardware costs (less than \$4,999 each), necessary to document treatment plans, services provided, track compliance with treatment, health outcomes, test results and other information necessary to provide medical services. Includes the annual software license renewals and maintenance contracts. = \$3,000.		
<b>Supplies</b>	\$	1,999
Office Supplies, small tools and equipment		
Standard office supplies, tools and minor equipment (i.e.: paper, related copy supplies, pens, pencils, tablets, paper clips, desk/office supplies, and other miscellaneous items), calculators, printers, scanners, keyboards, mouse, etc. No item's cost exceeds \$1,999.		
<b>Other</b>		
<b>Training/Conference/Educational Seminars</b>	\$	9,655
Costs associated with professional development required by contract to increase staff knowledge about and expertise to deliver services to low-income people living with HIV. = \$3,328.		
<b>Facility Rent</b>		
Portion of rent expense for Indio office when staffed to deliver MCM services. Rate calculated based on a percentage of workweek day / time program personnel utilization. = \$6,327.		
<b>Direct Costs Total</b>	<b>\$</b>	<b>217,950</b>
<b>Administrative Costs</b>	<b>\$</b>	<b>21,730</b>

Desert AIDS Project, Inc., dba DAP Health  
Ryan White Part A  
Line Item Budget: Dental  
Budget Period 3/1/2024 - 2/28/2025

		Salary	Program FTE	Program Cost	Direct Costs	Admin Costs	Program Total
<b>Personnel</b>							
	Yamashiro, Ryan; Lead Dentist	\$ 212,100	0.3	\$ 63,630	\$ 63,630		\$ 63,630
	Jo, Daniel; Dentist	\$ 197,956	0.3	\$ 59,387	\$ 59,387		\$ 59,387
	Kim, Ah Rom; Dental Hygenist	\$ 93,334	0.4	\$ 37,334	\$ 37,334		\$ 37,334
	Delval, Ismael; Dental Office Mgr	\$ 95,000	0.3	\$ 28,500	\$ 28,500		\$ 28,500
	Aguirre-Deigadillo, Norma; Reg. Dental Assistant	\$ 64,896	0.3690	\$ 23,947	\$ 23,947		\$ 23,947
	Placencia, Rosalba; Reg. Dental Assistant	\$ 55,494	0.39966	\$ 22,179	\$ 22,179		\$ 22,179
	Omens, Kami; Dental Assistant	\$ 44,554	0.4	\$ 17,822	\$ 17,822		\$ 17,822
	Mercado Cantu, Gannely; Dental Treatment Coord	\$ 50,000	0.4	\$ 20,000	\$ 20,000		\$ 20,000
	Pineda, Monica; Dental Clinic Receptionist	\$ 47,216	0.4	\$ 18,886	\$ 18,886		\$ 18,886
	<b>Personnel Subtotal</b>			<b>\$ 291,684</b>	<b>\$ 291,684</b>	<b>\$ -</b>	<b>\$ 291,684</b>

			Percent	Program Cost	Direct Costs	Admin Costs	Program Total
<b>Fringe</b>							
	FICA, Insurance, Retirement, Disability, Workers Compensation		27.0%	\$ 78,755	\$ 78,755	\$ -	\$ 78,755
	<b>Fringe Subtotal</b>		<b>27.0%</b>	<b>\$ 78,755</b>	<b>\$ 78,755</b>	<b>\$ -</b>	<b>\$ 78,755</b>

<b>Total Personnel</b>							<b>\$ 370,438</b>
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				Program Cost	Direct Costs	Admin Costs	Program Total
<b>Supplies</b>							
	Dental Supplies			\$ 27,000	\$ 27,000	\$ -	\$ 27,000
	Dental Laboratory			\$ 34,380	\$ 34,380	\$ -	\$ 34,380
	<b>Supplies Total</b>			<b>\$ 61,380.00</b>	<b>\$ 61,380.00</b>	<b>\$ -</b>	<b>\$ 61,380.00</b>

Direct				\$ 431,818	\$ 431,818		\$ 431,818
Admin	Administration (limited to 10% of total service budget)					\$ 43,182	\$ 43,182
<b>GRAND TOTAL</b>				<b>\$ 431,818</b>	<b>\$ 431,818</b>	<b>\$ 43,182</b>	<b>\$ 475,000</b>
%				91%	91%	9%	100%

\* Only include these in "Other" if they are not already included in Indirect

**Desert AIDS Project, Inc., dba DAP Health**  
**Ryan White Part A**  
**Budget Narrative Justification: Dental**  
**Budget Period 3/1/2024 - 2/28/2025**

<b>Direct Costs</b>		
<b>Personnel</b>		<b>\$ 291,684</b>
	<b>Delval, Ismael; Dental Office Manager - 0.30 FTE @ \$95,000/year</b> Delivers effective, efficient patient experiences by conducting eligibility screenings and ensuring client is linked to other program staff as appropriate. Participates in dental examinations and procedures in compliance with state guidelines and under appropriate supervisions. Takes and develops X-rays. Works directly with patients with acute needs with regard to eligibility to ensure coordinated referrals with other programs including medical case managers, behavioral health staff and housing department. Manages appropriate billing when other payers are available for covered procedures. Provides professional oversight and direction to team regarding delivery of Oral Health Care to assure compliance with Ryan White policies and procedures, standards of care and other regulations.	
	<b>Pineda, Monica; Dental Clinic Receptionist - 0.40 @ \$47,216/year</b> Serves as the first point of contact for all patients, responsible for answering phones, scheduling appointments, and other related support services for patients to ensure eligibility for Oral Health Care.	
	<b>Yamashiro, Ryan; Lead Dentist - 0.30 FTE @ \$212,100/year</b> Examines patient to determine nature of condition, utilizing x-rays, dental instruments, and other diagnostic procedures. Provides overall diagnostic, preventative, therapeutic and emergency primary oral health care to clients to sustain proper nutrition. Diagnoses and treats diseases, injuries, and malformations of teeth and gums, and related oral structures. Cleans, fills, extracts, and replaces teeth, using rotary and hand instruments, dental appliances, medications, and surgical implements. Provides preventive dental services to patient, such as applications of fluoride and sealants to teeth, and education in oral and dental hygiene.	
	<b>Jo, Daniel; Dentist - 0.30 FTE @ \$197,956/year</b> Examines patient to determine nature of condition, utilizing x-rays, dental instruments, and other diagnostic procedures. Provides overall diagnostic, preventative, therapeutic and emergency primary oral health care to clients to sustain proper nutrition. Diagnoses and treats diseases, injuries, and malformations of teeth and gums, and related oral structures. Cleans, fills, extracts, and replaces teeth, using rotary and hand instruments, dental appliances, medications, and surgical implements. Provides preventive dental services to patient, such as applications of fluoride and sealants to teeth, and education in oral and dental hygiene. Prepares and adheres to a coordinated Care Treatment Plan with the medical care team as an integrated component to maintain and continue effective complete patient care.	
	<b>Kim, Ah Rom; Dental Hygienist - 0.40 FTE @ \$93,334/year</b> Provides oral hygiene dental treatment and oral hygiene care and education in accordance with approved guidelines per licensure and state regulations. Screens patients, examines head, neck and oral cavity for disease, removes calculus, stains and plaque from above and below the gum line and instructs patients on proper dental care and diet.	
	<b>Aguirre-Delgadillo, Norma; Registered Dental Assistant - 0.369 FTE @ \$64,896/year</b> <b>Placencia, Rosalba; Registered Dental Assistant - 0.39966 FTE @ \$55,494/year</b> <b>Owens, Kami; Dental Assistant - 0.40 FTE @ \$44,544/year</b> Participates in dental examinations and procedures in compliance with state guidelines and under appropriate supervisions. Tasks include supplying instruments/materials to dentist/dental hygienist during procedures, keeping patient's mouth dry and clear by suction or other devices, taking impressions, and preparing temporary crowns. Takes and develops X-rays; applies fluoride and/or sealants. Educates patients on oral hygiene.	
	<b>Mercado Cantu, Gannely; Dental Clinic Treatment Coordinator - 0.40 @ \$50,000/year</b> Provides client level data entry to agency medical record system directly related to delivery of Oral Health Care. Assists in coordinating internal referrals, referral for services not provided at DAP, and reconciles and updates client dental services records.	
<b>Fringe</b>		<b>\$ 78,755</b>
	FICA, Insurance, Retirement, Disability, Workers Compensation	
<b>Supplies</b>		<b>\$ 61,380</b>
	<b>Dental Supplies</b> Projected costs for syringes, needles, gauze, cotton, plastic trays, protective coverings, bonding and cleaning agents, medications, pins, posts, dental dams, x-ray film, alcohol, tongue depressors, in-office testing supplies and other dental related supplies required to provide patient care services. = \$27,000.	
	<b>Dental Laboratory</b> Purchase / procurement of dentures, partials, crowns to improve and maintain the oral health care of patients. = \$34,380.	
<b>Direct Costs Total</b>		<b>\$ 431,818</b>
<b>Administrative Costs</b>		<b>\$ 43,182</b>
	HRSA - 2 CFR 200.414(f) - 10% de minimis rate of modified total direct costs. Administrative costs associated with Finance Department and Grant Department support program personnel: Grant Accounting Manager, Grant Manager, Director of Institutional Giving calculated at .33333% x 3 staff = 10% Administrative Cost.	

Desert AIDS Project, Inc., dba DAP Health  
Ryan White Part A  
Line Item Budget: Psychosocial  
Budget Period 3/1/2024 - 2/28/2025

		Salary	Program FTE	Program Cost	Direct Costs	Admin Costs	Program Total
<b>Personnel</b>							
	Rossetti, Steven; Career Development Specialist	\$ 57,283	0.25819	\$ 14,790	\$ 14,790	\$ -	\$ 14,790
	Bruner, William; Peer Support Specialist	\$ 49,026	0.20	\$ 9,805	\$ 9,805	\$ -	\$ 9,805
	Howard, Curtis; Wellness Center Administrative Ast.	\$ 49,026	0.10	\$ 4,903	\$ 4,903	\$ -	\$ 4,903
	Lujan, Corina; Wellness Services Center Manager	\$ 79,423	0.10	\$ 7,942	\$ 7,942	\$ -	\$ 7,942
	<b>Personnel Subtotal</b>			\$ 37,440	\$ 37,440	\$ -	\$ 37,440

			Percent	Program Cost	Direct Costs	Admin Costs	Program Total
<b>Fringe</b>							
	FICA, Insurance, Retirement, Disability, Workers Compensation		27.0%	\$ 10,109	\$ 10,109	\$ -	\$ 10,109
	<b>Fringe Subtotal</b>		27.0%	\$ 10,109	\$ 10,109	\$ -	\$ 10,109

<b>Total Personnel</b>							\$ 47,549
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				Program Cost	Direct Costs	Admin Costs	Program Total
<b>Supplies</b>							
	Office supplies, small tools and equipment			\$ 1,000	\$ 1,000		\$ 1,000
	Computer software and hardware			\$ 1,000	\$ 1,000		\$ 1,000
	Printing/reproduction			\$ 1,000	\$ 1,000		\$ 1,000
	<b>Supplies Total</b>			\$ 3,000	\$ 3,000		\$ 3,000

				Program Cost	Direct Costs	Admin Costs	Program Total
<b>Other</b>							
	Training/Conferences/Educational Seminars			\$ 1,114.20	\$ 1,114.20		\$ 1,114.20
	Community Advisory Board (CAB)			\$ 2,400.00	\$ 2,400.00		\$ 2,400.00
	<b>Other Total</b>			\$ 3,514.20	\$ 3,514.20		\$ 3,514.20

Direct				\$ 54,063	\$ 54,063		\$ 54,063
Admin	Administration (limited to 10% of total service budget)					\$ 5,341	\$ 5,341
<b>GRAND TOTAL</b>				\$ 54,063	\$ 54,063	\$ 5,341	\$ 59,404
%				91%	91%	9%	100%

\* Only include these in "Other" if they are not already included in Indirect

**Desert AIDS Project, Inc., dba DAP Health**  
**Ryan White Part A**  
**Budget Narrative Justification: Psychosocial**  
**Budget Period 3/1/2024 - 2/29/2025**

**Direct Costs**

**Personnel**

\$ 37,440

**Lujan, Corina; Wellness Services Center Manager - 0.10 @ \$79,423/year**

Develops and implements Community Center programming for clients such as psychosocial activities, bereavement counseling, nutrition counseling, computer skill building, caregiver support groups, fitness and complementary therapies for people living with HIV. Supervises volunteer and peer-led support group leaders. Provides direct health education and psychosocial support counseling/referrals as well as assists clients in delivering peer-led activities.

**Rossetti, Steven; Career Development Specialist - 0.25819 @ \$57,283/year**

Ensures that psychosocial support services compliment client care and services and contribute to desired health outcomes. Develops and leads career and workforce development services for clients to support positive health outcomes and promote self-management skills. Works with clients to link to community and business support services that will support their treatment plans.

**Bruner, William; Peer Support Specialist - 0.20 @ \$49,026/year**

Ensures that psychosocial support services complement client care and services and contribute to desired health outcomes. Develops and leads psychosocial support groups for clients to support positive health outcomes and promote self-management skills. Works with clients to link to psychosocial support services that will support their treatment plans.

**Howard, Curtis; Wellness Center Administrative Ast. - 0.10 @ \$49,026/year**

Oversees wellness program activities, schedules attendance, instructors, locations. For direct service delivery of support groups, documents treatments, progress, and outcome for reporting purposes under the direct supervision of Wellness Services Center Manager.

**Fringe**

\$ 10,109

FICA, Insurance, Retirement, Disability, Workers Compensation

**Supplies**

\$ 3,000

**Office supplies, small tools and equipment**

Standard office supplies, tools, and minor equipment (i.e.: paper, related copy supplies, pens, pencils, tablets, paper clips, desk/office supplies, and other miscellaneous items), calculators, printers, scanners, keyboards, mouse, etc. No item's cost exceeds = \$1,000.

**Computer software and hardware**

Medical record and health information systems computer software and hardware costs (less than \$4,999 each), necessary to document treatment plans, services provided, track compliance with treatment, health outcomes, test results and other information necessary to provide medical services. Includes the annual software license renewals and maintenance contracts. = \$1,000.

**Printing/reproduction**

Projected costs to cover printed material, copier/duplicating costs and services, flyers, patient educational and information materials, privacy notices and other related reproduction costs associated with the proposed program service. = \$1,000.

**Contractual**

NA

**Other**

\$ 3,514

**Training/Conference/Educational Seminar**

Costs associated with staff professional development and client educational programming to increase best practices and knowledge about program service delivery and/or education for people living with HIV. = \$1,114.20.

**Community Advisory Board**

Costs associated with program service delivery for DAP Health's CAB expenditures (e.g. mileage, printing, professional development). = \$2,400.

**Direct Costs Total**

\$ 54,063

**Administrative Costs**

\$ 5,341

HRSA - 2 CFR 200.414(f) - 10% de minimis rate of modified total direct costs. Administrative costs associated with Finance Department and Grant Department support program personnel: Grant Accounting Manager, Grant Manager, Director of Institutional Giving calculated at .33333% x 3 staff = 10% Administrative Cost.

**Desert AIDS Project, Inc., dba DAP Health**  
**Ryan White Part A**  
**Line Item Budget: Transportation**  
**Budget Period 3/1/2024 - 2/28/2025**

		Salary	Program FTE	Program Cost	Direct Costs	Program Total
<b>Personnel</b>						
	Welden, Zayda; Director of Social Services	\$ 147,361	0.10	\$ 14,736	\$ 14,736	\$ 14,736
	Key, Brianna; Food & Transportation Pgms Coordinat	\$ 57,949	0.18923	\$ 10,966	\$ 10,966	\$ 10,966
	Maldonado, Jose; Social Services Assistant	\$ 43,680	0.10	\$ 4,368	\$ 4,368	\$ 4,368
	<b>Personnel Subtotal</b>			\$ 30,070	\$ 30,070	\$ 30,070

<b>Fringe</b>			Percent	Program Cost	Direct Costs	Program Total
	FICA, staff insurance, retirement, disability, work's compensation, other benefits		27.0%	\$ 8,119	\$ 8,119	\$ 8,119
	<b>Fringe Subtotal</b>		27.0%	\$ 8,119	\$ 8,119	\$ 8,119

<b>Total Personnel</b>						\$ 38,189
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<b>Supplies</b>				Program Cost	Direct Costs	Program Total
	Transportation Vouchers			\$ 183,436	\$ 183,436	\$ 183,436
	<b>Supplies Total</b>			\$ 183,436	\$ 183,436	\$ 183,436

<b>Direct</b>				\$ 221,625	\$ 221,625	\$ 221,625
<b>Subtotal</b>						\$ 221,625
<b>GRAND TOTAL</b>				\$ 221,625	\$ 221,625	\$ 221,625
<b>%</b>				100%	100%	100%

\* Only include these in "Other" if they are not already included in Indirect

**Desert AIDS Project, Inc., dba DAP Health**  
**Ryan White Part A**  
**Budget Narrative Justification: Transportation**  
**Budget Period 3/1/2024 - 2/28/2025**

<b>Direct Costs</b>		
<b>Personnel</b>		<b>\$ 30,070</b>
<b>Welden, Zayda; Director of Social Services - 0.10 FTE @ \$147,361/year</b>		
Provides professional oversight of the delivery of MTS to ensure consistent and high quality services, client satisfaction, positive health outcomes, progress toward clinical quality improvement measures, compliance with policies and procedures, Standards of Care and National Monitoring Standards.		
<b>Key, Brianna; Food &amp; Transportation Programs Coordinator - 0.18923 FTE @ \$57,949/year</b>		
Provides assistance in retaining/obtaining appropriate MTS services to clients per DAP policies and procedures and related program protocols. Assesses client's immediate needs related to MTS, maintains collaborative partnerships. Works as part of the integrated care team with medical, home care, counseling and education staff to ensure early intervention and continuity of care for clients needing MTS. Maintains accurate, complete and timely documentation of all client evaluations, services provided, including the reporting of units-of-service and other reporting required by funding organizations		
<b>Maldonado, Jose; Social Services Assistant - 0.10 FTE @ \$43,680/year</b>		
Coordinates the purchase and distribution of vouchers in accordance with program policies and procedures. Coordinates with case managers, health center and other supportive services under the direct supervision of the Director of Social Services. Acts as a resource and referral source for clients concerning transportation needs to facilitate access to health care. Prepares accurate, complete and timely documentation for all client interactions, amounts distributed and inputs units of service as required.		
<b>Fringe</b>		<b>\$ 8,119</b>
FICA, staff insurance, retirement, disability, work's compensation, other benefits		
<b>Supplies</b>		<b>\$ 183,436</b>
<b>Transportation Vouchers</b>		
Bus passes, gas cards and other vouchers for local transportation to access services and care allowable by the Standards of Care. = \$183,436.		
<b>Direct Costs Total</b>		<b>\$ 221,625</b>

**Budget Period 3/1/2024 - 2/28/2025**

		Salary	Program FTE	Program Cost	CQM Costs	Program Total
<b>Personnel</b>						
	Calderon-Dojaquez, Aurora; Clinical Data Analyst	\$ 72,925	0.1800	\$ 13,127	\$ 13,127	\$ 13,127
	Garcia, Rigoberto; Clinical Data Analyst	\$ 114,841	0.1900	\$ 21,820	\$ 21,820	\$ 21,820
	Youngblood, Richard; Contracts & Program Monitor	\$ 69,099	0.18805	\$ 12,994	\$ 12,994	\$ 12,994
	VanHemert, William; Director of Institutional Giving	\$ 134,611	0.180	\$ 24,230	\$ 24,230	\$ 24,230
	Guay, John; Grant Accounting Manager	\$ 96,595	0.180	\$ 17,387	\$ 17,387	\$ 17,387
	<b>Personnel Subtotal</b>			<b>\$ 89,557</b>	<b>\$ 89,557</b>	<b>\$ 89,557</b>
<b>Fringe</b>			<b>Percent</b>	<b>Program Cost</b>	<b>CQM Costs</b>	<b>Program Total</b>
	FICA, staff insurance, retirement, disability, work's compensation, other benefits		27.0%	\$ 24,181	\$ 24,181	\$ 24,181
	<b>Fringe Subtotal</b>		<b>27.0%</b>	<b>\$ 24,181</b>	<b>\$ 24,181</b>	<b>\$ 24,181</b>
<b>Total Personnel</b>						<b>\$ 113,738</b>
<b>CQM</b>					<b>\$ 113,738</b>	<b>\$ 113,738</b>
<b>Subtotal</b>						<b>\$ 113,738</b>
<b>GRAND TOTAL</b>				<b>\$ 113,738</b>	<b>\$ 113,738</b>	<b>\$ 113,738</b>
<b>%</b>				100%	100%	100%

\* Only include these in "Other" if they are not already included in Indirect



**Desert AIDS Project, Inc., dba DAP Health**  
**Ryan White Part A**  
**Budget Narrative Justification: CQM**  
**Budget Period 3/1/2024 - 2/28/2025**

**CQM Costs**

<b>Personnel</b>	\$	89,557
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**Calderon-Dojaquez, Aurora; Clinical Data Analyst - 0.18 FTE @ \$72,925/year**

**Garcia, Rigoberto; Clinical Data Analyst - 0.19 @ \$114,841/year**

Performs client-level data entry in electronic health record(s) directly related to delivery of Ryan White Program service categories to support and improve ongoing care and treatment of patient. Analyzes client level data used by program staff to improve the quality of Ryan White service delivery in alignment with clinical quality management plans. Provides professional oversight and submission of the Ryan White Program Services Report (RSR). Performs as the Ryan White Program ARIES Technical Lead (TL).

**Youngblood, Richard; Contracts & Program Monitor - 0.18805 FTE @ \$69,099/year**

Develops and directs Clinical Quality Improvement/Management program in compliance with Ryan White National Monitoring Standards, federal, state and local regulatory bodies, Ryan White Local Policies & Procedures and IEHPC Standards of Care. Assists with the Ryan White Program Quality Management and QM Technical Lead mechanisms.

**VanHemert, William; Director of Institutional Giving - 0.18 FTE @ \$134,611/year**

Provides oversight on the Ryan White Program grants and audit management in compliance with Ryan White National Monitoring Standards, federal, state and local regulatory bodies, Ryan White Local Policies & Procedures and IEHPC Standards of Care. Assists with the agencies Ryan White Program Quality Management Plan. Attends the IEHPC meetings as the agency's representative. Performs as the Ryan White Program grants liaison with the San Bernardino County Ryan White Program grantor.

**Guay, John; Grant Accounting Manager - 0.18 FTE @ \$96,595/year**

Provides oversight on the Ryan White Program fiscal and invoice management in compliance with Ryan White National Monitoring Standards, federal, state and local regulatory bodies, Ryan White Local Policies & Procedures and IEHPC Standards of Care. Assists with the agencies Ryan White Program Quality Management Plan. Performs as the Ryan White Program fiscal liaison with the San Bernardino County Ryan White Program grantor.

<b>Fringe</b>	\$	24,181
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Includes: FICA, staff insurance, retirement, disability, work's compensation, other benefits @ rate of 27% of Total Personnel Costs

<b>CQM Costs Total</b>	\$	113,738
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**Desert AIDS Project, Inc., dba DAP Health**  
**Ryan White Part A**  
**Line Item Budget: EIS MAI**  
**Budget Period 3/1/2024 - 2/28/2025**

		Salary	Program FTE	Program Cost	Direct Costs	Admin Costs	Program Total
<b>Personnel</b>							
	De La Cruz, Jose; CH Diagnostic Testing Outreach Coordinator	\$ 69,618	0.10000	\$ 6,962	\$ 6,962		\$ 6,962
	Ayala, Graciela; CH Early Intervention Specialist	\$ 51,709	0.10000	\$ 5,171	\$ 5,171		\$ 5,171
	Diaz, Julio; CH Early Intervention Specialist	\$ 50,294	0.10000	\$ 5,029	\$ 5,029		\$ 5,029
	Becker, Caitlin; CH Early Intervention Specialist	\$ 51,709	0.10000	\$ 5,171	\$ 5,171		\$ 5,171
	Cano, Adriana; CH Early Intervention Specialist	\$ 51,709	0.10000	\$ 5,171	\$ 5,171		\$ 5,171
	Ceja, Janette; CH Early Intervention Specialist	\$ 55,848	0.10000	\$ 5,585	\$ 5,585		\$ 5,585
	Merritt, Jacqueline Clare; CH Early Intervention Specialist	\$ 51,709	0.10000	\$ 5,171	\$ 5,171		\$ 5,171
	Rocha, Alexis; CH Early Intervention Specialist	\$ 54,746	0.10000	\$ 5,475	\$ 5,475		\$ 5,475
	Nicasio, Yesenia; CH Early Intervention Specialist	\$ 51,709	0.10000	\$ 5,171	\$ 5,171		\$ 5,171
	Yancy, Lorisa; CH Early Intervention Specialist	\$ 63,856	0.10000	\$ 6,386	\$ 6,386		\$ 6,386
	Aleman Carrasco, Norma; CH Educator	\$ 49,192	0.10000	\$ 4,919	\$ 4,919		\$ 4,919
	Gonzalez, Alonso; CH Educator	\$ 53,664	0.10000	\$ 5,366	\$ 5,366		\$ 5,366
	Lopez, David; CH Educator	\$ 49,192	0.10000	\$ 4,919	\$ 4,919		\$ 4,919
	Miller, Caleb; CH Educator	\$ 49,192	0.10000	\$ 4,919	\$ 4,919		\$ 4,919
	Ruiz, Natalie; CH Educator	\$ 51,106	0.10000	\$ 5,111	\$ 5,111		\$ 5,111
	Malfavon, Michael; CH Events & Partnerships Coordinator	\$ 60,861	0.10000	\$ 6,086	\$ 6,086		\$ 6,086
	Grissom, April; CH Senior Programs Manager	\$ 81,548	0.10000	\$ 8,155	\$ 8,155		\$ 8,155
	<b>Personnel Subtotal</b>			\$ 94,766	\$ 94,766	\$ -	\$ 94,766
<b>Fringe</b>			<b>Percent</b>	<b>Program Cost</b>	<b>Direct Costs</b>	<b>Admin Costs</b>	<b>Program Total</b>
	FICA, staff insurance, retirement, disability, work's compensation, other benefits		27.0%	\$ 25,587	\$ 25,587	\$ -	\$ 25,587
	<b>Fringe Subtotal</b>		27.0%	\$ 25,587	\$ 25,587	\$ -	\$ 25,587
<b>Total Personnel</b>							\$ 120,353
<b>Travel</b>				<b>Program Cost</b>	<b>Direct Costs</b>	<b>Admin Costs</b>	<b>Program Total</b>
	Mileage			\$ 1,800	\$ 1,800		\$ 1,800
	<b>Travel Total</b>			\$ 1,800	\$ 1,800		\$ 1,800
<b>Supplies</b>				<b>Program Cost</b>	<b>Direct Costs</b>	<b>Admin Costs</b>	<b>Program Total</b>
	Medical supplies			\$ 1,500	\$ 1,500	\$ -	\$ 1,500
	<b>Supplies Total</b>			\$ 1,500	\$ 1,500	\$ -	\$ 1,500
<b>Other</b>				<b>Program Cost</b>	<b>Direct Costs</b>	<b>Admin Costs</b>	<b>Program Total</b>
	Incentives			\$ 5,010	\$ 5,010	\$ -	\$ 5,010
	Outreach and stigma reduction			\$ 5,369	\$ 5,369		\$ 5,369
	<b>Other Total</b>			\$ 10,379	\$ 10,379	\$ -	\$ 10,379
<b>Direct</b>				\$ 134,032	\$ 134,032		\$ 134,032
<b>Admin</b>	Administration (limited to 10% of total service budget)					\$ 12,901	\$ 12,901
<b>GRAND TOTAL</b>				\$ 134,032	\$ 134,032	\$ 12,901	\$ 146,933
<b>%</b>				91%	91%	9%	100%

\* Only include these in "Other" if they are not already included in Indirect

**Desert AIDS Project, Inc., dba DAP Health**  
**Ryan White Part A**  
**Budget Narrative Justification: EIS MAI**  
**Budget Period 3/1/2024 - 2/28/2025**

<b>Direct Costs</b>		
<b>Personnel</b>		\$ 94,766
<p><b>Grissom, April; CH Senior Programs Manager - 0.10 FTE @ \$81,548/year</b></p> <p>Provides HIV Care Continuum for HIV Testing and EIS service delivery oversight to/for HIV newly diagnosed, unaware and out of care clients. Develops and directs the delivery of EIS targeted at populations for the agency. Identifies and arranges testing locations within the communities of the Coachella Valley, coordinates with community organizations to have a presence at community programs, health fairs, walks, concerts, etc. for the purposes of linking unaware and out of care to testing and services. Establishes and maintains relationship with community entities and organizations such as other clinic settings who may have contact with demographic populations who have been identified to be at a disproportionate risk for HIV infection to ensure continuity of care.</p> <p><b>De La Cruz, Jose; CH Diagnostic Testing Outreach Coordinator - 0.10 FTE @ \$69,168/year</b></p> <p>Establishes and strengthens relationships with Community Partners to expand participation and contributions for EIS program service delivery. Provides outreach and access to/for HIV high-risk populations who may be unaware or out of care. Recruits, trains and manages community outreach</p> <p><b>Ayala, Graciela; CH Early Intervention Specialist - 0.10 FTE @ \$51,709/year</b>  <b>Rocha, Alexis; CH Early Intervention Specialist - 0.10 FTE @ \$54,746/year</b>  <b>Nicasio, Yesenia; CH Early Intervention Specialist - 0.10 FTE @ \$51,709/year</b>  <b>Yancy, Lorisa; CH Early Intervention Specialist - 0.10 FTE @ \$63,856/year</b>  <b>Diaz, Julio; CH Early Intervention Specialist - 0.10 FTE @ \$50,294/year</b>  <b>Becker, Caitlin; CH Early Intervention Specialist - 0.10 FTE @ \$51,709/year</b>  <b>Cano, Adriana; CH Early Intervention Specialist - 0.10 FTE @ \$51,709/year</b>  <b>Ceja, Janette; CH Early Intervention Specialist - 0.10 FTE @ \$55,848/year</b>  <b>Merritt, Jacqueline Clare; CH Early Intervention Specialist - 0.10 FTE @ \$51,709/year</b></p> <p>Delivers early intervention activities including outreach and support to current clients who have fallen out of care, testing among unaware, out-of-care, newly diagnosed and other populations at high risk of poor health outcomes and transmitting the disease. Provides health literacy assessments for high-risk populations. Directly provides early intervention services including counseling unaware and unmet need individuals with respect to HIV/AIDS risk, testing and care (including all inquiries from anonymous phone calls to professional groups), links clients to testing to confirm HIV and the extent of immune deficiency, intensive support and work to assess need, reduce barriers and link HIV positive to medical care. Provides care coordination with clinical services staff and case managers. Assists clients with referrals to community agencies, government entities and homeless shelters and other programs to reduce barriers to linkage.</p> <p><b>Beanes, Rick; CH Educator - 0.10 FTE @ \$49,192/year</b>  <b>Gonzalez, Alonso; CH Educator - 0.10 FTE @ \$53,644/year</b>  <b>Lopez, David; CH Educator - 0.10 FTE @ \$49,192/year</b>  <b>Miller, Caleb; CH Educator - 0.10 FTE @ \$49,192/year</b>  <b>Ruiz, Natalie; CH Educator - 0.10 FTE @ \$51,106/year</b></p> <p>Delivers comprehensive, innovative on-site and off-site HIV testing activities to identify unaware populations and link them to care. Develops strategies and educational programs to encourage regular testing and support early intervention among unaware, out-of-care, newly diagnosed and other populations at high risk of poor health outcomes and transmitting the disease. Conducts pre- and post- test counseling on risk and risk reduction strategies. Makes referrals for linkage to additional testing and medical care as needed. Conducts preliminary assessment of program eligibility. Provides care coordination with clinical staff and case managers.</p> <p><b>Malfavon, Michael; CH Events &amp; Partnerships Coordinator - 0.10 FTE @ \$60,861/year</b></p> <p>Establishes and strengthens relationships with Community Partners to expand participation and contributions for EIS program service delivery. Provides outreach and access to/for HIV high-risk populations who may be unaware or out of care. Recruits, trains and manages community outreach</p>		
<b>Fringe</b>		\$ 25,587
FICA, staff insurance, retirement, disability, work's compensation, other benefits		
<b>Travel</b>		\$ 1,800
Fuel / gas of agency vehicles and/or Mileage reimbursement of staff travel for the delivery or improvement of EIS at IRS determined mileage rates. (current IRS rate is applicable). = \$1,800		
<b>Supplies</b>		\$ 1,500
<p><b>Medical supplies</b></p> <p>Projected costs for medical supplies (such as band aids, gloves, gauze, portable scales, alcohol, tongue depressors) and other supplies required to provide care services to the unaware and unmet need populations for EIS Linkage to Care, as well as serving current patient population. = \$1,500.</p>		
<b>Other</b>		\$ 10,379
<p><b>Incentives</b></p> <p>Items purchased such as food, gas gift cards and/or Lyft/Uber to motivate unaware individuals to engage in HIV testing. = \$5,010.</p> <p><b>Outreach and stigma reduction</b></p> <p>Costs for communications and advertising related to reaching the unaware and unmet need populations and linking them to EIS as well as serving current patient population. = \$5,369.</p>		
<b>Direct Costs Total</b>		\$ 134,032
<b>Administrative Costs</b>		\$ 12,901
<p>HRSA - 2 CFR 200.414(f) - 10% de minimis rate of modified total direct costs. Administrative costs associated with Finance Department and Grant Department support program personnel: Grant Accounting Manager, Grant Manager, Director of Institutional Giving calculated at .33333% x 3 staff = 10% Administrative Cost.</p>		