



Contract Number

17-79 A-3

SAP Number

4400010325

Department of Public Health

**Department Contract Representative
Telephone Number**

Lisa Ordaz, Contracts Analyst
(909) 388-0222

**Contractor
Contractor Representative
Telephone Number
Contract Term
Original Contract Amount
Amendment Amount
Total Contract Amount
Cost Center**

AIDS Healthcare Foundation
Rania Haddad
(323) 860-5200
03/01/2017 – 02/28/2021
\$1,015,309
\$389,861
\$1,405,170
9300371000

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 3

It is hereby agreed to amend Contract No. 17-79, effective August 21, 2019, as follows:

V. FISCAL PROVISIONS

Amend Section V, Paragraph A, to read as follows:

- A. The maximum amount of payment under this Contract shall not exceed \$1,405,170, of which \$1,405,170 may be federally funded, and shall be subject to availability of funds to the County. If the funding source notifies the County that such funding is terminated or reduced, the County shall determine whether this Contract will be terminated or the County's maximum obligation reduced. The County will notify the Contractor in writing of its determination. Additionally, the contract amount is subject to change based upon reevaluation of funding priorities by the IEHPC. Contractor will be notified in writing of any change in funding amounts. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the performance hereof, including travel and per diem. It includes the original contract amount and all subsequent amendments and is broken down as follows:

Original Contract
Amendment No. 1

\$1,140,000

March 1, 2017 through February 29, 2020

\$56,270 (decrease) March 1, 2017 through February 28, 2018

Amendment No. 1	\$7,230 (increase) March 1, 2018 through February 28, 2019
Amendment No. 1	\$7,230 (increase) March 1, 2019 through February 29, 2020
Amendment No. 2	(\$82,881) (decrease) March 1, 2018 through February 29, 2020
Amendment No. 3	\$2,420 (increase) March 1, 2019 through February 29, 2020
Amendment No. 3	\$387,441 (increase) March 1, 2020 through February 28, 2021

It is further broken down by Program Year as follows:

Program Year	Dollar Amount
March 1, 2017 through February 28, 2018	\$323,730
March 1, 2018 through February 28, 2019	\$306,558
March 1, 2019 through February 29, 2020	\$387,441*
March 1, 2020 through February 28, 2021	\$387,441**
Total	\$1,405,170

*This amount includes an increase of \$2,420.

**This amount includes an increase of \$387,441.

VIII. TERM

Amend Section VIII to read as follows:

This Contract is effective as of March 1, 2017, and is extended from its original expiration date of February 29, 2020, to expire on February 28, 2021, but may be terminated earlier in accordance with provisions of Section IX of the Contract. The Contract term may be extended for one additional one-year period by mutual agreement of the parties.

ATTACHMENTS

ATTACHMENT A – Add SCOPE OF WORK – Part A for 2019-20

ATTACHMENT H2 – Add RYAN WHITE PROGRAM BUDGET AND ALLOCATION PLAN for 2019-20

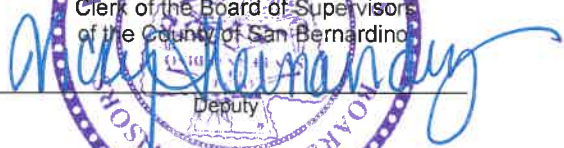
All other terms and conditions of Contract No. 17-79 remain in full force and effect.

COUNTY OF SAN BERNARDINO

► 
Curt Hagman, Chairman, Board of Supervisors

Dated: 8-20-19
SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

By


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

AIDS Healthcare Foundation

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

By

► 
(Authorized signature - sign in blue ink)

Name Michael Weinstein

(Print or type name of person signing contract)

Title President

(Print or Type)

Dated:

8/8/2019

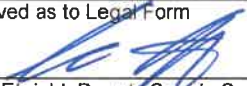
Address

6255 W. Sunset Blvd., 21st Floor

Los Angeles, CA 90028

FOR COUNTY USE ONLY

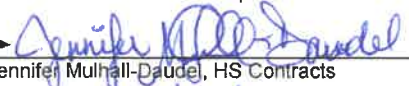
Approved as to Legal Form

► 
Adam Ebright, Deputy County Counsel

Date

8/12/19

Reviewed for Contract Compliance

► 
Jennifer Mulhall-Daudel, HS Contracts

Date

8/12/19

Reviewed/Approved by Department

► 
Trudy Raymundo, Director

Date

8/13/19

SCOPE OF WORK – PART A / PART B

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

Contract Number:	17-79
Contractor:	AIDS Healthcare Foundation
Grant & Period:	Part A Contract March 1, 2019 – February 29, 2020
Service Category:	Medical Case Management
Service Goal:	To maintain or improve the health status of persons living with HIV/AIDS in the TGA
Service Health Outcomes:	Improved or maintained CD4 cell count; improved or maintained CD4 cell count, as a % of total lymphocyte cell count; Improved or maintained viral load

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 19/20 TOTAL	FY 18/19 TOTAL
Number of Clients	21			64			85	76
Number of Visits = Regardless of number of transactions or number of units	63			192			255	228
Number of Units = Transactions or 15 min encounters	252			768			1020	912

Briefly explain any significant changes in service delivery between the two fiscal years:

Due to opening our new clinic in the Riverside area in February 2019, we anticipate an increase in the number of clients we will serve.

ATTACHMENT A

Group Name and Description	Service Area of Service Delivery	Targeted Population	Open/ Closed	Expected Avg. Attend. per Session	Session Length (hours)	Sessions per Week	Group Duration	Outcome Measures
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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:				SERVICE AREA	TIMELINE	PROCESS OUTCOMES	
Element #1: Needs Assessment and Individualized Service Plan				1, 4	03/01/19-02/29/20	Initial Assessment will be documented in ARIES and the client's medical record	
Activities #1-1: An RN Case Manager meets with client for initial assessment, which is comprised of a comprehensive checklist of psychosocial and healthcare needs. Activity #2-1: The RN Case Manager works with client to create a coordinated, Individualized Service Plan (ISP). • Meets with clients during the year to discuss goals and benchmarks achieved in care plan, and make any necessary revisions or additions. • Check-in calls to the patient will be provided in between client visits. • The plan will be discussed and updated as need, at least every 6 months.						ISP will be documented in ARIES and the client's medical record The MCM will document quarterly visits and check in calls within the Care Plan.	

Element #2: Adherence Monitoring and Support Activities #2-1: Adherence case management and counseling ● Provide adherence tools and education to increase patient literacy about HIV and the importance of ART adherence which will be delivered in both written and verbal forms. ● Assess specific barriers to adherence and develop motivation and skills needed to overcome barriers. ● Develop effective strategies to overcome obstacles to adherence. Activity #2-2: Ongoing collaboration with a clients' other treatment providers, such as community-based case managers and substance abuse counselors to further promote and coordinate adherence and support.	1, 4	03/01/19-02/29/20	Patient retention reports will document maintenance of clients seen every three months by AHF medical staff and phone calls made to clients. Medical records will document the referrals that clients receive including a nutritionist, specialty health providers, mental health services, food security, etc., and follow-up calls made to referral sources.
Element #3: Referral and Follow-up Services Activities: #3-1: Work with linking agencies to ensure ongoing referrals and promote AHF services. Participate in TGA planning activities and community-based health efforts. Activities #3-2: Follow-up on Provider referrals for mental health, specialty providers, and needed psychosocial services such as financial assistance, housing, food, etc. ● Provide ongoing advocacy services on behalf of clients	1, 4	03/01/19-02/29/20	Formal linkage agreements on file and renewed as required Medical records will document the referrals that clients receive Referral Coordinator will track referrals and follow up on referrals provided to clients.

SCOPE OF WORK – PART A / PART B

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

Contract Number:	17-79
Contractor:	AIDS Healthcare Foundation
Grant & Period:	Part A Contract March 1, 2019 – February 29, 2020
Service Category:	Non-Medical Case Management
Service Goal:	To maintain or improve the health status of persons living with HIV/AIDS in the TGA
Service Health Outcomes:	Improved or maintained CD4 cell count; improved or maintained CD4 cell count, as a % of total lymphocyte cell count; Improved or maintained viral load

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 19/20 TOTAL	FY 18/19 TOTAL
Number of Clients	21			64			85	76
Number of Visits = Regardless of number of transactions or number of units	63			192			255	228
Number of Units = Transactions or 15 min encounters	252			768			1020	912

Briefly explain any significant changes in service delivery between the two fiscal years:

Due to opening our new clinic in the Riverside area in February 2019, we anticipate an increase in the number of clients we will serve.

ATTACHMENT A

Group Name and Description	Service			Expected Avg. Attend. per Session	Session Length (hours)	Sessions per Week	Group Duration	Outcome Measures
	Area of Service	Targeted Population	Open/ Closed					
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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:				SERVICE AREA	TIMELINE	PROCESS OUTCOMES	
Element #1: Referral and Follow-up Services				1, 4	03/01/19-02/29/20	Formal linkage agreements on file and renewed as required Medical records will document the referrals that clients receive PCM will track referrals and follow up on referrals provided to clients.	
Activities #1-1: Work with linking agencies to ensure ongoing referrals and promote AHF services. Participate in TGA planning activities and community-based health efforts. Activity #2-1: Follow-up on referrals for needed psychosocial services such as financial assistance, housing, food, etc. • Provide ongoing advocacy services on behalf of clients							

SCOPE OF WORK – PART A / PART B

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

Contract Number:	17-79
Contractor:	AIDS Healthcare Foundation
Grant & Period:	Part A Contract March 1, 2019 – February 29, 2020
Service Category:	Outpatient/Ambulatory/Health Services
Service Goal:	To maintain or improve the health status of persons living with HIV/AIDS in the TGA
Service Health Outcomes:	Improved or maintained CD4 cell count; improved or maintained CD4 cell count, as a % of total lymphocyte cell count; Improved or maintained viral load

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 19/20 TOTAL	FY 18/19 TOTAL
Number of Clients	30			90			120	120
Number of Visits = Regardless of number of transactions or number of units	120			360			480	480
Number of Units = Transactions or 15 min encounters	480			1440			1920	1920

ATTACHMENT A

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

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:				SERVICE AREA	TIMELINE	PROCESS OUTCOMES		
Element #1: Outpatient Medical Visits Activities #1-1: Increase current patient census for regular monitoring and treatment for HIV infection according to guidelines for treatment for established and new clients • Clinic staff schedule clients every three months minimum. The Primary Care Provider (PCP) conducts regular viral load & CD4 counts; monitors for opportunistic infections, side effects & other medical conditions, diagnoses and treatment of common physical and mental conditions; and continuing care and management of chronic conditions. • Provides specialty referrals as needed • Provider prescribes and manages medication therapy and provides education and counseling on health issues. • New and established clients: Conduct physical examination, take medical history, develop treatment plan, provide risk assessment and early intervention, diagnose and treat medical conditions, diagnostic testing, and education and counseling. • AHF clinic staff schedules patients and follow-up on no-shows. • AHF clinic staff provides all medical services in a culturally and linguistically competent manner. Activities #1-2: Enroll new clients at a rate of 4.2 per month for a total of 50 new clients by the end of the contract period. Activities #1-3: Average patient visits to a minimum of 75 clients per month.				1 & 4	03/01/19-02/29/20	Documentation of timely appointments and medical care will be documented in ARIES QI activities and ARIES reports will document maintenance or improvement of clients CD4 counts & viral loads, prophylactic treatment, etc. according to NIH, AAHIVM, EDPHS, and HRSA standards. ARIES, Weekly QI indicators and Patient Retention reports will document maintenance of clients seen every 3 months. Formal linkage agreements on file and renewed as required. Referrals from linking agencies will indicate new client intake (and whether they are Newly Diagnosed or Aware/Not in Care). Documentation of new clients in ARIES Documentation of client visits in ARIES		

ATTACHMENT A

Element #2: Specialty medical referrals Activities #2-1: Dietary consults – AHF will continue to subcontract with Nutrition Ink for HIV specialty dietary consults. • HIV knowledgeable dieticians will provide individualized nutrition education and counseling sessions to clients referred by the Provider	1 & 4	03/01/19-02/29/20	Patient records (ARIES) reflect PCP's specialty referrals; invoices will reflect subcontractor time in clinic; referral and dietary notes will be documented in medical record.
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ATTACHMENT A

Activities #2-2: Physician provides specialty referrals for mammograms, oncology, diagnostic imaging; etc.			Patient records (ARIES) reflect PCP's specialty referrals.
Element #3: Provider Education Activities: Implementation Activity 3-1: PCP provides education and information regarding treatment adherence, opportunistic infections, medication side effects, etc.	1 & 4	03/01/19-02/29/20	Patient records and PCP notes will reflect topics discussed during patient visits.

SCOPE OF WORK – PART A / PART B

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

Contract Number:	17-79
Contractor:	AIDS Healthcare Foundation
Grant & Period:	Part A Contract March 1, 2019 – February 29, 2020
Service Category:	Medical Transportation
Service Goal:	To maintain or improve the health status of persons living with HIV/AIDS in the TGA
Service Health Outcomes:	Improved or maintained CD4 cell count; improved or maintained CD4 cell count, as a % of total lymphocyte cell count; Improved or maintained viral load

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 19/20 TOTAL	FY 18/19 TOTAL
Number of Clients	16			48			64	34
Number of Visits = Regardless of number of transactions or number of units	64			192			256	68
Number of Units = Transactions or 15 min encounters	128			384			512	140

Due to opening our new clinic in the Riverside area in February 2019, we anticipate an increase in the number of clients we will serve.

ATTACHMENT A

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

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:			SERVICE AREA	TIMELINE	PROCESS OUTCOMES				
Element #1: Provide Medical Transportation Activities: Provide gas cards, bus passes, and Lyft trips to clients	1, 4	03/01/19-02/29/20	Record number of gas cards, bus passes, Lyft trips provided to client	Avg # of gas cards, bus passes, Lyft trips per client/mon	Projected	Total	Annual Cost		
			Gas Cards (33 clients)	1	\$15.00	\$495	\$5,940		
			Bus Passes (5 clients)	1	\$13.50	\$67.50	\$810		
			Lyft Trips (26 clients)	1	\$27.015	\$702.39	\$8,429		

ATTACHMENT A

Element #2: Documentation Activities: Documentation of Medical Transportation	1, 4	03/01/19- 02/29/20	Medical transportation services will be provided through referral by AHF's MCM team. AHF directly provides clients in need of transportation assistance with fare cards, bus tokens, and Lyft services. The MCM will track the number and type of vouchers or referrals provided to each client, as well as the purpose of the voucher or referral (e.g. transportation to/from what type of medical or service appointment), in each client's file or the EMR. This information will also be tracked in a separate Excel spreadsheet, which will consolidate the information and ensure efficiency and ease of reporting.
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RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN

Fiscal Year March 1, 2019 – February 29, 2020

AGENCY NAME: AIDS Healthcare Foundation **SERVICE** Medical Case Management

	A	B	C
Budget Category	Non-RW Cost (Other Payers) ²	RW Cost	Total Cost ¹
<i>Personnel</i>			
<u>Classification:</u> (TBD March 2019, 25% FTE) Program Manager (80,000 annual salary / 12 X 25% FTE X 12 months) Position Description: To oversee the Medical Case Management staff and operations and to ensure compliance with scope of work and required quality and programmatic requirements are met. (Upland and Riverside HCC)	60,000	20,000	80,000
<u>Classification:</u> (MCM, E. Washington 40% FTE) (\$69,359 annual salary / 12 X 40% FTE X 12 months) Position Description: To provide nurse care management services to all eligible clients who require care management services. MCM is responsible for assessing, determining acuity levels, developing a plan of care based upon needs identified in the initial health risk assessment, the medical provider medical plan of care and the patient's health goals. MCM is also responsible for educating the patient concerning HIV disease and any other co-morbid conditions in addition to adherence to the medical plan of care and medication regimens. One full-time MCM will provide ongoing education and support to patients who are receiving care management services through telephonic, electronic, face-to-face interventions in the clinic, patient home or venue mutually agreed upon by the patient and the nurse, attend case conferences, required meetings, and community events as assigned. (Upland HCC)	41,615	27,744	69,359

Classification: (MCM, E. Washington 10% FTE) (\$69,359 annual salary / 12 X 10% FTE X 12 months) Position Description: To provide nurse care management services to all eligible clients who require care management services. MCM is responsible for assessing, determining acuity levels, developing a plan of care based upon needs identified in the initial health risk assessment, the medical provider medical plan of care and the patient's health goals. MCM is also responsible for educating the patient concerning HIV disease and any other co-morbid conditions in addition to adherence to the medical plan of care and medication regimens. One full-time MCM will provide ongoing education and support to patients who are receiving care management services through telephonic, electronic, face-to-face interventions in the clinic, patient home or venue mutually agreed upon by the patient and the nurse, attend case conferences, required meetings, and community events as assigned. (Riverside HCC)	62,423	6,936	69,359
Classification: (MCM/Referral Coordinator, C.Martinez) (\$50,855 annual salary / 12 X 50% FTE X 12 months). Position Description: To coordinate medical specialty referral process, ensures accuracy and completeness of referral forms; maintains medical specialty referral log and monitors referral status; maintains referral log information in EMR; assists patients with referral appointment scheduling, confirming appointments and placing reminder calls to patients; serves as liaison to specialty providers, transmitting patient information, lab results, test data and physician notes; obtains test results, data and notes from specialty provider. (Upland HCC)	25,428	25,427	50,855
Classification: (March 2019, 22.122% FTE) MCM Referral Coordinator (\$43,000 annual salary / 12 X 22.122% FTE X 12 months). Position Description: To coordinate medical specialty referral process, ensures accuracy and completeness of referral forms; maintains medical specialty referral log and monitors referral status; maintains referral log information in EMR; assists patients with referral appointment scheduling, confirming appointments and placing reminder calls to patients; serves as liaison to specialty providers, transmitting patient information, lab results, test data and physician notes; obtains test results, data and notes from specialty provider. (Riverside HCC)	33,488	9,512	43,000

Fringe Benefits 23.69% of Total Personnel Costs	52,818	21,231	74049
TOTAL PERSONNEL	\$275,772	\$110,850	\$386,622
<i>Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)</i>			
Telephone - Cell phones used by Medical Case Manager in the provision of Medical Case Management Services, this includes: contacting clients, coordinating services among providers as needed, and conferencing with Clinical Administrator for guidance on acute clients (\$40 X 40% X 12= \$192) + (\$40 X 10% X 12= \$48)	240	240	480
Rent - Total rent is \$4,987.25/month or \$59,847 Annually and Ryan MCM program utilizes 25% of the space. Rent is calculated @ 25% of \$4,987.25/month for 12 months (Upland HCC)	44,885	14,962	59,847
Rent - Total rent is \$7,627.50/month or \$91,530 annually and Ryan MCM program utilizes 10% of the space. Rent is calculated @ 10% of \$7,627.50/month for 12 months (Riverside HCC)	82,377	9,153	91,530
TOTAL OTHER	\$127,502	\$24,355	\$151,857
SUBTOTAL (Total Personnel and Total Other)	\$403,274	\$135,205	\$538,479
Administration 10% Indirect Cost	40,327	13,521	53,848
TOTAL BUDGET (Subtotal & Administration)	\$443,601	\$148,726	\$592,327

¹ Total Cost = Non-RW Cost (Other Payers) + RW Cost (A+B)

- **Total Number of Ryan White Units to be Provided for this Service Category:** 1020
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided:** 145.81
(This is your agency's RW cost for care per unit)

²**List Other Payers Associated with funding in Column A:**

AHF General funds and Non-MCM Budget

AGENCY NAME: AIDS Healthcare Foundation SERVICE Medical Transportation Services

	A	B	C
Budget Category	Non-RW Cost (Other Payers) ²	RW Cost	Total Cost ¹
Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)			
Medical Transportation Services - To enhance clients access to health care or support services using multiple forms of transportation throughout the TGA.	0	15,179	15,179
Enter item name and description			
Enter item name and description			
TOTAL OTHER	\$0	\$15,179	\$15,179
SUBTOTAL (Total Personnel and Total Other)	\$0	\$15,179	\$15,179
Administration (Limited to 10% of total service budget) (Includes a detailed description of items within such as managerial staff, etc. See next page.)	0	1,518	1,518
TOTAL BUDGET (Subtotal & Administration)	\$0	\$16,697	\$16,697

¹ Total Cost = Non-RW Cost (Other Payers) + RW Cost (A+B)

- Total Number of Ryan White Units to be Provided for this Service Category: 512
- Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: 32.61
(This is your agency's RW cost for care per unit)

²List Other Payers Associated with funding in Column A:

AGENCY NAME: AIDS Healthcare Foundation SERVICE Non-Medical Case Management

	A	B	C
Budget Category	Non-RW Cost (Other Payers) ²	RW Cost	Total Cost ¹
<i>Personnel</i>			
<u>Classification:</u> (TBD, March 2019, 12.452% FTE) Program Manager (80,000 annual salary / 12 X 12.452% FTE X 12 months) <u>Position Description:</u> To oversee the Medical Case Management staff and operations and to ensure compliance with scope of work and required quality and programmatic requirements are met. (Upland and Riverside HCC)	70,038	9,962	80,000
<u>Classification:</u> (MCM, E. Washington, 35% FTE) (\$69,359 annual salary / 12 X 35% FTE X 12 months) <u>Position Description:</u> The MCM works with the Medical Care Management Team to provide support through identification and cataloging community resources, supporting the psychosocial needs of members and participation in interdisciplinary team meetings. Ensures comprehensive and thorough assessment of patient's psychosocial needs, particularly as they relate to mental health and substance abuse use issues. The MCM will also assist patients as needed through the delivery of interventions focused on substance use, mental health, risk reduction and disclosure/partner notification. Performs assessments, develops care plans, monitors and conducts follow-ups in addition to interventions. (Upland HCC)	45,083	24,276	69,359

Classification: (MCM, E. Washington, 10% FTE) (\$69,359 annual salary / 12 X 10% FTE X 12 months)	62,423	6,936	69,359
Position Description: The MCM works with the Medical Care Management Team to provide support through identification and cataloging community resources, supporting the psychosocial needs of members and participation in interdisciplinary team meetings. Ensures comprehensive and thorough assessment of patient's psychosocial needs, particularly as they relate to mental health and substance abuse use issues. The MCM will also assist patients as needed through the delivery of interventions focused on substance use, mental health, risk reduction and disclosure/partner notification. Performs assessments, develops care plans, monitors and conducts follow-ups in addition to interventions. (Riverside HCC)			
Fringe Benefits 23.69% of Total Personnel Costs	42,060	9,754	51,814
TOTAL PERSONNEL	\$219,604	\$50,928	\$270,532
Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)			
Telephone - Cell phones used by MCM in the provision of Medical Case Management Services, this includes: contacting clients, coordinating services among providers as needed, and conferencing with Clinical Administrator for guidance on acute clients (\$40 X 35% X 12 months = \$168) + (\$40 X 10% X 12 months = \$48)	264	216	480
TOTAL OTHER	\$264	\$216	\$480
SUBTOTAL (Total Personnel and Total Other)	\$219,868	\$51,144	\$271,012
Administration 10% Indirect Cost	21,987	5,114	27,101
TOTAL BUDGET (Subtotal & Administration)	\$241,855	\$56,258	\$298,113

¹ Total Cost = Non-RW Cost (Other Payers) + RW Cost (A+B)

- Total Number of Ryan White Units to be Provided for this Service Category: 1020
- Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: 55.15
(This is your agency's RW cost for care per unit)

² **List Other Payers Associated with funding in Column A:**

AHF General Funds and MCM Budget

AGENCY NAME: AIDS Healthcare Foundation SERVICE Outpatient / Ambulatory Health Services

	A	B	C
Budget Category	Non-RW Cost (Other Payers) ²	RW Cost	Total Cost ¹
Personnel			
Classification: (I. J. Davis-Hatcher, 22% FTE) Medical Director (\$163,363 annual salary / 12 X 22% FTE X 12 months) Position Description: The HCC Medical Director's responsibilities include seeing patients, reviewing laboratory results, prescribing client appropriate medication, and reviewing patient charts. In addition, the Medical Director coordinates the front office, nurses, case manager, and the HCC leadership team to optimize client care. Lastly, the Medical Director participates in AHF-wide Medical Staff meetings and in weekly, CME-accredited HIV rounds. (Upland HCC)	127,423	35,940	163,363
Classification: (I. J. Davis-Hatcher, 10% FTE) Medical Director (\$163,363 annual salary / 12 X 10% FTE X 12 months) Position Description: The HCC Medical Director's responsibilities include seeing patients, reviewing laboratory results, prescribing client appropriate medication, and reviewing patient charts. In addition, the Medical Director coordinates the front office, nurses, case manager, and the HCC leadership team to optimize client care. Lastly, the Medical Director participates in AHF-wide Medical Staff meetings and in weekly, CME-accredited HIV rounds. (Riverside HCC)	147,027	16,336	163,363
Classification: (M. Johnson, 22% FTE) Nurse Manager (\$95,067 annual salary / 12 X 22% FTE X 12 months) Position Description: The Nurse Manager provides and directs patient care. The Nurse Manager's responsibilities include: supervising nurse staff, assessing patients, providing patient education especially around adherence counseling, and overseeing/controlling medical supplies. (Upland HCC)	74,152	20,915	95,067

<u>Classification:</u> (M. Johnson, 10% FTE) Nurse Manager (\$95,067 annual salary / 12 X 10% FTE X 12 months) <u>Position Description:</u> The Nurse Manager provides and directs patient care. The Nurse Manager's responsibilities include: supervising nurse staff, assessing patients, providing patient education especially around adherence counseling, and overseeing/controlling medical supplies. (Riverside HCC)	85,560	9,507	\$95,067
<u>Classification:</u> (G. Cuevas, 22% FTE) Medical Assistant (\$37,213 annual salary / 12 X 22% FTE X 12 months) <u>Position Description:</u> The Medical Assistant position assists medical and nursing staff. The Medical Assistant's responsibilities include: documenting patient information during visits, collecting patient samples, performing phlebotomy when needed, and reviewing follow-up needs with patients. (Upland HCC)	29,026	8,187	37,213
<u>Classification:</u> (G. Cuevas , 10% FTE) Medical Assistant (\$37,213 annual salary / 12 X 10% FTE X 12 months) <u>Position Description:</u> The Medical Assistant position assists medical and nursing staff. The Medical Assistant's responsibilities include: documenting patient information during visits, collecting patient samples, performing phlebotomy when needed, and reviewing follow-up needs with patients. (Riverside HCC)	33,492	3,721	37,213
<u>Classification:</u> (C. Alvarez, 22% FTE) Benefits Counselor (\$35,006 annual salary / 12 X 22% FTE X 12 months) <u>Position Description:</u> This position is responsible for client intake interviews, financial and benefits screening and eligibility verification, document preparation and updates, and maintenance of financial/eligibility data in medical record. (Upland HCC)	27,305	7,701	35,006

Classification: (C. Alvarez, 10% FTE) Benefits Counselor (\$35,006 annual salary / 12 X 10% FTE X 12 months)	31,505	3,501	35,006
Position Description This position is responsible for client intake interviews, financial and benefits screening and eligibility verification, document preparation and updates, and maintenance of financial/eligibility data in medical record. (Riverside HCC)			
Fringe Benefits 23.69% of Total Personnel Costs	131,596	25,066	156,662
TOTAL PERSONNEL	\$687,086	\$130,874	\$817,960
Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)			
Labs - AHF is requesting funds to provide laboratory services to clients. Services will be continued to be provided by Lab Corp.	47,941	19,817	67,758
TOTAL OTHER	\$47,941	\$19,817	\$67,758
SUBTOTAL (Total Personnel and Total Other)	\$735,027	\$150,691	\$885,718
Administration 10% Indirect Cost	73,503	15,069	88,572
TOTAL BUDGET (Subtotal & Administration)	\$808,530	\$165,760	\$974,290

¹ Total Cost = Non-RW Cost (Other Payers) + RW Cost (A+B)

- **Total Number of Ryan White Units to be Provided for this Service Category:** 1920
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided:** 86.33
(This is your agency's RW cost for care per unit)

²**List Other Payers Associated with funding in Column A:** AHF General Funds

