



**Contract Number**

**SAP Number**

## Department of Public Health

<b>Department Contract Representative Telephone Number</b>	<u>Stephanie Ramos</u> <u>840-587-6596</u>
<b>Contractor</b>	<u>County of Riverside, Department of Public Health dba Riverside University Health System-Public Health</u>
<b>Contractor Representative Telephone Number</b>	<u>Andrea Gallegos</u> <u>951- 358-5263</u>
<b>Contract Term</b>	<u>March 1, 2026 through February 29, 2028</u>
<b>Original Contract Amount</b>	<u>\$1,433,078</u>
<b>Amendment Amount</b>	<u>Not Applicable</u>
<b>Total Contract Amount</b>	<u>\$1,433,078</u>
<b>Cost Center</b>	<u>9300371000</u>
<b>Grant Number (if applicable)</b>	<u>800424</u>

**IT IS HEREBY AGREED AS FOLLOWS:**

**WHEREAS**, San Bernardino County (County) desires to provide healthcare and support services under the Ryan White Program Part A for persons living with Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS); and

**WHEREAS**, the County conducted a competitive process (RFP DPH26-ASP-6184) to find County of Riverside, Department of Public Health dba Riverside University Health System-Public Health (Contractor) to provide these services, and

**WHEREAS**, the County finds Contractor qualified to provide Ryan White Part A services; and

**WHEREAS**, the County desires that such services be provided by Contractor and Contractor agrees to perform these services as set forth below;

**NOW, THEREFORE**, the County and Contractor mutually agree to the following terms and conditions:

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## A. DEFINITIONS

- A.1. Acquired Immunodeficiency Syndrome (AIDS)** – A disease of the body's immune system caused by the human immunodeficiency virus (HIV). AIDS is characterized by the death of CD4 cells, which leaves the body vulnerable to life-threatening conditions, such as infections and cancers.
- A.2. Board** – The San Bernardino County Board of Supervisors.
- A.3. Continuum of Care** – A comprehensive range of services required by individuals or families with HIV/AIDS to meet their health care and psychosocial service needs through.
- A.4. Contract** – A document containing a signed agreement between two or more parties that is enforceable by law and clearly defines the responsibilities of the contractor and the Department of Public Health. The term contract includes any written agreement (contract, memorandum of understanding, purchase order, etc.) where an entity agrees to provide services for or to the County, or the County agrees to provide services to an entity.
- A.5. Department of Public Health (DPH)** – The County department that helps to prevent epidemics and the spread of disease, protect against environmental hazards, prevent injuries, promote and encourage healthy behaviors, respond to disasters and assist communities in recovery, and assure the quality and accessibility of health services throughout San Bernardino County.
- A.6. Grant Period** – The Ryan White Part A Program grant period is March to February.
- A.7. HIV Care Connect (HCC)** – The Management Information System currently utilized throughout the Transitional Grant Area (TGA) that all selected contractors will be required to use
- A.8. Human Immunodeficiency Virus (HIV)** – The causative agents of AIDS. It includes the entire spectrum of the natural history of HIV, from post infection through the clinical definitions of AIDS.
- A.9. Human Continuum of Care** – Sometimes referred to as the HIV treatment cascade, this is a model that outlines sequential steps or stages of HIV medical care that people living with HIV go through from initial diagnosis to achieving the goal of viral suppression. The five stages are diagnosis, linked to care, engaged/retained in care, prescribed Antiretroviral Therapy, and achieved Viral Suppression.
- A.10. HIV+ or HIV Positive** – Having had a positive result in a blood test for the AIDS virus. HIV is a virus that attacks the cells of a person's immune system, specifically CD4 cells.
- A.11. Health Resources Services Administration (HRSA)** – An arm of Health and Human Services, HRSA is a federal agency with the responsibility/authority for awarding Part A, Ending the HIV Epidemic, and Minority AIDS Initiative grants.
- A.12. Inland Empire HIV Planning Council (IEHPC)** – The planning body appointed by the County Board of Supervisors and mandated by Federal law to set service priorities for Ryan White Part A funding allocations.
- A.13. Minority AIDS Initiative (MAI)** – Funds target programs to specifically improve HIV-related health outcomes for racial/ethnic minority communities disproportionately affected by HIV/AIDS in the Riverside/San Bernardino Transitional Grant Area (TGA).
- A.14. Memorandum of Understanding (MOU)** – An agreement between specified parties for the purpose of enhancing services for People Living With HIV/AIDS (PLWHA) in the Riverside/San Bernardino TGA.
- A.15. National HIV AIDS Strategy** – A plan that details principles, priorities, and actions to guide the national response to the HIV epidemic. The strategy has four primary goals: 1) Prevent new HIV infections, 2) Improve HIV-related Health Outcomes of people with HIV, 3) Reduce HIV-related health disparities and health inequities, and 4) Achieve integrated, coordinated efforts that address the HIV Epidemic among all partners.
- A.16. Office of Management and Budget (OMB)** – The office within the executive branch of the Federal government, which prepares the annual budget, develops the Federal government's fiscal program, oversees administration of the budget, and reviews government regulations.

- A.17. Part A** – The Federally funded portion of the Ryan White Program (formerly Title I of the CARE Act) that provides assistance to localities (EMAs/TGAs) disproportionately affected by the HIV/AIDS epidemic.
- A.18. Payer of Last Resort** – Services that can be reimbursed by any private or public payers should be determined and used before Ryan White may pay for services that fill the gaps in coverage of these other private or public health care programs, but funds received cannot be used to make payments for any item or service to the extent that payment has been made or can reasonably be expected to be made by another payment source.
- A.19. Program Income** – Gross income earned by the subrecipient that is directly generated by a supported activity or earned as a result of the award (see exclusions in 45 C.F.R. part 74.24, subdivisions (e) and (h). Program income includes, but is not limited to, income from fees for services performed, the use or rental of real or personal property acquired under federally funded projects, and interest on loans made with award funds. The Ryan White Program Manual states that income resulting from fees for services performed (e.g., direct payment or reimbursements received from Medicare and third-party insurance) can be considered program income. [45 C.F.R. part 74.2]
- A.20. Services** – The required scope of work to be provided as agreed upon and described in this Contract.
- A.21. Transitional Grant Area** –Part A-funded jurisdiction that has reported at least 1,800 AIDS cases during the previous five (5) years and has a population of at least 500,000. The Part A TGA for the local area is the combined counties of Riverside and San Bernardino.

## **B. CONTRACTOR RESPONSIBILITIES**

### **B.1. Services**

The Contractor shall:

- B.1.1.** Provide services as set forth in the Scope of Work Part A (Attachment G) and Scope of Work MAI (Attachment H), as applicable, and Ryan White Program Unit of Service Definitions (Attachment I).
- B.1.2.** Follow Ryan White Program Cultural and Linguistic Competency Standards (Attachment J).
- B.1.3.** Develop and deliver program in accordance with the most current:
  - a. EHPC Standard of Care. Copies of these standards are available on <https://www.iehpc.com/standards>
  - b. HRSA/HAB Policy Letters and Monitoring Standards. <https://hab.hrsa.gov/program-grants-management/ryan-white-hiv-aids-program-recipient-resources>
  - c. California Office of AIDS Guidance and Memorandums. [https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_care\\_program.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_care_program.aspx)
  - d. Local Ryan White Program policies (general and HCC). Documents will be distributed separately and are also available upon request.

### **B.2. Program Requirements**

All Ryan White funded programs, in any Service Category, must:

- B.2.1.** Meet a clearly defined service gap, target population, and/or geographical area based on the service priorities determined by the IEHPC.
- B.2.2.** Ensure mechanisms of ongoing monitoring for quality and program evaluation. This includes the development/maintenance of a quality management program that addresses TGA-wide goals from the TGA-wide plan as well as goals that are unique to the agency.
- B.2.3.** Establish mechanisms to track and demonstrate client eligibility at point of service.

- B.2.4.** Have mechanisms to ensure that clients who receive Ryan White Program funded services are not eligible for services funded by other sources, including mechanisms to document that all other service options to meet a client’s need were explored, and a determination was made that no other resource was available before Ryan White Program funds are used.
- B.2.5.** Establish mechanisms for integration and/or coordination with existing service providers, as appropriate, and participate in the community-wide HIV/AIDS continuum of HIV prevention and care. The HAB National Monitoring Standards (Program Part A – Section F.2, Page 54) require agencies to *“establish written referral relationships with specified points of entry [and] document referrals from these points of entry.”*
- B.2.6.** Ensure mechanisms to increase access to care for all eligible clients in the geographic area(s) to which the agency is applying for funding.
- B.2.7.** Have a written process to facilitate culturally and linguistically appropriate transition of clients to other services, as needed, at any time during the contract period.
- B.2.8.** Ensure that Services delivered are culturally and linguistically specific to the population(s) served and that contracted agency adheres to the Ryan White Program TGA Cultural and Linguistics Competency Standards (Attachment J).
- B.2.9.** Establish mechanisms for outreach to individuals with HIV/AIDS, who may be aware of their status, but are not in care, to inform them of available services and bring those eligible for services into care.
- B.2.10.** Establish mechanisms and specific strategies that will identify individuals who are unaware of their HIV status, make them aware (provide or refer testing), and bring them into care (refer and link).
- B.2.11.** Establish mechanisms and specific strategies to assist HIV+ individuals with obtaining medical insurance and navigating insurance systems to ensure maintenance in care.
- B.2.12.** Establish mechanisms to address client needs along the HIV Continuum of Care, either directly or through collaboration.
- B.2.13.** Establish mechanisms to address the principles and priorities of Ryan White Program 2030 and incorporate the recommended actions that are relevant to the organization.
- B.2.14.** Participate in and engage agency clients in a survey of client satisfaction. The County will communicate parameters and methodology to service providers.
- B.2.15.** Designate administrative staff or line staff, as necessary, to regularly attend Ryan White Program meetings. “Regularly attend” means attending 90% or more of the scheduled meetings.
- B.2.16.** Designate a representative(s), administrative staff or line staff, to attend all Inland Empire HIV Planning Council and committee meetings.
- B.2.17.** Establish mechanisms to:
  - a. Effectively collect and maintain data and other records to demonstrate performance related to the indicators for each service and provide progress reports in a format communicated by and acceptable to the County.
  - b. Fully integrate the TGA’s management information system HCC, to collect and report data elements that are required by the TGA (see Section IV, Paragraph B, Item 19 RWP Policies under Reference Documents)
  - c. Identify an HCC Technical Lead (TL) who will:
    - 1. Provide and facilitate technical support for agency staff; and
    - 2. Participate in the quarterly Quality Management (QM) meetings; and
    - 3. Provide and facilitate training/support for agency staff.

### **B.3. Client Eligibility**

**B.3.1.** Contractor shall verify and maintain proof of each client's HIV status, residential, financial, and other eligibility prior to providing client services under this Contract, and every twelve (12) months, on the client's birthday, thereafter, in accordance with Financially Eligibility and Residential criteria. For a complete description of client eligibility criteria, see the IEHPC Common Standards at [www.IEHP.org](http://www.IEHP.org) and RWP Policy: Ryan White Program Eligibility Policy.

**B.3.2.** Clients must have an HIV-positive serostatus to be eligible to receive goods or services provided under this Contract (unless providing a service that is allowable to high-risk, HIV-negative individuals such as EIS and Outreach). Proof of eligibility shall consist of either:

- a. A statement of diagnosis of AIDS or positive HIV serostatus signed by a licensed physician, licensed Nurse Practitioner, or licensed physician's assistant; or
- b. A medical laboratory's statement of test results clearly indicating positive HIV serostatus and identifying the patient tested.

Anonymous HIV test results will not be accepted as proof of HIV positive serostatus and should not be included in a client's confidential case file. Possession of HIV specific prescription medications is not proof of HIV positive serostatus for purposes of this Contract.

**B.3.3.** Currently, HIV+ and high-risk African American and Hispanic individuals have been identified as eligible to receive MAI-funded services (see also Attachment K: Ryan White Program Financial Eligibility Criteria). Contractor shall keep a copy of each client's proof of eligibility in the client's case file. For clients receiving MAI-funded services, all documentation pertaining to the client eligibility criteria and requirements should be maintained in HCC and in one of the following formats;

- a. A separate MAI case record documenting only MAI related information
- b. Easily identifiable MAI section in case record.
- c. Easily identifiable MAI documentation in case record.

### **B.4. Clinical Quality Improvement (CQI)**

**B.4.1.** Contractor shall ensure that appropriate staff participates in the County's continuous quality improvement activities through mandatory regular attendance at meeting and other training functions or activities as specified by the County. "Mandatory regular attendance" means attending at least 90% or more of the scheduled meetings. In the event that Contractor cannot be represented at a meeting, Contractor shall communicate the situation to the Ryan White Program contact as noted in Section J.

**B.4.2.** Client Satisfaction assesses client opinion regarding the quality of services provided, through methods such as post-service surveys, clients shall be given the opportunity to express whether expectations were met, exceeded, or were not met or satisfied. Areas to be assessed shall include but are not limited to, interactions with agency, staff, accessibility to facilities, amount of time spent on waiting list and quality of service(s) rendered. Subrecipient is required to participate fully in all client satisfaction measurement activities, which may include a subrecipient developed and system-wide satisfaction survey. Surveys are to be completed and shall receive 80% or greater rating on client satisfaction survey. Failure to do so will result in a performance improvement plan, which is to be submitted within thirty (30) days after survey results are submitted to QM Coordinator.

**B.4.3.** Data Management is expected of all programs in order to collect, monitor, and report both client and service encounter data. Subrecipient shall be required to utilize HIV Care Connect (HCC) to input all client and service encounter data. All services billed to the program for reimbursement must be reconciled with the data in HCC. Data should be used to manage the program including the fiscal aspects of the subrecipient's programs.

- B.4.4.** Contractor shall collect and maintain information utilizing HCC, as required by the TGA. Contractor shall comply with applicable Federal, State and local policies. HCC may be utilized by the County to conduct preliminary, offsite, program compliance monitoring. The Contractor shall input data into HCC as soon as possible, but no later than twenty (20) calendar days following the month in which services were provided. If Contractor fails to utilize HCC and comply with the County requirements, this Contract may be terminated as set forth in Section I.
- B.4.5.** Contractor shall provide various progress reports and have complete and full data entered into HCC per the timeline indicated on the Ryan White Program Reporting Requirements (Attachment L. The County reserves the right to revise report formats and/or reporting schedules to meet updated program requirements. Failure to submit reports or data as required may result in the delay of payment to the Contractor or termination of the Contract as set forth in Section I.
- B.4.6.** Outcome Evaluations shall assess health, quality of life, increase in knowledge, and cost-effective measures for each service category. Subrecipient shall participate fully in all evaluation activities, including, but not limited to, the continual monitoring of service category specific outcome measures. Subrecipient shall utilize outcome measures specific to each funded service category, and submit a Plan-Do-Study-Act cycle (PDSA) to the program as prescribed by the program. Subrecipient agrees to send quarterly PDSAs to the program by the 25<sup>th</sup> of the month following the end of quarter. In the event the 25<sup>th</sup> falls on a weekend or a holiday, report is due on the following business day.
- a. Quarter 1 (March-May) is due June 25<sup>th</sup>
  - b. Quarter 2 (June- August) is due September 25<sup>th</sup>
  - c. Quarter 3 (September-October) is due November 25<sup>th</sup>
  - d. Quarter 4 (December-February) is due March 25<sup>th</sup>
- B.4.7.** Outpatient/Ambulatory Medical Care Contractors will diagnose and treat common physical and mental conditions in a manner consistent with the AAHIVM (American Academy of HIV Medicine) standards, USPHS (United States Public Health Services) guidelines, accepted industry patient safety standards as well as the AMA (American Medical Association) guidelines for general and chronic care.
- B.4.8.** Outpatient/Ambulatory Medical Care Contractors shall conduct an annual peer review to ensure consistency with guidelines, including at least one (1) external physician to determine whether care provided has been consistent with the U.S. Public Health Service treatment guidelines and general standards of practice and utilization for HIV/AIDS patients. Contractor shall make the resultant report available to the County upon request. See IEHPC Outpatient/Ambulatory service standard.
- B.4.9.** Outpatient/Ambulatory Medical Care personnel must be board certified and/or meet all credentialing requirements for their specialty/medical degree. Certification by the American Academy of HIV Medicine (AAHIVM), Association of Nurses in AIDS care (ANAC), and/or other comparable organizations is strongly encouraged. Professional diagnostic and therapeutic services under this service category must be provided by one of the following clinicians licensed by the State of California and operating within the scope of their license: Physicians (MD/DO), Physician's Assistant (PA), or Nurse Practitioner (NP). The Contractor shall keep copies of membership documents on file for staff and make them available to the County for review upon request.
- B.4.10.** Contractor shall be required to collect Client Level Data (CLD) and report such data in the required format to the County and to HRSA within the required timeframes. The County will communicate the specific data elements to be collected and the reporting formats and timeframes within the contract year.
- B.4.11.** When providing Part A or MAI services, Contractor will adhere to the standards as set forth in the Ryan White Program Cultural and Linguistic Competency Standards

(Attachment J). Contractor will conduct activities to ensure that targets, as set forth in the standards, are achieved. The County will provide the required formats for various Cultural Competency tools to be used in the measurement of progress toward achieving targets, including, but not limited to, Cultural Competency Organizational Self-Assessment and Cultural/Linguistic Competency-related questions on the Client Satisfaction Survey.

**B.5. Compliance with Laws and Regulations**

Contractor shall:

- B.5.1.** Comply with all requirements of the Ryan White Program.
- B.5.2.** Comply with all applicable laws, statutes, ordinances, administrative orders, rules or regulations relating to its duties, obligations, and performance under the terms of this Contract and shall procure all licenses and pay all fees and other charges required thereby. The Contractor shall maintain all required licenses during the term of this Contract. Failure to comply with the provisions of this Section may result in immediate termination of this Contract.
- B.5.3.** Assume responsibility for full compliance with all applicable laws, statutes, ordinances, administrative orders, rules or regulations and agree to fully reimburse the County for any loss of funds or resources resulting from non-compliance by the Contractor, its staff, agents, or subcontractors as may be revealed by subsequent audit or otherwise.
- B.5.4.** Comply with the Ryan White Payer of Last Resort requirement. Services that can be reimbursed by any private or public payers must be determined and used before Ryan White Program funds are used to pay for care, making Ryan White funding the “payer of last resort.” Ryan White may pay for services that fill the gaps in coverage of these other private or public health care programs, but the funds cannot be used for services that should be reimbursed or paid by other payers. Reasonable, vigorous efforts must be made to utilize and otherwise connect clients with other private or public programs.
- B.5.5.** Comply with Ryan White Program Policy Letters (Program and HCC) that are generated by the Ryan White Program Office. These may reflect existing or emerging County contractual requirements, Ryan White Program requirements, HRSA requirements and expectations, and Office of AIDS memorandums and policy changes. Contractor shall ensure that its internal policies and procedures are congruent and integrated with the emerging policies of HRSA and the County.
- B.5.6.** Comply with the most recent California Office of AIDS policies and memorandums. [https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_care\\_program.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_care_program.aspx) Comply with the HRSA/HAB (HIV/AIDS Bureau) National Monitoring Standards pertaining to Part A as indicated at the following website: <https://ryanwhite.hrsa.gov/about/recipient-resources>
- B.5.7.** Comply with the Enhancement of Employee Whistleblower Protection, Statute (41 U.S.C. §4712).

**B.6. Limits on Program Expenditures**

Contractors shall comply with all funding restrictions specified in the Ryan White Program. The following limitations and regulations also apply:

- B.6.1.** Ryan White funds are for HIV/AIDS related services only. Therefore, research, epidemiological, and capital projects cannot be funded.
- B.6.2.** The use of Ryan White funds to supplant other federal, state, or other funds is strictly prohibited by law.
- B.6.3.** Funds shall not be used to purchase or improve land, or to purchase, or construct, or make permanent improvements to any building.

- B.6.4.** Funds cannot be used to purchase food or meals, including water or other beverages, unless funded under the Ryan White Food Services Category and for the express need and use by RW eligible clients.
- B.6.5.** Funds cannot be used to make cash payments to intended clients of Ryan White funded services. This includes cash incentives and cash intended as payment for Ryan White core medical and support services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity must be used.
- B.6.6.** Other unallowable costs include clothing, employment and employment-readiness services, funeral and burial expenses, property taxes.
- B.6.7.** Administrative costs, including expenses such as overhead and indirect costs, shall not exceed ten (10) percent of the total amount awarded by the service.
- B.6.8.** Per HRSA/HAB National Monitoring Standards-Fiscal Part A- Sections G and K:
  - a. Section G: Cost Principles: Contracted agencies must “have in place reasonable methodologies for allocating costs among different funding sources and Ryan White categories.” This includes allocation of employee time and effort.
  - b. Section K: Fiscal Procedures: Contracted agencies must, “establish and consistently use allocation methodology for employees expenditures where employees are engaged in activities supported by several funding sources.” Allocations must be reasonable when compared to level of service provided.
- B.6.9.** All contracted agencies are required to develop a written allocation methodology and submit to the Ryan White Program for review and approval. (HRSA/HAB National Monitoring Standards- Fiscal Part A- Sections G and k).
- B.6.10.** Contracted agencies must comply with contract provisions as well as requirements delineated in related policies, including, but not limited to the HIV/AIDS Bureau (HAB) National Monitoring Standards (NMS), Inland Empire HIV Planning Council (IEHPC) Service Standards, Ryan White Program (RWP) Standard Practices, California State Office of AIDS, HCC, Policies, and Health Resources and Services Administrations (HRSA) Policies.
- B.6.11.** If an agency receiving Ryan White Program funds charges for services, it shall do so on a sliding fee schedule that is readily available to the public. Cumulative charges to individual clients receiving Ryan White Program services must conform to statutory limitations. No client shall be denied services solely because of an inability to pay. Contractors are required to have a written Sliding Fee Policy and are required to submit their agency’s Sliding Fee Policy to the Ryan White Program Office via email to:Shannon.swims@dph.sbcounty.gov, within sixty (60) days of the start of the contract period.
- B.6.12.** A percentage of the funds (as indicated by the Centers for Disease Control) made available to the Contractor under this Contract shall be used to provide services to women, infants, children, and youth with HIV disease. The targets will be provided by the RWP office per request. For the purposes of this provision, the following definitions shall apply:

Term	Ages
Women	Females aged 25 and older
Infants	Ages birth
Children	Ages 2 to 12 years
Youth	Ages 13 to 24 years

- B.6.13.** To the extent possible, equipment and products purchased with Ryan White Program funds shall be American-made.

- B.6.14.** Travel expenses for employees working on Ryan White Program funded activities are reimbursable under this Contract when such travel is pre-approved and directly furthers the provision of HIV related services. Expenditures may include mileage and other travel related costs. Travel costs are limited to those allowed by formal organizational travel policy, which must include mileage reimbursement rates and maximum per diem and subsistence rates.
- B.6.15.** Administrative costs are negotiable and shall not exceed ten (10) percent of the total amount awarded by service. Expense items considered “Administrative Cost” are detailed in the Ryan White Program Budget and Allocation Plan.
- B.6.16.** Contracted agencies must “have in place reasonable methodologies for allocating costs among different funding sources and Ryan White categories.” This includes allocation of employee time and effort; “establish and consistently use allocation methodology for employee expenditures where employees are engaged in activities supported by several funding sources.” Allocations must be “reasonable when compared to the level of service provided.” All contracted agencies are required to develop a written allocation methodology and submit to the Ryan White Program for review and approval. (HRSA/HAB National Monitoring Standards-Fiscal Part A-Section G and K)

### **C. GENERAL CONTRACT REQUIREMENTS**

- C.1. Recitals** – The recitals set forth above are true and correct and incorporated herein by this reference.
- C.2. Contract Amendments** – Contractor agrees any alterations, variations, modifications, or waivers of the provisions of the Contract, shall be valid only when reduced to writing, executed and attached to the original Contract and approved by the person(s) authorized to do so on behalf of Contractor and County.
- C.3. Contract Assignability** – Without the prior written consent of the County, the Contract is not assignable by Contractor either in whole or in part.
- C.4. Contract Exclusivity** – This is not an exclusive Contract. The County reserves the right to enter into a contract with other contractors for the same or similar services. The County does not guarantee or represent that the Contractor will be permitted to perform any minimum amount of work, or receive compensation other than on a per order basis, under the terms of this Contract.
- C.5. Attorney’s Fees and Costs** – If any legal action is instituted to enforce any party’s rights hereunder, each party shall bear its own costs and attorney’s fees, regardless of who is the prevailing party. This paragraph shall not apply to those costs and attorney’s fees directly arising from a third-party legal action against a party hereto and payable under Indemnification and Insurance Requirements.
- C.6. Background Checks for Contractor Personnel** – Contractor shall ensure that its personnel (a) are authorized to work in the jurisdiction in which they are assigned to perform Services; (d) do not use legal or illegal substances in any manner which will impact their ability to provide Services to the County; and (c) are not otherwise disqualified from performing the Services under applicable law. If requested by the County and not in violation of applicable law, Contractor shall conduct a background check, at Contractor’s sole expense, on all its personnel providing Services. If requested by the County, Contractor shall provide the results of the background check of each individual to the County. Such background check shall be in the form generally used by Contractor in its initial hiring of employees or contracting for contractors or, as applicable, during the employment-screening process but must, at a minimum, have been performed within the preceding 12-month period. Contractor personnel who do not meet the County’s hiring criteria, in County’s sole discretion, shall not be assigned to work on County property or Services, and County shall have the right, at its sole option, to refuse access to any Contract personnel to any County facility.

Contractor shall obtain from the Department of Justice (DOJ) records of all convictions involving any sex crimes, drug crimes, or crimes of violence of a person who is offered employment or volunteers for all positions in which he or she would have contact with a minor, the aged, the blind, the disabled, or a domestic violence client, as provided for in Penal Code Section 11105.3 prior to providing any services. This includes licensed personnel who are not able to provide documentation of prior DOJ clearance. A copy of a license from the State of California, which requires a DOJ clearance, is

sufficient proof. The County must be immediately notified of any records showing a conviction. The County may instruct Contractor to take action to deny/terminate employment or terminate internship and/or volunteer services where the records show the person is unsuitable for employment, internship, or volunteer services.

Contractor shall immediately notify the County concerning the arrest and/or conviction, other than minor traffic offenses, of any paid employee, agent, consultant, intern, or volunteer staff, when such information becomes known to Contractor.

- C.7. Change of Address** – Contractor shall notify the County in writing, of any change in mailing address within ten (10) business days of the change.
- C.8. Choice of Law** – This Contract shall be governed by and construed according to the laws of the State of California.
- C.9. Compliance with County Policy** – In performing the Services and while at any County facilities, Contractor personnel (including subcontractors) shall (a) conduct themselves in a businesslike manner; (b) comply with the policies, procedures, and rules of the County regarding health and safety, and personal, professional and ethical conduct; (c) comply with the finance, accounting, banking, Internet, security, and/or other applicable standards, policies, practices, processes, procedures, and controls of the County; and (d) abide by all laws applicable to the County facilities and the provision of the Services, and all amendments and modifications to each of the documents listed in subsections (b), (c), and (d) (collectively, “County Policies”). County Policies, and additions or modifications thereto, may be communicated orally or in writing to Contractor or Contractor personnel or may be made available to Contractor or Contractor personnel by conspicuous posting at a County facility, electronic posting, or other means generally used by County to disseminate such information to its employees or contractors. Contractor shall be responsible for the promulgation and distribution of County Policies to Contractor personnel to the extent necessary and appropriate.

County shall have the right to require Contractor’s employees, agents, representatives and subcontractors to exhibit identification credentials issued by County in order to exercise any right of access under this Contract.

**C.10. Confidentiality** –

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act, regulations have been promulgated governing the privacy of individually identifiable health information. Contractor acknowledges that it is a covered entity and subject to the requirements of HIPAA and HITECH, and their implementing regulations. Contractor agrees to fully comply with the terms of HIPAA and HITECH, and regulations promulgated thereunder, and to ensure any Subcontractors utilized to fulfill Services pursuant to this Contract comply with said provisions. Contractor further agrees to comply with the requirements of all other applicable federal and state laws that pertain to the protection of health information.

- C.11. Primary Point of Contact** – Contractor will designate an individual to serve as the primary point of contact for the Contract. Contractor or designee must respond to County inquiries within two (2) business days. Contractor shall not change the primary contact without written acknowledgement to the County. Contractor will also designate a back-up point of contact in the event the primary contact is not available.

- C.12. County Representative** – The Director of the Department of Public Health or their designee shall represent the County in all matters pertaining to the services to be rendered under this Contract, including termination and assignment of this Contract, and shall be the final authority in all matters pertaining to the Services/Scope of Work by Contractor. If this contract was initially approved by the San Bernardino County Board of Supervisors, then the Board of Supervisors must approve all amendments to this Contract, unless otherwise delegated.

- C.13. Damage to County Property** – Contractor shall repair, or cause to be repaired, at its own cost, all damages to County vehicles, facilities, buildings or grounds caused by the willful or negligent acts of Contractor or its employees or agents. Such repairs shall be made immediately after Contractor becomes aware of such damage, but in no event later than thirty (30) days after the occurrence.

If the Contractor fails to make timely repairs, the County may make any necessary repairs. The Contractor, as determined by the County, shall repay all costs incurred by the County for such repairs, by cash payment upon demand, or County may deduct such costs from any amounts due to the Contractor from the County, as determined at the County's sole discretion.

- C.14. Debarment and Suspension** – Contractor certifies that neither it nor its principals or subcontractors is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. (See the following United States General Services Administration's System for Award Management website <https://www.sam.gov>). Contractor further certifies that if it or any of its subcontractors are business entities that must be registered with the California Secretary of State, they are registered and in good standing with the Secretary of State.
- C.15. Drug and Alcohol Free Workplace** – In recognition of individual rights to work in a safe, healthful and productive work place, as a material condition of this Contract, the Contractor agrees that the Contractor and the Contractor's employees, while performing service for the County, on County property, or while using County equipment:
- C.15.1.** Shall not be in any way impaired because of being under the influence of alcohol or an illegal or controlled substance.
- C.15.2.** Shall not possess an open container of alcohol or consume alcohol or possess or be under the influence of an illegal or controlled substance.
- C.15.3.** Shall not sell, offer, or provide alcohol or an illegal or controlled substance to another person, except where Contractor or Contractor's employee who, as part of the performance of normal job duties and responsibilities, prescribes or administers medically prescribed drugs.

The Contractor shall inform all employees that are performing service for the County on County property, or using County equipment, of the County's objective of a safe, healthful and productive work place and the prohibition of drug or alcohol use or impairment from same while performing such service for the County.

The County may terminate for default or breach of this Contract and any other Contract the Contractor has with the County, if the Contractor or Contractor's employees are determined by the County not to be in compliance with above.

- C.16. Duration of Terms** – This Contract, and all of its terms and conditions, shall be binding upon and shall inure to the benefit of the heirs, executors, administrators, successors, and assigns of the respective parties, provided no such assignment is in violation of the provisions of this Contract.
- C.17. Employment Discrimination** – During the term of the Contract, Contractor shall not discriminate against any employee or applicant for employment because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, sexual orientation, age, or military and veteran status. Contractor shall comply with Executive Orders 11246, 11375, 11625, 12138, 12432, 12250, 13672, Title VI and Title VII of the Civil Rights Act of 1964, the California Fair Employment and Housing Act and other applicable Federal, State and County laws and regulations and policies relating to equal employment and contracting opportunities, including laws and regulations hereafter enacted.
- C.18. Reserved.**
- C.19. Improper Influence** – Contractor shall make all reasonable efforts to ensure that no County officer or employee, whose position in the County enables him/her to influence any award of the Contract or any competing offer, shall have any direct or indirect financial interest resulting from the award of the Contract or shall have any relationship to the Contractor or officer or employee of the Contractor.
- C.20. Improper Consideration** – Contractor shall not offer (either directly or through an intermediary) any improper consideration such as, but not limited to cash, discounts, service, the provision of travel or entertainment, or any items of value to any officer, employee or agent of the County in an attempt to secure favorable treatment regarding this Contract.

The County, by written notice, may immediately terminate this Contract if it determines that any improper consideration as described in the preceding paragraph was offered to any officer, employee or agent of the County with respect to the proposal and award process. This prohibition shall apply to any amendment, extension or evaluation process once a contract has been awarded.

Contractor shall immediately report any attempt by a County officer, employee or agent to solicit (either directly or through an intermediary) improper consideration from Contractor. The report shall be made to the supervisor or manager charged with supervision of the employee or the County Administrative Office. In the event of a termination under this provision, the County is entitled to pursue any available legal remedies.

**C.21. Informal Dispute Resolution** – In the event the County determines that service is unsatisfactory, or in the event of any other dispute, claim, question or disagreement arising from or relating to this Contract or breach thereof, the parties hereto shall use their best efforts to settle the dispute, claim, question or disagreement. To this effect, they shall consult and negotiate with each other in good faith and, recognizing their mutual interests, attempt to reach a just and equitable solution satisfactory to both parties.

**C.22. Legality and Severability** – The parties' actions under the Contract shall comply with all applicable laws, rules, regulations, court orders and governmental agency orders. The provisions of this Contract are specifically made severable. If a provision of the Contract is terminated or held to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions shall remain in full effect.

**C.23. Licenses, Permits and/or Certifications** – Contractor shall ensure that it has all necessary licenses, permits and/or certifications required by the laws of Federal, State, County, and municipal laws, ordinances, rules and regulations. The Contractor shall maintain these licenses, permits and/or certifications in effect for the duration of this Contract. Contractor will notify County immediately of loss or suspension of any such licenses, permits and/or certifications. Failure to maintain a required license, permit and/or certification may result in immediate termination of this Contract.

Contractor physicians must be licensed to work in the State of California and be board certified or board eligible.

**C.24. Material Misstatement/Misrepresentation** – If during the course of the administration of this Contract, the County determines that Contractor has made a material misstatement or misrepresentation or that materially inaccurate information has been provided to the County, this Contract may be immediately terminated. If this Contract is terminated according to this provision, the County is entitled to pursue any available legal remedies.

**C.25. Mutual Covenants** – The parties to this Contract mutually covenant to perform all of their obligations hereunder, to exercise all discretion and rights granted hereunder, and to give all consents in a reasonable manner consistent with the standards of "good faith" and "fair dealing".

**C.26. Nondisclosure** – Contractor shall protect from unauthorized use or disclosure names and other identifying information concerning persons receiving Services pursuant to this Contract, except for statistical information not identifying any participant. Contractor shall not use or disclose any identifying information for any other purpose other than carrying out the Contractor's obligations under this Contract, except as may be otherwise required by law. This provision will remain in force even after the termination of the Contract

Contractor shall hold as confidential and use reasonable care to prevent unauthorized access by, storage, disclosure, publication, dissemination to and/or use by third parties of, confidential information that is either: (1) provided by the County to Contractor or an agent of Contractor or otherwise made available to Contractor or Contractor's agent in connection with this Contract; or, (2) acquired, obtained, or learned by Contractor or an agent of Contractor in the performance of this Contract. For purposes of this provision, confidential information means any data, files, software, information or materials in oral, electronic, tangible or intangible form and however stored, compiled or memorialize and includes, but is not limited to, technology infrastructure, architecture, financial data, trade secrets, equipment specifications, user lists, passwords, research data, and technology data.

- C.27. Notice of Delays** – Except as otherwise provided herein, when either party has knowledge that any actual or potential situation is delaying or threatens to delay the timely performance of this contract, that party shall, within twenty-four (24) hours, give notice thereof, including all relevant information with respect thereto, to the other party.
- C.28. Ownership of Documents** – All documents, data, products, graphics, computer programs and reports prepared by Contractor pursuant to the Contract shall be considered property of the County upon payment for services (and products, if applicable). All such items shall be delivered to County at the completion of work under the Contract. Unless otherwise directed by County, Contractor may retain copies of such items.
- C.29. Reserved.**
- C.30. Air, Water Pollution Control, Safety and Health** – Contractor shall comply with all air pollution control, water pollution, safety and health ordinances and statutes, which apply to the work performed pursuant to this Contract.
- C.31. Records** – Contractor shall maintain all records and books pertaining to the delivery of services under this Contract and demonstrate accountability for contract performance. All records shall be complete and current and comply with all Contract requirements. Failure to maintain acceptable records shall be considered grounds for withholding of payments for invoices submitted and/or termination of the Contract.

All records relating to the Contractor's personnel, consultants, subcontractors, Services/Scope of Work and expenses pertaining to this Contract shall be kept in a generally acceptable accounting format. Records should include primary source documents. Fiscal records shall be kept in accordance with Generally Accepted Accounting Principles and must account for all funds, tangible assets, revenue and expenditures. Fiscal records must comply with the appropriate Office of Management and Budget (OMB) Circulars, which state the administrative requirements, cost principles and other standards for accountancy.

Contractors expending \$750,000 or more in federal funds annually shall have a single audit or program specific audit performed. A copy of the audit shall be maintained as part of the program's fiscal records.

All records shall be complete and current and comply with all Contract requirements. Failure to maintain acceptable records per the preceding requirements shall be considered grounds for withholding payments for billings submitted and for termination of the Contract.

- C.32. Relationship of the Parties** – Nothing contained in this Contract shall be construed as creating a joint venture, partnership, or employment arrangement between the Parties hereto, nor shall either Party have the right, power or authority to create an obligation or duty, expressed or implied, on behalf of the other Party hereto.
- C.33. Release of Information** – No news releases, advertisements, public announcements or photographs arising out of the Contract or Contractor's relationship with County may be made or used without prior written approval of the County.
- C.34. Representation of the County** – In the performance of this Contract, Contractor, its agents and employees, shall act in an independent capacity and not as officers, employees, or agents of the San Bernardino County.
- C.35. Strict Performance** – Failure by a party to insist upon the strict performance of any of the provisions of this Contract by the other party, or the failure by a party to exercise its rights upon the default of the other party, shall not constitute a waiver of such party's right to insist and demand strict compliance by the other party with the terms of this Contract thereafter.
- C.36. Subcontracting** – Contractor shall obtain County's written consent, which County may withhold in its sole discretion, before entering into Contracts with or otherwise engaging any subcontractors who may supply any part of the Services to County. At County's request, Contractor shall provide information regarding the subcontractor's qualifications and a listing of a subcontractor's key personnel including, if requested by the County, resumes of proposed subcontractor personnel. Contractor shall remain directly responsible to County for its subcontractors and shall indemnify

County for the actions or omissions of its subcontractors under the terms and conditions specified in Section G. All approved subcontractors shall be subject to the provisions of this Contract applicable to Contractor Personnel, including removal pursuant to Paragraph 6 of this Section C.

For any subcontractor, Contractor shall:

- C.36.1.** Be responsible for subcontractor compliance with the Contract and the subcontract terms and conditions;
- C.36.2.** Ensure that the subcontractor follows County's reporting formats and procedures as specified by County; and
- C.36.3.** Include in the subcontractor's subcontract substantially similar terms as are provided in Sections B. Contractor Responsibilities and C. General Contract Requirements.

Upon expiration or termination of this Contract for any reason, County will have the right to enter into direct Contracts with any of the Subcontractors. Contractor agrees that its arrangements with Subcontractors will not prohibit or restrict such Subcontractors from entering into direct Contracts with County.

- C.37. Subpoena** – In the event that a subpoena or other legal process commenced by a third party in any way concerning the Goods or Services provided under this Contract is served upon Contractor or County, such party agrees to notify the other party in the most expeditious fashion possible following receipt of such subpoena or other legal process. Contractor and County further agree to cooperate with the other party in any lawful effort by such other party to contest the legal validity of such subpoena or other legal process commenced by a third party as may be reasonably required and at the expense of the party to whom the legal process is directed, except as otherwise provided herein in connection with defense obligations by Contractor for County.
- C.38. Termination for Convenience** – The County reserves the right to terminate the Contract, for its convenience, with or without cause, with a thirty (30) day written notice of termination. Such termination may include all or part of the services described herein. Upon such termination, payment will be made to the Contractor for services rendered and expenses reasonably incurred prior to the effective date of termination. Upon receipt of termination notice Contractor shall promptly discontinue services unless the notice directs otherwise. Contractor shall deliver promptly to County and transfer title (if necessary) all completed work, and work in progress, including drafts, documents, plans, forms, data, products, graphics, computer programs and reports.
- C.39. Time of the Essence** – Time is of the essence in performance of this Contract and of each of its provisions.
- C.40. Venue** – The parties acknowledge and agree that this Contract was entered into and intended to be performed in San Bernardino County, California. The parties agree that the venue of any action or claim brought by any party to this Contract will be the Superior Court of California, San Bernardino County, San Bernardino District. Each party hereby waives any law or rule of the court, which would allow them to request or demand a change of venue. If any action or claim concerning this Contract is brought by any third party and filed in another venue, the parties hereto agree to use their best efforts to obtain a change of venue to the Superior Court of California, San Bernardino County, San Bernardino District.
- C.41. Conflict of Interest** – Contractor shall make all reasonable efforts to ensure that no conflict of interest exists between its officers, employees, or subcontractors and the County. Contractor shall make a reasonable effort to prevent employees, Contractor, or members of governing bodies from using their positions for purposes that are, or give the appearance of being motivated by a desire for private gain for themselves or others such as those with whom they have family business, or other ties. Officers, employees, and agents of cities, counties, districts, and other local agencies are subject to applicable conflict of interest codes and state law. In the event the County determines a conflict of interest situation exists, any increase in costs, associated with the conflict of interest situation, may be disallowed by the County and such conflict may constitute grounds for termination of the Contract. This provision shall not be construed to prohibit employment of persons with whom Contractor's officers, employees, or agents have family, business, or other ties so long as the employment of such

persons does not result in increased costs over those associated with the employment of any other equally qualified applicant.

**C.42. Former County Administrative Officials** – Contractor agrees to provide, or has already provided, information on former San Bernardino County administrative officials (as defined below) who are employed by or represent Contractor. The information provided includes a list of former County administrative officials who terminated County employment within the last five years and who are now officers, principals, partners, associates or members of the business. The information also includes the employment with or representation of Contractor. For purposes of this provision, “County administrative official” is defined as a member of the Board of Supervisors or such officer’s staff, County Executive Officer or member of such officer’s staff, County department or group head, assistant department or group head, or any employee in the Exempt Group, Management Unit or Safety Management Unit.

**C.43. Disclosure of Criminal and Civil Procedures** – The County reserves the right to request the information described herein from the Contractor. Failure to provide the information may result in a termination of the Contract. The County also reserves the right to obtain the requested information by way of a background check performed by an investigative firm. The Contractor also may be requested to provide information to clarify initial responses. Negative information discovered may result in Contract termination.

Contractor is required to disclose whether the firm, or any of its partners, principals, members, associates or key employees (as that term is defined herein), within the last ten years, has been indicted on or had charges brought against it or them (if still pending) or convicted of any crime or offense arising directly or indirectly from the conduct of the firm’s business, or whether the firm, or any of its partners, principals, members, associates or key employees, has within the last ten years, been indicted on or had charges brought against it or them (if still pending) or convicted of any crime or offense involving financial misconduct or fraud. If the response is affirmative, the Contractor will be asked to describe any such indictments or charges (and the status thereof), convictions and the surrounding circumstances in detail.

In addition, the Contractor is required to disclose whether the firm, or any of its partners, principals, members, associates or key employees, within the last ten years, has been the subject of legal proceedings as defined herein arising directly from the provision of services by the firm or those individuals. “Legal proceedings” means any civil actions filed in a court of competent jurisdiction, or any matters filed by an administrative or regulatory body with jurisdiction over the firm or the individuals. If the response is affirmative, the Contractor will be asked to describe any such legal proceedings (and the status and disposition thereof) and the surrounding circumstances in detail.

For purposes of this provision “key employees” includes any individuals providing direct service to the County. “Key employees” do not include clerical personnel providing service at the firm’s offices or locations.

**C.44. Copyright** – County shall have a royalty-free, non-exclusive and irrevocable license to publish, disclose, copy, translate, and otherwise use, copyright or patent, now and hereafter, all reports, studies, information, data, statistics, forms, designs, plans, procedures, systems, and any other materials or properties developed under this Contract including those covered by copyright, and reserves the right to authorize others to use or reproduce such material. All such materials developed under the terms of this Contract shall acknowledge the San Bernardino County as the funding agency and Contractor as the creator of the publication. No such materials, or properties produced in whole or in part under this Contract shall be subject to private use, copyright or patent right by Contractor in the United States or in any other country without the express written consent of County. Copies of all educational and training materials, curricula, audio/visual aids, printer material, and periodicals, assembled pursuant to this Contract must be filed with the County prior to publication. To the extent this Contract is federally funded, Contractor shall provide any information necessary to the County in order to comply with Federal Acquisition Regulation 52.227-15. To the extent applicable, the provisions of Federal Acquisition Regulation 52.227-14 Rights in Data - General shall apply.

**C.45. Reserved.**

**C.46. Iran Contracting Act** – IRAN CONTRACTING ACT OF 2010, Public Contract Code sections 2200 et seq. (Applicable for all Contracts of one million dollars (\$1,000,000) or more). In accordance with Public Contract Code section 2204(a), the Contractor certifies that at the time the Contract is signed, the Contractor signing the Contract is not identified on a list created pursuant to subdivision (b) of Public Contract Code section 2203 as a person (as defined in Public Contract Code section 2202(e)) engaging in investment activities in Iran described in subdivision (a) of Public Contract Code section 2202.5, or as a person described in subdivision (b) of Public Contract Code section 2202.5, as applicable.

Contractors are cautioned that making a false certification may subject the Contractor to civil penalties, termination of existing contract, and ineligibility to bid on a contract for a period of three (3) years in accordance with Public Contract Code section 2205.

**C.47. Reserved.**

**C.48. California Consumer Privacy Act** – To the extent applicable, if Contractor is a business that collects the personal information of a consumer(s) in performing Services pursuant to this Contract, Contractor must comply with the provisions of the California Consumer Privacy Act (CCPA). (Cal. Civil Code §§1798.100, et seq.). For purposes of this provision, “business,” “consumer,” and “personal information” shall have the same meanings as set forth at Civil Code section 1798.140. Contractor must contact the County immediately upon receipt of any request by a consumer submitted pursuant to the CCPA that requires any action on the part of the County, including but not limited to, providing a list of disclosures or deleting personal information. Contractor must not sell, market or otherwise disclose personal information of a consumer provided by the County unless specifically authorized pursuant to terms of this Contract. Contractor must immediately provide to the County any notice provided by a consumer to Contractor pursuant to Civil Code section 1798.150(b) alleging a violation of the CCPA, that involves personal information received or maintained pursuant to this Contract. Contractor must immediately notify the County if it receives a notice of violation from the California Attorney General pursuant to Civil Code section 1798.155(b).

**C.49. Reserved.**

**C.50. Levine Act: Campaign Contribution Disclosure** – Contractor has disclosed to the County using [Attachment B](#) – Levine Act: Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439), whether it has made any campaign contributions of more than \$500 to any member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, Auditor-Controller/Treasurer/Tax Collector and the District Attorney] within the earlier of: (1) the date of the submission of Contractor’s proposal to the County, or (2) 12 months before the date this Contract was approved by the Board of Supervisors. Contractor acknowledges that under Government Code section 84308, Contractor is prohibited from making campaign contributions of more than \$500 to any member of the Board of Supervisors or other County elected officer for 12 months after the County’s consideration of the Contract.

In the event of a proposed amendment to this Contract, the Contractor will provide the County a written statement disclosing any campaign contribution(s) of more than \$500 to any member of the Board of Supervisors or other County elected officer within the preceding 12 months of the date of the proposed amendment.

Campaign contributions include those made by any agent/person/entity on behalf of the Contractor or by a parent, subsidiary or otherwise related business entity of Contractor.

**C.51. Reserved.**

**C.52. Reserved.**

**C.53. Prohibition on Contracting with Entities that Require Certain Internal Confidentiality Agreements or Statements-Representation (FAR 52.203-18)** – In compliance with Federal Acquisition Regulation 52.203-18, Contractor shall not require employees or subcontractors of Contractor seeking to report waste, fraud, or abuse, to sign internal confidentiality agreements or statement prohibiting or otherwise restricting such employees or subcontractors from lawfully reporting such waste, fraud or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information. To the extent Contractor

has required employees or subcontractors to sign internal confidentiality agreements or statements in the past, Contractor shall notify current employees and subcontractors that those prohibitions and restrictions are no longer in effect. Contractor shall include this clause in all subcontracts.

- C.54. Use of Biobased Products (FAR 52.223-1)** – Contractor certifies that to the extent biobased products are purchased using Contract funds, Contractor shall comply with Federal Acquisition Regulation 52.223-1.
- C.55. Service Contract Labor Standards (FAR 52.222-52, 52.222-53, 22.1003-4)** – To the extent applicable, Contractor agrees to comply with and to provide any information necessary for the County to comply with Federal Acquisition Regulations 52.222-52, 52.222-53, and 22.1003-4.
- C.56. Federal Contracting Provisions** – This Agreement is federally funded and subject to the additional terms on [Attachment F](#) – Federal Contracting Provisions.
- C.57. System for Award Management** – Contractor shall not be identified as suspended or debarred on the federal System for Award Management's (SAM) excluded list (<https://www.sam.gov>). If at any time during the term of the Contract, the County determines the Contractor is identified as either suspended or debarred on the SAM, Contractor shall be considered in material breach of the Contract, and the County may proceed under the Correction of Performance Deficiencies in this section of the Contract, including immediate termination of the Contract. If Contractor becomes aware, at any point during the term of the Contract, that it is identified as suspended or debarred on the SAM excluded list, Contractor must immediately inform County. Such inclusion will be considered a material breach of the Contract and be sufficient grounds for immediate termination.
- C.58. Vacancies** – Contractor shall notify County of any continuing vacancies and any positions that become vacant during the terms of this Contract that will result in reduction of services to be provided under this Contract. Upon notice of vacancies, the Contractor shall apprise County of the steps being taken to provide the services and to fill the positions as expeditiously as possible. Vacancies and associated problems shall be reported to County on each periodically required report for the duration of said vacancies and/or problems.
- C.59. Complaints and Grievance Procedure** – Contractor shall provide a system, approved by the County, through which recipients of service shall have the opportunity to express and have considered their views and complaints regarding the delivery of services. The procedure must be in writing and posted in clear view of all recipients.
- C.60. Contractor will ensure that staff are knowledgeable on the DPH and Ryan White Complaint and Grievance Procedures (Attachment C through D-3) and ensure that any complaints by recipients are referred to the County in accordance with the procedure. Contractor Board of Directors' Meetings** – Contractor shall notify the County of all upcoming meetings of the Board of Directors or other governing party and shall keep the County apprised of any and all actions taken by its Board of Directors which may impact the Contract. Board of Directors' minutes shall be submitted to the County upon request. Further, a County representative shall have the option of attending Board meetings during the term of this Contract.
- C.61. Child Abuse Reporting** – Contractor shall ensure that all known or suspected instances of child abuse or neglect are reported to appropriate law enforcement agency or to the appropriate Child Protective Services agency. This responsibility shall include:
- C.61.1.** Assurance that all employees, agents, consultants or volunteers who perform services under this Contract and are mandated by Penal Code Sections 11164 et seq. to report child abuse or neglect, sign a statement, upon the commencement of their employment, acknowledging their reporting requirements and their compliance with them.
  - C.61.2.** Development and implementation of procedures for employees, agents, consultants, or volunteers who are not subject to the mandatory reporting party, within the program, who will ensure that the incident is reported to the appropriate agency.
  - C.61.3.** Provision for arrangement of training in child abuse reporting laws (Penal Code section 11164 et seq.) for all employees, agents, consultants, and volunteers or verification that

such persons have received training in the law within thirty (30) days of employment/volunteer activity.

**C.62. Elder and Dependent Adult Abuse Reporting** – Contractor agrees to and shall comply with the County's Elder and Dependent Adult Abuse Reporting requirements:

**C.62.1.** Who Must Report: In accordance with Welfare and Institution Code (W & I) Section 15630, all employees of the Contractor and its subcontractors are mandated reporters of elder and dependent adult abuse.

**C.62.2.** When to Report: Mandated reports are required to report all instances of known or suspected abuse of the elderly and dependent adults immediately or as soon as practically possible, under the following circumstances:

- a. When the mandated reporter has observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, isolation, neglect, financial abuse, mental abuse, or sexual abuse; or
- b. When the mandated reporter is told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, isolation, neglect, financial abuse, mental abuse, or sexual abuse.

**C.62.3.** To Whom to Report: Incidents of elder and dependent adult abuse must be reported to the correct agency as follows:

- a. If the abuse has occurred in a long-term care facility, except a state mental hospital or state development center, the report shall be made to the local Long-Term Care Ombudsman or local law enforcement.
- b. If the abuse has occurred in a state mental hospital or state developmental center, the report shall be made to the designated investigators of the State Department of Mental Health or the State Department of Developmental Services or to the local law enforcement.
- c. If the abuse occurred anywhere other than a long-term care facility or state mental hospital or state developmental center, the report shall be made to Adult Protective Services or local law enforcement.

**C.62.4.** How to Report: Mandated reporters are required to take the following steps in all instances of known or suspected abuse of the elderly and dependent adults:

- a. Place an immediate telephone call to Adult Protective Services (1-877-565-2020) or local law enforcement to report the incident.
- b. Within two (2) working days of making the telephonic report to the responsible agency, complete a written "Report of Suspected Dependent Adult/Elder Abuse" (SOC 341) form, available at [https://cdss.ca.gov/MandatedReporting/story\\_content/external\\_files/SOC341.pdf](https://cdss.ca.gov/MandatedReporting/story_content/external_files/SOC341.pdf). The completed form must be submitted to the same agency to which the incident was reported by telephone.

**C.63. Pro-Children Act of 1994** – Contractor will comply with the Environmental Tobacco Smoke/Pro-Children Act of 1994 (20 U.S.C. 6081 et seq.)

**C.64. Americans with Disabilities Act** – Contractor shall comply with all applicable provisions of the Americans with Disabilities Act (ADA).

**C.65. Public Accessibility** – Contractor shall ensure that Services provided are accessible by public transport.

**C.66. 2-1-1 Registration** – Contractor shall register with 2-1-1 San Bernardino County Inland Empire United Way within thirty (30) days of the Contract effective date and follow necessary procedures to be included in the 2-1-1 database. The Contractor shall notify the 2-1-1 San Bernardino County Inland Empire United Way of any changes in program services, location, or contract information within ten (10) days of any change. Services performed as a result of being included in the 2-1-1 database, are

separate and apart from the services being performed under this Contract and payment for such services will not be the responsibility of the County.

- C.67. Ownership Tools** – The State and County shall have all ownership rights in software or modifications thereof and associated documentation designed, developed, or installed with federal financial participation. The Federal Government (Department of Health and Human Services) reserves a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or otherwise use and to authorize others to use for Federal Government purposes, such software modification, and documentation. Proprietary software packages that are sold or leased to the general public are not subject to the ownership provisions.
- C.68. Force Majeure** – Neither party shall be liable for failure or delay to perform obligations under this Contract, which have become practicably impossible because of circumstances beyond the reasonable control of the applicable party. Such circumstances include without limitation, natural disasters or acts of God; acts of terrorism; labor disputes or stoppages; war; government acts or orders; epidemics, pandemics, or outbreak of communicable disease; quarantines; national or regional emergencies; or any other cause, whether similar in kind to the foregoing or otherwise, beyond the party's reasonable control. Written notice of a party's failure or delay in performance due to force majeure must be given to the other party no later than thirty (30) days following the force majeure event commencing, which notice shall describe the force majeure event and the actions taken to minimize the impact thereof. All delivery dates under this Contract affected by force majeure shall be tolled for the duration of such force majeure. The parties hereby agree, when feasible, not to cancel but reschedule the pertinent obligations and deliverables for mutually agreed dates as soon as practicable after the force majeure condition ceases to exist.
- C.69. Order of Precedence** – In the event of any inconsistency between the terms of this Contract and any forms, attachments, statements of work (SOW), or specifications which may be incorporated into this Contract, the following order of precedence shall apply:
- C.69.1.** This Contract
  - C.69.2.** Attachments to this Contract, as indicated herein; and
  - C.69.3.** Price lists, SOWs, and other documents attached hereto or incorporated herein.
- C.70. Equipment** – All equipment, materials, supplies, or property of any kind (including vehicles, publications, copyrights, etc.) which has a single unit cost of five hundred dollars (\$500) or more, or the amount identified by the funding source, including tax, purchased with funds received under the terms of this Contract and not fully consumed in one (1) year shall be the property of the County, unless otherwise required by Funding Source, and shall be subject to the provisions of this paragraph. The disposition of equipment or property of any kind shall be determined by County when the Contract is terminated. Additional terms are as follows:
- C.70.1.** The purchase of any furniture or equipment which exceeds a single unit cost of five hundred dollars (\$500), or the amount identified by the funding source, and/or was not included in Contractor's approved budget, shall require the prior written approval of County, and shall fulfill the provisions of this Contract which are appropriate and directly related to Contractor's services or activities under the terms of the Contract. County may refuse reimbursement for any cost resulting from such items purchases, which are incurred by Contractor, if prior written approval has not been obtained from County.
  - C.70.2.** Before equipment purchases made by Contractor are reimbursed by County, Contractor must submit paid vendor receipts identifying the purchase price, description of the item, serial numbers, model number and location where the equipment will be used during the term of this Contract.
  - C.70.3.** Contractor shall submit an inventory of equipment purchased under the terms of this Contract as part of the monthly activity report for the month in which the equipment is purchased.
- C.71. Supersedes Prior Contracts** – This Contract supersedes and replaces all previous contracts, agreements and understandings, oral, written, and implied, between the County and Contractor

hereto with respect to the subject matter hereof. All such prior contracts, agreements, and understandings are hereby terminated and deemed of no further force or effect.

**D. TERM OF CONTRACT**

- D.1.** This Contract is effective as of March 1, 2026 and expires February 29, 2028 but may be terminated earlier in accordance with provisions of this Contract. The Contract term may be extended for three (3) additional one-year (1) periods, by mutual agreement of the parties.
- D.2.** The County may terminate the Contract immediately if the funds under Section F, Paragraph 1, are not available to the County, and under the provisions of Section I, Paragraph 2, Item 5, of the Contract, or as otherwise provided in this Contract. In addition, the Contract may be terminated without cause by the County by serving a written notice to Contractor thirty (30) days in advance of termination. The Director of DPH is authorized to exercise the County's rights with respect to any termination of this Contract.
- D.3.** Contractor shall only be reimbursed for costs and uncancelable obligations incurred prior to the date of termination. Contractor shall not be reimbursed for costs incurred after the date of termination.
- D.4.** Upon receipt of termination notice, Contractor shall promptly discontinue services unless the notice directs otherwise. Contractor shall deliver promptly to County and transfer title (if necessary) all completed work, and work in progress, including drafts, documents, plans, forms, data, products, graphics, computer programs, and reports.

**E. COUNTY RESPONSIBILITIES**

The County shall:

- E.1.** Provide consultation and technical assistance to the Contractor in carrying out the terms of this contract.
- E.2.** Monitor and evaluate the performance of the Contractor, at least annually, in meeting the terms of the Contract, and the quality and effectiveness of services provided based on criteria determined by the County.
- E.3.** Compensate the Contractor in accordance with the provisions in Section F of the Contract.

**F. FISCAL PROVISIONS**

- F.1.** The maximum amount of reimbursement under this Contract shall not exceed \$1,433,078, of which \$1,433,078 may be federally funded, and shall be subject to availability of other funds to the County. 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.

Program Year	Dollar Amount
March 1, 2026 through February 28, 2027	\$716,539
March 1, 2027 through February 29, 2028	\$716,539
Total	\$1,433,078

- F.2.** Payment shall be made on a cost reimbursement basis, consistent with the budget established in Attachment G and H, and contingent upon the submission by the Contractor, and approval by the County, of the required reports and invoices. Invoices shall be issued with a net thirty (30) day payment term with corresponding SAP Contract and/or Purchase Order number stated on the invoice.

Contractor shall provide monthly invoices to the County within twenty (20) days following the month in which services were provided, in the format designated in Attachment O. 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 HCC before the invoice is submitted for payment. Contractor will submit all supporting documentation for all line items and clearly the supporting data/information of the submitted invoice, including utilization report printed from HCC and logs (as required). Invoices

submitted without corresponding utilization narrative reports, and supporting documentation will not be processed and will be returned to Contractor. The County reserves the right to revise invoice formats to meet updated program requirements. Refer to RWP Policy: Monthly Invoice Reporting Policy for most recent requirements. Invoices shall be submitted to:

Ryan White Program Office  
Department of Public Health  
451 E. Vanderbilt Way, Suite 350  
San Bernardino, CA 92408  
Email: brook.imbriani@dph.sbcounty.gov

- F.3.** Contractor shall accept all payments from County via electronic funds transfer (EFT) directly deposited into the Contractor's designated checking or other bank account. Contractor shall promptly comply with directions and accurately complete forms provided by County required to process EFT payments.
- F.4.** County is exempt from Federal excise taxes, and no payment shall be made for any personal property taxes levied on Contractor or on any taxes levied on employee wages. The County shall only pay for any State or local sales or use taxes on the services rendered or equipment and/or parts supplied to the County pursuant to the Contract.
- F.5.** Costs for services under the terms of this Contract shall be incurred during the contract period except as approved by County. Contractor shall not use current year funds to pay prior or future year obligations.
- F.6.** Funds made available under this Contract shall not supplant any federal, state or any governmental funds intended for services of the same nature as this Contract. Contractor shall not claim reimbursement or payment from County for, or apply sums received from County with respect to that portion of its obligations that have been paid by another source of revenue. Contractor agrees that it will not use funds received pursuant to this Contract, either directly or indirectly, as a contribution or compensation for purposes of obtaining funds from another revenue source without prior written approval of the County.
- F.7.** Contractor shall adhere to the County's Travel Management Policy (8-02 and 08-02SP1) when travel is pursuant to this Contract and for which reimbursement is sought from the County. In addition, Contractor is encouraged to utilize local transportation services, including but not limited to, the Ontario International Airport.
- F.8.** Federally funded non-profit Contractors may elect to include an Indirect Cost Rate in the cost reimbursement contract budget, and have the following four (4) options to recover costs expended in the process of managing the federal awards:
  - F.8.1.** Apply the current federally negotiated indirect cost rate that has been approved by a federal cognizant agency; or
  - F.8.2.** Apply a state negotiated indirect cost rate or a rate negotiated between the pass-through entity and the subrecipient; or
  - F.8.3.** Elect to use a flat de minimis rate of ten percent (10%) of Modified Total Direct Costs (MTDO) under the guidelines below; or
  - F.8.4.** Charge costs directly (Direct Charge) as long as those costs are charged the same consistently across the federal awards. Administrative and clerical salaries should be treated as indirect costs. Direct charging of these costs may be appropriate only if all of the following conditions are met: 1) services are integral to a project or activity; 2) individuals involved can be specifically identified with the project or activity; 3) costs are explicitly included in the budget or have the prior written approval of awarding agency; and 4) the costs are not also recovered as indirect costs.
- F.9.** Contractors that elect to use the flat de minimis rate must:
  - F.9.1.** Have never held a negotiated rate;

- F.9.2.** Not be a state or local government or Indian Tribe receiving over thirty-five million dollars (\$35,000,000) in direct federal funding; and
- F.9.3.** Use the rate consistently across all federal awards until such time Contractor chooses to negotiate a different rate.

The ten percent (10%) rate is not an additional amount over and above the total awarded contract dollar amount.

The rate shall be based off the MTDC, meaning all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and subcontracts up to the first twenty-five thousand (\$25,000).

MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, and participant support costs.

For additional information, please refer to Office of Management and Budget (OMB) 2 CFR 200.412 – Classification of Costs at <https://www.gpo.gov/fdsys/granule/CFR-2014-title2-vol1/CFR-2014-title2-vol1-sec200-412> and 2 CFR 200.68 – Modified Total Direct Costs at <https://www.gpo.gov/fdsys/granule/CFR-2014-title2-vol1/CFR-2014-title2-vol1-sec200-68>.

**F.10. Reserved.**

**F.11.** The Contractor shall request a budget amendment, in writing, in advance of expenditures: 1) when aggregate expenditures are expected to exceed an approved budgeted line item; or 2) to add a new budget line item. 3) expenditures are expected to exceed the budgeted amount for an object class category (e.g. personnel); or 4) requesting a transfer of funds from one line item to another line item. No budget revision may result in an increase in the maximum dollar amount stated in Paragraph 1 of this Section. The written request must specify the changes requested, by line item and amount, and must include justification. Prior to implementation of a budget revision, the County shall approve (or deny) the budget revision request. The County has the authority to approve line-item budget changes to the budget herein, as long as these changes do not exceed the total contract amount. County shall notify the Contractor in writing of the status of the budget revision request within fourteen (14) calendar days of receipt of the Contractor's written request. The County reserves the right to deny the Contractor's invoice for expenditures in excess of the approved budgeted line-item amount.

**F.12.** For every approved budget modification, the Contractor shall, within ten (10) calendar days, prepare and submit revised budgets and scopes of work to the County incorporating the effects of the approved budget modification. In addition, the County may initiate budget amendments by written or electronic communication with the Contractor specifying the required amendment. The Contractor shall respond by providing revised scope(s) of work and budgets as required to accomplish the requested amendment within the timeframe specified by the County.

**F.13.** County may withhold payment and/or require the return of funds for RWP expenditures for services delivered to clients for which RWP eligibility was not clearly established and documented per HRSA and local policies.

**G. INDEMNIFICATION AND INSURANCE REQUIREMENTS**

**G.1. Indemnification –**

The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages and/or liability arising out of this Contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnities. The Contractor indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code section 2782.

**G.2. Additional Insured –** All policies, except for Worker's Compensation, Errors and Omissions and Professional Liability policies shall contain additional endorsements naming the County and its

officers, employees, agents and volunteers as additional named insured with respect to liabilities arising out of the performance of services hereunder. The additional insured endorsements shall not limit the scope of coverage for the County to vicarious liability but shall allow coverage for the County to the full extent provided by the policy. Such additional insured coverage shall be at least as broad as Additional Insured (Form B) endorsement form ISO, CG 2010.11 85.

- G.3. Waiver of Subrogation Rights** – The Contractor shall require the carriers of required coverages to waive all rights of subrogation against the County, its officers, employees, agents, volunteers, contractors and subcontractors. All general or auto liability insurance coverage provided shall not prohibit the Contractor and Contractor’s employees or agents from waiving the right of subrogation prior to a loss or claim. The Contractor hereby waives all rights of subrogation against the County.
- G.4. Policies Primary and Non-Contributory** – All policies required herein are to be primary and non-contributory with any insurance or self-insurance programs carried or administered by the County.
- G.5. Severability of Interests** – The Contractor agrees to ensure that coverage provided to meet these requirements is applicable separately to each insured and there will be no cross liability exclusions that preclude coverage for suits between the Contractor and the County or between the County and any other insured or additional insured under the policy.
- G.6. Proof of Coverage** – The Contractor shall furnish Certificates of Insurance to the County Department administering the Contract evidencing the insurance coverage at the time the Contract is executed, additional endorsements, as required shall be provided prior to the commencement of performance of services hereunder, which certificates shall provide that such insurance shall not be terminated or expire without thirty (30) days written notice to the Department, and Contractor shall maintain such insurance from the time Contractor commences performance of services hereunder until the completion of such services. Within fifteen (15) days of the commencement of this contract, the Contractor shall furnish a copy of the Declaration page for all applicable policies and will provide complete certified copies of the policies and endorsements immediately upon request.
- G.7. Acceptability of Insurance Carrier** – Unless otherwise approved by Risk Management, insurance shall be written by insurers authorized to do business in the State of California and with a minimum “Best” Insurance Guide rating of “A- VII”.
- G.8. Deductibles and Self-Insured Retention** – Any and all deductibles or self-insured retentions in excess of \$10,000 shall be declared to and approved by Risk Management.
- G.9. Failure to Procure Coverage** – In the event that any policy of insurance required under this contract does not comply with the requirements, is not procured, or is canceled and not replaced, the County has the right but not the obligation or duty to cancel the contract or obtain insurance if it deems necessary and any premiums paid by the County will be promptly reimbursed by the Contractor or County payments to the Contractor will be reduced to pay for County purchased insurance.
- G.10. Insurance Review** – Insurance requirements are subject to periodic review by the County. The Director of Risk Management or designee is authorized, but not required, to reduce, waive or suspend any insurance requirements whenever Risk Management determines that any of the required insurance is not available, is unreasonably priced, or is not needed to protect the interests of the County. In addition, if the Department of Risk Management determines that heretofore unreasonably priced or unavailable types of insurance coverage or coverage limits become reasonably priced or available, the Director of Risk Management or designee is authorized, but not required, to change the above insurance requirements to require additional types of insurance coverage or higher coverage limits, provided that any such change is reasonable in light of past claims against the County, inflation, or any other item reasonably related to the County’s risk.

Any change requiring additional types of insurance coverage or higher coverage limits must be made by amendment to this contract. Contractor agrees to execute any such amendment within thirty (30) days of receipt.

Any failure, actual or alleged, on the part of the County to monitor or enforce compliance with any of the insurance and indemnification requirements will not be deemed as a waiver of any rights on the part of the County.

**G.11.** Contractor and County are authorized self-insured public entities for purposes of Professional Liability, General Liability, Automobile Liability, Worker's Compensation and Property Damage and warrant that through their respective programs of self-insurance, they have adequate coverage or resources to protect against liabilities arising out of the performance of the terms, conditions or obligations of this Contract.

**H. RIGHT TO MONITOR AND AUDIT**

**H.1.** The County, State and Federal government shall have absolute right to review and audit all records, books, papers, documents, corporate minutes, and other pertinent items as requested, and shall have absolute right to monitor the performance of Contractor in the delivery of services provided under this Contract. Contractor shall give full cooperation in any auditing or monitoring conducted. Contractor shall cooperate with the County in the implementation, monitoring, and evaluation of this Contract and comply with any and all reporting requirements established by the County.

**H.2.** All records pertaining to services delivered and all fiscal, statistical and management books and records shall be available for examination and audit by County representatives for a period of three years after final payment under this Contract or until all pending County, state and federal audits are completed, whichever is later. Records of the Contractor which do not pertain to the services under this Contract may be subject to review or audit unless provided in this or another Contract. Technical program data shall be retained locally and made available upon the County's reasonable advanced written notice or turned over to County. If said records are not made available at the scheduled monitoring visit, Contractor may, at County's option, be required to reimburse County for expenses incurred due to required rescheduling of monitoring visit(s). Such reimbursement will not exceed fifty dollars (\$50) per hour (including travel time) and may be deducted from the following month's claim for reimbursement.

**H.3.** Contractor shall cooperate with County in the implementation, monitoring, and evaluation of this Contract and comply with any and all reporting requirements established by this Contract.

**H.4.** Contractor shall provide all reasonable facilities and assistance for the safety and convenience of County's representatives in the performance of their duties. All inspections and evaluations shall be performed in such a manner as will not unduly delay the work of the Contractor.

**H.5.** Upon County request, Contractor shall hire a licensed Certified Public Accountant, approved by the County, who shall prepare and file with County, within sixty (60) days after the termination of the Contract, a certified fiscal audit of related expenditures during the term of the Contract and a program compliance audit.

**H.6.** Pursuant to Code of Federal Regulations (CFR) – Title 2 CFR 200.501, contractors expending seven hundred fifty thousand dollars (\$750,000) or more in federal funds within the Contractor's fiscal year must have a single audit or program-specific audit performed. A copy of the audit performed in accordance with Title 2 CFR 200.501 shall be submitted to the County within thirty (30) days of completion, but no later than nine (9) months following the end of the Contractor's fiscal year. Please refer to [http://www.ecfr.gov/cgi-bin/text-idx?node=se2.1.200\\_1501&rgn=dv8](http://www.ecfr.gov/cgi-bin/text-idx?node=se2.1.200_1501&rgn=dv8) for further information.

**H.7.** The following closely related programs identified by the Catalog of Federal Domestic Assistance (CFDA) numbers are to be considered as an "Other cluster" for purposes of determining major programs or whether a program specific audit may be elected. The Contractor shall communicate this information to the independent auditor conducting the organizations single audit.

US Department of Health and Human Services: \_\_\_\_\_  
Number: 93.914  
Title: Ryan White HIV/AIDS Program Part A HIV Emergency Relieve Grant Program

**H.8.** County is required to identify the Contractor Unique Entity Identification (UEI) number, as known in the federal System for Award Management (SAM), and Federal Award Identification Number (FAIN) in all County contracts that include federal funds or pass through of federal funds. This information is required in order for the County to remain in compliance with Title 2 CFR Section 200.331, and remain eligible to receive federal funding. The Contractor shall provide the Contractor name as registered in SAM, as well as the UEI number to be included in this Contract. Related FAIN will be included in this Contract by the County.

Contractor Name as County of Riverside, Department of Public Health dba Riverside  
registered in SAM: University Health System-Public Health  
UEI: YXSZFGDUQUJ5  
FAIN: H8900032

## **I. CORRECTION OF PERFORMANCE DEFICIENCIES**

- I.1.** Failure by Contractor to comply with any of the provisions, covenants, requirements or conditions of this Contract shall be a material breach of this Contract.
- I.2.** In the event of a non-cured breach, County may, at its sole discretion and in addition to any other remedies available at law, in equity, or otherwise specified in this Contract:
- I.2.1.** Afford Contractor thereafter a time period within which to cure the breach, which period shall be established at the sole discretion of County; and/or
- I.2.2.** Discontinue reimbursement to Contractor for and during the period in which Contractor is in breach, which reimbursement shall not be entitled to later recovery; and/or
- I.2.3.** Withhold funds pending duration of the breach; and/or
- I.2.4.** Offset against any monies billed by Contractor but yet unpaid by County those monies disallowed pursuant to Item "2.2" of this paragraph; and/or
- I.2.5.** Terminate this Contract immediately and be relieved of the payment of any consideration to Contractor. In the event of such termination, the County may proceed with the work in any manner deemed proper by the County. The cost to the County shall be deducted from any sum due to the Contractor under this Contract and the balance, if any, shall be paid by the Contractor upon demand.
- I.3.** In the event of a problem or potential problem that could impact the quality or quantity of work, Services, or the level or performance under this Contract, Contractor shall notify the County within one (1) working day, in writing and by telephone.
- I.4.** Unless a remedy is specifically designated as exclusive, no remedy conferred by any of the specific provision of the Contract is intended to be exclusive of any other remedy, and each remedy shall be cumulative and shall be in addition to every other remedy given hereunder, now or hereafter existing at law or in equity or by statute or otherwise. The election of any one (1) or more remedies by either Party shall not constitute a waiver of the right to pursue other available remedies.
- I.5.** Contractor's Primary Contract and County Representative shall attempt in good faith to promptly resolve any dispute, controversy, or claim arising out of this Contract. If these representatives are unable to resolve any dispute, controversy, or claim within (10) days after the initial request for a meeting, then the dispute shall be submitted to an executive-level performance review.

If the Primary Contact and County Representative are not successful in resolving the dispute, negotiations shall be conducted by the Chief Executive Officer, or designee and the highest-level executive for Contractor. If these representatives are unable to resolve the dispute within ten (10) days after the representatives have commenced negotiations, or 20 days have passed since the initial request for negotiations at this level, the Parties may agree in writing to submit the dispute to mediation.

## **J. NOTICES**

All written notices provided for in this Contract or which either party desires to give to the other shall be deemed fully given, when made in writing and either served personally, or by facsimile, or deposited in the United States mail, postage prepaid, and addressed to the other party as follows:

San Bernardino County  
Public Health Department  
451 E. Vanderbilt Way, 3<sup>rd</sup> Floor  
San Bernardino, CA 92408  
Email:shannon.swims@dph.sbcounty.gov

County of Riverside Department of Public Health  
Andrea Gallegos  
PO Box 7600  
Riverside, CA 92513-7600  
Email: PH-Contracts@ruhealth.org

Notice shall be deemed communicated two (2) County working days from the time of mailing if mailed as provided in this paragraph.

**K. ENTIRE AGREEMENT**

This Contract, including all Exhibits and other attachments, which are attached hereto and incorporated by reference, and other documents incorporated herein, represents the final, complete and exclusive agreement between the parties hereto. Any prior agreement, promises, negotiations or representations relating to the subject matter of this Contract not expressly set forth herein are of no force or effect. This Contract is executed without reliance upon any promise, warranty or representation by any party or any representative of any party other than those expressly contained herein. Each party has carefully read this Contract and signs the same of its own free will.

**L. ELECTRONIC SIGNATURES**

This Agreement may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (whether by facsimile, PDF or other mail transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Agreement upon request.

**IN WITNESS WHEREOF**, the San Bernardino County and the Contractor have each caused this Contract to be subscribed by its respective duly authorized officers, on its behalf.

SAN BERNARDINO COUNTY

County of Riverside, Department of Public Health  
dba Riverside University Health System-Public Health

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

►  
\_\_\_\_\_  
Dawn Rowe, Chair, Board of Supervisors

By ► \_\_\_\_\_  
*(Authorized signature - sign in blue ink)*

Dated: \_\_\_\_\_  
SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

Name \_\_\_\_\_  
*(Print or type name of person signing contract)*

Lynna Monell  
Clerk of the Board of Supervisors  
of the San Bernardino County

Title \_\_\_\_\_  
*(Print or Type)*

By \_\_\_\_\_  
Deputy

Dated: \_\_\_\_\_

Address PO Box 7600

\_\_\_\_\_  
Riverside, CA 92513-7600

APPROVED AS TO FORM:  
Minh C. Tran  
County Counsel

By: \_\_\_\_\_  
Esen Sainz  
Deputy County Counsel

**FOR COUNTY USE ONLY**

Approved as to Legal Form  
► \_\_\_\_\_  
Adam Ebright, Deputy County Counsel  
Date \_\_\_\_\_

Reviewed for Contract Compliance  
► \_\_\_\_\_  
Date \_\_\_\_\_

Reviewed/Approved by Department  
► \_\_\_\_\_  
Janki Patel, Acting Director  
Date \_\_\_\_\_



## Levine Act – Campaign Contribution Disclosure (formerly referred to as Senate Bill 1439)

The following is a list of items that are not covered by the Levine Act. A Campaign Contribution Disclosure Form will not be required for the following:

- Contracts that are competitively bid and awarded as required by law or County policy
- Contracts with labor unions regarding employee salaries and benefits
- Personal employment contracts
- Contracts under \$50,000
- Contracts where no party receives financial compensation
- Contracts between two or more public agencies
- The review or renewal of development agreements unless there is a material modification or amendment to the agreement
- The review or renewal of competitively bid contracts unless there is a material modification or amendment to the agreement that is worth more than 10% of the value of the contract or \$50,000, whichever is less
- Any modification or amendment to a matter listed above, except for competitively bid contracts.

### **DEFINITIONS**

**Actively supporting or opposing the matter:** (a) Communicate directly with a member of the Board of Supervisors or other County elected officer [Sheriff, Assessor-Recorder-Clerk, District Attorney, Auditor-Controller/Treasurer/Tax Collector] for the purpose of influencing the decision on the matter; or (b) testifies or makes an oral statement before the County in a proceeding on the matter for the purpose of influencing the County's decision on the matter; or (c) communicates with County employees, for the purpose of influencing the County's decision on the matter; or (d) when the person/company's agent lobbies in person, testifies in person or otherwise communicates with the Board or County employees for purposes of influencing the County's decision in a matter.

**Agent:** A third-party individual or firm who, for compensation, is representing a party or a participant in the matter submitted to the Board of Supervisors. If an agent is an employee or member of a third-party law, architectural, engineering or consulting firm, or a similar entity, both the entity and the individual are considered agents.

**Otherwise related entity:** An otherwise related entity is any for-profit organization/company which does not have a parent-subsidary relationship but meets one of the following criteria:

- (1) One business entity has a controlling ownership interest in the other business entity;
- (2) there is shared management and control between the entities; or
- (3) a controlling owner (50% or greater interest as a shareholder or as a general partner) in one entity also is a controlling owner in the other entity.

For purposes of (2), "shared management and control" can be found when the same person or substantially the same persons own and manage the two entities; there are common or commingled funds or assets; the business entities share the use of the same offices or employees, or otherwise share activities, resources or personnel on a regular basis; or there is otherwise a regular and close working relationship between the entities.

Parent-Subsidiary Relationship: A parent-subsidiary relationship exists when one corporation has more than 50 percent of the voting power of another corporation.

**Contractors must respond to the questions on the following page. If a question does not apply respond N/A or Not Applicable.**

1. Name of Contractor: County of Riverside dba Department of Public Health
2. Is the entity listed in Question No.1 a nonprofit organization under Internal Revenue Code section 501(c)(3)?  
 Yes  If yes, skip Question Nos. 3-4 and go to Question No. 5      No
3. Name of Principal (i.e., CEO/President) of entity listed in Question No. 1, if the individual actively supports the matter and has a financial interest in the decision: \_\_\_\_\_
4. If the entity identified in Question No.1 is a corporation held by 35 or less shareholders, and not publicly traded ("closed corporation"), identify the major shareholder(s):  
 \_\_\_\_\_
5. Name of any parent, subsidiary, or otherwise related entity for the entity listed in Question No. 1 (see definitions above):

Company Name	Relationship

6. Name of agent(s) of Contractor:

Company Name	Agent(s)	Date Agent Retained (if less than 12 months prior)

7. Name of Subcontractor(s) (including Principal and Agent(s)) that will be providing services/work under the awarded contract if the subcontractor (1) actively supports the matter and (2) has a financial interest in the decision and (3) will be possibly identified in the contract with the County or board governed special district.

Company Name	Subcontractor(s):	Principal and//or Agent(s):

8. Name of any known individuals/companies who are not listed in Questions 1-7, but who may (1) actively support or oppose the matter submitted to the Board and (2) have a financial interest in the outcome of the decision:

Company Name	Individual(s) Name

9. Was a campaign contribution, of more than \$500, made to any member of the San Bernardino County Board of Supervisors or other County elected officer involved with this Contract within the prior 12 months, by any of the individuals or entities listed in Question Nos. 1-8?

No

Yes  If **yes**, please provide the contribution information in Question 11.

10. Has an agent of Contractor made a campaign contribution of any amount to any member of the San Bernardino County Board of Supervisors or other elected officer involved with this Contract while award of this Contract is being considered?

No  If **no**, please skip Question No. 10.

Yes  If **yes**, please provide the contribution information in Question 11.

11. Name of Board of Supervisor Member or other County elected officer: \_\_\_\_\_

Name of Contributor: \_\_\_\_\_

Date(s) of Contribution(s): \_\_\_\_\_

Amount(s): \_\_\_\_\_

Please add an additional sheet(s) to identify additional Board Members or other County elected officers to whom anyone listed made campaign contributions.

By signing the Contract, Contractor certifies that the statements made herein are true and correct. Contractor understands that the individuals and entities listed in Question Nos. 1-8 are prohibited from making campaign contributions of more than \$500 to any member of the Board of Supervisors or other County elected officer while award of this Contract is being considered and for 12 months after a final decision by the County.

**ATTACHMENT B**



Public Health

**COMPLAINT AND GRIEVANCE PROCEDURE**

**INSTRUCTIONS: THE CUSTOMER IS TO READ AND RECEIVE THE TOP PORTION OF THIS FORM. THE BOTTOM PORTION OF THE FORM IS TO BE SIGNED BY SERVICE RECIPIENT AND PLACED IN THE CONTRACTOR’S RECORDS.**

If you believe you have been discriminated against, or that there has been a violation of any laws or regulations, or if you have a problem regarding services received, you have the right to file a complaint or tell us your grievance.

The following procedures are to be followed when filing a complaint or grievance.

**STEP ONE:**

Write down your complaint or grievance and talk to the service provider. Keep a copy for yourself and write down the date you talked to the service provider.

- If answered or resolved at this step, nothing further is required.
- If no answer or resolution within 10 calendar days, proceed with Step Two.

**STEP TWO:**

Send a copy of your written complaint or grievance to the Department of Public Health (DPH) Contract Analyst. If you would like a response, include your name, address and telephone number. Your personal information and your complaint and grievance details will be kept confidential.

DPH Administration,  
ATTN: Contracts and Grants Unit  
451 E. Vanderbilt Way  
San Bernardino, CA 92415

You will be contacted within 10 calendar days if you have provided contact information.

**Please note:** Each of these steps must be completed in the sequence shown.

..... **Detach here** .....

**COMPLAINT AND GRIEVANCE PROCEDURE CERTIFICATION**

This certifies I have read, understood, and received the Complaint and Grievance Procedures.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date



## COMPLAINT AND GRIEVANCE PROCEDURE

**THIS INFORMING NOTICE IS TO BE DISPLAYED IN CLEAR VIEW IN AREAS WHERE CLIENT WILL OBTAIN THE DIRECT SERVICE OR AS DELINEATED IN THE CORRESPONDING COUNTY CONTRACT. CLIENT IS TO BE PROVIDED A COPY OF THIS PROCEDURE UPON REQUEST.**

If you believe you have been discriminated against, or that there has been a violation of any laws or regulations, or if you have a problem regarding the services you received, you have the right to file a complaint or tell us your grievance.

The following procedures are to be followed when filing a complaint or grievance.

### **STEP ONE:**

Write down your complaint or grievance and talk to the service provider. Keep a copy for yourself and write down the date you talked to the service provider.

- If answered or resolved at this step, nothing further is required.
- If no answer or resolution within 10 calendar days, proceed with Step Two.

### **STEP TWO:**

Send a copy of your written complaint or grievance to the Department of Public Health (DPH) Contract Analyst. If you would like a response, include your name, address and telephone number. Your personal information and your complaint and grievance details will be kept confidential.

DPH Administration, Contracts and Grants Unit  
Attn: Contract Analyst  
451 E. Vanderbilt Way  
San Bernardino, CA 92415

You will be contacted within 10 calendar days if you have provided contact information.

**Please note:** Each of these steps must be completed in the sequence shown.



**PROCEDIMIENTO PARA DENUNCIAS Y QUEJAS**

**INSTRUCCIONES: El CLIENTE DEBE leer y recibir la parte superior de este formulario. La parte inferior del formulario debe ser firmado por el recipiente del servicio y colocarlo en los archivos del contratista.**

Si cree que ha sido discriminado o que, habido una violación de leyes o regulaciones, o si tiene un problema con respecto a los servicios que recibió, usted tiene el derecho de presentar una denuncia o informarnos de su queja.

Se deben seguir los siguientes procedimientos al presentar una denuncia o queja.

**PRIMER PASO:**

Escriba su denuncia o queja por escrito y hable con el proveedor de servicios. Guarde una copia para usted y escriba la fecha en que habló con el proveedor de servicios.

- Si en este paso recibió respuesta o resolvió el problema, no se requiere hacer nada más.
- Si no hay respuesta o resolución dentro de los 10 días calendarios, siga al Segundo Paso.

**SEGUNDO PASO:**

Mande una copia de su denuncia o queja por escrito al Analista de Contratos del Departamento de Salud Pública. Si desea una respuesta, incluya su nombre, dirección y número de teléfono. Su información personal y los detalles de su denuncia o queja se mantendrán confidencial.

DPH Administration,  
ATTN: Contracts and Grants Unit  
451 E. Vanderbilt Way  
San Bernardino, CA 92415

Será contactado dentro de 10 días calendarios si ha proporcionado su información de contacto.

**Por favor note:** Cada uno de estos pasos deben ser completados en la orden que se indica.

..... **Separar aquí.** .....

**CERTIFICACIÓN DEL PROCEDIMIENTO PARA DENUNCIAS Y QUEJAS**

Esto certifica que he leído, entendido, y he recibido el Procedimiento para Denuncias y Quejas.

\_\_\_\_\_  
Firma del Cliente

\_\_\_\_\_  
Fecha



## PROCEDIMIENTO PARA DENUNCIAS Y QUEJAS

**ESTE AVISO INFORMATIVO DEBE MOSTRARSE EN VISTA CLARA EN AREAS DONDE EL CLIENTE RECIBIRÁ SERVICIO DIRECTO O COMO ESTÁ DELINEADO EN EL CONTRATO DEL CONDADO CORRESPONDIENTE. AL CLIENTE SE LE PROPORCIONARÁ UNA COPIA DE ESTE PROCEDIMIENTO CUANDO LO PIDA.**

Si cree que ha sido discriminado, o que habido una violación de leyes o regulaciones, o si tiene un problema con respecto a los servicios que recibió, usted tiene el derecho de presentar una denuncia o informarnos de su queja.

Se deben seguir los siguientes procedimientos al presentar una denuncia o queja.

### **PRIMER PASO:**

Escriba su denuncia o queja por escrito y hable con el proveedor de servicios. Guarde una copia para usted y escriba la fecha en que habló con el proveedor de servicios.

- Si en este paso recibió respuesta o resolvió el problema, no se requiere hacer nada más.
- Si no hay respuesta o resolución dentro de los 10 días calendarios, siga al Segundo Paso.

### **SEGUNDO PASO:**

Mande una copia de su denuncia o queja por escrito al Analista de Contratos del Departamento de Salud Pública. Si desea una respuesta, incluya su nombre, dirección y número de teléfono. Su información personal y los detalles de su denuncia o queja se mantendrán confidencial.

DPH Administration,  
ATTN: Contracts and Grants Unit  
451 E. Vanderbilt Way  
San Bernardino, CA 92415

Será contactado dentro de 10 días calendarios si ha proporcionado su información de contacto.

**Por favor note:** Cada uno de estos pasos deben ser completados en la orden que se indica.

## ATTACHMENT C

### RYAN WHITE GRIEVANCE PROCESS

#### Section 1 – Requirements

The Ryan White Program requires Recipients to develop grievance procedures related to funding decisions, including procedures for submitting grievances that cannot be resolved to binding arbitration. The legislation requires that these procedures be consistent with model grievance procedures developed by HRSA, which address grievances with respect to Ryan White funding. HRSA expects Recipient and Planning Council grievance procedures to be coordinated.

#### Section 2 – Definitions

Definitions used in these procedures are provided in RWP Grievance Exhibit G-1 of this document.

#### Section 3 – Purpose

The Recipient's grievance policy is designed to provide a process that:

- A. Enables eligible individuals or entities to exercise their rights to file an informal complaint or a formal grievance about specific Recipient policies and procedures and their implementation,
- B. Prevents avoidable grievances and resolves complaints at the informal level whenever possible,
- C. Ensures that each complaint or grievance is addressed and resolved fairly and quickly, and
- D. Meets HRSA requirements and represents sound practice for a TGA.

#### Section 4 – Who May File a Grievance

Entities and individuals within the Riverside/San Bernardino, CA TGA who are directly affected by the outcome of a decision related to funding ("affected parties") are eligible to file a grievance. This may include:

- A. Providers of HIV-related services that are eligible to receive Ryan White funds, including Minority AIDS Initiative funds,
- B. The Planning Council.

#### Section 5 – Eligible Grievances

- A. Directly affected parties may file a grievance with regard to either of the following:
  1. Deviations from the Recipient's established selection, awards, and contracting process and
  2. Deviations from the established process for any subsequent changes to the selection of contractors or awards.

#### Section 6 – Prospective Implementation of Settlements

Any settlement reached through mediation or arbitration shall involve prospective (future) change. It shall not require reversal of procurement decisions already made. For example, if a mediation or arbitration agreement requires changes in the Recipient's procurement process, the Recipient must use the new process in future procurement activities but is not required to re-do the prior procurement process.

#### Section 7 – Informal: Early Grievance Resolution

- A. The Recipient recognizes that the best way to deal with grievances is to prevent them. The Recipient shall make all reasonable efforts to prevent circumstances or situations within the procurement processes that could give rise to a grievance.
- B. Dispute prevention efforts shall include at least the following:
  1. Availability of a written description of the Recipient's procurement policies and procedures.
  2. Training for new Recipient staff and for all independent review panel members each year, to ensure that they understand and are prepared to follow established review policies, processes, and procedures, including related policies and procedures such as conflict of interest.
  3. Discussion of the procurement process and related policies at a bidder's conference, if one is held.
  4. Specific opportunities for interested parties, including bidders and review panel members, to provide feedback on the procurement process and its implementation.
- C. When potential grievances arise, the first steps shall involve informal conflict resolution efforts before the concern becomes a grievance. This informal process includes the following:
  1. The Ryan White Program Coordinator or a designee identified by the Public Health Director shall serve as the Recipient's designated point of contact for an affected party with concerns about procurement or

related processes that might become a grievance. An affected party that appears to have standing to file a grievance and has concerns regarding adherence to established processes that are covered by these grievance procedures shall be encouraged to express these concerns to the Recipient representative at the earliest opportunity. The contact must be made within five (5) business days after the disputed situation occurred or after the decision was announced.

2. In any situation where the assigned Recipient representative has a real or perceived conflict of interest or is unable to play a neutral role, the next highest ranking Recipient representative shall handle that situation.
3. The Recipient representative shall log all such contacts and discussions, recording the date, affected party name and contact information, concerns expressed, and the date of the event that led to the concerns.
4. The Recipient representative shall meet with the affected party to review the expressed concerns. The discussion will occur within five (5) business days after the concerns are brought to the attention of the Recipient representative. The Recipient representative shall be prepared to explain the procurement process used and clarify how it works, and to provide other information as appropriate. The Recipient representative may involve other County staff, as needed. Where possible, the affected party's concerns will be resolved through this discussion. The Recipient representative will summarize the discussion in writing and provide the report to the Public Health Administration.
5. If these efforts do not resolve the concerns, the Recipient representative will ensure that the affected party receives written information about the grievance process, timeframes, and how to file a formal grievance.

## **Section 8 – Formal Grievance**

### **A. Filing a Grievance**

1. The affected party must submit a written Grievance Intake Form within five (5) business days after the attempt at informal dispute resolution. If no Grievance Intake Form is submitted within this period, the affected party will lose the right to file a grievance.
2. The completed form may be submitted to the Recipient office by U.S. mail with return receipt requested, electronic mail (with electronic signature), or personal delivery during normal business hours.
3. The Recipient representative will log the grievance, and within two (2) business days after receipt will inform the grievant that the grievance has been received and provide a written summary of the grievance process, including steps, forms, and timelines.
4. The Recipient representative will also provide copies of the grievance to the Ryan White Program Coordinator/Designee and Public Health Administration within two (2) business days after receipt.

### **B. Determination of Standing**

The Public Health Administration shall review the grievance, determine whether the affected party is an eligible grievant, and determine whether the situation described represents an eligible grievance. The grievant will be informed of the decision within five (5) business days after the Public Health Administration receives copies of the grievance.

If the grievance is rejected, the letter must explain the reasons for the rejection and inform the grievant that they have five (5) days after the date of the letter of rejection to contact the Recipient office to appeal the decision. The grievant will be required to submit additional information to support their appeal prior to Formal Resolution.

1. If the grievant and grievance are determined to have standing, or the grievant files a notice of appeal, the Public Health Administration will contact the grievant to arrange a meeting. A meeting must occur within five (5) business days after determination of standing or receipt of appeal.

### **C. Formal Resolution**

1. If a meeting is arranged, the Public Health Administration shall collect the circumstances, facts, and information available regarding the grievance and provide the grievant with an opportunity to provide additional information and answer questions posed by Public Health Administration. Public Health Administration shall make their judgment regarding the grievance and how it should be resolved. The decision shall be made and sent to the grievant by certified mail, within three (3) business days after the date of the meeting.

2. If the grievant finds the report and proposed resolution satisfactory, the grievant will indicate acceptance by signing one copy of the report and returning it to the Recipient Office.
3. If the grievant's complaint is denied or if the grievant is not satisfied with the resolution in the report, the grievant may request formal non-binding mediation.

### **Section 9 – Non-Binding Mediation**

- A. The grievant shall have five (5) business days from the date of receipt of the written report from the Public Health Administration to request mediation, using a Request for Non-Binding Mediation Form (See RWP Grievance Attachment 3 for a copy of the form [Contract Attachment D-2]). The form may be delivered to the Recipient via U.S. mail, return receipt requested, electronic mail (with electronic signature), or personal delivery during normal business hours.
- B. If the Recipient does not receive a Request for Non-Binding Mediation Form from the Grievant within five (5) days, the Grievant will waive all further rights to grieve the issue and all associated issues.
- C. The Recipient representative shall log the request for mediation, and within two (2) business days after receiving receipt, inform the grievant that the request has been received.
- D. The Recipient representative's office shall seek a mediator with County Counsel's assistance. Within ten (10) business days after receipt of the request for mediation, Recipient representative shall provide the grievant the name of a neutral person who is skilled in mediation and lives in the TGA. This neutral person shall not have been involved with the decision that is the subject of the grievance and shall have no direct interest in the outcome of the grievance process. The grievant and the Recipient shall both have the opportunity to request a different mediator if the grievant or any Recipient staff involved in the prior review of the grievance is acquainted with the mediator or feels s/he is not neutral.
- E. Upon appointment, the mediator shall, within three (3) business days, contact the grievant and Recipient and agree on a day, time, and location of the initial mediation meeting. Public Health Administration or designee shall represent the Recipient in the mediation. However, other County staff may also attend. The mediation meeting shall be scheduled within ten (10) business days after this first contact with the mediator. The mediator shall review the written report and other information on the circumstances and information available regarding the grievance. The mediator may ask each of the two parties to provide a brief memorandum setting forth its position with regard to the issue(s) that need to be resolved. The mediator may share the memorandum with the other party with the consent of the party that prepared the memorandum.
- F. The mediator will facilitate a meeting between the parties to assist them in obtaining a resolution of the grievance. If the grievance is resolved, the mediator will prepare, and both parties will indicate acceptance by signing a statement of resolution. If the mediator is unable to help the parties reach a resolution or determines that an impasse has been reached, both parties will be so informed in writing. The written statement of resolution or impasse will be provided to the grievant and Recipient within three (3) business days after the mediation meeting.
- G. At this point either party may request binding arbitration, with the understanding that the decision of the arbitrator will be final and binding on both parties.

### **Section 10 – Binding Arbitration**

- A. The grievant may submit a Request for Binding Arbitration Form to the Recipient office (Attachment D-3). The completed form must be received by the Recipient representative within five (5) business days after the mediation ends. It may be submitted to the office in writing via U.S. mail, return receipt requested, electronic mail (with electronic signature), or personal delivery during normal business hours.
- B. If the Recipient representative does not receive a written form requesting arbitration from the grievant within the specified period, the grievant will waive all further rights to grieve the situation.
- C. The Recipient representative shall log the request for arbitration, and within two (2) business days after receipt, shall inform the Grievant, the Ryan White Program Coordinator/Designee and Public Health Administration that the request has been received. Public Health Administration or designee may represent the Recipient in the arbitration process.
- D. The Recipient representative shall request a neutral arbitrator through the American Arbitration Association (AAA), or through a service identified appropriate by County Counsel and the arbitration will be in accordance with the standards of the AAA. The AAA (or other arbitration services) will provide the name of a disinterested person who is skilled in the process of arbitration to the Recipient designee and grievant within five (5) business days after the Request for Binding Arbitration Form is received. This neutral person

shall have had no involvement in the process that is the subject of the grievance, nor will s/he have any direct interest in the outcome of the grievance process. The grievant and the Recipient representative shall each approve the arbitrator or request a different arbitrator if the grievant or Recipient representative grievance is acquainted with the arbitrator or questions their selection.

- E. Once the arbitrator has been accepted by both parties, they shall within three (3) business days contact the grievant and Recipient representative and agree on the date, time, and location for an arbitration meeting. A meeting will be scheduled within fifteen (15) business days.
- F. The arbitrator will review correspondence, records, or documentation related to the process that is the subject of the grievance, including materials from the mediator. The arbitrator may ask the two parties to provide additional information related to the grievance, either before or after the meeting
- G. Within seven (7) business days after the arbitration meeting, the arbitrator will deliver to the grievant and the Recipient an arbitration summary and decision, signed by the arbitrator. This decision will resolve the grievance.
- H. Within three (3) days of receipt of the arbitrator's decision, all parties shall be required to sign one copy of the decision, which shall be binding on both parties.

### **Section 11 – Costs**

The costs for grievances shall be as follows:

- A. There shall be no cost for an informal discussion or for the internal review process.
- B. A fee of \$50 shall be charged for filing a Request for Non-Binding Mediation, to contribute to the cost of mediation.
- C. A fee of \$100 will be charged for filing a Request for Binding Arbitration, to contribute to the cost of arbitration.
- D. In exceptional circumstances, the Recipient may waive either or both fees.
- E. Both parties will be responsible for costs related to their own participation in the grievance resolution process, including costs related to any witnesses or documents they choose to bring forward.

### **Section 12 – Recipient Action Following Resolution of Grievances**

Following any agreement reached regarding a grievance against the Recipient, Public Health Administration, Ryan White Program Coordinator/Designee and Recipient representative will meet to discuss the nature of the grievance and the settlement. This meeting will include discussion to clarify whether the agreement was made through internal dispute resolution efforts, mediation, or binding arbitration. The focus will be on ensuring an understanding of the terms of the agreement and all required or desirable actions to be taken by the Recipient to fully meet these terms and to avoid similar situations in the future. The Recipient will take action to ensure clear responsibility for ensuring that all provisions of the agreement are met within the time specified in the agreement or, if no time is included in the agreement, within a time period determined at the meeting.

### **Section 13 – Confidentiality and Protections**

- A. Confidentiality:
  - 1. Mediators and arbitrators shall not divulge confidential information disclosed to them by the parties during mediation or arbitration, or share related records, reports, or other documents received, except that the mediator may provide such information to the arbitrator.
  - 2. The Recipient and the Grievant will be asked to maintain similar confidentiality.
  - 3. Agreements on confidentiality may be made as part of the written settlement signed by the Recipient representative and the grievant.
- B. Protections: A grievant shall not be discriminated against nor suffer retaliation as a result of filing a grievance in good faith or participating in the investigation of a grievance.

### **Section 14 – Involvement of County Counsel and Recipient**

- A. County Counsel: The Recipient representative shall keep the County Counsel, as a representative of the CEO, informed about all active grievances. At their discretion, County Counsel may receive copies of written documents related to a grievance and be present at meetings held at each level of the formal grievance process, including internal meetings, mediation, and arbitration. The Recipient representative shall request advice and assistance from the County Counsel as needed throughout the grievance process.

- B. Planning Council: The Recipient shall inform the Planning Council staff when a grievance is received and shall mention active grievances and the resolution of grievances when providing the Recipient report to the Planning Council. The Recipient shall not identify the grievant or provide details of the grievance.

**ATTACHMENT D-1**

**RYAN WHITE GRIEVANCE-FORMAL GRIEVANCE INTAKE FORM**

**Ryan White Program  
San Bernardino County  
Department of Public Health**

**Formal Grievance Intake Form**

**Grievances and the Right to File a Grievance:** Grievances may be filed with the San Bernardino County Department of Public Health (address below).

1. Deviations from the Recipient’s established contracting and awards process (for example, the selection of a particular provider in a manner inconsistent with the Department of Public Health’s established procurement process), and
2. Deviations from the established process for any subsequent changes to the selection of contractors or awards.

**Eligibility:** You are eligible to file a grievance if you are *directly affected* by the outcome of such a deviation. The following entities and individuals may be “affected parties” and eligible to file grievances:

- Providers of HIV-related services that are eligible to receive Ryan White Program funds, including Minority AIDS Initiative (MAI) funds
- The Planning Council

**Timing:** If you wish to file a grievance with the Recipient, this form must be completed, submitted, and received within twenty (20) business days of the date of the alleged deviation, or the date the decision was announced. You will be contacted within two (2) business days after receipt of this form.

**Filing Fee:** There is no administrative fee associated with filing this grievance.

**Informal Early Grievance Resolution:** You are required to first engage in informal discussion about your concerns prior to filing a grievance (see Ryan White Grievance Procedure Section 7). Within five (5) days after the date of the event or action, you may contact the Ryan White Program Recipient representative and request the opportunity to discuss your concerns and seek informal resolution. If you do not reach a resolution acceptable to you, you may file a formal grievance using this form up to five (5) days after the attempt at informal dispute resolution.

**Submission:** Submit the completed form to San Bernardino County Department of Public Health at the address below by mail, electronic mail (with electronic signature), or bring it to the office during normal working hours. The date of submission is the date the Grievance Intake Form is received by the Recipient representative.

San Bernardino County  
Department of Public Health  
ATTN: Contracts Unit (RFP 25-05)  
451 E. Vanderbilt Way, 4<sup>th</sup> Floor  
San Bernardino, CA 92408

**Formal Grievance Intake Form**

**Name(s) of person(s) filing the Grievance:**

**Name of Entity on whose behalf the grievance is being filed:**  
[Check here if you are filing as an individual \_\_\_]

**Address:**

**City and State:**

**Zip code:**

**Telephone Number (daytime):**

**Cell phone (optional):**

**E-mail address:**

**Indicate ONE preferred method of contacting you:**

Daytime phone       Cell phone       E-mail  
 Postal service       Other (specify)

**What was the date of the alleged deviation from established policy or the date the decision was announced?**

**Which policy(ies) or procedures do you feel were not followed?**

**Describe the alleged deviation and how you (entity or individual) were directly affected.**

**Describe what remedy you seek.**

(Add additional pages as needed).

***I attest that the information provided in this form is accurate, that I as an individual or the entity I represent has standing to file a grievance with the Ryan White Program Recipient.***

**Signature of Grievant:**

**Date:**

**ATTACHMENT D-2**

**GRIEVANCE REQUEST FOR NON BINDING MEDIATION**

**Ryan White Program  
San Bernardino County  
Department of Public Health**

**Grievance Request for Non-Binding Mediation**

**Eligibility:** You may request non-binding mediation if you filed a formal grievance under RWP (Recipient) grievance policies, the grievance was found to have standing, and you are not satisfied with the proposed resolution in the report of Public Health Administration.

**Timing:** The Ryan White Program office must receive your request for non-binding mediation within five (5) business days after you received the written report from Public Health Administration on your formal grievance.

**Filing Fee:** The administrative fee for non-binding mediation is \$50. The fee is due at the time of filing and may be paid by check or money order.

**Submission:** Submit the completed form to San Bernardino County Department of Public Health at the address below by mail, electronic mail (with electronic signature), or bring it to the office during normal working hours. The date of submission is the date the Request for Non-Binding Mediation Form is received by Recipient staff.

San Bernardino County  
Public Health Department  
ATTN: Contracts Unit (RFP 25-05)  
451 E. Vanderbilt Way, 4<sup>th</sup> Floor  
San Bernardino, CA 92408

**Information Required:** Your original grievance is on file with the Public Health Department. Please include in this request your contact information, any updated information regarding your grievance and desired remedy, and why you are seeking mediation.

Name(s) of person(s) filing the grievance:  
Name of entity on behalf of which the grievance was filed:  
[Check here if you are filing as an individual \_\_\_\_]

Address:

City and State:

Zip code:

Telephone Number (daytime):

Cell phone (optional):

E-mail address:

**Request for Non-Binding Mediation Form**

Indicate **ONE** preferred method of contacting you:

Daytime phone

Cell phone

E-mail

Postal service

Other (specify)

On what date did you file the original, formal grievance?

Why are you requesting non-binding mediation?

**Please provide any desired updated information about your grievance, how you were directly affected, and the desired remedy.** (Use additional pages as needed.) If the information on your Grievance Intake Form is complete and still applies, please indicate that here.

*I am requesting non-binding mediation. I have been provided with information about the process and agree to cooperate with the mediator and to meet the timeframes specified.*

Signature:

Date:

GRIEVANCE REQUEST FOR BINDING ARBITRATION

Ryan White Program  
San Bernardino County  
Department of Public Health

Request for Binding Arbitration Form

**Eligibility:** You may request binding arbitration if you filed a grievance under RWP (Recipient) grievance policies, the grievance was found to have standing and you were unable to reach a satisfactory resolution through the Recipient's internal review by the Public Health Administration or through non-binding mediation.

**Binding Arbitration:** If you participate in binding arbitration, the decision of the arbitrator will be final, and the settlement specified in the arbitrator's report will be binding on both parties.

**Timing:** The Ryan White Program office must receive your request for binding mediation within five (5) business days after you received the report from the mediator indicating an impasse or an indication that no mutually satisfactory resolution was reached as a result of non-binding arbitration.

**Filing Fee:** The administrative fee for binding arbitration is \$100. The fee is due at the time of filing and may be paid by check or money order.

**Submission:** Submit the completed form to San Bernardino County Department of Public Health at the address below by mail, electronic mail (with electronic signature), or bring it to the office during normal working hours. The date of submission is the date the Request for Non-Binding Mediation Form is received by Recipient staff.

San Bernardino County  
Public Health Department  
ATTN: Contracts Unit (RFP 25-05)  
451 E Vanderbilt Way, 4th Floor  
San Bernardino, CA 92408

**Information Required:** Your original grievance and your request for non-binding mediation are on file with the Public Health Department. Please include in this request your contact information, any updated information regarding your grievance and desired remedy, a description of previous steps taken under non-binding procedures including mediation that has not resulted in agreement, and why you are seeking binding arbitration.

**Name(s) of person(s) filing the grievance:**  
**Name of entity on behalf of which the grievance was filed:**  
**[Check here if you are filing as an individual \_\_\_\_]**

**Address:**

**City and State:**

**Zip code:**

**Telephone Number (daytime):**

**Cell phone (optional):**

**E-mail address:**

**Request for Non-Binding Mediation Form**

**Indicate ONE preferred method of contacting you:**

Daytime phone

Cell phone

E-mail

Postal service

Other (specify)

**On what date did you file the original, formal grievance?**

**Why are you requesting non-binding mediation?**

**Please provide any desired updated information about your grievance, how you were directly affected, and the desired remedy.** (Use additional pages as needed.) If the information on your Grievance Intake Form is complete and still applies, please indicate that here.

*I am requesting non-binding mediation. I have been provided with information about the process and agree to cooperate with the mediator and to meet the timeframes specified.*

**Signature:**

**Date:**

**ATTACHMENT E**

**ASSURANCE OF COMPLIANCE STATEMENT**

**ASSURANCE OF COMPLIANCE WITH THE  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
NONDISCRIMINATION IN STATE AND FEDERALLY ASSISTED PROGRAMS**

**County of Riverside, Department of Public Health dba Riverside  
University Health System-Public Health**

\_\_\_\_\_  
NAME OF THE CONTRACTING AGENCY

(Hereinafter called the "Agency")

HEREBY AGREES THAT it will comply with Title VI and VII of the Civil Rights Act of 1964 as amended; Section 504 of the Rehabilitation Act of 1973 as amended; the Food Stamp Act of 1977, as amended and in particular section 272.6; Title II of the Americans with Disabilities Act of 1990: California Civil Code Section 51 et seq., as amended; California Government Code section 11135-11139.8, as amended; California Government Code section 12940; California Government Code section 4450; Title 2, California Code of Regulations sections 11140-11200; Title 24 of the California Code of Regulations, Section 3105A(e); the Dymally-Alatorre Bilingual Services Act (California Government Code Section 7290-7299.8); Section 1808 of the Removal of Barriers to Interethnic Adoption Act of 1996; and other applicable federal and state laws, as well as their implementing regulations [including 45 Code of Federal Regulations (CFR) Parts 80, 84, and 97, 7CFR Part 15. And 28 CFR Part 42], by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall because of ethnic group identification, age, sex, sexual orientation, gender identity, color, disability, medical condition, national origin, race, ancestry, marital status, religion, religious creed, political belief, or other applicable protected basis be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state assistance; and HEREBY GIVES ASSURANCE THAT, it will immediately take any measures necessary to effectuate this contract.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal and state assistance; and THE AGENCY HEREBY GIVES ASSURANCE THAT administrative methods/procedures which have the effect of subjecting individuals to discrimination or defeating the objectives of the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Chapter 21, will be prohibited.

BY ACCEPTING THIS ASSURANCE, the Agency agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the aforementioned laws and regulations and permit authorized CDSS and/or federal government personnel, during normal working hours, to review such records, books and accounts as needed to ascertain compliance. If there are any violations of this assurance, CDSS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Welfare and Institutions Code Section 10605, or Government Code Section 11135-11139.8, or any other laws, or the issue may be referred to appropriate federal agency for further compliance action and enforcement of this assurance.

THIS ASSURANCE is binding on the Agency directly or through contract, license, or other provider services, as long as it receives federal or state assistance; and shall be submitted annually with the required Civil Rights Plan Update.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ORGANIZATION

## ATTACHMENT F

### FEDERAL CONTRACTING PROVISIONS

Contractor shall to comply with the following additional terms:

**A. Reserved.**

**B. Reserved.**

**C. Reserved.**

**D. Clean Air Act and the Federal Water Pollution Control Act (42 USC §§ 7401-7671q, 33 USC §§ 1251-1387.)**

#### Clean Air Act

1. Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended, 42 U.S.C. § 7401 et seq.
2. Contractor agrees to report each violation to the County and understands and agrees that the County will, in turn, report each violation as required to assure notification to the federal funding source, and the appropriate Environmental Protection Agency Regional Office.
3. Contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance.

#### Federal Water Pollution Control Act

1. Contractor agrees to comply with all applicable standards, orders, or regulations issued pursuant to the Federal Water Pollution Control Act, as amended, 33 U.S.C. 1251 et seq.
2. Contractor agrees to report each violation to the County and understands and agrees that the County will, in turn, report each violation as required to assure notification to the federal funding source, and the appropriate Environmental Protection Agency Regional Office.
3. Contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance.

**E. Reserved.**

**F. Prohibited Telecommunications and Video Surveillance Equipment and Services (2 C.F.R. §200.216)**

Contractor certifies that it will not use contract funds to:

- (1) Procure or obtain covered telecommunications equipment or services;
- (2) Extend or renew a contract to procure or obtain covered telecommunications equipment or services; or
- (3) Enter into a contract (or extend or renew a contract) to procure or obtain covered telecommunications equipment or services.

“Covered telecommunications equipment or services” means those equipment and services defined at 2 C.F.R. §200.16(b).

**G. Domestic Preference for Procurements (2 C.F.R. § 200.322)**

Contractor should, to the greatest extent practicable and consistent with law, provide a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States (including but not limited to iron, aluminum, steel, cement, and other manufactured products). “Produced in the United States” means, for iron and steel products, that all manufacturing processes, from the initial melting stage through the application of coatings, occurred in the United States. “Manufactured products” means items and construction materials composed in whole or in part of non-ferrous metals such as aluminum; plastics and polymer-based products such as polyvinyl chloride pipe; aggregates such as concrete; glass, including optical fiber; and lumber.

**H. Reserved.**

**I. Byrd Anti-Lobbying Amendment (31 U.S.C. § 1352 (as amended))**

Contractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. Contractor shall also disclose to the County any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

[certification continued on next page]

**ANTI- LOBBYING CERTIFICATION**

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
5. The Contractor, \_\_\_\_\_, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.

\_\_\_\_\_  
Signature of Contractor's Authorized Official

\_\_\_\_\_  
Name and Title of Contractor's Authorized Official

\_\_\_\_\_  
Date

SCOPE OF WORK

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

<b>Contract Number:</b>	
<b>Contractor:</b>	County of Riverside, Department of Public Health dba Riverside University Health System-Public Health
<b>Grant Period:</b>	March 1, 2026 – February 28, 2027
<b>Service Category:</b>	<b>EARLY INTERVENTION SERVICES (PART A)</b>
<b>Service Goal:</b>	The goal of Early Intervention Services is to rapidly identify and link people living with HIV to testing, core medical services, and essential support services to promote treatment adherence and sustained engagement in HIV medical care. Reducing the time between HIV acquisition, diagnosis, and entry into care facilitates earlier access to treatment, reduces transmission risk, and improves health outcomes.
<b>Service Health Outcomes:</b>	<ul style="list-style-type: none"> <li>• Improved or maintained CD4 cell count</li> <li>• Improved or maintained CD4 cell count as a percentage of total lymphocyte count</li> <li>• Improved retention in care (at least one medical visit in each six-month period)</li> <li>• Improved viral suppression rate</li> <li>• Targeted HIV testing maintains a positivity rate of 1.1% or higher</li> </ul>

	<b>SA1</b> West Riv	<b>SA2</b> Mid Riv	<b>SA3</b> East Riv	<b>SA4</b> San B West	<b>SA5</b> San B East	<b>SA6</b> San B Desert	<b>FY 26/27</b> <b>TOTAL</b>
<b>Proposed Number of Clients</b>	250	150	50	0	0	0	450
<b>Proposed Number of Visits</b> = Regardless of number of transactions or number of units	400	300	150	0	0	0	850
<b>Proposed Number of Units</b> = Transactions or 15 min encounters (See Attachment P)	650	350	150	0	0	0	1150

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

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
<p><b>Element #1: Identification and Linkage of Individuals Newly Diagnosed or Out of Care</b></p> <p>Early Intervention Services staff identify, locate, and link individuals who are newly diagnosed with HIV or who have fallen out of care to HIV medical services and support services in accordance with Inland Empire HIV Planning Council Standards of Care.</p> <p><b>Implementation Activities:</b></p> <ul style="list-style-type: none"> <li>• Partner with grassroots community-based organizations, faith-based organizations, local churches, and other non-traditional venues to conduct targeted HIV testing and outreach.</li> <li>• Link individuals who test HIV-positive, are newly diagnosed, or are identified as having unmet need to HIV Testing and Counseling, Partner Services, and HIV medical care.</li> <li>• Collaborate with prisons, jails, correctional facilities, homeless shelters, hospitals, and other institutional settings to conduct targeted HIV testing and facilitate linkage to HIV care and treatment.</li> <li>• Coordinate with HIV treatment teams to identify people living with HIV who are out of care or marginally engaged and provide navigation and short-term support to re-engage them in care.</li> <li>• Provide Early Intervention Services at Riverside Neighborhood Health Center, Perris Family Care Center, Indio Family Care Center, and in community-based settings throughout Riverside County.</li> <li>• Deliver services in accordance with Inland Empire HIV Planning Council Standards of Care.</li> <li>• Document all outreach, testing, linkage, and re-engagement activities in HIV Care Connect (HCC).</li> </ul>	1, 2, & 3	03/01/26-02/28/27	<ul style="list-style-type: none"> <li>• Targeted outreach and HIV testing activities are planned, conducted, and tracked, as evidenced by outreach schedules and encounter logs.</li> <li>• Individuals newly diagnosed with HIV or identified as out of care complete assessment and enrollment into services, as documented through assessment and enrollment forms.</li> <li>• Linkage to HIV medical care is documented and monitored, demonstrating timely connection for newly diagnosed and re-engaged clients.</li> <li>• Referrals to HIV medical care, partner services, and support services are initiated and followed up, as reflected in referral logs and progress notes.</li> <li>• Case conferencing is conducted for clients with complex barriers to care, supporting coordinated linkage and re-engagement.</li> <li>• Program activities and outcomes are reported accurately and timely using required reporting forms.</li> <li>• Culturally responsive outreach and service delivery are implemented, consistent with the program's Cultural Competency Plan.</li> <li>• Service delivery, linkage outcomes, and utilization data are captured and reported through HIV Care Connect (HCC).</li> </ul>

<p><b>Element #2: Timely Linkage to HIV Care and Treatment</b>  Early Intervention Services staff link newly diagnosed individuals and those with unmet need to HIV medical care and treatment within 30 days or less and provide referrals to Ryan White and non-Ryan White systems of care.</p> <p><b>Implementation Activities</b></p> <ul style="list-style-type: none"> <li>• Coordinate with HIV care and treatment facilities to ensure newly diagnosed individuals and those with unmet need are linked to HIV medical care within 30 days or less.</li> <li>• Provide referrals to appropriate Ryan White and non-Ryan White systems of care based on client needs.</li> <li>• Assist clients with enrollment in or transition to appropriate health insurance or payer sources, including ADAP, MISP, Medi-Cal, the Insurance Marketplace, and OA CARE HIPP.</li> <li>• Deliver community-based outreach, patient education, intensive case management, and patient navigation services to address barriers to care and promote timely access to HIV medical services.</li> <li>• Conduct follow-up activities to confirm successful linkage to care and continuation of services.</li> <li>• Document linkage, referrals, insurance assistance, and follow-up activities in HIV Care Connect (HCC).</li> </ul>	<p>1, 2, &amp; 3</p>	<p>03/01/26-02/28/27</p>	<ul style="list-style-type: none"> <li>• Newly diagnosed individuals and those with unmet need are linked to HIV medical care within 30 days or less.</li> <li>• Referrals to Ryan White and non-Ryan White systems of care are completed and tracked.</li> <li>• Clients receive assistance with insurance enrollment or payer transitions, supporting continuity of care.</li> <li>• Patient navigation and education activities reduce barriers to accessing HIV care.</li> <li>• Linkage, referral, and follow-up outcomes are documented and monitored through HCC.</li> </ul>
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<p><b>Element #3: Re-Engagement of Individuals Who Are Out of HIV Care</b></p> <p>Early Intervention Services staff re-link people living with HIV who have fallen out of care and provide follow-up support to ensure timely re-engagement and sustained participation in HIV medical care.</p> <p><b>Implementation Activities</b></p> <ul style="list-style-type: none"> <li>• Identify individuals who have fallen out of HIV medical care through coordination with HIV care and treatment providers.</li> <li>• Re-link clients who are out of care to HIV medical services within 30 days or less, in coordination with HIV care and treatment facilities.</li> <li>• Conduct follow-up navigation and support to confirm successful re-entry into care.</li> <li>• Assist clients with enrollment in or transition to appropriate health insurance or payer sources, including ADAP, MISP, Medi-Cal, the Insurance Marketplace, and OA CARE HIPP.</li> <li>• Link clients to non-medical case management and medical case management services to address barriers related to benefits counseling, transportation, housing, and other support needs.</li> <li>• Link high-risk EIS clients to additional support services, including mental health services and housing resources, to promote sustained engagement in care.</li> <li>• Participate in bi-weekly clinic care team case conferences to coordinate re-engagement efforts and address complex client needs.</li> <li>• Document re-linkage, referrals, and follow-up activities in HIV Care Connect (HCC).</li> </ul>	<p>1, 2, &amp; 3</p>	<p>03/01/26-02/28/27</p>	<ul style="list-style-type: none"> <li>• Clients identified as out of care are re-linked to HIV medical care within 30 days or less.</li> <li>• Follow-up activities are completed and documented, supporting sustained engagement in care.</li> <li>• Clients receive assistance with insurance enrollment or transitions, ensuring continuity of coverage.</li> <li>• Referrals to medical and non-medical case management and support services are initiated and tracked.</li> <li>• High-risk clients are connected to appropriate support services to address barriers to care.</li> <li>• Re-engagement efforts and outcomes are monitored and reported through HCC.</li> </ul>
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<p><b>Element #4: Evidence-Based Outreach to High-Risk MSM Communities</b></p> <p>Early Intervention Services staff utilize evidence-based outreach strategies to engage high-risk men who have sex with men (MSM) communities and promote HIV testing, linkage to care, and re-engagement in care.</p> <p><b>Implementation Activities</b></p> <ul style="list-style-type: none"> <li>• Develop and disseminate culturally and linguistically appropriate outreach materials, including flyers, brochures, and digital or web-based content, tailored to high-risk MSM communities.</li> <li>• Utilize evidence-based outreach approaches, including the Social Networking model, to expand reach within high-risk networks.</li> <li>• Encourage HIV-positive individuals and high-risk HIV-negative individuals to recruit social contacts for HIV testing and linkage to care services.</li> <li>• Coordinate outreach activities with HIV prevention and care partners to align messaging and avoid duplication of efforts.</li> <li>• Document outreach activities, referrals, and outcomes in HIV Care Connect (HCC).</li> </ul>	1, 2, & 3	03/01/26-02/28/27	<ul style="list-style-type: none"> <li>• Culturally and linguistically appropriate outreach materials are developed and utilized to reach high-risk MSM communities.</li> <li>• Evidence-based strategies, including the Social Networking model, are implemented to expand HIV testing and linkage efforts.</li> <li>• Individuals reached through outreach are referred for HIV testing, linkage, or re-engagement services, as appropriate.</li> <li>• Social network-based recruitment activities are documented and tracked, demonstrating expanded reach into high-risk populations.</li> <li>• Outreach activities and outcomes are monitored and reported through HCC.</li> </ul>
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<p><b>Element #5: Coordination with HIV Testing, Partner Services, and Treatment Programs</b>  Early Intervention Services staff collaborate with HIV Testing and Counseling Services and Partner Services to ensure newly diagnosed individuals from communities of color are promptly linked to HIV treatment and care at DOPH HIV/STD clinics and other HIV care and treatment facilities throughout Riverside County.</p> <p><b>Implementation Activities</b></p> <ul style="list-style-type: none"> <li>• Coordinate with DOPH HIV Testing and Counseling and Prevention programs to identify newly diagnosed individuals from communities of color.</li> <li>• Participate in weekly coordination meetings with DOPH Prevention staff to exchange information on newly diagnosed cases and confirm referral to Early Intervention Services.</li> <li>• Ensure newly diagnosed individuals are referred to Partner Services and linked to HIV medical care and treatment within 30 days or less.</li> <li>• Conduct follow-up navigation and support activities to confirm successful linkage to care.</li> <li>• The Senior Communicable Disease Specialist (CDS) reviews required data elements to verify linkage, retention, and completeness of documentation.</li> <li>• Document coordination activities, referrals, linkage outcomes, and follow-up activities in HIV Care Connect (HCC).</li> </ul>	<p>1, 2, &amp;3</p>	<p>03/01/26-02/28/27</p>	<ul style="list-style-type: none"> <li>• Newly diagnosed individuals from communities of color are referred to Early Intervention Services and Partner Services in a timely manner.</li> <li>• Linkage to HIV medical care occurs within 30 days of diagnosis, as documented through linkage to care records.</li> <li>• Weekly coordination with DOPH Prevention supports timely information exchange and reduces delays in linkage.</li> <li>• Follow-up activities confirm successful entry into HIV medical care, supporting early retention.</li> <li>• Senior CDS review verifies linkage and retention outcomes and data accuracy.</li> <li>• Coordination, referrals, linkage outcomes, and retention data are documented and tracked through HCC.</li> </ul>
<p><b>Element #6: Coordinated Outreach Planning and Targeting</b>  Early Intervention Services staff coordinate with local HIV prevention, outreach, and surveillance partners to identify priority outreach locations, identify individuals not in care, and avoid duplication of outreach activities within the TGA.</p> <p><b>Implementation Activities</b></p> <ul style="list-style-type: none"> <li>• Coordinate with HIV prevention and outreach programs within the TGA to strategically plan outreach locations and service areas.</li> <li>• Align outreach strategies and messaging with prevention partners to maximize reach and prevent duplication of services.</li> <li>• Collaborate with the DOPH Surveillance Unit to review epidemiologic data and identify geographic areas and populations with unmet need.</li> <li>• Use surveillance and partner data to guide deployment of EIS outreach, testing, and linkage activities.</li> </ul>	<p>1, 2, &amp; 3</p>	<p>03/01/26-02/28/27</p>	<ul style="list-style-type: none"> <li>• Priority outreach locations are identified using prevention and surveillance data.</li> <li>• Outreach activities are coordinated with local prevention partners, reducing duplication of effort.</li> <li>• Individuals identified as not in care are prioritized for outreach and linkage services.</li> <li>• EIS outreach strategies align with current epidemiologic trends and identified service gaps.</li> <li>• Outreach planning activities and outcomes are documented and tracked through HCC.</li> </ul>

<ul style="list-style-type: none"> <li>Document outreach coordination and planning activities in HIV Care Connect (HCC).</li> </ul>			
<p><b>Element #7: Insurance Enrollment and Payer Transition Support</b> Early Intervention Services staff assist clients with enrollment in or transition to appropriate health insurance and payer sources to ensure continuity of HIV medical care and access to support services.</p> <p><b>Implementation Activities</b></p> <ul style="list-style-type: none"> <li>Assist clients with enrollment in or transition to appropriate health insurance or payer sources, including ADAP, MISP, Medi-Cal, the Insurance Marketplace, and OA CARE HIPP.</li> <li>Coordinate with Non-Medical Case Management services to provide benefits counseling and support timely linkage to HIV medical care and supportive services.</li> <li>Identify and address insurance-related barriers that may delay access to or continuity of HIV care.</li> <li>Provide follow-up support to confirm successful enrollment or transition and ongoing access to services.</li> <li>Document insurance assistance, coordination, and follow-up activities in HIV Care Connect (HCC).</li> </ul>	1, 2, & 3	03/01/26-02/28/27	<ul style="list-style-type: none"> <li>Clients receive assistance with enrollment in or transition to appropriate insurance or payer sources.</li> <li>Benefits counseling and insurance-related services are coordinated with Non-Medical Case Management.</li> <li>Insurance coverage is secured or maintained, supporting uninterrupted access to HIV medical care.</li> <li>Insurance-related barriers to care are identified and addressed in a timely manner.</li> <li>Insurance enrollment, transitions, and follow-up activities are documented and tracked through HCC.</li> </ul>
<p><b>Element #8: Cultural Competency Training and Oversight</b> The Senior Communicable Disease Specialist (CDS) and Clinic Supervisor ensure that clinic staff across all levels and disciplines receive ongoing education and training in culturally competent service delivery to support high-quality, respectful care that aligns with patients' cultural backgrounds, health beliefs, practices, preferred language, and identities.</p> <p><b>Implementation Activities</b></p> <ul style="list-style-type: none"> <li>Review, maintain, and update the department's written Cultural Competency Plan on an ongoing basis to reflect current goals, policies, operational procedures, and mechanisms for management oversight.</li> <li>Ensure service delivery aligns with established national</li> </ul>	1, 2, & 3	03/01/26-02/28/27	<ul style="list-style-type: none"> <li>Clinic staff receive ongoing cultural competency training, including semi-annual education through AETC.</li> <li>The Cultural Competency Plan is reviewed and updated regularly to reflect current standards and community needs.</li> <li>Staff demonstrate increased awareness of culturally responsive service delivery practices, supporting respectful and equitable care.</li> <li>Cultural competency principles are integrated into clinic policies and procedures.</li> </ul>

<p>Cultural and Linguistic Competency Standards.</p> <ul style="list-style-type: none"> <li>• Coordinate semi-annual cultural competency training for clinic staff through the AIDS Education and Training Center (AETC).</li> <li>• Incorporate training content and cultural competency principles into departmental policies, procedures, and practice standards.</li> <li>• Monitor staff participation in required cultural competency training.</li> <li>• Document training activities, updates, and compliance in HIV Care Connect (HCC) and internal training records, as applicable.</li> </ul>			<ul style="list-style-type: none"> <li>• Training participation and compliance are documented and monitored to ensure accountability.</li> </ul>
<p><b>Element #9: Standardized Documentation and Quality Monitoring</b>  Early Intervention Services staff utilize standardized, required documentation to accurately record service encounters, monitor progress, and support quality improvement activities.</p> <p><b>Implementation Activities</b></p> <ul style="list-style-type: none"> <li>• Maintain complete and standardized documentation for all EIS encounters and activities, including client demographics, patient contacts, referrals, follow-up activities, linkage to care documentation logs, assessment and enrollment forms, and required reporting forms.</li> <li>• Ensure all EIS documentation is maintained in each client’s record and entered into HIV Care Connect (HCC) in a timely manner.</li> <li>• Generate and review HCC reports to monitor service delivery, linkage outcomes, and continuum of care indicators.</li> <li>• Provide HCC data to the Clinical Quality Management Committee for review and analysis.</li> <li>• Utilize data findings to identify quality improvement opportunities, support development of best practices, and improve patient outcomes.</li> <li>• Document quality improvement actions and follow-up, as applicable.</li> </ul>	1, 2, & 3	03/01/26-02/28/27	<ul style="list-style-type: none"> <li>• EIS encounters and activities are consistently documented using required standardized forms.</li> <li>• Client records contain complete documentation of assessments, referrals, linkage, and follow-up activities.</li> <li>• Service delivery and continuum of care data are accurately captured and reported through HCC.</li> <li>• Clinical Quality Management Committee reviews HCC reports to identify trends, gaps, and quality improvement opportunities.</li> <li>• Data-driven recommendations support continuous improvement in EIS service delivery and patient outcomes.</li> </ul>

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

<b>Contract Number:</b>	
<b>Contractor:</b>	County of Riverside, Department of Public Health dba Riverside University Health System-Public Health
<b>Grant Period:</b>	March 1, 2026 – February 28, 2027
<b>Service Category:</b>	<b>Food Bank/Home Delivered Meals</b>
<b>Service Goal:</b>	The goal of Food Services is to support people living with HIV by supplementing access to adequate, consistent caloric intake and balanced nutrition, reducing food insecurity that may interfere with treatment adherence, engagement in care, and overall health outcomes. These services help stabilize basic nutritional needs so clients can maintain participation in HIV medical care and support viral suppression within the TGA.
<b>Service Health Outcomes:</b>	<ul style="list-style-type: none"> <li>• Improved retention in HIV medical care (at least one medical visit in each six-month period)</li> <li>• Improved or maintained viral suppression rate</li> <li>• Reduced food insecurity that interferes with engagement in HIV care</li> <li>• Improved treatment adherence supported by consistent access to food and basic nutrition</li> </ul>

	<b>SA1 West Riv</b>	<b>SA2 Mid Riv</b>	<b>SA3 East Riv</b>	<b>SA4 San B West</b>	<b>SA5 San B East</b>	<b>SA6 San B Desert</b>	<b>FY 26/27 TOTAL</b>
<b>Proposed Number of Clients</b>	40	25	10				<b>75</b>
<b>Proposed Number of Visits</b> = Regardless of number of transactions or number of units	100	75	50				<b>225</b>
<b>Proposed Number of Units</b> = Transactions or 15 min encounters (See Attachment P)	250	150	100				<b>500</b>

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

<b>PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:</b>	<b>SERVICE AREA</b>	<b>TIMELINE</b>	<b>PROCESS OUTCOMES</b>
<p><b>Element #1: Planned Service Delivery and Implementation Activities – Food Services (Food Vouchers Only)</b>            Food Services will be provided through food vouchers to eligible people living with HIV to address food insecurity that may interfere with engagement in HIV medical care and treatment adherence.</p> <p><b>Implementation Activities</b></p> <ul style="list-style-type: none"> <li>• Screen clients for food insecurity through referrals from medical providers, Medical Case Management, Non-Medical Case Management, and Early Intervention Services staff.</li> <li>• Verify client eligibility and ensure Food Services are provided in accordance with Ryan White payer-of-last-resort requirements and local service limits (maximum of \$80 per client per month).</li> <li>• Provide food vouchers to eligible clients based on assessed need.</li> <li>• Coordinate Food Voucher distribution with Medical Case Management and Non-Medical Case Management to support continuity of care and treatment adherence.</li> <li>• Ensure Food Services are delivered in a culturally and linguistically appropriate manner consistent with established Cultural and Linguistic Competency Standards.</li> <li>• Document voucher distribution, eligibility verification, and service utilization in HIV Care Connect (HCC) and required program logs.</li> </ul>	1, 2, & 3	03/01/26-02/28/27	<ul style="list-style-type: none"> <li>• Eligible clients receive timely food vouchers to address food insecurity.</li> <li>• Food vouchers are distributed in compliance with Ryan White requirements and local service limits.</li> <li>• Clients receiving food vouchers demonstrate improved engagement in HIV medical care, as evidenced by retention measures.</li> <li>• Food-related barriers to treatment adherence are reduced, supporting improved or maintained viral suppression.</li> <li>• Food Voucher distribution and utilization are accurately documented and tracked through HCC for monitoring and reporting.</li> <li>• Food Services are coordinated with case management services, supporting a comprehensive continuum of care.</li> </ul>

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

<b>Contract Number:</b>	
<b>Contractor:</b>	County of Riverside, Department of Public Health dba Riverside University Health System-Public Health
<b>Grant Period:</b>	March 1, 2026 – February 28, 2027
<b>Service Category:</b>	<b>Medical Case Management (MCM)</b>

<b>Service Goal:</b>	The goal of Medical Case Management is to provide intensive care coordination for individuals who are unable to self-manage their care, experience significant barriers to care, are marginally engaged in care, and/or demonstrate poor CD4 or viral load outcomes, in order to support sustained participation in HIV medical care.
<b>Service Health Outcomes:</b>	<ul style="list-style-type: none"> <li>• Improved or maintained CD4 cell count</li> <li>• Improved or maintained CD4 cell count as a percentage of total lymphocyte count</li> <li>• Improved or maintained viral load</li> <li>• Improved retention in care (at least one medical visit in each six-month period)</li> <li>• Reduction in Medical Case Management utilization as clients achieve increased self-sufficiency</li> </ul>

	<b>SA1</b> West Riv	<b>SA2</b> Mid Riv	<b>SA3</b> East Riv	<b>SA4</b> San B West	<b>SA6</b> San B Desert	<b>FY 26/27</b> <b>TOTAL</b>
<b>Proposed Number of Clients</b>	300	150	150	0	0	<b>600</b>
<b>Proposed Number of Visits</b> = Regardless of number of transactions or number of units	550	300	300	0	0	<b>1,150</b>
<b>Proposed Number of Units</b> = Transactions or 15 min encounters	2,000	1,000	1,000	0	0	<b>4,000</b>

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

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
<p><b>Element #1: Oversight and Quality Assurance of Medical Case Management Services</b>  The HIV Nurse Clinic Manager ensures that Medical Case Management services are delivered in compliance with IEHPC Standards of Care and Scope of Work requirements.</p> <p><b>Implementation Activities</b>  Provides oversight of Medical Case Management service delivery to ensure alignment with IEHPC Standards of Care and contract requirements.  Participates in, or ensures representation at, Inland Empire HIV Planning Council Standards of Care Committee meetings to remain current on requirements and updates impacting MCM services.  Ensures Medical Case Management staff receive annual training on MCM core functions, coordination of care, and evidence-based practices, including motivational interviewing.  Reviews Medical Case Management workflows, documentation practices, and service delivery data to monitor compliance and quality.  Identifies gaps in service delivery or documentation and implements corrective actions or targeted staff training as needed</p>	1, 2, & 3	03/01/26-02/28/27	<ul style="list-style-type: none"> <li>• Medical Case Management needs and acuity assessments are completed and documented for all active MCM clients.</li> <li>• Comprehensive, individualized Care Plans are developed and updated based on client acuity and clinical status.</li> <li>• Benefit enrollment and resource referrals are documented and tracked, supporting access to medical care and support services.</li> <li>• Case conferencing occurs for clients with complex medical or psychosocial needs and is consistently documented.</li> <li>• Referral logs and progress notes demonstrate timely service coordination and follow-up.</li> <li>• Cultural competency principles are integrated into MCM service delivery, consistent with the program’s Cultural Competency Plan.</li> <li>• HIV Care Connect (HCC) reports are reviewed routinely to monitor service utilization, clinical indicators, and compliance with MCM service requirements</li> </ul>
<p><b>Element #2: Delivery of Medical Case Management Services</b>  Medical Case Managers provide Medical Case Management services to clients who meet TGA Medical Case Management service category criteria.</p> <p><b>Implementation Activities</b>  Provide benefits counseling and eligibility support to ensure clients are enrolled in available public and private programs.  Conduct comprehensive support services assessments to identify medical, psychosocial, and service needs.  Coordinate and facilitate access to appropriate services based on assessed needs.  Initiate and track referrals to home health, home and community-based services, mental health services, substance use treatment, housing assistance, and other supportive services as indicated.  Monitor client engagement and follow up on referrals to ensure continuity of care.  Document all services, referrals, and follow-up activities in accordance with IEHPC Standards of Care and Scope of Work requirements.</p>	1, 2, & 3	03/01/26-02/28/27	<ul style="list-style-type: none"> <li>• Clients receive benefits counseling and are assisted with enrollment in appropriate public and private programs.</li> <li>• Support service needs are identified through documented assessments.</li> <li>• Referrals to medical and supportive services are completed and tracked, with follow-up documented.</li> <li>• Clients demonstrate improved access to coordinated medical and support services.</li> <li>• Documentation reflects compliance with TGA and IEHPC Medical Case Management service definitions.</li> </ul>

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
<p><b>Element #3: Initial and Ongoing Needs Assessment for Medical Case Management</b>            Medical Case Managers conduct comprehensive needs assessments to determine whether clients meet criteria for Medical Case Management services.</p> <p><b>Implementation Activities</b>            Conduct an initial assessment of the client’s medical, psychosocial, financial, housing, and support system needs, including involvement of family members or personal support systems when appropriate.            Determine eligibility and appropriateness for Medical Case Management based on identified barriers and service needs.            Reassess clients’ needs at least every four months, or more frequently as clinically or psychosocially indicated.            Document all assessments and reassessments in accordance with IEHPC Standards of Care and Scope of Work requirements.</p>	1, 2, & 3	03/01/26-02/28/27	<ul style="list-style-type: none"> <li>• 100% of clients receiving MCM services have a documented initial needs assessment.</li> <li>• Ongoing reassessments are completed at least every four months to identify new or changing service needs.</li> <li>• Assessment findings support appropriate assignment to Medical Case Management services.</li> </ul>
<p><b>Element #4: Acuity Determination and Service Level Assignment</b>            Medical Case Managers assess and monitor client acuity to determine appropriate service intensity and care coordination needs.</p> <p><b>Implementation Activities</b>            Conduct initial and ongoing acuity assessments to evaluate the level of care coordination required.            Use acuity assessment results to determine whether intensive Medical Case Management services are warranted.            Refer and link clients who do not require intensive MCM services to Non-Medical Case Management, as appropriate.            Monitor changes in acuity and adjust service intensity accordingly.            Document all acuity determinations, referrals, and transitions between service levels.</p>	1, 2, & 3	03/01/26-02/28/27	<ul style="list-style-type: none"> <li>• Client acuity levels are documented and reviewed on an ongoing basis.</li> <li>• Clients receive the appropriate level of case management services based on documented acuity.</li> <li>• Transitions between Medical and Non-Medical Case Management are timely and documented, ensuring continuity of care.</li> </ul>

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
<p><b>Element #5: Development and Implementation of Individualized Care Plans</b>            Medical Case Management staff develop and implement comprehensive, individualized Care Plans in collaboration with the client and care team to support improved health outcomes and cost-effective care.</p> <p><b>Implementation Activities</b>            Develop Care Plans collaboratively with the client, primary care provider, and other healthcare or support staff, as appropriate.            Ensure Care Plans address identified needs and barriers and are informed by needs and acuity assessments.            Include the following required components in each Care Plan:            Identified problems or presenting issues            Service needs            Client-centered goals            Action steps            Responsible parties            Timelines for completion            Review and update Care Plans as client needs or acuity change.            Document all Care Plan development and updates in accordance with IEHPC Standards of Care.</p>	1, 2, & 3	03/01/26-02/28/27	<ul style="list-style-type: none"> <li>• 100% of active MCM clients have a documented, individualized Care Plan.</li> <li>• Care Plans are updated based on reassessment findings and changes in client status.</li> <li>• Care coordination activities align with Care Plan goals, supporting improved clinical and engagement outcomes.</li> </ul>

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

<b>Contract Number:</b>	
<b>Contractor:</b>	County of Riverside, Department of Public Health dba Riverside University Health System-Public Health
<b>Grant Period:</b>	March 1, 2026 – February 28, 2027
<b>Service Category:</b>	<b>MEDICAL NUTRITION THERAPY</b>
<b>Service Goal:</b>	The goal of Medical Nutrition Therapy is to support and maintain nutritional health in order to improve or sustain positive health outcomes for people living with HIV.
<b>Service Health Outcomes:</b>	<ul style="list-style-type: none"> <li>Improved retention in care (at least one medical visit in each six-month period)</li> <li>Improved viral suppression rate</li> </ul>

	<b>SA1</b> West Riv	<b>SA2</b> Mid Riv	<b>SA3</b> East Riv	<b>SA4</b> San B West	<b>SA5</b> San B East	<b>SA6</b> San B Desert	<b>FY 26/27</b> <b>TOTAL</b>
<b>Proposed Number of Clients</b>	75	50	25	0	0	0	<b>150</b>
<b>Proposed Number of Visits</b> = Regardless of number of transactions or number of units	150	100	75	0	0	0	<b>325</b>
<b>Proposed Number of Units</b> = Transactions or 15 min encounters (See Attachment P)	200	125	75	0	0	0	<b>400</b>

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

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
<p><b>Element #1: Nutrition Screening and Referral for Medical Nutrition Therapy</b>  The Medical Nutrition Therapist ensures that clients who would benefit from Medical Nutrition Therapy are appropriately identified through standardized nutrition screening and referred for assessment and services.</p> <p><b>Implementation Activities</b></p> <ul style="list-style-type: none"> <li>• Develop and maintain a standardized Nutrition Screening Tool to identify clients in need of Medical Nutrition Therapy.</li> <li>• Ensure nutrition screening occurs at routine medical appointments by physicians or nursing staff to identify nutrition-related concerns.</li> <li>• Establish referral criteria for Medical Nutrition Therapy, including but not limited to: <ul style="list-style-type: none"> <li>○ HIV diagnosis</li> <li>○ Unintended weight loss or weight gain</li> <li>○ Body mass index (BMI) below 20</li> </ul> </li> <li>• Barriers to adequate intake, including poor appetite, fatigue, substance use, food insecurity, and depression</li> <li>• Co-morbid conditions such as hypertension, cardiovascular disease, liver dysfunction,</li> <li>• Review referrals and initiate Medical Nutrition Therapy assessments in accordance with Academy of Nutrition and Dietetics standards.</li> <li>• Document screening results, referrals, assessments, and services provided in HIV Care Connect (HCC).</li> </ul>	1, 2, & 3	03/01/26-02/28/27	<ul style="list-style-type: none"> <li>• Clients are routinely screened for nutrition-related risk factors during medical visits.</li> <li>• Clients meeting established criteria are appropriately referred to Medical Nutrition Therapy services.</li> <li>• Nutrition screenings and MNT assessments are documented and tracked through MNT logs and HCC reports.</li> <li>• Nutrition-related barriers to care are identified and addressed through individualized MNT interventions.</li> <li>• MNT services are delivered in accordance with the Academy of Nutrition and Dietetics Standards and the program’s Cultural Competency Plan.</li> </ul>

<p><b>Element #2: Medical Nutrition Therapy Assessment, Risk Stratification, and Care Coordination</b></p> <p>HIV patients referred for Medical Nutrition Therapy are assessed and prioritized based on nutritional risk to ensure timely access to Registered Dietitian Nutritionist (RDN) services.</p> <p><b>Implementation Activities</b></p> <ul style="list-style-type: none"> <li>• Stratify clients referred for MNT into nutritional risk levels to determine timeliness of assessment: <ul style="list-style-type: none"> <li>○ High risk: Seen by an RDN within one week of referral</li> <li>○ Moderate risk: Seen by an RDN within one month of referral</li> <li>○ Low risk: Seen by an RDN at least annually</li> </ul> </li> <li>• Conduct initial Medical Nutrition Therapy assessments that include:</li> <li>• Collection of baseline nutritional and clinical information</li> <li>• Nutrition-focused physical examination</li> <li>• Anthropometric measurements</li> <li>• Client medical, psychosocial, and food/nutrition-related history</li> <li>• Review of biochemical data, medical tests, and procedures</li> <li>• Schedule routine follow-up visits (quarterly or semi-annually, as indicated) to provide ongoing nutrition education and counseling.</li> <li>• Monitor for new or worsening nutritional risk factors and indicators of nutritional compromise.</li> <li>• Coordinate care with the treating physician, including discussion of treatment recommendations and prescribed food or nutritional supplements.</li> <li>• Participate in bi-weekly case conferences to support interdisciplinary care planning and coordination with the medical team.</li> <li>• Document all assessments, follow-up visits, and care coordination activities in HIV Care Connect (HCC).</li> </ul>	1, 2, & 3	03/01/26-02/28/27	<ul style="list-style-type: none"> <li>• Clients are assessed by an RDN within established timeframes based on nutritional risk level.</li> <li>• Comprehensive MNT assessments are completed and documented for all referred clients.</li> <li>• Follow-up nutrition counseling and education are provided at clinically appropriate intervals.</li> <li>• Nutritional risk factors are identified early and addressed through coordinated care planning.</li> <li>• MNT interventions are integrated with medical treatment plans, including prescribed nutritional supports.</li> <li>• Interdisciplinary coordination is documented through case conferencing and HCC reports.</li> </ul>
<p><b>Element #3: Group Nutrition Education and Support</b></p> <p>HIV patients identified through Medical Nutrition Therapy assessment as appropriate for group education are referred to and participate in MNT group or educational classes to reinforce nutrition-related knowledge and self-management skills.</p> <p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Develop and maintain standardized Medical Nutrition Therapy group education curricula aligned with identified client needs and Academy of Nutrition and Dietetics standards.</li> <li>• Refer clients to MNT group or educational classes based on assessment findings and in coordination with the treating physician.</li> <li>• Deliver group-based nutrition education focused on improving dietary behaviors, managing HIV-related and co-morbid conditions, and supporting treatment adherence.</li> <li>• Document referrals, attendance, and educational content delivered in HIV Care Connect (HCC).</li> </ul>	1, 2, & 3	03/01/26-02/28/27	<ul style="list-style-type: none"> <li>• Eligible clients are referred to appropriate MNT group or educational classes.</li> <li>• Group education curricula are implemented and aligned with identified nutrition needs.</li> <li>• Client participation in MNT group education is documented and tracked.</li> <li>• Clients demonstrate increased nutrition knowledge and self-management skills, supporting retention in care and viral suppression.</li> </ul>

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

<b>Contract Number:</b>	
<b>Contractor:</b>	County of Riverside, Department of Public Health dba Riverside University Health System-Public Health
<b>Grant Period:</b>	March 1, 2026 – February 28, 2027
<b>Service Category:</b>	<b>MEDICAL TRANSPORTATION</b>
<b>Service Goal:</b>	The goal of Medical Transportation Services is to reduce transportation-related barriers that interfere with access to HIV medical care and essential support services. By providing safe, reliable, and cost-effective nonemergency transportation options, this service supports timely access to care, continuity of treatment, and sustained engagement in HIV medical services throughout the TGA.
<b>Service Health Outcomes:</b>	<ul style="list-style-type: none"> <li>• Improved retention in HIV medical care (at least one medical visit in each six-month period)</li> <li>• Reduced missed or delayed medical appointments due to transportation barriers</li> <li>• Improved continuity of care for clients requiring ongoing medical and support services</li> <li>• Improved or maintained viral suppression supported by consistent access to HIV medical care</li> </ul>

	<b>SA1</b> West Riv	<b>SA2</b> Mid Riv	<b>SA3</b> East Riv	<b>SA4</b> San B West	<b>SA5</b> San B East	<b>SA6</b> San B Desert	<b>FY 26/27</b> <b>TOTAL</b>
<b>Proposed Number of Clients</b>	50	35	15				<b>75</b>
<b>Proposed Number of Visits</b> = Regardless of number of transactions or number of units	125	80	50				<b>255</b>
<b>Proposed Number of Units</b> = Transactions or 15 min encounters (See Attachment P)	300	150	100				<b>550</b>

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

<b>PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:</b>	<b>SERVICE AREA</b>	<b>TIMELINE</b>	<b>PROCESS OUTCOMES</b>
<b>Element #1 Medical Transportation Services</b> Medical Transportation Services will be provided to Ryan White–eligible clients to reduce transportation-related barriers that interfere with access to HIV medical care and essential support services.	1, 2, & 3	03/01/26-02/28/27	<ul style="list-style-type: none"> <li>• Eligible clients receive timely nonemergency transportation to access HIV medical care and essential support services.</li> </ul>

<p><b>Implementation Activities</b></p> <ul style="list-style-type: none"> <li>• Assess client transportation needs through referrals from Medical Case Management, Non-Medical Case Management, Early Intervention Services, and medical providers.</li> <li>• Verify client eligibility and authorize transportation services in accordance with HRSA Ryan White HIV/AIDS Program requirements, Inland Empire HIV Planning Council Standards of Care, and payer-of-last-resort provisions.</li> <li>• Provide nonemergency medical transportation using the most economical and appropriate method based on client need, including bus passes, gasoline vouchers, van transportation, ride-share services, or urgent taxi trips.</li> <li>• Prioritize use of no-cost, non-profit, or volunteer transportation resources whenever available.</li> <li>• Restrict transportation services to approved pick-up and drop-off locations within the TGA and to allowable purposes related to HIV medical care or support services necessary to maintain participation in care.</li> <li>• Enforce the local service limit of up to \$70 per client per month.</li> <li>• Collect and maintain required documentation for all transportation services, including origin, destination, purpose of trip, and method of transportation.</li> <li>• Deliver services in a culturally and linguistically appropriate manner consistent with established Cultural and Linguistic Competency Standards.</li> <li>• Document transportation authorization, service delivery, and utilization in HIV Care Connect (HCC) and required program logs.</li> <li>• Document screening results, referrals, assessments, and services provided in HIV Care Connect (HCC).</li> </ul>			<ul style="list-style-type: none"> <li>• Transportation services are delivered in compliance with Ryan White requirements, including payer-of-last-resort, allowable costs, and monthly service limits.</li> <li>• Transportation-related barriers to accessing care are reduced, supporting improved appointment attendance.</li> <li>• Clients receiving transportation assistance demonstrate improved retention in HIV medical care, as evidenced by at least one medical visit in each six-month period.</li> <li>• Transportation services are coordinated with case management and clinical services, supporting continuity of care.</li> <li>• Transportation utilization and outcomes are accurately documented and monitored through HCC for reporting and quality oversight.</li> </ul>
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**SCOPE OF WORK – RYAN WHITE PART A**  
**USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY**

<b>Contract Number:</b>	
<b>Contractor:</b>	County of Riverside, Department of Public Health dba Riverside University Health System-Public Health
<b>Grant Period:</b>	March 1, 2026 – February 28, 2027
<b>Service Category:</b>	<b>NON-MEDICAL CASE MANAGEMENT SERVICES</b>
<b>Service Goal:</b>	The goal of Non-Medical Case Management is to facilitate timely linkage to care and sustained retention in HIV medical care by providing guidance, coordination, and assistance with service information, referrals, and support services that address non-clinical barriers to care.
<b>Service Health Outcomes:</b>	<ul style="list-style-type: none"> <li>• Improved or maintained CD4 cell count</li> <li>• Improved or maintained CD4 cell count as a percentage of total lymphocyte count</li> <li>• Improved or maintained viral suppression rate</li> <li>• Improved retention in care (at least one medical visit in each six-month period)</li> </ul>

	<b>SA1</b> West Riv	<b>SA2</b> Mid Riv	<b>SA3</b> East Riv	<b>SA4</b> San B West	<b>SA5</b> San B East	<b>SA6</b> San B Desert	<b>FY</b> <b>26/27</b>
							<b>TOTAL</b>
<b>Proposed Number of Clients</b>	750	200	100	0	0	0	<b>1,050</b>
<b>Proposed Number of Visits</b> = Regardless of number of transactions or number of units	900	400	300	0	0	0	<b>1,600</b>
<b>Proposed Number of Units</b> = Transactions or 15 min encounters (See Exhibit E)	1,250	500	250	0	0	0	<b>2,000</b>

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

<b>PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:</b>	<b>SERVICE AREA</b>	<b>TIMELINE</b>	<b>PROCESS OUTCOMES</b>
<p><b>Element #1</b> The HIV Nurse Clinic Manager ensures Non-Medical Case Management services are delivered in compliance with IEHPC Standards of Care and Scope of Work requirements.</p> <p><b>Implementation Activities:</b></p> <ul style="list-style-type: none"> <li>Establishes and maintains standardized Non-Medical Case Management workflows, timelines, and documentation requirements consistent with IEHPC Standards of Care.</li> <li>Oversees timely completion of initial Non-Medical Case Management intake assessments, ensuring referrals are assigned and completed within required timeframes.</li> <li>Reviews Non-Medical Case Management documentation and service delivery reports to verify compliance with contract requirements and service definitions.</li> <li>Provides clinical and operational supervision to Non-Medical Case Managers, including guidance on scope, prioritization, and quality expectations.</li> <li>Coordinates with program leadership to address gaps in service delivery, staffing, or compliance and implements corrective actions as needed.</li> </ul>	<p>1, 2, &amp; 3</p>	<p>03/01/26-02/28/27</p>	<ul style="list-style-type: none"> <li>100% of Non-Medical Case Management referrals are assigned within required timeframes and monitored for completion in accordance with IEHPC Standards of Care.</li> <li>At least 95% of initial Non-Medical Case Management intake assessments are completed within 3 business days of referral, as verified through routine documentation review.</li> <li>Quarterly compliance reviews demonstrate adherence to IEHPC service definitions and documentation requirements across all Non-Medical Case Management files.</li> <li>Identified documentation or service delivery deficiencies are addressed within 30 days through corrective action plans or targeted staff coaching.</li> <li>Improved consistency in Non-Medical Case Management service delivery, as evidenced by standardized workflows and reduced variance in intake completion timelines.</li> </ul>
<p><b>Element #2: Initial and Ongoing Acuity Assessment</b> The Case Manager is responsible for completing initial and ongoing client acuity assessments to determine appropriate service intensity and inform Care Plan development.</p> <p><b>Implementation Activities:</b></p> <ul style="list-style-type: none"> <li>Conducts an initial acuity assessment at intake to evaluate medical, psychosocial, financial, housing, and safety needs.</li> <li>Reassesses client acuity on an ongoing basis and when changes in client circumstances occur.</li> <li>Uses acuity assessment results to determine appropriate assignment to Non-Medical Case Management or Medical Case Management services.</li> <li>Develops and updates individualized Care Plans based on identified acuity and client needs.</li> <li>Screens clients for budgeting needs, domestic violence, mental health concerns, substance use, and advocacy needs, and initiates referrals as appropriate.</li> <li>Documents all assessments, screenings, and Care Plan updates in accordance with IEHPC Standards of Care and Scope of Work requirements.</li> </ul>	<p>1, 2, &amp; 3</p>	<p>03/01/26-02/28/27</p>	<ul style="list-style-type: none"> <li>100% of clients receive a documented initial acuity assessment at intake.</li> <li>Client acuity is reassessed and documented when changes in medical, psychosocial, or housing status occur.</li> <li>Care Plans reflect current acuity levels and are updated accordingly.</li> <li>Clients are appropriately assigned to Non-Medical or Medical Case Management services based on documented acuity criteria.</li> <li>Screening for budgeting, domestic violence, mental health, substance use, and advocacy needs are completed and documented, with referrals initiated as indicated.</li> <li>Documentation reviews demonstrate compliance with IEHPC Standards of Care and service definitions.</li> </ul>
<p><b>Element #3: Development of a Comprehensive, Individualized Care Plan</b> The Case Manager is responsible for developing, implementing, and updating a comprehensive, individualized Care Plan that addresses each client's medical, psychosocial, and support service needs.</p> <p><b>Implementation Activities:</b></p> <ul style="list-style-type: none"> <li>Develops an individualized Care Plan in collaboration with the client, informed by acuity assessment results and identified needs.</li> </ul>	<p>1, 2, &amp; 3</p>	<p>03/01/26-02/28/27</p>	<ul style="list-style-type: none"> <li>100% of active clients have a documented, individualized Care Plan that reflects current acuity and identified needs.</li> <li>Care Plans include documented referrals and linkages to medical and support services, with follow-up on referral outcomes.</li> <li>Clients are screened for eligibility and enrolled in appropriate health coverage, ensuring Ryan White funds are used as payer of last resort.</li> </ul>

<ul style="list-style-type: none"> <li>• Refers and links clients to appropriate medical, mental health, substance use, psychosocial, and support services, including referrals to address gaps in the client’s support network.</li> <li>• Conducts eligibility screening to ensure clients are enrolled in available health coverage and that Ryan White funds are used as the payer of last resort.</li> <li>• Assists clients with applications and recertifications for Medi-Cal, Covered California, ADAP, OA CARE HIPP, and other applicable benefit programs.</li> <li>• Provides education and coordinates benefit-related trainings for clients, including information on Covered California open enrollment, Medi-Cal managed care (e.g., IEHP), and OA CARE HIPP, to support continuity of coverage.</li> <li>• Updates Care Plans as client needs change and documents all activities in accordance with IEHPC Standards of Care and Scope of Work requirements</li> </ul>			<ul style="list-style-type: none"> <li>• Applications and renewals for Medi-Cal, Covered California, ADAP, and OA CARE HIPP are completed and documented when applicable.</li> <li>• Clients demonstrate improved continuity of care, as evidenced by maintained coverage and access to needed services.</li> <li>• Documentation reviews confirm compliance with IEHPC service standards and contract requirements.</li> </ul>
<p><b>Element #4: Education, Counseling, and Transition Support Related to Insurance and Eligibility Changes</b> The Case Manager provides education, counseling, and transition support to assist clients when insurance coverage, program eligibility, or payer sources change, ensuring continuity of care and access to essential services.</p> <p><b>Implementation Activities:</b></p> <ul style="list-style-type: none"> <li>• Provides individualized education and counseling to clients regarding changes in insurance coverage, program eligibility, or payer source, including transitions off Ryan White services when appropriate.</li> <li>• Assists clients in understanding benefits, coverage limitations, and next steps to maintain access to medical care and support services during transitions.</li> <li>• Identifies and addresses immediate barriers to care related to insurance or eligibility changes.</li> <li>• Assists clients with obtaining short-term, allowable emergency financial assistance, such as transportation support (e.g., bus passes, gas cards), to mitigate disruptions in access to care.</li> <li>• Documents all transition planning, education, counseling, and assistance provided in accordance with IEHPC Standards of Care and Scope of Work requirements.</li> </ul>	1, 2, & 3	03/01/26-02/28/27	<ul style="list-style-type: none"> <li>• Clients experiencing insurance or eligibility changes receive documented education and transition counseling.</li> <li>• Care transitions occur without interruption to medical care, as evidenced by maintained appointments and service access.</li> <li>• Emergency financial assistance is provided appropriately and documented, supporting short-term stabilization during transitions.</li> <li>• Transportation-related barriers to care are reduced, as evidenced by continued engagement in medical and support services.</li> <li>• Documentation reviews confirm compliance with IEHPC service definitions and payer-of-last-resort requirements.</li> </ul>

**SCOPE OF WORK – RYAN WHITE PART A**  
**USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY**

<b>Contract Number:</b>	
<b>Contractor:</b>	County of Riverside, Department of Public Health dba Riverside University Health System-Public Health
<b>Grant Period:</b>	March 1, 2026 – February 28, 2027
<b>Service Category:</b>	<b>OUTPATIENT/AMBULATORY HEALTH SERVICES</b>
<b>Service Goal:</b>	To maintain or improve the health status of persons living with HIV/AIDS in the TGA. NOTE: Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, American Academy of HIV Medicine (AAHIVM).
<b>Service Health Outcomes:</b>	<ul style="list-style-type: none"> <li>• Improved or maintained CD4 cell count</li> <li>• Improved or maintained CD4 cell count as a percentage of total lymphocyte count</li> <li>• Improved or maintained viral load</li> <li>• Improved retention in care (at least one medical visit in each six-month period)</li> <li>• Link newly diagnosed HIV-positive individuals to care within 30 days</li> <li>• Increased rate of ART adherence</li> </ul>

	<b>SA1</b> West Riv	<b>SA2</b> Mid Riv	<b>SA3</b> East Riv	<b>SA4</b> San B West	<b>SA5</b> San B East	<b>SA6</b> San B Desert	<b>FY</b> <b>26/27</b> <b>Total</b>
<b>Proposed Number of Clients</b>	300	150	75	0	0	0	<b>525</b>
<b>Proposed Number of Visits</b> = Regardless of number of transactions or number of units	550	200	350	0	0	0	<b>1,100</b>
<b>Proposed Number of Units</b> = Transactions or 15 min encounters (See Exhibit E)	1,800	800	400	0	0	0	<b>3,000</b>

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

<b>PLANNED SERVICE DELIVERY AND IMPLEMENTATION</b> <b>ACTIVITIES:</b>	<b>SERVICE AREA</b>	<b>TIMELINE</b>	<b>PROCESS OUTCOMES</b>
<p><b>Element #1: Delivery of HIV Outpatient/Ambulatory Health Services</b>  The DOPH HIV/STD medical treatment team provides comprehensive HIV outpatient/ambulatory health services to people living with HIV/AIDS at Riverside Neighborhood Health Center, Perris Family Care Center, and Indio Family Care Center.</p> <p><b>Activities</b></p> <ul style="list-style-type: none"> <li>• Conduct comprehensive practitioner examinations and document medical history.</li> <li>• Perform diagnostic testing, including CD4 count, viral load, hepatitis screening, TB testing, and other clinically indicated labs.</li> <li>• Develop and implement individualized HIV Treatment Plans.</li> <li>• Provide early intervention services and HIV risk assessments.</li> <li>• Deliver preventive care, routine screening, and chronic disease management.</li> <li>• Diagnose and treat common physical and mental health conditions.</li> <li>• Prescribe and manage HIV and non-HIV medication therapy.</li> <li>• Provide health education, counseling, and treatment adherence support.</li> <li>• Refer and coordinate specialty care as clinically indicated.</li> <li>• Integrate and utilize HIV Care Connect (HCC) to capture required core data elements.</li> </ul>	<p>1, 2, &amp; 3</p>	<p>03/01/26-02/28/27</p>	<ul style="list-style-type: none"> <li>• Clients receive comprehensive medical assessments, diagnostic testing, and individualized HIV Treatment Plans in accordance with clinical guidelines.</li> <li>• Clients are linked to and retained in HIV medical care, including linkage of newly diagnosed individuals within 30 days.</li> <li>• HIV and non-HIV medication therapy is prescribed, managed, and adherence is assessed and documented.</li> <li>• Preventive care, chronic disease management, and specialty referrals are provided and coordinated as clinically indicated.</li> <li>• Clinical services, outcomes, and utilization data are accurately documented and reported through HIV Care Connect (HCC).</li> </ul>
<p><b>Element #2: Oversight and Clinical Quality Assurance</b>  The HIV/STD Branch Chief, Medical Director, and HIV Clinic Manager ensure Outpatient/Ambulatory Health Services are delivered in accordance with IEHPC Standards of Care and Scope of Work requirements.</p> <p><b>Implementation Activities</b></p> <ul style="list-style-type: none"> <li>• Participate in Inland Empire HIV Planning Council Standards of Care meetings to remain current on requirements and updates impacting service delivery.</li> <li>• Ensure management, physician, and clinical staff complete required continuing medical education and maintain American Academy of HIV Medicine (AAHIVM) certification, as applicable.</li> <li>• Monitor clinical practices and service delivery to ensure adherence to standards of care.</li> </ul>	<p>1, 2, &amp; 3</p>	<p>03/01/26-02/28/27</p>	<ul style="list-style-type: none"> <li>• Clinical services are delivered in alignment with current IEHPC Standards of Care.</li> <li>• Providers maintain required licensure, CME, and AAHIVM certification, as applicable.</li> <li>• Quality reviews identify and address gaps in compliance or clinical practice.</li> </ul>
<p><b>Element #3: Clinical Assessment and Treatment Planning</b>  Clinic staff conduct comprehensive clinical assessments to evaluate health history, presenting problems, and treatment adherence for clients receiving HIV outpatient/ambulatory health services.</p> <p><b>Implementation Activities</b></p> <ul style="list-style-type: none"> <li>• Complete a comprehensive medical history, including review of presenting problems and current medications.</li> <li>• Conduct physical examinations, including assessment of oral health.</li> <li>• Review laboratory and diagnostic test results.</li> <li>• Assess the need for initiation or modification of medication therapy.</li> <li>• Develop or update individualized Treatment Plans based on assessment findings.</li> <li>• Collect blood samples for CD4 count, viral load, hepatitis, and other clinically indicated testing.</li> </ul>	<p>1, 2, &amp; 3</p>	<p>03/01/26-02/28/27</p>	<ul style="list-style-type: none"> <li>• Clients receive documented comprehensive clinical assessments and Treatment Plans.</li> <li>• Required laboratory testing is completed and reviewed in accordance with clinical guidelines.</li> <li>• Medication therapy needs and ART adherence are assessed and documented.</li> </ul>

<ul style="list-style-type: none"> <li>• Perform TB screening, including skin testing and chest X-ray when indicated.</li> </ul>			
<p><b>Element #4: Ongoing Clinical Management and Monitoring</b>  Clinicians provide ongoing clinical management and monitoring of HIV and co-morbid conditions to support sustained engagement in care and improved health outcomes.</p> <p><b>Implementation Activities</b></p> <ul style="list-style-type: none"> <li>• Monitor and document medical history updates, including family history, psychosocial factors, current medications, and environmental considerations.</li> <li>• Assess and manage co-morbid conditions, including diabetes, cardiovascular disease, renal disease, gastrointestinal conditions, pancreatitis, liver disease, and hepatitis.</li> <li>• Conduct follow-up physical examinations as clinically indicated.</li> <li>• Review laboratory results and adjust treatment plans accordingly.</li> <li>• Assess the need for initiation or modification of medication therapy.</li> <li>• Update and implement individualized Treatment Plans based on clinical findings.</li> </ul>	1, 2, & 3	03/01/26-02/28/27	<ul style="list-style-type: none"> <li>• Clients receive ongoing monitoring and management of HIV and co-morbid conditions.</li> <li>• Treatment Plans are updated based on clinical status and laboratory results.</li> <li>• Medication therapy is appropriately adjusted and documented.</li> </ul>

**ATTACHMENT H**

**SCOPE OF WORK- MAI**

<b>SCOPE OF WORK – MAI</b>							
<b>USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY</b>							
<b>Contract Number:</b>							
<b>Contractor:</b>	County of Riverside, Department of Public Health dba Riverside University Health System-Public Health						
<b>Grant Period:</b>	March 1, 2026 – February 28, 2027						
<b>Service Category:</b>	<b>MAI EARLY INTERVENTION SERVICES</b>						
<b>Service Goal:</b>	The goal of MAI Early Intervention Services is to rapidly identify and link people newly diagnosed with HIV from disproportionately impacted communities, particularly African American and Latino populations, to HIV testing, core medical services, and essential support services. Reducing the time between HIV acquisition, diagnosis, and entry into care supports timely initiation of treatment, improves treatment adherence, reduces transmission risk, and improves long-term health outcomes.						
<b>Service Health Outcomes:</b>	<ul style="list-style-type: none"> <li>• Improved or maintained CD4 cell count</li> <li>• Improved or maintained CD4 cell count as a percentage of total lymphocyte count</li> <li>• Improved retention in care (at least one medical visit in each six-month period)</li> <li>• Improved viral suppression rate</li> <li>• Targeted HIV testing maintains a positivity rate of 1.1% or higher</li> </ul>						
<b>BLACK / AFRICAN AMERICAN</b>	<b>SA1 West Riv</b>	<b>SA2 Mid Riv</b>	<b>SA3 East Riv</b>	<b>SA4 San B West</b>	<b>SA5 San B East</b>	<b>SA6 San B Desert</b>	<b>FY 26/27 TOTAL</b>
<b>Number of Clients</b>	70	30	10	0	0	0	<b>110</b>
<b>Number of Visits</b> = Regardless of number of transactions or number of units	100	60	25	0	0	0	<b>185</b>
<b>Proposed Number of Units</b> = Transactions or 15 min encounters	125	50	25	0	0	0	<b>200</b>
<b>HISPANIC / LATINO</b>	<b>SA1 West Riv</b>	<b>SA2 Mid Riv</b>	<b>SA3 East Riv</b>	<b>SA4 San B West</b>	<b>SA5 San B East</b>	<b>SA6 San B Desert</b>	<b>FY 26/27 TOTAL</b>
<b>Number of Clients</b>	100	55	20	0	0	0	<b>175</b>
<b>Number of Visits</b> = Regardless of number of transactions or number of units	125	65	35	0	0	0	<b>225</b>
<b>Proposed Number of Units</b> = Transactions or 15 min encounters	175	122	78	0	0	0	<b>375</b>

<b>TOTAL MAI (sum of two tables above)</b>	<b>SA1 West Riv</b>	<b>SA2 Mid Riv</b>	<b>SA3 East Riv</b>	<b>SA4 San B West</b>	<b>SA5 San B East</b>	<b>SA6 San B Desert</b>	<b>FY 26/27 TOTAL</b>
<b>Number of Clients</b>	200	110	45	0	0	0	<b>350</b>
<b>Number of Visits</b> = Regardless of number of transactions or number of units	250	130	70	0	0	0	<b>450</b>
<b>Proposed Number of Units</b> = Transactions or 15 min encounters	350	244	156	0	0	0	<b>750</b>

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

<b>PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:</b>	<b>SERVICE AREA</b>	<b>TIMELINE</b>	<b>PROCESS OUTCOMES</b>
<p><b>Element #1: Linkage and Re-Engagement in HIV Care Using the Bridge Model</b> MAI Early Intervention Services (EIS) staff connect and reconnect people living with HIV to care using the Bridge program model, with a focus on African American and Latino communities disproportionately impacted by HIV.</p> <p><b>Implementation Activities</b></p> <ul style="list-style-type: none"> <li>Partner with grassroots community-based organizations, faith-based organizations, local churches, and other non-traditional venues to conduct targeted HIV testing and outreach within African American and Latino communities.</li> <li>Link individuals who test HIV-positive, are newly diagnosed, or are identified as having unmet need to HIV testing and counseling, partner services, and HIV medical care and treatment.</li> <li>Collaborate with prisons, jails, correctional facilities, homeless shelters, hospitals, and other institutional settings to conduct targeted HIV testing and facilitate linkage to HIV care and treatment.</li> <li>Coordinate with HIV treatment teams to identify people living with HIV who are out of care or marginally engaged and provide navigation, education, and short-term support to re-engage them in care.</li> <li>Provide follow-up support during the initial linkage or re-engagement period to promote entry into and retention in HIV medical care.</li> <li>Document all outreach, testing, linkage, and re-engagement activities in HIV Care Connect (HCC).</li> </ul>	1, 2, & 3	03/01/26-02/28/27	<ul style="list-style-type: none"> <li>Targeted outreach, testing, and linkage activities are scheduled and tracked, as evidenced by MAI/EIS schedules and encounter logs.</li> <li>Newly diagnosed individuals and those with unmet need complete assessments and enrollment into services, as documented through assessment and enrollment forms.</li> <li>Linkage to HIV medical care is documented and monitored, demonstrating timely connection for newly diagnosed and re-engaged clients.</li> <li>Referrals to HIV medical care, partner services, and support services are initiated and followed up, as reflected in referral logs and progress notes.</li> <li>Case conferencing occurs for clients with complex barriers, supporting coordinated linkage and re-engagement efforts.</li> <li>Program activities and outcomes are reported accurately and timely using required reporting forms.</li> <li>Culturally responsive outreach and service delivery are implemented, consistent with the program's Cultural Competency Plan.</li> <li>MAI/EIS service delivery, linkage outcomes, and utilization data are captured and reported through HIV Care Connect (HCC).</li> </ul>

<p><b>Element #2: Intensive One-on-One Engagement and Care Navigation</b> MAI Early Intervention Services staff conduct in-depth, one-on-one encounters coordinated with local HIV prevention and care programs to support timely linkage to care, avoid duplication of services, and promote sustained engagement in HIV medical care.</p> <p><b>Implementation Activities</b></p> <ul style="list-style-type: none"> <li>• Coordinate with HIV care and treatment facilities to ensure newly diagnosed individuals are linked to HIV medical care within 30 days or less.</li> <li>• Collaborate with local HIV prevention outreach programs to align outreach, education, and navigation efforts and prevent duplication of services.</li> <li>• Provide individualized, one-on-one encounters focused on patient education, care navigation, and addressing barriers to care.</li> <li>• Assist clients with enrollment in or transition to appropriate health insurance or payer sources, including ADAP, MISPP, Medi-Cal, the Insurance Marketplace, and OA CARE HIPP.</li> <li>• Deliver community-based outreach, intensive case management support, and patient navigation services to promote access to care and retention during the initial linkage period.</li> <li>• Document all encounters, coordination activities, and outcomes in HIV Care Connect (HCC).</li> </ul>	1, 2, & 3	03/01/26-02/28/27	<ul style="list-style-type: none"> <li>• One-on-one MAI EIS encounters are planned, delivered, and documented, as evidenced by MAI/EIS encounter logs.</li> <li>• Newly diagnosed individuals are linked to HIV medical care within 30 days, in coordination with HIV care and treatment facilities.</li> <li>• Clients receive assistance with enrollment or transition to appropriate insurance or payer sources, with activities documented through enrollment and transition records.</li> <li>• Community-based outreach and patient navigation activities are coordinated with prevention partners, reducing duplication of effort.</li> <li>• Referrals and follow-up activities are documented, demonstrating active support for access to care.</li> <li>• Service delivery and outcomes are accurately captured and reported through HCC.</li> </ul>
<p><b>Element #3: Re-Engagement of People Living with HIV Who Are Out of Care</b> MAI Early Intervention Services staff re-link people living with HIV who have fallen out of care and provide follow-up support to ensure timely re-engagement and sustained participation in HIV medical care.</p> <p><b>Implementation Activities</b></p> <ul style="list-style-type: none"> <li>• Identify people living with HIV who have fallen out of care through coordination with HIV care and treatment providers.</li> <li>• Re-link clients who are out of care to HIV medical services within 30 days or less, in coordination with HIV care and treatment facilities.</li> <li>• Provide follow-up navigation and support to ensure successful re-entry into care.</li> <li>• Assist clients with enrollment in or transition to appropriate health insurance or payer sources, including ADAP, MISPP, Medi-Cal, the Insurance Marketplace, and OA CARE HIPP.</li> <li>• Link clients to non-medical case management and medical case management services to address barriers related to benefits counseling, transportation, housing, and other support needs.</li> <li>• Link high-risk MAI populations to additional support services, including mental health services and housing resources, to promote ongoing engagement in care.</li> <li>• Participate in bi-weekly clinic care team case conferences to coordinate re-engagement efforts and address complex barriers to care.</li> <li>• Document re-linkage, follow-up, referrals, and outcomes in HIV Care Connect (HCC).</li> </ul>	1, 2, & 3	03/01/26-02/28/27	<ul style="list-style-type: none"> <li>• Clients identified as out of care are re-linked to HIV medical care within 30 days.</li> <li>• Follow-up activities are conducted and documented to support sustained engagement in care.</li> <li>• Clients receive assistance with insurance enrollment or transitions, ensuring continuity of coverage.</li> <li>• Referrals to medical and non-medical case management and support services are initiated and tracked.</li> <li>• High-risk clients are connected to appropriate support services to address barriers to care.</li> <li>• Re-engagement efforts and outcomes are documented and monitored through HCC.</li> </ul>
<p><b>Element #4: Culturally Responsive, Evidence-Based Outreach to African American and Hispanic/Latino Communities</b> MAI Early Intervention Services staff utilize evidence-based and culturally responsive strategies to engage African American and Hispanic/Latino communities disproportionately impacted by HIV and to promote HIV testing, linkage to care, and re-engagement in care.</p> <p><b>Implementation Activities</b></p> <ul style="list-style-type: none"> <li>• Develop and disseminate culturally and linguistically appropriate outreach materials, including flyers, brochures, digital content, and website resources, tailored to African American and Hispanic/Latino communities.</li> </ul>	1, 2, & 3	03/01/26-02/28/27	<ul style="list-style-type: none"> <li>• Culturally and linguistically appropriate outreach materials are developed and utilized to reach African American and Hispanic/Latino communities.</li> <li>• Evidence-based outreach strategies, including the Bridge model, are implemented to support HIV testing and linkage to care.</li> <li>• Community engagement activities are conducted and documented, including use of focus groups or surveys when applicable.</li> </ul>

<ul style="list-style-type: none"> <li>• Conduct focus groups and community feedback activities, as appropriate, to inform outreach strategies and improve engagement.</li> <li>• Utilize evidence-based outreach approaches, including the Bridge model, to encourage HIV-positive individuals and high-risk HIV-negative individuals to recruit social contacts for HIV testing and linkage to care.</li> <li>• Coordinate outreach activities with community partners to ensure messaging aligns with local HIV prevention and care efforts.</li> <li>• Document outreach activities, materials developed, and community engagement efforts in HIV Care Connect (HCC).</li> </ul>			<ul style="list-style-type: none"> <li>• Individuals reached through outreach are referred for HIV testing, linkage, or re-engagement services, as appropriate.</li> <li>• Outreach activities and outcomes are tracked and reported through HCC, supporting monitoring and continuous improvement.</li> </ul>
<p><b>Element #5: Coordination with HIV Testing, Partner Services, and Treatment Programs</b> MAI Early Intervention Services staff collaborate with HIV Testing and Counseling Services and Partner Services to ensure newly diagnosed individuals from communities of color are promptly linked to HIV treatment and care within Riverside County.</p> <p><b>Implementation Activities</b></p> <ul style="list-style-type: none"> <li>• Coordinate with DOPH HIV Testing and Counseling and Prevention programs to identify newly diagnosed individuals from African American and Hispanic/Latino communities.</li> <li>• Participate in regular (weekly) coordination meetings with DOPH Prevention staff to exchange information on newly diagnosed cases and confirm referral to MAI EIS.</li> <li>• Ensure newly diagnosed individuals are referred to Partner Services and linked to HIV medical care and treatment at DOPH HIV/STD clinics or other HIV care and treatment facilities throughout Riverside County within 30 days or less.</li> <li>• Conduct follow-up navigation and support activities to confirm successful linkage to care.</li> <li>• The Senior Communicable Disease Specialist (CDS) reviews required data elements to verify linkage, retention, and completeness of documentation.</li> <li>• Document coordination, referrals, linkage outcomes, and follow-up activities in HIV Care Connect (HCC).</li> </ul>	1, 2, & 3	03/01/26-02/28/27	<ul style="list-style-type: none"> <li>• Newly diagnosed individuals from African American and Hispanic/Latino communities are referred to MAI EIS and Partner Services in a timely manner.</li> <li>• Linkage to HIV medical care occurs within 30 days of diagnosis, as documented through linkage to care records.</li> <li>• Weekly coordination with DOPH Prevention ensures timely exchange of information on new diagnoses, reducing delays in referral and linkage.</li> <li>• Follow-up activities confirm successful entry into HIV medical care, supporting early retention.</li> <li>• Senior Communicable Disease Specialist review of data elements verifies linkage and retention outcomes, ensuring data accuracy and accountability.</li> <li>• Coordination, referrals, linkage outcomes, and retention data are documented and tracked through HIV Care Connect (HCC).</li> </ul>
<p><b>Element #6: Strategic Coordination to Target Outreach and Avoid Duplication</b> MAI Early Intervention Services staff coordinate with local HIV prevention, outreach, and surveillance partners to strategically identify priority outreach locations, identify individuals not in care, and avoid duplication of outreach activities within the TGA.</p> <p><b>Implementation Activities</b></p> <ul style="list-style-type: none"> <li>• Coordinate with HIV prevention and outreach programs within the TGA to jointly plan targeted outreach locations and service areas.</li> <li>• Share information and align outreach strategies to avoid duplication of efforts and maximize reach to priority populations.</li> <li>• Collaborate with the DOPH Surveillance Unit to analyze epidemiologic data and identify geographic areas and populations with higher unmet need.</li> <li>• Use surveillance and partner data to guide deployment of MAI EIS outreach and linkage activities.</li> <li>• Document coordination activities, outreach planning decisions, and targeted strategies in HIV Care Connect (HCC).</li> </ul>	1, 2, & 3	03/01/26-02/28/27	<ul style="list-style-type: none"> <li>• Target outreach locations are identified using prevention and surveillance data.</li> <li>• Outreach activities are strategically planned and coordinated with prevention partners, reducing duplication of effort.</li> <li>• Individuals identified as not in care are prioritized for outreach and linkage services.</li> <li>• MAI EIS outreach strategies align with current epidemiologic trends and identified service gaps.</li> <li>• Coordination activities and outcomes are documented and tracked through HCC.</li> </ul>
<p><b>Element #7: Insurance Enrollment and Payer Transition Support</b> MAI Early Intervention Services staff assist clients with enrollment in or transition to appropriate health insurance and payer sources to ensure continuity of HIV medical care and support services.</p> <p><b>Implementation Activities</b></p> <ul style="list-style-type: none"> <li>• Assist clients with enrollment in or transition to appropriate health insurance or payer sources, including ADAP, MISAP, Medi-Cal, the Insurance Marketplace, and OA CARE HIPP.</li> </ul>	1, 2, & 3	03/01/26-02/28/27	<ul style="list-style-type: none"> <li>• Clients receive assistance with enrollment in or transition to appropriate insurance or payer sources.</li> <li>• Benefits counseling and insurance-related services are coordinated with Non-Medical Case Management.</li> <li>• Insurance coverage is secured or maintained, supporting uninterrupted access to HIV medical care.</li> </ul>

<ul style="list-style-type: none"> <li>• Coordinate with Non-Medical Case Management services to provide benefits counseling and ensure rapid linkage to medical care and support services.</li> <li>• Identify and address insurance-related barriers that may delay entry into or continuation of HIV care.</li> <li>• Provide follow-up support to confirm successful enrollment or transition and ongoing access to services.</li> <li>• Document enrollment assistance, transitions, and follow-up activities in HIV Care Connect (HCC).</li> </ul>			<ul style="list-style-type: none"> <li>• Insurance-related barriers to care are identified and addressed in a timely manner.</li> <li>• Enrollment, transition, and follow-up activities are documented and tracked through HCC.</li> </ul>
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**ATTACHMENT I**

**RYAN WHITE PROGRAM UNIT OF SERVICE DEFINITIONS**

SERVICE	UNIT OF SERVICE
Early Intervention Services (EIS – PART A & MAI)	<ul style="list-style-type: none"> <li>• Encounters = One 15-minute Encounter</li> <li>• Test = One Test/Confirmatory Test</li> </ul>
Emergency Financial Assistance	<p>One Unit= One day One Month's utilities,            One month's Rent housing (30 days = 30 units),            One short-term emergency housing for seven (7 days = 7 units),            One food service (\$10) (reference food services),            One gas voucher (\$10) (reference medical transportation),            One prescription of medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance,</p>
Food Services	<ul style="list-style-type: none"> <li>• 1 Unit = \$10 Transaction (Regardless of \$ Amount) Example:               <ul style="list-style-type: none"> <li>○ One \$10 Voucher = 1 unit</li> <li>○ Four \$10 Vouchers = 4 units</li> <li>○ One \$50 Voucher = 5 units</li> <li>○ One \$10 Food bag = 1 unit</li> <li>○ One \$20 Food bag = 2 units</li> </ul> </li> </ul>
Health Education/Risk Reduction	<ul style="list-style-type: none"> <li>• One 15-minute Encounter</li> </ul>
Home and Community- Based Health	<ul style="list-style-type: none"> <li>• One 15-minute Encounter</li> </ul>
Housing Services	<ul style="list-style-type: none"> <li>• Housing Case Management = One 15-minute Encounter</li> <li>• Housing Services (Financial Assistance): 1 Unit = One Day Example:               <ul style="list-style-type: none"> <li>○ 5 Nights Hotel/Motel (Regardless of \$ Amount) = 5 Days, 5 units</li> <li>○ One Month's Rent = 30 Days, 30 units</li> </ul> </li> </ul>
Linguistic Services	<ul style="list-style-type: none"> <li>• One 15-minute Encounter</li> </ul>
Medical Case Management	<ul style="list-style-type: none"> <li>• One 15-minute Encounter</li> </ul>
Medical Nutrition Therapy	<ul style="list-style-type: none"> <li>• One 15-minute Encounter</li> <li>• Nutritional Supplement: One Prescription= 1 unit</li> </ul>
Medical Transportation	<ul style="list-style-type: none"> <li>• One Transaction               <ul style="list-style-type: none"> <li>○ One Taxi Payment (One Way)</li> <li>○ One Van Trip (One Way)</li> <li>○ One Bus Voucher</li> <li>○ One Gas Voucher (\$10)</li> </ul> </li> </ul>
Mental Health Services	<ul style="list-style-type: none"> <li>• One 15-minute Encounter</li> </ul>
Non-Medical Case Management	<ul style="list-style-type: none"> <li>• One 15-minute Encounter</li> </ul>
Oral Health Care	<ul style="list-style-type: none"> <li>• One 15-minute Encounter</li> </ul>
Outpatient/Ambulatory Health	<ul style="list-style-type: none"> <li>• Medical Care: One 15-minute Encounter</li> <li>• Emergency Medication: One Prescription Example:               <ul style="list-style-type: none"> <li>○ 30-day Supply of Med-A and 30-day Supply of Med-B = 2 Prescriptions = 2 Transactions = 2 units</li> <li>○ 15-day Supply of Med-C = 1 Prescription = 1 Transaction = 1 unit</li> </ul> </li> </ul>
Outreach Services	<ul style="list-style-type: none"> <li>• One 15-minute Encounter</li> </ul>
Psychosocial Support Services	<ul style="list-style-type: none"> <li>• One 15-minute Encounter</li> </ul>
Substance Abuse Outpatient	<ul style="list-style-type: none"> <li>• One 15-minute Encounter</li> </ul>

**ATTACHMENT J**

**RYAN WHITE PROGRAM CULTURAL AND LINGUISTIC COMPETENCY STANDARDS**

Domain & Standard	Indicator	Target
<b>Principle Standard</b>		
1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.	Client satisfaction	90% of respondents demonstrate satisfaction with services
<b>Governance, Leadership and Workforce</b>		
2. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.	Staff and racial/ethnic representation	Initial assessment of representation and annual plan to improve if deficiencies are identified
3. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.	Staff development documentation and personnel files	100% of RW-funded staff
<b>Communication and Language Assistance</b>		
4. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.	Client satisfaction & inclusion of strategy to provide language services in plan (See #9)	90% of clients surveyed indicated receiving linguistically appropriate services; 100% of agencies will have plan/strategy in place within 90 days of contract start date
5. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	Client satisfaction	90% of respondents demonstrate satisfaction with services
6. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.	Client satisfaction & inclusion of strategy to provide language services in plan (See #9)	90% of clients surveyed indicated receiving linguistically appropriate services; 100% of agencies will have plan/strategy in place within 90 days of contract start date
7. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.	Client satisfaction & written materials in languages of target communities	90% of clients demonstrate satisfaction with written materials; availability of materials for annual program review

Domain & Standard	Indicator	Target
<b>Engagement, Continuous Improvement, and Accountability</b>		
8. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.	Plan & appropriate training on plan for C&L appropriate service	Completed plan 90 days after contract start date; completed training 60 days post-completion of plan
9. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.	Organizational cultural competency self-assessment	Completed self –assessment after 60 days of initial contract start date ( <i>first year of 2-year contract only</i> )
10. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.	HIV Care Connect (HCC)	Data entry by submission dates as specified in contract
11. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.	Organizational cultural competency self-assessment	Completed self –assessment after 60 days of initial contract start date ( <i>first year of 2-year contract only</i> )
12. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.	Client satisfaction	90% of respondents demonstrate satisfaction with policies/practices/services
13. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.	Client Grievance Procedure	Resolve 100% of grievances within 30 days of receipt
<p><b>Source:</b> Adapted from the <i>National Standards for Culturally and Linguistically Appropriate Services in Health Care</i>, U.S. Department of Health and Human Services, Office of Public Health and Science, Office of Minority Health. <a href="#">CLAS Standards - Think Cultural Health</a></p>		

**ATTACHMENT K**

**RYAN WHITE PROGRAM FINANCIAL ELIGIBILITY CRITERIA**

<b>SERVICE CATEGORY</b>	<b>FINANCIAL ELIGIBILITY CRITERIA<sup>1</sup></b>
Early Intervention Services (EIS – Part A & MAI)	MAGI income < <b>600%</b> of Federal Poverty Level
Emergency Financial Assistance	MAGI income < <b>600%</b> of Federal Poverty Level
Food Services	MAGI income < <b>600%</b> of Federal Poverty Level
Home and Community-Based Health	MAGI income < <b>600%</b> of Federal Poverty Level
Housing Services	MAGI income < <b>600%</b> of Federal Poverty Level
Medical Case Management	MAGI income < <b>600%</b> of Federal Poverty Level
Medical Nutrition Therapy	MAGI income < <b>600%</b> of Federal Poverty Level
Medical Transportation	MAGI income < <b>600%</b> of Federal Poverty Level
Mental Health Services	MAGI income < <b>600%</b> of Federal Poverty Level
Non-medical Case Management	MAGI income < <b>600%</b> of Federal Poverty Level
Oral Health Care	MAGI income < <b>600%</b> of Federal Poverty Level
Outpatient/Ambulatory Health	MAGI income < <b>600%</b> of Federal Poverty Level
Psychosocial Support Services	MAGI income < <b>600%</b> of Federal Poverty Level
Substance Abuse Outpatient Care	MAGI income < <b>600%</b> of Federal Poverty Level

*Notes:*

- *Refer to the entire set of IEHPC Standards for complete eligibility criteria*
- *Not all services may be funded in a given grant year*
- *Subject to Change per Inland Empire HIV Planning Council*

<sup>1</sup> Federal Poverty Guidelines:

- Refer to the most current poverty guidelines at <http://aspe.hhs.gov/poverty>.
- In the Riv/SB TGA, the Federal Poverty Guidelines should be applied to a “family”.
- “Family” is defined by the Department of Health and Human Services as “a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family. For instance, if an older married couple, their daughter and her husband and two children, and the older couple's nephew all lived in the same house or apartment, they would all be considered members of a single family.

If an individual does not fit this definition, and is not in a legal, domestic partnership, their income may be considered a separate “family” income.

ATTACHMENT L

RYAN WHITE PROGRAM REPORTING REQUIREMENTS

<b>REPORT:</b>	<b>Due:</b>	<b>Description:</b>
<b>Billing Invoice</b>	By the 20 <sup>th</sup> of each month	The invoice will document cost reimbursement and/or total units of service rendered and cost per unit and supporting documentation clearly identifying all line-item costs.
<b>Document Transmittal Form (Report Agency Changes)</b>	By the 20 <sup>th</sup> of each month with each invoice	Include with all invoices. Also, submit with all other hard-copy submissions and when there are changes to report such as changes in key staff, service delivery, locations, etc.
<b>Utilization</b>	By the 20 <sup>th</sup> of each month	All data documenting delivery of service entered into HCC. [Timely Data Entry and Reporting Policy] Also submit any logs/records of utilization data not entered into HCC (e.g., EIS/Outreach Logs)
<b>Subcontractor Report</b>	During Monitoring	List of contracts shall include actual contract, proof of non-profit status, and list of subcontractors and accompanying contact information.
<b>Contractor Policies</b>	During Monitoring	Report includes the submission of the following policies: <ul style="list-style-type: none"> <li>• Subcontract Monitoring Policy (if applicable)</li> <li>• Eligibility Policy</li> <li>• Alternative Source of Funding Policy</li> <li>• Confidentiality Policy</li> <li>• Sliding fee Scale Policy</li> <li>• Grievance Policy</li> <li>• Voucher Security Policy</li> <li>• Oral Health Cap Tracking Policy</li> <li>• EIS/Outreach Tracking Policy</li> <li>• Program Income Tracking Policy</li> </ul>
<b>Contractor Personnel Professional Licenses</b>	During Monitoring	A list of RWP Part A Funded personnel and their accompanying licenses shall be reported to RWP Part A & MAI Office.
<b>Ryan White Services Report (RSR)</b>	February/March	Client-level data meeting HRSA RSR requirements, including documenting delivery of service by units, number of clients served, demographics of clients served, medical data, etc.
<b>Cost of Services Report</b>	March	Contractor is required to submit a report detailing all HIV/AIDS services provided and the source of the funding for those services and the amount of the funding.
<b>Year-End Program Income Report</b>	March	Contractor is required to submit a report detailing all the program income that the agency received, source of program income, date of program income, and which Ryan White Service the program income was used for.
<b>Year-End Narrative Progress Report</b>	March	Report in narrative format that contains the following: <ol style="list-style-type: none"> <li>1. Activities and Outcomes for the four populations of EIIHA <ol style="list-style-type: none"> <li>a. Identification of Individuals unaware of their HIV status</li> <li>b. Informing Individual that Tested Positive of their HIV Diagnosis</li> <li>c. Referral to Care of Newly Diagnosed Individuals</li> <li>d. Linkage to Care of Newly Diagnosed Individuals</li> </ol> </li> <li>2. Activities and Outcomes for the three populations of Unmet Need <ol style="list-style-type: none"> <li>a. Late Diagnosed</li> <li>b. Have Unmet Need</li> </ol> </li> </ol>

		<p>c. In Care but not Virally Suppressed</p> <p>3. Outcomes of the progress made on the goals and objectives of the integrated plan</p> <p>4. Key activities and outcomes during the grant year towards the goals and objectives of the integrated plan</p> <p>5. Key collaboration activities and outcomes during the grant year towards the goals and objectives of the integrated plan</p>
<b>EIS/Outreach Testing Data</b>	April	EIS/Outreach contractors are required to submit a report detailing testing activities for the grant year. Includes testing activities funded by Ryan White and those not funded by RW.
<b>Cultural and Linguistic Competency Organizational Assessment</b>	May (1 <sup>st</sup> year of contract only)	Contractor is required to complete and submit the standardized assessment tool at the beginning of the 1 <sup>st</sup> year of the 3-year contract period.
<b>Cultural and Linguistic Competence Plan</b>	May (annually)	Contractor is required to develop a plan for maintaining/improving cultural and linguistic competency based on the results of the organizational assessment. This plan must be updated and resubmitted annually.
<b>EIS Data Reporting</b>	Mid-Year (Nov) Year-End (April)	Contractor is required to submit detailed EIS service delivery and demographic data 2x a year. [EIS Reporting Policy]
<b>Self-Audits</b>	November	Contractor must conduct at least one self-audit at mid-year (Sept/Oct) and report the results no later than November of each year.

All completed and signed documentation should be forwarded to the RWP Coordinator. The contractor must designate one individual to serve as the contact person responsible for responding to information requests and ensuring the timely completion of the above conditions of award and contractual requirements.

**Please note:** The above list does not represent the entirety of contract requirements, and contractors will not be held to dates falling outside the contract period.

**ATTACHMENT M**



**Document Transmittal Form**

**IMPORTANT:** This Document Transmittal form must be attached to all correspondence and invoice supporting documentation. Any item received without this form will be returned to the Provider and may result in delayed payment.

Ryan White Program Office  
 San Bernardino County Public Health Department  
 451 E Vanderbilt Way, Suite 350  
 San Bernardino, CA 92408

<b>Provider Name:</b>	
<b>Date Documents Sent:</b>	
<b>Date Received by Ryan White Program Office:</b>	
	Date Stamp (To be completed by Ryan White Program Office)

<b>REPORT</b>	<b>ENCLOSED</b>
Invoice	
Letter (Any Type)	
Other: _____ (Please Describe)	

<b>Notes to Ryan White Program staff:</b>
Attention:

**CHANGE IN PROVIDER INFORMATION**

<b>Type of Change</b>	<b>N/A</b>	<b>Effective date, reason for change, estimated date to fill, etc.</b>
Change in Administrative & Board personnel (Director, Finance, Chair, etc.)		
Number of staff vacancies		
Change in Point of Contact		
Change in service delivery		
Change in contact info (new phone #'s, new address, etc.)		
Change in service hours		
Change in locations (New site, closed site, etc.)		

**ATTACHMENT N**

**PROGRAM BUDGET AND ALLOCATION PLAN**

County of Riverside, Department of Public Health dba Riverside University Health System-Public Health  
 Ryan White Part A  
 Line Item Budget  
 Budget Period 3/1/2026 - 2/28/2027

	Salary	Program FTE	Program Cost	Direct Services	CQM Costs	Administrative Costs	Program Total
<b>Personnel</b>							
Zane, R. -Dr	\$10,750	0.08	\$900	\$900	\$0	\$0	\$900
Calderon, C.-PCL	\$228,000	0.20	\$44,575	\$44,575	\$0	\$0	\$44,575
Latif -NP	\$170,501	0.10	\$17,000	\$17,000	\$0	\$0	\$17,000
Gilbert, -NP	\$214,115	0.02	\$3,400	\$3,400	\$0	\$0	\$3,400
Pineda, V. -OA III	\$44,280	0.14	\$6,300	\$6,300	\$0	\$0	\$6,300
Hunt, A. -HSA	\$56,366	0.12	\$7,000	\$7,000	\$0	\$0	\$7,000
Osaki, K. -HSA	\$48,168	0.29	\$14,000	\$14,000	\$0	\$0	\$14,000
Ramirez, G. -HSA	\$58,620	0.10	\$6,000	\$6,000	\$0	\$0	\$6,000
Rojas, S. -LVN	\$101,000	0.23	\$23,280	\$10,000	\$13,280	\$0	\$23,280
Dorothy, A. -LVN	\$81,000	0.03	\$2,205	\$2,205	\$0	\$0	\$2,205
Arrona, I-CDS III	\$92,472	0.28	\$25,734	\$25,734	\$0	\$0	\$25,734
Olmos, J. -CDS II	\$58,627	0.48	\$27,900	\$27,900	\$0	\$0	\$27,900
Ramos, G. -CDS II	\$73,827	0.38	\$27,900	\$27,900	\$0	\$0	\$27,900
Rosales, S. -SSP	\$83,038	0.24	\$19,600	\$19,600	\$0	\$0	\$19,600
Alatorre, R. -SSP	\$93,063	0.25	\$23,500	\$23,500	\$0	\$0	\$23,500
Jimenez, B. -SSP	\$104,053	0.36	\$37,500	\$37,500	\$0	\$0	\$37,500
Barajas, V. -LVN	\$90,176	0.09	\$8,500	\$8,500	\$0	\$0	\$8,500
Malixi, Eric. -LVN	\$87,498	0.20	\$17,500	\$17,500	\$0	\$0	\$17,500
Del Villar, D. -LVN	\$91,856	0.22	\$20,500	\$20,500	\$0	\$0	\$20,500
Medina, O. -LVN	\$91,856	0.10	\$9,000	\$9,000	\$0	\$0	\$9,000
Rodriguez, K. -Nutrition	\$76,254	0.09	\$6,500	\$6,500	\$0	\$0	\$6,500
Whaples, N. -PD	\$123,403	0.03	\$3,800	\$3,800	\$0	\$0	\$3,800
Mansell, S. -Nutrition	\$7,256	0.44	\$3,207	\$3,207	\$0	\$0	\$3,207
McCarthy, M. -Nutrition	\$94,416	0.04	\$3,700	\$3,700	\$0	\$0	\$3,700
Vacant -Nutrition	\$87,480	0.01	\$1,200	\$1,200	\$0	\$0	\$1,200
Dees, Porchia - HEA II	\$62,752	0.07	\$4,500	\$ -	\$4,500	\$0	\$4,500
<b>Personnel Subtotal</b>	<b>\$2,330,827</b>	<b>4.591</b>	<b>\$365,201</b>	<b>\$ 347,421</b>	<b>\$17,780</b>	<b>\$0</b>	<b>\$ 365,201</b>
<b>Fringe</b>							
OAHS Fringe	69%		\$76,852	\$76,852	\$0	\$0	\$76,852
MAI/EIS Fringe	63%		\$14,690	\$14,690	\$0	\$0	\$14,690
EIS Fringe	63%		\$36,675	\$36,675	\$0	\$0	\$36,675
Non-Med Fringe	65%		\$46,215	\$46,215	\$0	\$0	\$46,215
Med-Case Fringe	63%		\$40,950	\$40,950	\$0	\$0	\$40,950
Nutrition Fringe	63%		\$11,596	\$11,596	\$0	\$0	\$11,596
CQM Fringe	47%		\$8,356	\$0	\$8,356	\$0	\$8,356
<b>Fringe Subtotal</b>			<b>\$235,334</b>	<b>\$226,978</b>	<b>\$8,356</b>	<b>\$0</b>	<b>\$235,334</b>
<b>Total Personnel</b>			<b>\$ 600,535</b>	<b>\$ 574,399</b>	<b>\$26,136</b>	<b>\$0</b>	<b>\$600,535</b>
<b>Travel</b>							
Local Travel			\$1,697	\$1,132	\$15	\$550	\$1,697
<b>Total Travel</b>			<b>\$1,697</b>	<b>\$1,132</b>	<b>\$15</b>	<b>\$550</b>	<b>\$1,697</b>
<b>Other</b>							
Admin Support, Insurance, Payroll			\$52,380	\$0	\$0	\$52,380	\$52,380
RC Information Tech			\$4,141	\$3,781	\$60	\$300	\$4,141
Clinic Licensure			\$120	\$0	\$120	\$0	\$120
Laboratory Services			\$4,150	\$4,000	\$0	\$150	\$4,150
Medical/Pharmacy/Lab Supplies			\$27,092	\$26,942	\$0	\$150	\$27,092
Office Supplies			\$2,760	\$1,660	\$50	\$1,050	\$2,760
Rent/Utilities/Maintenance			\$9,066	\$3,432	\$0	\$5,634	\$9,066
Communications			\$2,465	\$1,075	\$0	\$1,390	\$2,465
Training			\$1,350	\$1,150	\$50	\$150	\$1,350
Food			\$6,346	\$6,346	\$0	\$0	\$6,346
Transportation			\$4,437	\$4,437	\$0	\$0	\$4,437
<b>Total Other</b>			<b>\$114,307</b>	<b>\$52,823</b>	<b>\$280</b>	<b>\$61,204</b>	<b>\$114,307</b>
<b>Total Direct Costs</b>				<b>\$628,354</b>			<b>\$628,354</b>
<b>Total Administrative Costs</b>						<b>\$61,754</b>	<b>\$61,754</b>
<b>Total CQM Costs</b>					<b>\$26,431</b>		<b>\$26,431</b>
<b>Overall Budget</b>				<b>\$628,354</b>	<b>\$26,431</b>	<b>\$61,754</b>	<b>\$716,539</b>
Percentages				87.69%	3.69%	8.62%	

County of Riverside, Department of Public Health dba Riverside University Health System-Public Health  
 Ryan White Part A  
 Line Item Budget  
**Outpatient/Ambulatory Health Services**

	Total Salary	Ryan White FTE	Ryan White \$	Direct Services	Administrative	Total
<b>Personnel</b>						
Zane, R. -Dr	\$10,750	0.08	\$900	\$900	\$0	\$900
Calderon, C.-PCL	\$228,000	0.196	\$44,575	\$44,575	\$0	\$44,575
Latif -NP	\$170,501	0.100	\$17,000	\$17,000	\$0	\$17,000
Gilbert, -NP	\$214,115	0.016	\$3,400	\$3,400	\$0	\$3,400
Pineda, V. -OA III	\$44,280	0.142	\$6,300	\$6,300	\$0	\$6,300
Hunt, A. -HSA	\$56,366	0.124	\$7,000	\$7,000	\$0	\$7,000
Osaki, K. -HSA	\$48,168	0.291	\$14,000	\$14,000	\$0	\$14,000
Ramirez, G. -HSA	\$58,620	0.102	\$6,000	\$6,000	\$0	\$6,000
Rojas, S. -LVN	\$101,000	0.099	\$10,000	\$10,000	\$0	\$10,000
Dorothy, A. -LVN	\$81,000	0.027	\$2,205	\$2,205	\$0	\$2,205
<b>Personnel Subtotal</b>	<b>\$1,012,801</b>	<b>1.181</b>	<b>\$111,380</b>	<b>\$111,380</b>	<b>\$0</b>	<b>\$111,380</b>
<b>Fringe</b>						
Fringe Subtotal	69%		\$76,852	\$76,852	\$0	\$76,852
<b>Total Personnel</b>			<b>\$188,232</b>	<b>\$188,232</b>	<b>\$0</b>	<b>\$188,232</b>
<b>Travel</b>						
Local Travel			\$350	\$250	\$100	\$350
<b>Total Travel</b>			<b>\$350</b>	<b>\$250</b>	<b>\$100</b>	<b>\$350</b>
<b>Other</b>						
Admin Support, Insurance, Payroll			\$20,098	\$0	\$20,098	\$20,098
RC Information Tech			\$950	\$800	\$150	\$950
Laboratory Services			\$4,150	\$4,000	\$150	\$4,150
Medical/Pharmacy/Lab Supplies			\$27,092	\$26,942	\$150	\$27,092
Office Supplies			\$550	\$300	\$250	\$550
Rent/Utilities/Maintenance			\$2,200	\$1,200	\$1,000	\$2,200
Communications			\$460	\$260	\$200	\$460
Training			\$650	\$500	\$150	\$650
<b>Total Other</b>			<b>\$56,150</b>	<b>\$34,002</b>	<b>\$22,148</b>	<b>\$56,150</b>
Total Direct Costs			\$244,732	<b>\$222,484</b>		\$222,484
Total Administrative Costs					\$22,248	\$22,248
<b>Overall Budget</b>				<b>\$222,484</b>	<b>\$22,248</b>	<b>\$244,732</b>
Percentages				<b>90.91%</b>	9.09%	

County of Riverside, Department of Public Health dba Riverside University Health System-Public Health  
 Ryan White Part A  
 Line Item Budget  
**MAI Early Intervention Services**

	Total Salary	Ryan White FTE	Ryan White \$	Direct Services	Administrative	Total
<b>Personnel</b>						
Arrona, I-CDS III	\$92,472	0.088	\$8,119	\$8,119	\$0	\$8,119
Olmos, J. -CDS II	\$58,627	0.130	\$7,600	\$7,600	\$0	\$7,600
Ramos, G. -CDS II	\$73,827	0.103	\$7,600	\$7,600	\$0	\$7,600
<b>Personnel Subtotal</b>	<b>\$224,925</b>	<b>0.320</b>	<b>\$23,319</b>	<b>\$23,319</b>	<b>\$0</b>	<b>\$23,319</b>
<b>Fringe</b>						
Fringe	63%		\$14,690	\$14,690	\$0	\$14,690
<b>Total Personnel</b>			<b>\$38,009</b>	<b>\$38,009</b>	<b>\$0</b>	<b>\$38,009</b>
<b>Travel</b>						
Local Travel			\$360	\$210	\$150	\$360
<b>Total Travel</b>			<b>\$360</b>	<b>\$210</b>	<b>\$150</b>	<b>\$360</b>
<b>Other</b>						
Admin Support, Insurance, Payroll			\$2,973	\$0	\$2,973	\$2,973
RC Information Tech			\$650	\$650	\$0	\$650
Office Supplies			\$410	\$260	\$150	\$410
Rent/Utilities/Maintenance			\$750	\$250	\$500	\$750
Communications			\$360	\$160	\$200	\$360
Training			\$200	\$200	\$0	\$200
<b>Total Other</b>			<b>\$5,343</b>	<b>\$1,520</b>	<b>\$3,823</b>	<b>\$5,343</b>
<b>Total Direct Costs</b>			<b>\$43,712</b>	\$39,739		<b>\$39,739</b>
<b>Total Administrative Costs</b>					\$3,973	<b>\$3,973</b>
<b>Overall Budget</b>				<b>\$39,739</b>	<b>\$3,973</b>	<b>\$43,712</b>
Percentages				<b>90.91%</b>	9.09%	

County of Riverside, Department of Public Health dba Riverside University Health System-Public Health  
 Ryan White Part A  
 Line Item Budget  
**Early Intervention Services**

	Total Salary	Ryan White FTE	Ryan White \$	Direct Services	Administrative	Total
<b>Personnel</b>						
Arrona, I-CDS III	\$92,472	0.190	\$17,615	\$17,615	\$0	\$17,615
Olmos, J. -CDS II	\$58,627	0.346	\$20,300	\$20,300	\$0	\$20,300
Ramos, G. -CDS II	\$73,827	0.275	\$20,300	\$20,300	\$0	\$20,300
<b>Personnel Subtotal</b>	<b>\$224,925</b>	<b>0.812</b>	<b>\$58,215</b>	<b>\$58,215</b>	<b>\$0</b>	<b>\$58,215</b>
<b>Fringe</b>						
Fringe	63%		\$36,675	\$36,675	\$0	\$36,675
<b>Total Personnel</b>			<b>\$94,890</b>	<b>\$94,890</b>	<b>\$0</b>	<b>\$94,890</b>
<b>Travel</b>						
Local Travel			\$392	\$242	\$150	\$392
<b>Total Travel</b>			<b>\$392</b>	<b>\$242</b>	<b>\$150</b>	<b>\$392</b>
<b>Other</b>						
Admin Support, Insurance, Payroll			\$8,108	\$0	\$8,108	\$8,108
RC Information Tech			\$1,000	\$1,000	\$0	\$1,000
Office Supplies			\$800	\$650	\$150	\$800
Rent/Utilities/Maintenance			\$1,750	\$750	\$1,000	\$1,750
Communications			\$690	\$300	\$390	\$690
Training			\$150	\$150	\$0	\$150
<b>Total Other</b>			<b>\$12,498</b>	<b>\$2,850</b>	<b>\$9,648</b>	<b>\$12,498</b>
<b>Total Direct Costs</b>			<b>\$107,780</b>	<b>\$97,982</b>		<b>\$97,982</b>
<b>Total Administrative Costs</b>					<b>\$9,798</b>	<b>\$9,798</b>
<b>Overall Budget</b>				<b>\$97,982</b>	<b>\$9,798</b>	<b>\$107,780</b>
Percentages				<b>90.91%</b>	9.09%	

County of Riverside, Department of Public Health dba Riverside University Health System-Public Health  
 Ryan White Part A  
 Line Item Budget  
**Non-Medical Case Management**

	Total Salary	Ryan White FTE	Ryan White \$	Direct Services	Administrative	Total
<b>Personnel</b>						
Rosales, S. -SSP	\$83,038	0.128	\$10,600	\$10,600	\$0	\$10,600
Alatorre, R. -SSP	\$93,063	0.134	\$12,500	\$12,500	\$0	\$12,500
Jimenez, B. -SSP	\$104,053	0.168	\$17,500	\$17,500	\$0	\$17,500
Barajas, V. -LVN	\$90,176	0.094	\$8,500	\$8,500	\$0	\$8,500
Malixi, Eric. -LVN	\$87,498	0.074	\$6,500	\$6,500	\$0	\$6,500
Del Villar, D. -LVN	\$91,856	0.071	\$6,500	\$6,500	\$0	\$6,500
Medina, O. -LVN	\$91,856	0.098	\$9,000	\$9,000	\$0	\$9,000
<b>Personnel Subtotal</b>	<b>\$641,539</b>	<b>0.767</b>	<b>\$71,100</b>	<b>\$71,100</b>	<b>\$0</b>	<b>\$71,100</b>
<b>Fringe</b>						
Fringe	65%		\$46,215	\$46,215	\$0	\$46,215
<b>Total Personnel</b>			<b>\$117,315</b>	<b>\$117,315</b>	<b>\$0</b>	<b>\$117,315</b>
<b>Travel</b>						
Local Travel			\$330	\$180	\$150	\$330
<b>Total Travel</b>			<b>\$330</b>	<b>\$180</b>	<b>\$150</b>	<b>\$330</b>
<b>Other</b>						
Admin Support, Insurance, Payroll			\$10,105	\$0	\$10,105	\$10,105
RC Information Tech			\$700	\$700	\$0	\$700
Office Supplies			\$550	\$300	\$250	\$550
Rent/Utilities/Maintenance			\$1,729	\$595	\$1,134	\$1,729
Communications			\$450	\$150	\$300	\$450
Training			\$150	\$150	\$0	\$150
<b>Total Other</b>			<b>\$13,684</b>	<b>\$1,895</b>	<b>\$11,789</b>	<b>\$13,684</b>
<b>Total Direct Costs</b>			<b>\$131,329</b>	<b>\$119,390</b>		<b>\$119,390</b>
<b>Total Administrative Costs</b>					<b>\$11,939</b>	<b>\$11,939</b>
<b>Overall Budget</b>				<b>\$119,390</b>	<b>\$11,939</b>	<b>\$131,329</b>
Percentages				<b>90.91%</b>	9.09%	

County of Riverside, Department of Public Health dba Riverside University Health System-Public Health  
 Ryan White Part A  
 Line Item  
**Medical Case Management**

	Total Salary	Ryan White FTE	Ryan White \$	Direct Services	Administrative	Total
<b>Personnel</b>						
Rosales, S. -SSP	\$83,038	0.108	\$9,000	\$9,000	\$0	\$9,000
Alatorre, R. -SSP	\$93,063	0.118	\$11,000	\$11,000	\$0	\$11,000
Jimenez, B. -SSP	\$104,053	0.192	\$20,000	\$20,000	\$0	\$20,000
Malixi, Eric. -LVN	\$87,498	0.126	\$11,000	\$11,000	\$0	\$11,000
Del Villar, D. -LVN	\$91,856	0.152	\$14,000	\$14,000	\$0	\$14,000
<b>Personnel Subtotal</b>	<b>\$459,508</b>	<b>0.697</b>	<b>\$65,000</b>	<b>\$65,000</b>	<b>\$0</b>	<b>\$65,000</b>
<b>Fringe</b>						
Fringe	63%		\$40,950	\$40,950	\$0	\$40,950
<b>Total Personnel</b>			<b>\$105,950</b>	<b>\$105,950</b>	<b>\$0</b>	<b>\$105,950</b>
<b>Travel</b>						
Local Travel			\$150	\$150	\$0	\$150
<b>Total Travel</b>			<b>\$150</b>	<b>\$150</b>	<b>\$0</b>	<b>\$150</b>
<b>Other</b>						
Admin Support, Insurance, Payroll			\$8,228	\$0	\$8,228	\$8,228
RC Information Tech			\$570	\$570	\$0	\$570
Office Supplies			\$400	\$150	\$250	\$400
Rent/Utilities/Maintenance			\$2,637	\$637	\$2,000	\$2,637
Communications			\$480	\$180	\$300	\$480
Training			\$150	\$150	\$0	\$150
<b>Total Other</b>			<b>\$12,465</b>	<b>\$1,687</b>	<b>\$10,778</b>	<b>\$12,465</b>
<b>Total Direct Costs</b>			<b>\$118,565</b>	<b>\$107,787</b>		<b>\$107,787</b>
<b>Total Administrative Costs</b>					<b>\$10,778</b>	<b>\$10,778</b>
<b>Overall Budget</b>				<b>\$107,787</b>	<b>\$10,778</b>	<b>\$118,565</b>
Percentages				<b>90.91%</b>	<b>9.09%</b>	

County of Riverside, Department of Public Health dba Riverside University Health System-Public Health  
 Ryan White Part A  
 Line Item Budget  
**Nutrition Therapy**

	Total Salary	Ryan White FTE	Ryan White \$	Direct Services	Administrative	Total
<b>Personnel</b>						
Rodriguez, K. -Nutrition	\$76,254	0.085	\$6,500	\$6,500	\$0	\$6,500
Whaples, N. -PD	\$123,403	0.031	\$3,800	\$3,800	\$0	\$3,800
Mansell, S. -Nutrition	\$7,256	0.442	\$3,207	\$3,207	\$0	\$3,207
McCarthy, M. -Nutrition	\$94,416	0.039	\$3,700	\$3,700	\$0	\$3,700
Vacant -Nutrition	\$87,480	0.014	\$1,200	\$1,200	\$0	\$1,200
<b>Personnel Subtotal</b>	<b>\$388,809</b>	<b>0.611</b>	<b>\$18,407</b>	<b>\$18,407</b>	<b>\$0</b>	<b>\$18,407</b>
<b>Fringe</b>						
Fringe	63%		\$11,596	\$11,596	\$0	\$11,596
<b>Total Personnel</b>			<b>\$30,003</b>	<b>\$30,003</b>	<b>\$0</b>	<b>\$30,003</b>
<b>Travel</b>						
Local Travel			\$100	\$100	\$0	\$100
<b>Total Travel</b>			<b>\$100</b>	<b>\$100</b>	<b>\$0</b>	<b>\$100</b>
<b>Other</b>						
Admin Support, Insurance, Payroll			\$2,868	\$0	\$2,868	\$2,868
RCIT Enterprise			\$211	\$61	\$150	\$211
Communications			\$25	\$25	\$0	\$25
<b>Total Other</b>			<b>\$3,104</b>	<b>\$86</b>	<b>\$3,018</b>	<b>\$3,104</b>
Total Direct Costs			\$33,207	\$30,189		\$30,189
Total Administrative Costs					\$3,018	\$3,018
<b>Overall Budget</b>				<b>\$30,189</b>	<b>\$3,018</b>	<b>\$33,207</b>
Percentages				<b>90.91%</b>	9.09%	

County of Riverside, Department of Public Health dba Riverside University Health System-Public Health  
 Ryan White Part A  
 Line Item Budget  
**Food Bank/ Home Delivered Meals Services**

	<b>Ryan White \$</b>	<b>Direct Services</b>	<b>Total</b>
<b>Other</b>			
Food Book / Home Delivered Meals	\$6,346	\$6,346	\$6,346
<b>Total Other</b>	<b>\$6,346</b>	<b>\$6,346</b>	<b>\$6,346</b>
Total Direct Costs	\$6,346	\$6,346	\$6,346
<b>Overall Budget</b>		<b>\$6,346</b>	<b>\$6,346</b>
Percentages		<b>100.00%</b>	

County of Riverside, Department of Public Health dba Riverside University Health System-Public Health  
 Ryan White Part A  
 Line Item Budget  
**Medical Transportation**

	<b>Ryan White \$</b>	<b>Direct Services</b>	<b>Total</b>
<b>Other</b>			
Medical Transportation	\$4,437	\$4,437	\$4,437
<b>Total Other</b>	<b>\$4,437</b>	<b>\$4,437</b>	<b>\$4,437</b>
Total Direct Costs	\$4,437	\$4,437	\$4,437
<b>Overall Budget</b>		<b>\$4,437</b>	<b>\$4,437</b>
Percentages		100.00%	

County of Riverside, Department of Public Health dba Riverside University Health System-Public Health  
 Ryan White Part A  
 Line Item Budget  
**Clinical Quality Management**

	Total Salary	Ryan White FTE	Ryan White \$	CQM	Total
<b>Personnel</b>					
Rojas, S.- LVN	\$101,000	0.131	\$13,280	\$13,280	\$13,280
Dees, Porchia - HEA II	\$62,752	0.072	\$4,500	\$4,500	\$4,500
<b>Personnel Subtotal</b>	<b>\$163,752</b>	<b>0.203</b>	<b>\$17,780</b>	<b>\$17,780</b>	<b>\$17,780</b>
<b>Fringe</b>					
Fringe	47%		\$8,356	\$8,356	\$8,356
<b>Total Personnel</b>			<b>\$26,136</b>	<b>\$26,136</b>	<b>\$26,136</b>
<b>Travel</b>					
Local Travel			\$15	\$15	\$15
<b>Total Travel</b>			<b>\$15</b>	<b>\$15</b>	<b>\$15</b>
<b>Other</b>					
Clinic Licensure			\$120	\$120	\$120
Office Supplies			\$50	\$50	\$50
RC Information Tech			\$60	\$60	\$60
Training			\$50	\$50	\$50
<b>Total Other</b>			<b>\$280</b>	<b>\$280</b>	<b>\$280</b>
<b>Total Direct Costs</b>				<b>\$26,431</b>	<b>\$26,431</b>
<b>Overall Budget</b>				<b>\$26,431</b>	<b>\$26,431</b>
Percentages				<b>100.00%</b>	

County of Riverside, Department of Public Health dba Riverside University Health System-Public Health  
Ryan White Part A  
Line Item Budget  
**Master Fringe Benefit Breakdown**



Up to 65% Fringe Benefits -Applies to all service categories

Social Security	6.50%
Medicare	1.50%
Flex Credits	19.00%
Vision Services Plan	0.02%
Basic Life	0.13%
Retirement	36.15%
401	0.15%
LTD	0.34%
Unemployment	0.19%
Short Term Disability	0.00%
Health, Safety & Training Fund	0.02%
517000 worker's comp	1.00%

**Up to Fringe Subtotal** **65.00%**



PART A/MAI INVOICE TEMPLATE

**INVOICE**

Ryan White Program, Part A / MAI  
 Riverside/San Bernardino, CA TGA

Contract Period: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Contract #: \_\_\_\_\_  
 SAP #: \_\_\_\_\_

Invoice #: \_\_\_\_\_  
 Billing Period: \_\_\_\_\_  
 Service Category: \_\_\_\_\_

Line Items	Total Budget	Expended This Period	Expended Contract-to-Date	Unexpended Budget
<b>Personnel</b>				
1. (Position & Incumbent)	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
etc.	_____	_____	_____	_____
<b>Total Personnel</b>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
<b>Fringe Benefits Percentage</b>				
XX.XX%	-	\$	\$	\$
<b>Fringe Benefit Total</b>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
<b>Personnel (Without Benefits)</b>				
1. (Position & Incumbent)	_____	_____	_____	_____
2.	_____	_____	_____	_____
<b>Total Personnel (Without Benefit)</b>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
<b>Services &amp; Supplies</b>				
1. Travel	_____	_____	_____	_____
2. Supplies	_____	_____	_____	_____
3. Equipment	_____	_____	_____	_____
4. Telephone/Communication	_____	_____	_____	_____
5. Facility Rent	_____	_____	_____	_____
6. (Nature of Service/Vendor)	_____	_____	_____	_____
etc.	_____	_____	_____	_____
<b>Total Contractual</b>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

Other				
1. (Specify Nature of Cost)	_____	_____	_____	_____
2.	_____	_____	_____	_____
<b>Total Other</b>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
<b>Total Direct Cost</b>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
<b>Indirect/Adm Charges (XX %)</b>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<b>Totals</b>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

I certify that the information provided herein and all costs being claimed are true, correct and in accordance with the contract provisions; that funds were expended or obligated during the contract period; and that the amount claimed has not been previously presented for payment to the County or another third party payor(s).

_____		_____	
<i>Authorized Signature</i>		<i>Date</i>	
Number of Ryan White funded units provided this month	_____	Cost Per Unit	\$ _____
Number of Ryan White funded units served this month	_____	Cost Per Clients	\$ _____