

SCOPE OF WORK – Ending the HIV Epidemic in the U.S. (EHE)

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	
Contractor:	County of Riverside Department of Public Health, HIV/STD Branch
Grant Period:	3/1/2025 - 2/28/2026
Service Category:	NON-MEDICAL CASE MANAGEMENT SERVICES
Service Goal:	The goal of Case Management (non-medical) is to facilitate linkage and retention in care through the provision of guidance and assistance with service information and referrals
Service Health Outcomes:	Improved or maintained CD4 cell count Improved or maintained CD4 cell count, as a % of total lymphocyte cell count Improved or maintained viral suppression rate Improve retention in Care (at least one medical visit each 6-month period)

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert		FY 25/26 TOTAL
Proposed Number of Clients	150	75	0	0	0	0		225
Proposed Number of Visits = Regardless of number of transactions or number of units	200	150	0	0	0	0		350
Proposed Number of Units = Transactions or 15 min encounters	250	200	0	0	0	0		450

Group Name and Description (must be HIV+ related)	Service Area of Service Delivery	Targeted Population	Open/ Closed	Expected Avg. Attend. per Session	Session Length (hours)	Sessions per Week	Group Duration	Outcome Measures
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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: The HIV Nurse Clinic Manager is responsible for ensuring Case Management (Non-Medical) Services are delivered according to the IEHPC Standards of Care and Scope of Work activities. Activities: <ul style="list-style-type: none"> Social Service Practitioners will work with patients to conduct an initial intake assessment within 3 days of referral. 	1 & 2	03/01/25-02/28/26	<ul style="list-style-type: none"> Patient Assessments Care Plans Case Management Tracking Log Case Conferencing Documentation Referral Logs Progress Notes Cultural Competency Plan ARIES Reports
Element #2: Initial and on-going evaluation of acuity level Activities: <ul style="list-style-type: none"> Social Service Practitioners will provide initial and ongoing assessment of patients' acuity level during intake and as needed to determine Case Management or Medical Case Management needs. Initial assessment will also be used to develop patient's Care Plan. Social Service Practitioners will discuss budgeting with patients to maintain access to necessary services and Social Service Practitioners will screen for domestic violence, mental health, substance abuse, and advocacy needs. 	1 & 2	03/01/25-02/28/26	
Element #3: Development of a comprehensive, individual care plan. Activities: <ul style="list-style-type: none"> Social Service Practitioners will refer and link patients to medical, mental health, substance abuse, psychosocial services, and other services as needed and Social Service Practitioners will provide referrals to address gaps in their support network. Social Service Practitioners will be responsible for eligibility screening of HIV patients to ensure patients obtain health insurance coverage for medical care and that Ryan White funding is used as payer of last resort. Social Service Practitioners will assist patients to apply for medical, Covered California, ADAP and/or OA CARE HIPP etc. Social Service Practitioners will coordinate and facilitate benefit trainings for patients to become educated on covered California open enrollment, Medi-Cal IEHP, OA- CARE HIPP etc. 	1 & 2	03/01/25-02/28/26	
Element #4: Social Service Practitioners will provide education and counseling to assist the HIV patients with transitioning if insurance or eligibility changes. Activities:	1 & 2	03/01/25-02/28/26	

ATTACHMENT A2.

<ul style="list-style-type: none"> Social Service Practitioners will assist patients with obtaining needed financial resources for daily living such as bus pass vouchers, gas cards, and other emergency financial assistance. 			
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Contract Number:	
Contractor:	County of Riverside Department of Public Health, HIV/STD
Grant Period:	3/1/2025 - 2/28/2026
Service Category:	Medical Case Management (MCM)
Service Goal:	The goal of providing medical case management services is to ensure that those who are unable to self-manage their care, struggling with challenging barriers to care, marginally in care, and/or experiencing poor CD4/Viral load tests receive intense care coordination assistance to support participation in HIV medical care.
Service Health Outcomes:	Improved or maintained CD4 cell count Improved or maintained CD4 cell count, as a % of total lymphocyte cell count Improved or maintained viral load Improved retention in care (at least 1 medical visit in each 6-month period) Reduction of Medical Case Management utilization due to client self-sufficiency.

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 25/26 TOTAL
Proposed Number of Clients	125	75	0	0	0	0	200
Proposed Number of Visits = Regardless of number of transactions or number of units	300	150	0	0	0	0	450
Proposed Number of Units = Transactions or 15 min encounters	850	650	0	0	0	0	1,500

Group Name and Description (Must be HIV+ related)	Service Area of Service Delivery	Targeted Population	Open/ Closed	Expected Avg. Attend. per Session	Session Length (hours)	Sessions per Week	Group Duration	Outcome Measures
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N/A								
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:					SERVICE AREA	TIMELINE	PROCESS OUTCOMES	
Element #1: The HIV Nurse Clinic Manager is responsible for ensuring MCM services are delivered according to the IEHPC Standards of Care and Scope of Work activities. Activities: <ul style="list-style-type: none"> Management and MCM staff will attend Inland Empire HIV Planning Council Standards of Care Committee meetings to ensure compliance. MCM staff will receive annual training on MCM practices and best practices for coordination of care, and motivational interviewing. 					1 & 2	03/01/25-02/28/26	<ul style="list-style-type: none"> Medical Case Management Needs Assessments Patient Acuity Assessments Benefit and resource referrals Comprehensive Care Plan Case Conferencing Documentation Referral Logs Progress Notes Cultural Competency Plan ARIES Reports 	
Element #2: Medical Social Service Practitioners will provide Medical Case Management Services to patients that meet TGA MCM service category criteria: Activities: <ul style="list-style-type: none"> Benefits counseling, support services assessment and assistance with access to public and private programs the patient may qualify for. Make referrals for: home health, home and community-based services, mental health, substance abuse, housing assistance as needed 					1 & 2	03/01/25-02/28/26		
Element #3: Medical Social Service Practitioners will conduct an initial needs assessment to identify which HIV patients meet the criteria to receive medical case management. Activities: <ul style="list-style-type: none"> Initial patient, family member and personal support system assessment. Re-assessments will be conducted at a minimum of every four months by MCM staff to determine ongoing or new service needs. 					1 & 2	03/01/25-02/28/26		
Element #4: Medical Social Service Practitioners will conduct initial and ongoing assessment of patient acuity level and service needs. Activities: <ul style="list-style-type: none"> If patient is determined to not need intensive case management services, they will be referred and linked with case management (non-medical) services. 					1 & 2	03/01/25-02/28/26		

ATTACHMENT A2.

Element #5: The MCM staff will develop comprehensive, individualized care plans in collaboration with patient, primary care physician/provider and other health care/support staff to maximize patient's care and facilitate cost-effective outcomes. Activities: <ul style="list-style-type: none"> The plan will include the following elements: problem/presenting issue(s), service need(s), goals, action plan, responsibility, and timeframes. 	1 & 2	03/01/25-02/28/26	

Contract Number:	
Contractor:	County of Riverside Department of Public Health, HIV/STD Branch
Grant Period:	3/1/2025 - 2/28/2026
Service Category:	OUTPATIENT/AMBULATORY HEALTH SERVICES
Service Goal:	To maintain or improve the health status of persons living with HIV/AIDS in the TGA. NOTE: Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, American Academy of HIV Medicine (AAHIVM).
Service Health Outcomes:	Improved or maintained CD4 cell count; as a % of total lymphocyte cell count. Improved or maintained viral load. Improve retention in care (at least 1 medical visit in each 6-month period). Link newly diagnosed HIV+ to care within 30 days: and Increase rate of ART adherence

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 25/26 TOTAL
Proposed Number of Clients	150	100	0	0	0	0	250
Proposed Number of Visits = Regardless of number of transactions or number of units	450	300	0	0	0	0	750
Proposed Number of Units = Transactions or 15 min encounters	850	650	0	0	0	0	1,500

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

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: DOPH-HIV/STD medical treatment team will provide the following service delivery elements to PLWHA receiving * HIV Outpatient/Ambulatory Health Services at Riverside Neighborhood Health Center, Perris Family Care Center, and Indio Family Care Center. Provide HIV care and treatment through the following: Activities: <ul style="list-style-type: none"> • Development of Treatment Plan • Diagnostic testing • Early Intervention and Risk Assessment • Preventive care and screening • Practitioner examination • Documentation and review of medical history • Diagnosis and treatment of common physical and mental conditions • Prescribing and managing Medication Therapy • Education and counseling on health issues • Continuing care and management of chronic conditions • Referral to and provision of Specialty Care • Treatment adherence counseling/education • Integrate and utilize ARIES to incorporate core data elements. 	1 & 2	03/01/25-02/28/26	<ul style="list-style-type: none"> • Patient health assessment • Lab results • Treatment plan • Psychosocial assessments • Treatment adherence documentation • Case conferencing documentation • Progress notes • Cultural Competency Plan • ARIES reports • Viral loads • Reduction in unmet need • Prescription of/adherence to ART
Element #2: The HIV/STD Branch Chief, Medical Director, and HIV Clinic Manager are responsible for ensuring Outpatient/Ambulatory Health Services are delivered according to the IEHPC Standards of Care and Scope of Work activities. Activity: <ul style="list-style-type: none"> • Management staff will attend Inland Empire HIV Planning Council Standard of Care Meetings. • Management/physician/clinical staff will attend required CME training and maintain American Academy of HIV Medicine (AAHIVM) Certification. 	1 & 2	03/01/25-02/28/26	

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
<p>Element #3: Clinic staff will conduct assessments including evaluation health history and presenting problems. Those on HIV medications are evaluated for treatment adherence. Assessments will consist of:</p> <p>Activities:</p> <ul style="list-style-type: none"> • Completing a medical history • Conducting a physical examination including an assessment for oral health care • Reviewing lab test results • Assessing the need for medication therapy • Development of a Treatment Plan. • Collection of blood samples for CD4 Viral load, Hepatitis, and other testing • Evaluation for TB as applicable 	1 & 2	03/01/25-02/28/26	
<p>Element #4: Clinicians will complete a medical history on patients, including family medical history, psycho-social history, current medications, environmental assessment, diabetes, cardiovascular diseases, renal disease, GI abnormalities, pancreatitis, liver disease, and hepatitis.</p> <p>Activities:</p> <ul style="list-style-type: none"> • Conducting a physical examination • Reviewing lab test results • Assessing the need for medication therapy • Development of a Treatment Plan. 	1 & 2	03/01/25-02/28/26	

ATTACHMENT A2.

Contract Number:	
Contractor:	County of Riverside Department of Public Health, HIV/STD Branch
Grant Period:	3/1/2025 - 2/28/2026
Service Category:	Early Intervention Services
Service Goal:	Facilitate maintenance of nutritional health to improve health outcomes or maintain positive health outcomes.
Service Health Outcomes:	Improve retention in care (at least 1 medical visit in each 6-month period) Improve viral suppression rate.

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 25/26 TOTAL
Proposed Number of Clients	150	80	0	0	0	0	230
Proposed Number of Visits = Regardless of number of transactions or number of units	275	150	0	0	0	0	425
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	400	300	0	0	0	0	700

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

**PLANNED SERVICE DELIVERY AND IMPLEMENTATION
ACTIVITIES:**

**SERVICE
AREA**

TIMELINE

PROCESS OUTCOMES

ATTACHMENT A2.

<p>Element #1: Identify/locate HIV+ unaware and HIV + that have fallen out of care</p> <p>Activities: EIS staff will work with grass-roots community-based and faith-based agencies, local churches and other non-traditional venues to reach targeted communities to perform targeted HIV testing, link unaware populations to HIV Testing and Counseling and Partner Services and newly diagnosed and unmet need to HIV care and treatment.</p> <p>EIS staff will work with prisons, jails, correctional facilities, homeless shelters and hospitals to perform targeted HIV testing, linking newly diagnosed to HIV care and treatment.</p> <p>EIS staff will work with treatment team staff to identify PLWHA that have fallen out-of-care and unmet need the population to provide the necessary support to bring back into care and maintain into treatment and care.</p> <p>EIS staff will provide the following service delivery elements to PLWHA receiving EIS at Riverside Neighborhood Health Center, Perris Family Care Center and Indio Family Care Center. Services will also be provided in the community throughout Riverside County based on the Inland Empire HIV Planning Council Standards of Care.</p>	<p align="center">1 & 2</p>	<p>03/01/25- 02/28/26</p>	<ul style="list-style-type: none"> ▪ Outreach schedules and logs ▪ Outreach Encounter Logs ▪ LTC Documentation Logs ▪ Assessment and Enrollment Forms ▪ Reporting Forms ▪ Case Conferencing Documentation ▪ Referral Logs ▪ Progress Notes ▪ Cultural Competency Plan ▪ HCC Reports
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Element #2 Linking newly diagnosed and unmet need individuals to HIV care and treatment within 30 days or less. Provide referrals to systems of care (RW & non-RW) Activities: EIS staff will coordinate with HIV Care and Treatment facilities who link patient to care within 30 days or less. Assist HIV patients with enrollment or transition activities to other health insurance payer sources (i.e., ADAP, MISP, Medi- Cal, Insurance Marketplace, OA-Care HIPP, etc.) Interventions will also include community-based outreach, patient education, intensive case management and patient navigation strategies to promote access to care.	1 & 2	03/01/25- 02/28/26
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ATTACHMENT A2.

<p>Element #3 Relinking HIV patients that have fallen out of care. Perform follow-up activities to ensure linkage to care.</p> <p>Activities: Link patients who have fallen out of care within 30 days or less. Coordinate with HIV care and treatment.</p> <p>Assist HIV patients with enrollment or transition activities to other health insurance payer sources (i.e., ADAP, MISP, Medi- call, Insurance Marketplace, OA-Care HIPPP, etc.)</p> <p>Link patient to non-medical case management, medical case management to assist with benefits counseling, transportation, housing, etc. to help patient remain in care and treatment.</p> <p>Link high-risk HIV positive EIS populations to support services (i.e., mental health, medical case management, house, etc.) to maintain HIV care and treatment.</p> <p>Participate in bi-weekly clinic care team case conferencing to ensure linkage and coordinate care for patient.</p>	1 & 2	03/01/25-02/28/26	
<p>Element #4: EIS staff will utilize evidence-based strategies and activities to reach high risk MSM HIV community. These include but are not limited to:</p> <p>Activities: Developing and using outreach materials (i.e., flyers, brochures, website) that are culturally and linguistically appropriate for high-risk communities-Utilizing the Social Networking model asking HIV + individuals and high-risk HIV negative individuals to recruit their social contacts for HIV testing and linkage to care services.</p>	1 & 2	03/01/25-02/28/26	

ATTACHMENT A2.

Element #5: EIS staff will work with HIV Testing & Counseling Services to bring newly diagnosed individuals from communities of color to Partner Services and HIV treatment and care at DOPH- HIV/STD as	1 & 2	03/01/25-02/28/26	
Element #6: EIS staff will coordinate with local HIV prevention /outreach programs to identify target outreach locations and identify individuals not in care and avoid duplication of outreach activities. Activities: EIS staff will coordinate with prevention and outreach programs within the TGA to strategically plan service areas. EIS staff will work with the DOPH-Surveillance unit to target areas in need of services.	1 & 2	03/01/25-02/28/26	
Element #7: EIS staff will assist patients with enrollment or transition activities to other health insurance payer sources (i.e., ADAP, MISP, Medi-Cal, Insurance Marketplace, OA Care HIPP, etc.). EIS staff will coordinate with non-medical case management services to assist with benefits counseling and rapid linkage to care and support services.	1 & 2	03/01/25-02/28/26	

<p>Element #8: Senior CDS and Clinic Supervisor will ensure that clinic staff at all levels and across all disciplines receive ongoing education and training in culturally competent service delivery to ensure that patients receive quality care that is respectful, compatible with patient's cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the race/ethnicity, gender, sexual orientation, and religious preference of community served.</p> <p>Activities: Senior CDS and Clinic Supervisor will review and update on an ongoing basis the written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide services based on established national Cultural and Linguistic Competency Standards.</p>	1 & 2	03/01/25 - 02/28/26	
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<p>Element #9: EIS Staff will utilize standardized, required documentation to record encounters and progress.</p> <p>Activities: EIS staff will maintain documentation on all EIS encounters/activities including demographics, patient contacts, referrals, and follow-up, Linkage to Care Documentation Logs, Assessment and Enrollment Forms and Reporting Forms in each patient's chart.</p> <p>Information will be entered into HCC. The HCC reports will be used by the Clinical Quality Management Committee to identify quality service indicators, continuum of care data and provide opportunities for improvement in care and services, improve desired patient outcomes and results can be used to develop and recommend "best practices.</p>	1 & 2	03/01/25-02/28/26	
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SCOPE OF WORK – Ending the HIV Epidemic in the U.S. (EHE)

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	
Contractor:	County of Riverside Department of Public Health, HIV/STD Branch
Grant Period:	3/1/2025 - 2/28/2026
Service Category:	NON-MEDICAL CASE MANAGEMENT SERVICES
Service Goal:	The goal of Case Management (non-medical) is to facilitate linkage and retention in care through the provision of guidance and assistance with service information and referrals
Service Health Outcomes:	Improved or maintained CD4 cell count Improved or maintained CD4 cell count, as a % of total lymphocyte cell count Improved or maintained viral suppression rate Improve retention in Care (at least one medical visit each 6-month period)

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert		FY 25/26 TOTAL
Proposed Number of Clients	150	75	0	0	0	0		225
Proposed Number of Visits = Regardless of number of transactions or number of units	200	150	0	0	0	0		350
Proposed Number of Units = Transactions or 15 min encounters	250	200	0	0	0	0		450

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: The HIV Nurse Clinic Manager is responsible for ensuring Case Management (Non-Medical) Services are delivered according to the IEHPC Standards of Care and Scope of Work activities. Activities: <ul style="list-style-type: none"> Social Service Practitioners will work with patients to conduct an initial intake assessment within 3 days from referral. 	1 & 2	03/01/25-02/28/26	<ul style="list-style-type: none"> Patient Assessments Care Plans Case Management Tracking Log Case Conferencing Documentation Referral Logs Progress Notes Cultural Competency Plan HCC Reports
Element #2: Initial and on-going evaluation of acuity level	1 & 2	03/01/25-02/28/26	

Activities: <ul style="list-style-type: none"> • Social Service Practitioners will provide initial and ongoing assessment of patients' acuity level during intake and as needed to determine Case Management or Medical Case Management needs. Initial assessment will also be used to develop patient's Care Plan. • Social Service Practitioners will discuss budgeting with patients to maintain access to necessary services and Social Service Practitioners will screen for domestic violence, mental health, substance abuse, and advocacy needs. 			
Element #3: Development of a comprehensive, individual care plan. Activities: <ul style="list-style-type: none"> • Social Service Practitioners will refer and link patients to medical, mental health, substance abuse, psychosocial services, and other services as needed and Social Service Practitioners will provide referrals to address gaps in their support network. • Social Service Practitioners will be responsible for eligibility screening of HIV patients to ensure patients obtain health insurance coverage for medical care and that Ryan White funding is used as payer of last resort. • Social Service Practitioners will assist patients to apply for medical, Covered California, ADAP and/or OA CARE HIPP etc. • Social Service Practitioners will coordinate and facilitate benefit trainings for patients to become educated on covered California open enrollment, Medi-Cal IEHP, OA- CARE HIPP etc. 	1 & 2	03/01/25-02/28/26	
Element #4: Social Service Practitioners will provide education and counseling to assist the HIV patients with transitioning if insurance or eligibility changes. Activities: <ul style="list-style-type: none"> • Social Service Practitioners will assist patients with obtaining needed financial resources for daily living such as bus pass vouchers, gas cards, and other emergency financial assistance. 	1 & 2	03/01/25-02/28/26	

Contract Number:	
Contractor:	County of Riverside Department of Public Health, HIV/STD
Grant Period:	3/1/2025 - 2/28/2026
Service Category:	Medical Case Management (MCM)

Service Goal:	The goal of providing medical case management services is to ensure that those who are unable to self-manage their care, struggling with challenging barriers to care, marginally in care, and/or experiencing poor CD4/Viral load tests receive intense care coordination assistance to support participation in HIV medical care.
Service Health Outcomes:	Improved or maintained CD4 cell count Improved or maintained CD4 cell count, as a % of total lymphocyte cell count Improved or maintained viral load Improved retention in care (at least 1 medical visit in each 6-month period) Reduction of Medical Case Management utilization due to client self-sufficiency.

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 25/26 TOTAL
Proposed Number of Clients	125	75	0	0	0	0	200
Proposed Number of Visits = Regardless of number of transactions or number of units	300	150	0	0	0	0	450
Proposed Number of Units = Transactions or 15 min encounters	850	650	0	0	0	0	1500

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: The HIV Nurse Clinic Manager is responsible for ensuring MCM services are delivered according to the IEHPC Standards of Care and Scope of Work activities. Activities: <ul style="list-style-type: none"> Management and MCM staff will attend Inland Empire HIV Planning Council Standards of Care Committee meetings to ensure compliance. MCM staff will receive annual training on MCM practices and best practices for coordination of care, and motivational interviewing. 	1 & 2	03/01/25-02/28/26	<ul style="list-style-type: none"> Medical Case Management Needs Assessments Patient Acuity Assessments Benefit and resource referrals Comprehensive Care Plan Case Conferencing Documentation Referral Logs Progress Notes

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #2: Medical Social Service Practitioners will provide Medical Case Management Services to patients that meet TGA MCM service category criteria: Activities: <ul style="list-style-type: none"> Benefits counseling, support services assessment and assistance with access to public and private programs the patient may qualify for. Make referrals for: home health, home and community-based services, mental health, substance abuse, housing assistance as needed 	1 & 2	03/01/25-02/28/26	<ul style="list-style-type: none"> Cultural Competency Plan HCC Reports
Element #3: Medical Social Service Practitioners will conduct an initial needs assessment to identify which HIV patients meet the criteria to receive medical case management. Activities: Initial patient, family member and personal support system assessment. Re-assessments will be conducted at a minimum of every four months by MCM staff to determine ongoing or new service needs.	1 & 2	03/01/25-02/28/26	
Element #4: Medical Social Service Practitioners will conduct initial and ongoing assessment of patient acuity level and service needs. Activities: <ul style="list-style-type: none"> If patient is determined to not need intensive case management services, they will be referred and linked with case management (non-medical) services. 	1 & 2	03/01/25-02/28/26	
Element #5: The MCM staff will develop comprehensive, individualized care plans in collaboration with patient, primary care physician/provider and other health care/support staff to maximize patient's care and facilitate cost-effective outcomes. Activities: <ul style="list-style-type: none"> The plan will include the following elements: problem/presenting issue(s), service need(s), goals, action plan, responsibility, and timeframes. 	1 & 2	03/01/25-02/28/2	

Contract Number:	
Contractor:	County of Riverside Department of Public Health, HIV/STD Branch
Grant Period:	3/1/2025 - 2/28/2026
Service Category:	OUTPATIENT/AMBULATORY HEALTH SERVICES

ATTACHMENT A2

Service Goal:	To maintain or improve the health status of persons living with HIV/AIDS in the TGA. NOTE: Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, American Academy of HIV Medicine (AAHIVM).
Service Health Outcomes:	Improved or maintained CD4 cell count; as a % of total lymphocyte cell count. Improved or maintained viral load. Improve retention in care (at least 1 medical visit in each 6-month period). Link newly diagnosed HIV+ to care within 30 days: and Increase rate of ART adherence

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 25/26 TOTAL
Proposed Number of Clients	150	100	0	0	0	0	250
Proposed Number of Visits = Regardless of number of transactions or number of units	450	300	0	0	0	0	750
Proposed Number of Units = Transactions or 15 min encounters	850	650	0	0	0	0	1,500

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
<p>Element #1: DOPH-HIV/STD medical treatment team will provide the following service delivery elements to PLWHA receiving * HIV Outpatient/Ambulatory Health Services at Riverside Neighborhood Health Center, Perris Family Care Center, and Indio Family Care Center. Provide HIV care and treatment through the following:</p> <p>Activities:</p> <ul style="list-style-type: none"> • Development of Treatment Plan • Diagnostic testing • Early Intervention and Risk Assessment • Preventive care and screening • Practitioner examination • Documentation and review of medical history • Diagnosis and treatment of common physical and mental conditions • Prescribing and managing Medication Therapy • Education and counseling on health issues • Continuing care and management of chronic conditions • Referral to and provision of Specialty Care • Treatment adherence counseling/education • Integrate and utilize HCC to incorporate core data elements. 	1 & 2	03/01/25-02/28/26	<ul style="list-style-type: none"> • Patient health assessment • Lab results • Treatment plan • Psychosocial assessments • Treatment adherence documentation • Case conferencing documentation • Progress notes • Cultural Competency Plan • HCC Reports • Viral loads • Reduction in unmet need • Prescription of/adherence to ART
<p>Element #2: The HIV/STD Branch Chief, Medical Director, and HIV Clinic Manager are responsible for ensuring Outpatient/Ambulatory Health Services are delivered according to the IEHPC Standards of Care and Scope of Work activities.</p> <p>Activity:</p> <ul style="list-style-type: none"> • Management staff will attend Inland Empire HIV Planning Council Standard of Care Meetings. • Management/physician/clinical staff will attend required CME training and maintain American Academy of HIV Medicine (AAHIVM) Certification. 	1 & 2	03/01/25-02/28/26	

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #3: Clinic staff will conduct assessments including evaluation health history and presenting problems. Those on HIV medications are evaluated for treatment adherence. Assessments will consist of: Activities: <ul style="list-style-type: none"> • Completing a medical history • Conducting a physical examination including an assessment for oral health care • Reviewing lab test results • Assessing the need for medication therapy • Development of a Treatment Plan. • Collection of blood samples for CD4 Viral load, Hepatitis, and other testing • Evaluation for TB as applicable 	1 & 2	03/01/25-02/28/26	
Element #4: Clinicians will complete a medical history on patients, including family medical history, psycho-social history, current medications, environmental assessment, diabetes, cardiovascular diseases, renal disease, GI abnormalities, pancreatitis, liver disease, and hepatitis. Activities: <ul style="list-style-type: none"> • Conducting a physical examination • Reviewing lab test results • Assessing the need for medication therapy • Development of a Treatment Plan. 	1 & 2	03/01/25-02/28/26	

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
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<p>Element #1: Identify/locate HIV+ unaware and HIV + that have fallen out of care</p> <p>Activities: EIS staff will work with grass-roots community-based and faith-based agencies, local churches and other non-traditional venues to reach targeted communities to perform targeted HIV testing, link unaware populations to HIV Testing and Counseling and Partner Services and newly diagnosed and unmet need to HIV care and treatment.</p> <p>EIS staff will work with prisons, jails, correctional facilities, homeless shelters and hospitals to perform targeted HIV testing, linking newly diagnosed to HIV care and treatment.</p> <p>EIS staff will work with treatment team staff to identify PLWHA that have fallen out-of-care and unmet need the population to provide the necessary support to bring back into care and maintain into treatment and care.</p> <p>EIS staff will provide the following service delivery elements to PLWHA receiving EIS at Riverside Neighborhood Health Center, Perris Family Care Center and Indio Family Care Center. Services will also be provided in the community throughout Riverside County based on the Inland Empire HIV Planning Council Standards of Care.</p>	1 & 2	03/01/25-02/28/26	<ul style="list-style-type: none"> ▪ Outreach schedules and logs ▪ Outreach Encounter Logs ▪ LTC Documentation Logs ▪ Assessment and Enrollment Forms ▪ Reporting Forms ▪ Case Conferencing Documentation ▪ Referral Logs ▪ Progress Notes ▪ Cultural Competency Plan ▪ HCC Reports
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ATTACHMENT A2

<p>Element #2 Linking newly diagnosed and unmet need individuals to HIV care and treatment within 30 days or less. Provide referrals to systems of care (RW & non-RW)</p> <p>Activities: EIS staff will coordinate with HIV Care and Treatment facilities who link patient to care within 30 days or less.</p> <p>Assist HIV patients with enrollment or transition activities to other health insurance payer sources (i.e., ADAP, MISP, Medi- Cal, Insurance Marketplace, OA-Care HIPP, etc.)</p> <p>Interventions will also include community-based outreach, patient education, intensive case management and patient navigation strategies to promote access to care.</p>	1 & 2	03/01/25-02/28/26	
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Contract Number:	
Contractor:	County of Riverside Department of Public Health, HIV/STD Branch
Grant Period:	3/1/2025 - 2/28/2026
Service Category:	Early Intervention Services
Service Goal:	Facilitate maintenance of nutritional health to improve health outcomes or maintain positive health outcomes.
Service Health Outcomes:	Improve retention in care (at least 1 medical visit in each 6-month period) Improve viral suppression rate.

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 25/26 TOTAL
Proposed Number of Clients	150	80	0	0	0	0	230
Proposed Number of Visits = Regardless of number of transactions or number of units	275	150	0	0	0	0	425
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	400	300	0	0	0	0	700

<p>Element #3 Relinking HIV patients that have fallen out of care. Perform follow-up activities to ensure linkage to care.</p> <p>Activities: Link patients who have fallen out of care within 30 days or less. Coordinate with HIV care and treatment.</p> <p>Assist HIV patients with enrollment or transition activities to other health insurance payer sources (i.e., ADAP, MISP, Medi- call, Insurance Marketplace, OA-Care HIPPP, etc.)</p> <p>Link patient to non-medical case management, medical case management to assist with benefits counseling, transportation, housing, etc. to help patient remain in care and treatment.</p> <p>Link high-risk HIV positive EIS populations to support services (i.e., mental health, medical case management, house, etc.) to maintain HIV care and treatment.</p> <p>Participate in bi-weekly clinic care team case conferencing to ensure linkage and coordinate care for patient.</p>	1 & 2	03/01/25-02/28/26	
<p>Element #4: EIS staff will utilize evidence-based strategies and activities to reach high risk MSM HIV community. These include but are not limited to:</p> <p>Activities: Developing and using outreach materials (i.e., flyers, brochures, website) that are culturally and linguistically appropriate for high-risk communities-Utilizing the Social Networking model asking HIV + individuals and high-risk HIV negative individuals to recruit their social contacts for HIV testing and linkage to care services.</p>	1 & 2	03/01/25-02/28/26	

Element #5: EIS staff will work with HIV Testing & Counseling Services to bring newly diagnosed individuals from communities of color to Partner Services and HIV treatment and care at DOPH- HIV/STD as	1 & 2	03/01/25-02/28/26	
Element #6: EIS staff will coordinate with local HIV prevention /outreach programs to identify target outreach locations and identify individuals not in care and avoid duplication of outreach activities. Activities: EIS staff will coordinate with prevention and outreach programs within the TGA to strategically plan service areas. EIS staff will work with the DOPH-Surveillance unit to target areas in need of services.	1 & 2	03/01/25-02/28/26	
Element #7: EIS staff will assist patients with enrollment or transition activities to other health insurance payer sources (i.e., ADAP, MISP, Medi-Cal, Insurance Marketplace, OA Care HIPP, etc.). EIS staff will coordinate with non-medical case management services to assist with benefits counseling and rapid linkage to care and support services.	1 & 2	03/01/25-02/28/26	

<p>Element #8: Senior CDS and Clinic Supervisor will ensure that clinic staff at all levels and across all disciplines receive ongoing education and training in culturally competent service delivery to ensure that patients receive quality care that is respectful, compatible with patient’s cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the race/ethnicity, gender, sexual orientation, and religious preference of community served.</p> <p>Activities: Senior CDS and Clinic Supervisor will review and update on an ongoing basis the written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide services based on established national Cultural and Linguistic Competency Standards.</p>	1 & 2	03/01/25 - 02/28/26	
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<p>Element #9: EIS Staff will utilize standardized, required documentation to record encounters and progress.</p> <p>Activities: EIS staff will maintain documentation on all EIS encounters/activities including demographics, patient contacts, referrals, and follow-up, Linkage to Care Documentation Logs, Assessment and Enrollment Forms and Reporting Forms in each patient's chart.</p> <p>Information will be entered into HCC. The HCC reports will be used by the Clinical Quality Management Committee to identify quality service indicators, continuum of care data and provide opportunities for improvement in care and services, improve desired patient outcomes and results can be used to develop and recommend "best practices.</p>	1 & 2	03/01/25-02/28/26	
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SCOPE OF WORK – Ending the HIV Epidemic in the U.S. (EHE)

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	
Contractor:	County of Riverside Department of Public Health, HIV/STD Branch
Grant Period:	3/1/2026 - 2/28/2027
Service Category:	NON-MEDICAL CASE MANAGEMENT SERVICES
Service Goal:	The goal of Case Management (non-medical) is to facilitate linkage and retention in care through the provision of guidance and assistance with service information and referrals
Service Health Outcomes:	Improved or maintained CD4 cell count Improved or maintained CD4 cell count, as a % of total lymphocyte cell count Improved or maintained viral suppression rate Improve retention in Care (at least one medical visit each 6-month period)

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert		FY 26/27 TOTAL
Proposed Number of Clients	150	75	0	0	0	0		225
Proposed Number of Visits = Regardless of number of transactions or number of units	200	150	0	0	0	0		350
Proposed Number of Units = Transactions or 15 min encounters	250	200	0	0	0	0		450

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: The HIV Nurse Clinic Manager is responsible for ensuring Case Management (Non-Medical) Services are delivered according to the IEHPC Standards of Care and Scope of Work activities. Activities: <ul style="list-style-type: none"> Social Service Practitioners will work with patients to conduct an initial intake assessment within 3 days from referral. 	1 & 2	03/01/26-02/28/27	<ul style="list-style-type: none"> Patient Assessments Care Plans Case Management Tracking Log Case Conferencing Documentation Referral Logs Progress Notes Cultural Competency Plan HCC Reports
Element #2: Initial and on-going evaluation of acuity level	1 & 2	03/01/26-02/28/27	

Activities: <ul style="list-style-type: none"> • Social Service Practitioners will provide initial and ongoing assessment of patients' acuity level during intake and as needed to determine Case Management or Medical Case Management needs. Initial assessment will also be used to develop patient's Care Plan. • Social Service Practitioners will discuss budgeting with patients to maintain access to necessary services and Social Service Practitioners will screen for domestic violence, mental health, substance abuse, and advocacy needs. 			
Element #3: Development of a comprehensive, individual care plan. Activities: <ul style="list-style-type: none"> • Social Service Practitioners will refer and link patients to medical, mental health, substance abuse, psychosocial services, and other services as needed and Social Service Practitioners will provide referrals to address gaps in their support network. • Social Service Practitioners will be responsible for eligibility screening of HIV patients to ensure patients obtain health insurance coverage for medical care and that Ryan White funding is used as payer of last resort. • Social Service Practitioners will assist patients to apply for medical, Covered California, ADAP and/or OA CARE HIPP etc. • Social Service Practitioners will coordinate and facilitate benefit trainings for patients to become educated on covered California open enrollment, Medi-Cal IEHP, OA- CARE HIPP etc. 	1 & 2	03/01/26-02/28/27	
Element #4: Social Service Practitioners will provide education and counseling to assist the HIV patients with transitioning if insurance or eligibility changes. Activities: <ul style="list-style-type: none"> • Social Service Practitioners will assist patients with obtaining needed financial resources for daily living such as bus pass vouchers, gas cards, and other emergency financial assistance. 	1 & 2	03/01/26-02/28/27	

Contract Number:	
Contractor:	County of Riverside Department of Public Health, HIV/STD
Grant Period:	3/1/2026 - 2/28/2027
Service Category:	Medical Case Management (MCM)

ATTACHMENT A3.

Service Goal:	The goal of providing medical case management services is to ensure that those who are unable to self-manage their care, struggling with challenging barriers to care, marginally in care, and/or experiencing poor CD4/Viral load tests receive intense care coordination assistance to support participation in HIV medical care.
Service Health Outcomes:	Improved or maintained CD4 cell count Improved or maintained CD4 cell count, as a % of total lymphocyte cell count Improved or maintained viral load Improved retention in care (at least 1 medical visit in each 6-month period) Reduction of Medical Case Management utilization due to client self-sufficiency.

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 26/27 TOTAL
Proposed Number of Clients	125	75	0	0	0	0	200
Proposed Number of Visits = Regardless of number of transactions or number of units	300	150	0	0	0	0	450
Proposed Number of Units = Transactions or 15 min encounters	850	650	0	0	0	0	1500

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: The HIV Nurse Clinic Manager is responsible for ensuring MCM services are delivered according to the IEHPC Standards of Care and Scope of Work activities. Activities: <ul style="list-style-type: none"> Management and MCM staff will attend Inland Empire HIV Planning Council Standards of Care Committee meetings to ensure compliance. MCM staff will receive annual training on MCM practices and best practices for coordination of care, and motivational interviewing. 	1 & 2	03/01/26-02/28/27	<ul style="list-style-type: none"> Medical Case Management Needs Assessments Patient Acuity Assessments Benefit and resource referrals Comprehensive Care Plan Case Conferencing Documentation Referral Logs Progress Notes

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #2: Medical Social Service Practitioners will provide Medical Case Management Services to patients that meet TGA MCM service category criteria: Activities: <ul style="list-style-type: none"> Benefits counseling, support services assessment and assistance with access to public and private programs the patient may qualify for. Make referrals for: home health, home and community-based services, mental health, substance abuse, housing assistance as needed 	1 & 2	03/01/26-02/28/27	<ul style="list-style-type: none"> Cultural Competency Plan HCC Reports
Element #3: Medical Social Service Practitioners will conduct an initial needs assessment to identify which HIV patients meet the criteria to receive medical case management. Activities: Initial patient, family member and personal support system assessment. Re-assessments will be conducted at a minimum of every four months by MCM staff to determine ongoing or new service needs.	1 & 2	03/01/26-02/28/27	
Element #4: Medical Social Service Practitioners will conduct initial and ongoing assessment of patient acuity level and service needs. Activities: <ul style="list-style-type: none"> If patient is determined to not need intensive case management services, they will be referred and linked with case management (non-medical) services. 	1 & 2	03/01/26-02/28/27	
Element #5: The MCM staff will develop comprehensive, individualized care plans in collaboration with patient, primary care physician/provider and other health care/support staff to maximize patient's care and facilitate cost-effective outcomes. Activities: <ul style="list-style-type: none"> The plan will include the following elements: problem/presenting issue(s), service need(s), goals, action plan, responsibility, and timeframes. 	1 & 2	03/01/26-02/28/27	

Contract Number:	
Contractor:	County of Riverside Department of Public Health, HIV/STD Branch
Grant Period:	3/1/2026 - 2/28/2027
Service Category:	OUTPATIENT/AMBULATORY HEALTH SERVICES

ATTACHMENT A3.

Service Goal:	To maintain or improve the health status of persons living with HIV/AIDS in the TGA. NOTE: Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, American Academy of HIV Medicine (AAHIVM).
Service Health Outcomes:	Improved or maintained CD4 cell count; as a % of total lymphocyte cell count. Improved or maintained viral load. Improve retention in care (at least 1 medical visit in each 6-month period). Link newly diagnosed HIV+ to care within 30 days: and Increase rate of ART adherence

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 26/27 TOTAL
Proposed Number of Clients	150	100	0	0	0	0	250
Proposed Number of Visits = Regardless of number of transactions or number of units	450	300	0	0	0	0	750
Proposed Number of Units = Transactions or 15 min encounters	850	650	0	0	0	0	1,500

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
<p>Element #1: DOPH-HIV/STD medical treatment team will provide the following service delivery elements to PLWHA receiving * HIV Outpatient/Ambulatory Health Services at Riverside Neighborhood Health Center, Perris Family Care Center, and Indio Family Care Center. Provide HIV care and treatment through the following:</p> <p>Activities:</p> <ul style="list-style-type: none"> • Development of Treatment Plan • Diagnostic testing • Early Intervention and Risk Assessment • Preventive care and screening • Practitioner examination • Documentation and review of medical history • Diagnosis and treatment of common physical and mental conditions • Prescribing and managing Medication Therapy • Education and counseling on health issues • Continuing care and management of chronic conditions • Referral to and provision of Specialty Care • Treatment adherence counseling/education • Integrate and utilize HCC to incorporate core data elements. 	1 & 2	03/01/26-02/28/27	<ul style="list-style-type: none"> • Patient health assessment • Lab results • Treatment plan • Psychosocial assessments • Treatment adherence documentation • Case conferencing documentation • Progress notes • Cultural Competency Plan • HCC Reports • Viral loads • Reduction in unmet need • Prescription of/adherence to ART
<p>Element #2: The HIV/STD Branch Chief, Medical Director, and HIV Clinic Manager are responsible for ensuring Outpatient/Ambulatory Health Services are delivered according to the IEHPC Standards of Care and Scope of Work activities.</p> <p>Activity:</p> <ul style="list-style-type: none"> • Management staff will attend Inland Empire HIV Planning Council Standard of Care Meetings. • Management/physician/clinical staff will attend required CME training and maintain American Academy of HIV Medicine (AAHIVM) Certification. 	1 & 2	03/01/26-02/28/27	

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #3: Clinic staff will conduct assessments including evaluation health history and presenting problems. Those on HIV medications are evaluated for treatment adherence. Assessments will consist of: Activities: <ul style="list-style-type: none"> • Completing a medical history • Conducting a physical examination including an assessment for oral health care • Reviewing lab test results • Assessing the need for medication therapy • Development of a Treatment Plan. • Collection of blood samples for CD4 Viral load, Hepatitis, and other testing • Evaluation for TB as applicable 	1 & 2	03/01/26-02/28/27	
Element #4: Clinicians will complete a medical history on patients, including family medical history, psycho-social history, current medications, environmental assessment, diabetes, cardiovascular diseases, renal disease, GI abnormalities, pancreatitis, liver disease, and hepatitis. Activities: <ul style="list-style-type: none"> • Conducting a physical examination • Reviewing lab test results • Assessing the need for medication therapy • Development of a Treatment Plan. 	1 & 2	03/01/26-02/28/27	

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
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<p>Element #1: Identify/locate HIV+ unaware and HIV + that have fallen out of care</p> <p>Activities: EIS staff will work with grass-roots community-based and faith-based agencies, local churches and other non-traditional venues to reach targeted communities to perform targeted HIV testing, link unaware populations to HIV Testing and Counseling and Partner Services and newly diagnosed and unmet need to HIV care and treatment.</p> <p>EIS staff will work with prisons, jails, correctional facilities, homeless shelters and hospitals to perform targeted HIV testing, linking newly diagnosed to HIV care and treatment.</p> <p>EIS staff will work with treatment team staff to identify PLWHA that have fallen out-of-care and unmet need the population to provide the necessary support to bring back into care and maintain into treatment and care.</p> <p>EIS staff will provide the following service delivery elements to PLWHA receiving EIS at Riverside Neighborhood Health Center, Perris Family Care Center and Indio Family Care Center. Services will also be provided in the community throughout Riverside County based on the Inland Empire HIV Planning Council Standards of Care.</p>	1 & 2	03/01/26-02/28/27	<ul style="list-style-type: none"> ▪ Outreach schedules and logs ▪ Outreach Encounter Logs ▪ LTC Documentation Logs ▪ Assessment and Enrollment Forms ▪ Reporting Forms ▪ Case Conferencing Documentation ▪ Referral Logs ▪ Progress Notes ▪ Cultural Competency Plan ▪ HCC Reports
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Element #2 Linking newly diagnosed and unmet need individuals to HIV care and treatment within 30 days or less. Provide referrals to systems of care (RW & non-RW) Activities: EIS staff will coordinate with HIV Care and Treatment facilities who link patient to care within 30 days or less. Assist HIV patients with enrollment or transition activities to other health insurance payer sources (i.e., ADAP, MISP, Medi- Cal, Insurance Marketplace, OA-Care HIPPP, etc.) Interventions will also include community-based outreach, patient education, intensive case management and patient navigation strategies to promote access to care.	1 & 2	03/01/26-02/28/27	
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Contract Number:	
Contractor:	County of Riverside Department of Public Health, HIV/STD Branch
Grant Period:	3/1/2026 - 2/28/2027
Service Category:	Early Intervention Services
Service Goal:	Facilitate maintenance of nutritional health to improve health outcomes or maintain positive health outcomes.
Service Health Outcomes:	Improve retention in care (at least 1 medical visit in each 6-month period) Improve viral suppression rate.

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 26/27 TOTAL
Proposed Number of Clients	150	80	0	0	0	0	230
Proposed Number of Visits = Regardless of number of transactions or number of units	275	150	0	0	0	0	425
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	400	300	0	0	0	0	700

<p>Element #3 Relinking HIV patients that have fallen out of care. Perform follow-up activities to ensure linkage to care.</p> <p>Activities: Link patients who have fallen out of care within 30 days or less. Coordinate with HIV care and treatment.</p> <p>Assist HIV patients with enrollment or transition activities to other health insurance payer sources (i.e., ADAP, MISP, Medi- call, Insurance Marketplace, OA-Care HIPPP, etc.)</p> <p>Link patient to non-medical case management, medical case management to assist with benefits counseling, transportation, housing, etc. to help patient remain in care and treatment.</p> <p>Link high-risk HIV positive EIS populations to support services (i.e., mental health, medical case management, house, etc.) to maintain HIV care and treatment.</p> <p>Participate in bi-weekly clinic care team case conferencing to ensure linkage and coordinate care for patient.</p>	1 & 2	03/01/26-02/28/27	
<p>Element #4: EIS staff will utilize evidence-based strategies and activities to reach high risk MSM HIV community. These include but are not limited to:</p> <p>Activities: Developing and using outreach materials (i.e., flyers, brochures, website) that are culturally and linguistically appropriate for high-risk communities-Utilizing the Social Networking model asking HIV + individuals and high-risk HIV negative individuals to recruit their social contacts for HIV testing and linkage to care services.</p>	1 & 2	03/01/26-02/28/27	

Element #5: EIS staff will work with HIV Testing & Counseling Services to bring newly diagnosed individuals from communities of color to Partner Services and HIV treatment and care at DOPH- HIV/STD as	1 & 2	03/01/26-02/28/27	
Element #6: EIS staff will coordinate with local HIV prevention /outreach programs to identify target outreach locations and identify individuals not in care and avoid duplication of outreach activities. Activities: EIS staff will coordinate with prevention and outreach programs within the TGA to strategically plan service areas. EIS staff will work with the DOPH-Surveillance unit to target areas in need of services.	1 & 2	03/01/26-02/28/27	
Element #7: EIS staff will assist patients with enrollment or transition activities to other health insurance payer sources (i.e., ADAP, MISP, Medi-Cal, Insurance Marketplace, OA Care HIPP, etc.). EIS staff will coordinate with non-medical case management services to assist with benefits counseling and rapid linkage to care and support services.	1 & 2	03/01/26-02/28/27	

<p>Element #8: Senior CDS and Clinic Supervisor will ensure that clinic staff at all levels and across all disciplines receive ongoing education and training in culturally competent service delivery to ensure that patients receive quality care that is respectful, compatible with patient's cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the race/ethnicity, gender, sexual orientation, and religious preference of community served.</p> <p>Activities: Senior CDS and Clinic Supervisor will review and update on an ongoing basis the written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide services based on established national Cultural and Linguistic Competency Standards.</p>	1 & 2	03/01/26- 02/28/27	
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<p>Element #9: EIS Staff will utilize standardized, required documentation to record encounters and progress.</p> <p>Activities: EIS staff will maintain documentation on all EIS encounters/activities including demographics, patient contacts, referrals, and follow-up, Linkage to Care Documentation Logs, Assessment and Enrollment Forms and Reporting Forms in each patient's chart.</p> <p>Information will be entered into HCC. The HCC reports will be used by the Clinical Quality Management Committee to identify quality service indicators, continuum of care data and provide opportunities for improvement in care and services, improve desired patient outcomes and results can be used to develop and recommend "best practices.</p>	1 & 2	03/01/26-02/28/27	
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County of Riverside Public Health
Ryan White Part EHE
3/1/2025 - 2/28/2026
Master Line Item Budget

	Salary	FTE	Program Subtotal	Direct Services	CQM	Administrative	Total
Personnel							
Calderon, C. -PCL	\$221,900	0.28	\$62,900	\$62,900	\$0	\$0	\$62,900
Latif/Gilbert, -NP II	\$214,115	0.23	\$48,478	\$48,478	\$0	\$0	\$48,478
Dorothy, A. -LVN III	\$69,241	0.06	\$4,485	\$4,485	\$0	\$0	\$4,485
Johnston, Z. - SOA	\$57,920	0.50	\$28,870	\$23,400	\$5,470	\$0	\$28,870
Arrona, I-CDS III	\$85,622	0.16	\$13,665	\$13,665	\$0	\$0	\$13,665
Olmos, J. -CDS II	\$54,284	0.17	\$9,345	\$9,345	\$0	\$0	\$9,345
Ramos, G. -CDS II	\$68,358	0.16	\$11,155	\$11,155	\$0	\$0	\$11,155
Del Villar, D./ Malixi, E. -LVN III	\$85,052	0.35	\$30,100	\$30,100	\$0	\$0	\$30,100
Medina, O./ Barajas, V. -LVN III	\$85,052	0.23	\$19,189	\$19,189	\$0	\$0	\$19,189
Rosales, S./ Alatorre, R. -SSP	\$86,169	0.28	\$24,170	\$24,170	\$0	\$0	\$24,170
Dees, Porchia - HEA II	\$58,104	0.24	\$13,714	\$0	\$13,714	\$0	\$13,714
Personnel Subtotal	\$1,085,817	2.664	\$ 266,071	\$246,887	\$19,184	\$0.00	\$266,071
Fringe							
OAHS Fringe	60%		\$83,557	\$83,557	\$0	\$0	\$83,557
EIS Fringe	65%		\$22,207	\$22,207	\$0	\$0	\$22,207
Non-Med Fringe	65%		\$20,272	\$20,272	\$0	\$0	\$20,272
Med-Case Fringe	65%		\$27,475	\$27,475	\$0	\$0	\$27,475
CQM Fringe	56%		\$10,743	\$0	\$10,743	\$0	\$10,743
Fringe Subtotal			\$164,254	\$153,511	\$10,743	\$0	\$164,254
Total Personnel			\$ 430,325	\$400,398	\$29,927	\$0	\$430,325
Travel							
Local Travel			\$2,028	\$1,348	\$30	\$650	\$2,028
Out of State Travel			\$2,360	\$1,360	\$0	\$1,000	\$2,360
Total Travel			\$4,388	\$2,708	\$30	\$1,650	\$4,388
Other							
Admin Support, Insurance, Payroll			\$39,425	\$0	\$0	\$39,425	\$39,425
RC Information Tech			\$3,199	\$2,797	\$252	\$150	\$3,199
Clinic Licensure			\$100	\$0	\$100	\$0	\$100
Laboratory Services			\$5,150	\$5,000	\$0	\$150	\$5,150
Medical/Pharmacy Supplies			\$19,699	\$19,549	\$0	\$150	\$19,699
Office Supplies			\$4,948	\$3,998	\$50	\$900	\$4,948
Rent/Utilities/Maintenance			\$4,350	\$3,600	\$0	\$750	\$4,350
Communications			\$2,663	\$1,763	\$0	\$900	\$2,663
Training			\$2,150	\$1,950	\$50	\$150	\$2,150
CAB			\$555	\$555	\$0	\$0	\$555
Total Other			\$82,239	\$39,212	\$452	\$42,575	\$82,239
Total Direct Costs				\$442,318			\$442,318
Total Administrative Costs						\$44,225	\$44,225
Total CQM Costs					\$30,409		\$30,409
Overall Budget				\$442,318	\$30,409	\$44,225	\$516,952
Percentages				85.56%	5.88%	8.55%	

RWA Award:	Budget	Amendment #1	Amendment #2	Total:
Medical Care	\$ 112,067	\$ 60,267	\$ 110,706	\$ 283,040.00
Medical Case Management	\$ 40,947	\$ 15,000	\$ 24,000	\$ 79,947.00
EIS - Part A	\$ 32,327	\$ 10,000	\$ 22,000	\$ 64,327.00
Case Management - Non Medical	\$ 30,172	\$ 11,057	\$ 18,000	\$ 59,229.00
Total:	\$ 215,513.00	\$ 96,324.00	\$ 174,706.00	\$ 486,543.00

\$ -

RWA CQM Award	Budget	Amendment #1	Amendment #2	Total:
CQM	\$ 13,470.00	\$ 6,020.00	\$ 10,919	\$ 30,409.00
Total:	\$ 13,470.00	\$ 6,020.00	\$ 10,919.00	\$ 30,409.00

\$ -

Combined Award: \$ 516,952.00

Difference: \$ -

County of Riverside Public Health
 Ryan White Part EHE
 3/1/2025 - 2/28/2026
 Outpatient/Ambulatory Health Services

	Total Salary	Ryan White FTE	Ryan White \$	Direct Services	Administrative	Total
Personnel						
Calderon, C.-PCL	\$221,900	0.28	\$62,900	\$62,900	\$0	\$62,900
Latif/Gilbert, -NP II	\$214,115	0.23	\$48,478	\$48,478	\$0	\$48,478
Dorothy, A. -LVN III	\$69,241	0.06	\$4,485	\$4,485	\$0	\$4,485
Johnston, Z. - SOA	\$57,920	0.40	\$23,400	\$23,400	\$0	\$23,400
Personnel Subtotal	\$563,176	0.98	\$139,263	\$139,263	\$0	\$139,263
Fringe						
Fringe Subtotal	60%		\$83,557	\$83,557	\$0	\$83,557
Total Personnel			\$222,820	\$222,820	\$0	\$222,820
Travel						
Local Travel			\$1,087	\$837	\$250	\$1,087
Out of State Travel			\$1,700	\$1,200	\$500	\$1,700
Total Travel			\$2,787	\$2,037	\$750	\$2,787
Other						
Admin Support, Insurance, Payroll			\$23,680	\$0	\$23,680	\$23,680
RC Information Tech			\$1,150	\$1,000	\$150	\$1,150
Laboratory Services			\$5,150	\$5,000	\$150	\$5,150
Medical/Pharmacy Supplies			\$19,699	\$19,549	\$150	\$19,699
Office Supplies			\$2,179	\$1,929	\$250	\$2,179
Rent/Utilities/Maintenance			\$1,970	\$1,720	\$250	\$1,970
Communications			\$1,400	\$1,200	\$200	\$1,400
Training			\$1,650	\$1,500	\$150	\$1,650
CAB			\$555	\$555	\$0	\$555
Total Other			\$57,433	\$32,453	\$24,980	\$57,433
Total Direct Costs			\$283,040	\$257,310		\$257,310
Total Administrative Costs					\$25,730	\$25,730
Overall Budget				\$257,310	\$25,730	\$283,040
Percentages				90.91%	9.09%	

	Original Award	Amendment #1	New Budget
Total Award Amount:	\$172,334	\$110,706	\$283,040
Difference:			\$0

County of Riverside Public Health
 Ryan White Part EHE
 3/1/2025 - 2/28/2026
 Early Intervention Services

	Total Salary	Ryan White FTE	Ryan White \$	Direct Services	Administrative	Total
Personnel						
Arrona, I-CDS III	\$85,622	0.16	\$13,665	\$13,665	\$0	\$13,665
Olmos, J. -CDS II	\$54,284	0.17	\$9,345	\$9,345	\$0	\$9,345
Ramos, G. -CDS II	\$68,358	0.16	\$11,155	\$11,155	\$0	\$11,155
Personnel Subtotal	\$208,264	0.495	\$34,165	\$34,165	\$0	\$34,165
Fringe						
Fringe	65%		\$22,207	\$22,207	\$0	\$22,207
Total Personnel			\$56,372	\$56,372	\$0	\$56,372
Travel						
Local Travel			\$410	\$160	\$250	\$410
Out of State Travel			\$550	\$50	\$500	\$550
Total Travel			\$960	\$210	\$750	\$960
Other						
Admin Support, Insurance, Payroll			\$4,596	\$0	\$4,596	\$4,596
RC Information Tech			\$453	\$453	\$0	\$453
Office Supplies			\$736	\$586	\$150	\$736
Rent/Utilities/Maintenance			\$850	\$600	\$250	\$850
Communications			\$210	\$110	\$100	\$210
Training			\$150	\$150	\$0	\$150
Total Other			\$6,995	\$1,899	\$5,096	\$6,995
Total Direct Costs			\$64,327	\$58,481		\$58,481
Total Administrative Costs					\$5,846	\$5,846
Overall Budget				\$58,481	\$5,846	\$64,327
Percentages				90.91%	9.09%	

	Original	New Funds	New Budget
Total Award Amount:	\$42,327	22000	\$64,327
Indirect			\$0.00

County of Riverside Public Health
 Ryan White Part EHE
 3/1/2025 - 2/28/2026
 Non-Medical Case Management

	Total Salary	Ryan White FTE	Ryan White \$	Direct Services	Administrative	Total
Personnel						
Del Villar, D./ Malixi, E. -LVN III	\$85,052	0.14	\$12,000	\$12,000	\$0	\$12,000
Medina, O./ Barajas, V. -LVN III	\$85,052	0.23	\$19,189	\$19,189	\$0	\$19,189
Personnel Subtotal	\$170,104	0.367	\$31,189	\$31,189	\$0	\$31,189
Fringe						
Fringe	65%		\$20,272	\$20,272	\$0	\$20,272
Total Personnel			\$51,461	\$51,461	\$0	\$51,461
Travel						
Local Travel			\$351	\$201	\$150	\$351
Out of State Travel			\$60	\$60	\$0	\$60
Total Travel			\$411	\$261	\$150	\$411
Other						
Admin Support, Insurance, Payroll			\$4,583	\$0	\$4,583	\$4,583
RC Information Tech			\$694	\$694	\$0	\$694
Office Supplies			\$750	\$500	\$250	\$750
Rent/Utilities/Maintenance			\$600	\$500	\$100	\$600
Communications			\$580	\$280	\$300	\$580
Training			\$150	\$150	\$0	\$150
Total Other			\$7,357	\$2,124	\$5,233	\$7,357
Total Direct Costs			\$59,229	\$53,846		\$53,846
Total Administrative Costs					\$5,383	\$5,383
Overall Budget				\$53,846	\$5,383	\$59,229
Percentages				90.91%	9.09%	

	Original	New Funds	New Budget
Total Award Amount:	\$41,229	\$18,000	\$59,229
Difference:			\$ -

County of Riverside Public Health
 Ryan White Part EHE
 3/1/2025 - 2/28/2026
 Medical Case Management

	Total Salary	Ryan White FTE	Ryan White \$	Direct Services	Administrative	Total
Personnel						
Del Villar, D./ Malixi, E. -LVN III	\$85,052	0.21	\$18,100	\$18,100	\$0	\$18,100
Rosales, S./ Alatorre, R. -SSP	\$86,169	0.28	\$24,170	\$24,170	\$0	\$24,170
Personnel Subtotal	\$171,221	0.493	\$42,270	\$42,270	\$0	\$42,270
Fringe						
Fringe	65%		\$27,475	\$27,475	\$0	\$27,475
Total Personnel			\$69,745	\$69,745	\$0	\$69,745
Travel						
Local Travel			\$150	\$150	\$0	\$150
Out of State Travel			\$50	\$50	\$0	\$50
Total Travel			\$200	\$200	\$0	\$200
Other						
Admin Support, Insurance, Payroll			\$6,566	\$0	\$6,566	\$6,566
RC Information Tech			\$650	\$650	\$0	\$650
Office Supplies			\$1,233	\$983	\$250	\$1,233
Rent/Utilities/Maintenance			\$930	\$780	\$150	\$930
Communications			\$473	\$173	\$300	\$473
Training			\$150	\$150	\$0	\$150
Total Other			\$10,002	\$2,736	\$7,266	\$10,002
Total Direct Costs			\$79,947	\$72,681		\$72,681
Total Administrative Costs					\$7,266	\$7,266
Overall Budget				\$72,681	\$7,266	\$79,947
Percentages				90.91%	9.09%	

	Original	Amendment	New Budget
Total Award Amount:	\$55,947	\$24,000	\$79,947
Difference:			\$ -

County of Riverside Public Health
Ryan White Part EHE
3/1/2025 - 2/28/2026
Master Fringe Benefit Breakdown

Up to 69% Fringe Benefits -Applies to all service categories

Social Security	6.50%
Medicare	1.50%
Flex Credits	21.00%
Vision Services Plan	0.02%
Basic Life	0.13%
Retirement	38.15%
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 69.00%

County of Riverside Public Health
Ryan White Part EHE
3/1/2025 - 2/28/2026
Master Budget Narrative

Personnel		FTE	Budget
Calderon, C.-PCL	Physician Care Leader	0.283	\$62,900
OAHS: Provides medical diagnosis, treatment, and management including the prescription of antiretroviral therapy to patients with HIV disease at three health care centers in Riverside County. Perform diagnostic testing, documentation and tracking of viral loads and CD4 counts. Early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental health needs. Ensures treatment is in accordance with Ryan White Standards of Care and, US Public Health service guidelines and AAHIVM best practices.			
Latif/Gilbert, -NP II	Nurse Practitioners	0.226	\$48,478
OAHS: Provides medical diagnosis, treatment, and management including the prescription of antiretroviral therapy to patients with HIV disease at three health care centers in Riverside County. Perform diagnostic testing, documentation and tracking of viral loads and CD4 counts. Early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental health needs.			
Dorothy, A. -LVN III	Licensed Vocational Nurse III	0.065	\$4,485
OAHS: Provides direct patient care and provides support duties to physicians, and registered nurses at three health care centers.			
Johnston, Z. - SOA	Supervising Office Assistant III	0.498	\$28,870
OAHS & CQM: Supervises and trains clerical staff and provides clerical support duties to physicians, and registered nurses. Assist in the quality improvements activities and quarterly assessments. The data is collected and analyze to be processed for client eligibility documents, contact sheets, and units of services.			
Arrona, I-CDS III	Senior Communicable Disease Specialist	0.160	\$13,665
EIS: Supervises EIS services to unaware and unmet need populations in service areas 1, 2, and 3 in Riverside County. Identify barriers to care. Assist patient with linkage to medical care and wraparound services. Link newly diagnosed HIV+ to medical care in 30 days or less. Assist patients that have fallen out of care facilitating access to care. Oversees QA activities.			
Olmos, J. -CDS II	Communicable Disease Specialist	0.172	\$9,345
EIS: Provide EIS Services to unaware and unmet need populations in service areas 1, 2, and 3 in Riverside County. Identify barriers to care. Assist patient with linkage to medical care and wraparound services. Link newly diagnosed HIV+ to medical care in 30 days or less. Assist patients that have fallen out of care facilitating access to care. Perform targeted HIV testing.			
Ramos, G. -CDS II	Communicable Disease Specialist	0.163	\$11,155
EIS: Provide EIS Services to unaware and unmet need populations in service areas 1, 2, and 3 in Riverside County. Identify barriers to care. Assist patient with linkage to medical care and wraparound services. Link newly diagnosed HIV+ to medical care in 30 days or less. Assist patients that have fallen out of care facilitating access to care. Perform targeted HIV testing.			
Del Villar, D./ Malixi, E. -LVN	Licensed Vocational Nurse III	0.354	\$30,100
N-MCM & MCM: Help patients identify all available health and disability benefits. Educate patients on public and private benefits at three health care centers. Assist patients with accessing community, social, financial, and legal resources.			
Medina, O./ Barajas, V. -LVN	Licensed Vocational Nurse III	0.226	\$19,189
N-MCM: Help patients identify all available health and disability benefits. Educate patients on public and private benefits at three health care centers. Assist patients with accessing community, social, financial, and legal resources.			
Rosales, S./ Alatorre, R. -SSF	Social Services Practitioner	0.280	\$24,170
benefits at three health care centers. Assist patients with accessing community, social, financial, and legal resources.			
Dees, Porchia - HEA II	HEA II	0.236	\$13,714

CQM: Assist in community health/patient education needs and participates in the planning, development, and evaluation of high quality programs and media campaigns.

Personnel Subtotal	2.664	\$266,071
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Fringe

OAHS Fringe	60%	\$83,557
EIS Fringe	65%	\$22,207
Non-Med Fringe	65%	\$20,272
Med-Case Fringe	65%	\$27,475
CQM Fringe	56%	\$10,743

Fringe Subtotal		\$164,254
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Total Personnel		\$430,325
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Travel

Local Travel

Also includes in-state flight cost, hotel cost, per diem etc. for SBC Approved trainings if applicable.

All Travel requests to be sent to SBC for pre-approval.

Anticipated Costs Breakdown:

Mileage 1682 (Mileage is at \$.7 federal rate; ~2402.8571 miles)

Flight - \$150 (coverage for 1 personnel flying within the state)

Hotel cost – \$125 (\$125/night for 1 personnel staying 1 nights)

Per diem – \$71 (per diem is \$71/day for 1 personnel for 1 days)	\$2,028
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Out of State Mileage and Travel

Also includes out of-state flight cost, hotel cost, per diem etc. for SBC Approved trainings if applicable.

All Travel requests to be sent to SBC for pre-approval.

Anticipated Costs Breakdown:

Mileage: \$1650.5 (Mileage is at \$.7 federal rate; ~2,357.8571 miles x \$.7= \$1650.5)

Flight - \$91 (coverage for 1 personnel flying in/out of the state)

Hotel cost – \$550 (~\$137.5/night for 1 personnel staying 4 nights)

Per diem – \$17.50 (per diem is \$71/day for one personnel for 1 days but only including 17.5 at this time)

Uber/Lyft/Transportation: \$51 (Roundtrip Transportation Cos(average \$25.5 cost each way between hotel and airport)

	\$2,360
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Total Travel	\$4,388
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Other

Admin Support, Insurance, Payroll	\$39,425
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Covers Administration support, insurance costs, and payroll costs to implement the RW A services (~\$219.02777/month x 12 months x 15 staff members= \$39,425)

RCIT Enterprise	\$3,199
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Covers Information Technology costs for staff computer equipment, landlines, and cellphones. Costs includes security, encryption, safety measures, etc. (~\$17.77777/month x 12 months x 15 staff members=\$3200)

Clinic Licensure	\$100
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Clinic License renewals for Clinics to maintain high clinical quality management (ex. CLIA) ; 1 license x ~\$100= \$100

Laboratory Services	\$5,150
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Medical testing and assessment for HIV/AIDS clinical care under OAHS. (Ex. Quest Diagnostics) ~64 clients x ~\$80.46875 per testing services = \$5,150

Medical/Pharmacy Supplies	\$19,699
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Medical and Pharmaceutical supplies/equipment to support daily activities at three health care centers and provide pharmaceutical assistance to HIV patients receiving OAHS. This also includes lab supplies such as syringes, blood tubes, plastic gloves, equipment maintenance, etc. 64clients x ~\$307.79688 for medical/pharmaceutical services = \$19,699

Office Supplies

\$4,948

Office supplies/equipment to support RWA Staff to implement daily service activities at three health care centers. This includes paper, pens, ink, and other computer equipment such as laptops and monitors etc. ~ \$329.866 annually x 15 staff members = \$4948

Rent/Utilities/Maintenance

\$4,350

Office/cubicle Space for clinic and support staff to provide RWA services. Includes utility(water, electricity) and maintenance costs such as security, janitorial services, and landscaping. \$8.7/sq foot x 500 sq feet =\$4,350

Communications

\$2,663

Cell phone and desk phone expenses for staff. Will support daily activities at the health care centers and call clients and other staff. (~\$14.79444/month x 12 months x 15 staff members = \$2663)

Trainings

\$2,150

Training for RUHS Staff who provide care to persons living with or at risk of acquiring HIV at a clinical setting. Training promotes and maintains strong education and experience to apply knowledge with RWA patients. Examples of Trainings include but not limited to the Virtual ACT HIV Conference. Average training fee of ~\$358.3333 x 6 trainings= \$2,150

CAB

\$555

gather feedback on service delivery, and promote patient empowerment. Sessions will offer a space for clients to share experiences navigating care, learn about available outpatient resources, and provide outpatient improvements. These sessions will function to ensure services remain patient centered and responsive to evolving needs. Attendees are current and recently enrolled EHE Outpatient clients. And the goal is to enhance patient retention, promote peer support, collect client feedback, and increase awareness of services. Includes food and gift card incentives for patient sessions. (food and drinks for 10-15 individuals per month at ~\$92.5 x 6 months= \$555)

Total Other**\$82,239**

Total Direct Costs	\$	442,318
Total Administrative Costs	\$	44,225
Total CQM Costs	\$	30,409
Overall Budget	\$	516,952

County of Riverside Public Health
 Ryan White Part EHE
 3/1/2025 - 2/28/2026
 Master Line Item Budget

	Salary	FTE	Program Subtotal	Direct Services	Total
Personnel					
Calderon, C.-PCL	\$221,900	0.39	\$86,000	\$86,000	\$86,000
Latif/Gilbert, -NP II	\$214,115	0.25	\$54,000	\$54,000	\$54,000
Dorothy, A. -LVN III	\$69,241	0.10	\$7,100	\$7,100	\$7,100
Johnston, Z. - SOA	\$57,920	0.48	\$28,000	\$28,000	\$28,000
Arrona, I-CDS III	\$85,622	0.27	\$23,000	\$23,000	\$23,000
Olmos, J. -CDS II	\$54,284	0.26	\$14,000	\$14,000	\$14,000
Ramos, G. -CDS II	\$68,358	0.23	\$15,500	\$15,500	\$15,500
Del Villar, D./ Malixi, E. -LVN III	\$85,052	0.47	\$40,000	\$40,000	\$40,000
Medina, O./ Barajas, V. -LVN III	\$85,052	0.36	\$31,000	\$31,000	\$31,000
Rosales, S./ Alatorre, R. -SSP	\$86,169	0.30	\$26,000	\$26,000	\$26,000
Personnel Subtotal	\$1,027,713	3.116	\$324,600	\$324,600	\$324,600
Fringe					
OAHS Fringe	60%		\$105,060	\$105,060	\$105,060
EIS Fringe	65%		\$34,125	\$34,125	\$34,125
Non-Med Fringe	65%		\$31,200	\$31,200	\$31,200
Med-Case Fringe	65%		\$31,850	\$31,850	\$31,850
Fringe Subtotal			\$202,235	\$202,235	\$202,235
Total Personnel			\$526,835	\$526,835	\$526,835
Travel					
Local Travel			\$2,250	\$2,250	\$2,250
Out of State Travel			\$14,000	\$14,000	\$14,000
Total Travel			\$16,250	\$16,250	\$16,250
Other					
RC Information Tech			\$2,800	\$2,800	\$2,800
Laboratory Services			\$2,190	\$2,190	\$2,190
Medical/Pharmacy Supplies			\$33,000	\$33,000	\$33,000
Office Supplies			\$19,000	\$19,000	\$19,000
Rent/Utilities/Maintenance			\$5,600	\$5,600	\$5,600
Communications			\$1,900	\$1,900	\$1,900
Training			\$12,000	\$12,000	\$12,000
Support Group			\$2,000	\$2,000	\$2,000
Total Other			\$78,490	\$78,490	\$78,490
Total Direct Costs				\$621,575	\$621,575
Overall Budget				\$621,575	\$621,575
Percentages				100.00%	

RW EHE Award:	Budget
Medical Care (Outpatient)	\$ 335,000
Medical Case Management	\$ 94,450
EIS	\$ 99,125
Case Management - Non Medical	\$ 93,000
Total:	\$ 621,575.00

Difference: \$ -

County of Riverside Public Health
 Ryan White Part EHE
 3/1/2025 - 2/28/2026
 Outpatient/Ambulatory Health Services

	Total Salary	Ryan White FTE	Ryan White \$	Direct Services	Total
Personnel					
Calderon, C.-PCL	\$221,900	0.39	\$86,000	\$86,000	\$86,000
Latif/Gilbert, -NP II	\$214,115	0.25	\$54,000	\$54,000	\$54,000
Dorothy, A. -LVN III	\$69,241	0.10	\$7,100	\$7,100	\$7,100
Johnston, Z. - SOA	\$57,920	0.48	\$28,000	\$28,000	\$28,000
Personnel Subtotal	\$563,176	1.23	\$175,100	\$175,100	\$175,100
Fringe					
Fringe Subtotal	60%		\$105,060	\$105,060	\$105,060
Total Personnel			\$280,160	\$280,160	\$280,160
Travel					
Local Travel			\$750	\$750	\$750
Out of State Travel			\$5,000	\$5,000	\$5,000
Total Travel			\$5,750	\$5,750	\$5,750
Other					
RC Information Tech			\$1,000	\$1,000	\$1,000
Laboratory Services			\$2,190	\$2,190	\$2,190
Medical/Pharmacy Supplies			\$30,000	\$30,000	\$30,000
Office Supplies			\$6,000	\$6,000	\$6,000
Rent/Utilities/Maintenance			\$2,000	\$2,000	\$2,000
Communications			\$900	\$900	\$900
Training			\$5,000	\$5,000	\$5,000
Support Group			\$2,000	\$2,000	\$2,000
Total Other			\$49,090	\$49,090	\$49,090
Total Direct Costs			\$335,000	\$335,000	\$335,000
Overall Budget				\$335,000	\$335,000
Percentages				100.00%	

Award

Total Award Amount: \$335,000

Difference: \$ -

County of Riverside Public Health
 Ryan White Part EHE
 3/1/2025 - 2/28/2026
 Early Intervention Services

	Total Salary	Ryan White FTE	Ryan White \$	Direct Services	Total
Personnel					
Arrona, I-CDS III	\$85,622	0.27	\$23,000	\$23,000	\$23,000
Olmos, J. -CDS II	\$54,284	0.26	\$14,000	\$14,000	\$14,000
Ramos, G. -CDS II	\$68,358	0.23	\$15,500	\$15,500	\$15,500
Personnel Subtotal	\$208,264	0.753	\$52,500	\$52,500	\$52,500
Fringe					
Fringe	65%		\$34,125	\$34,125	\$34,125
Total Personnel			\$86,625	\$86,625	\$86,625
Travel					
Local Travel			\$500	\$500	\$500
Out of State Travel			\$3,000	\$3,000	\$3,000
Total Travel			\$3,500	\$3,500	\$3,500
Other					
RC Information Tech			\$600	\$600	\$600
Office Supplies			\$3,000	\$3,000	\$3,000
Medical/Pharmacy Supplies			\$3,000	\$3,000	\$3,000
Rent/Utilities/Maintenance			\$1,200	\$1,200	\$1,200
Communications			\$200	\$200	\$200
Training			\$1,000	\$1,000	\$1,000
Total Other			\$9,000	\$9,000	\$9,000
Total Direct Costs			\$99,125	\$99,125	\$99,125
Overall Budget				\$99,125	\$99,125
Percentages				100.00%	

Total Award Amount: \$99,125
 Indirect \$0.00

County of Riverside Public Health
 Ryan White Part EHE
 3/1/2025 - 2/28/2026
 Non-Medical Case Management

	Total Salary	Ryan White FTE	Ryan White \$	Direct Services	Total
Personnel					
Del Villar, D./ Malixi, E. -LVN II	\$85,052	0.20	\$17,000	\$17,000	\$17,000
Medina, O./ Barajas, V. -LVN II	\$85,052	0.36	\$31,000	\$31,000	\$31,000
Personnel Subtotal	\$170,104	0.564	\$48,000	\$48,000	\$48,000
Fringe					
Fringe	65%		\$31,200	\$31,200	\$31,200
Total Personnel			\$79,200	\$79,200	\$79,200
Travel					
Local Travel			\$500	\$500	\$500
Out of State Travel			\$3,000	\$3,000	\$3,000
Total Travel			\$3,500	\$3,500	\$3,500
Other					
RC Information Tech			\$800	\$800	\$800
Office Supplies			\$5,000	\$5,000	\$5,000
Rent/Utilities/Maintenance			\$1,200	\$1,200	\$1,200
Communications			\$300	\$300	\$300
Training			\$3,000	\$3,000	\$3,000
Total Other			\$10,300	\$10,300	\$10,300
Total Direct Costs			\$93,000	\$93,000	\$93,000
Overall Budget				\$93,000	\$93,000
Percentages				100.00%	

Total Award Amount: \$93,000
 Difference: \$ -

County of Riverside Public Health
 Ryan White Part EHE
 3/1/2025 - 2/28/2026
 Medical Case Management

	Total Salary	Ryan White FTE	Ryan White \$	Direct Services	Total
Personnel					
Del Villar, D./ Malixi, E. -LVN III	\$85,052	0.27	\$23,000	\$23,000	\$23,000
Rosales, S./ Alatorre, R. -SSP	\$86,169	0.30	\$26,000	\$26,000	\$26,000
Personnel Subtotal	\$171,221	0.572	\$49,000	\$49,000	\$49,000
Fringe					
Fringe	65%		\$31,850	\$31,850	\$31,850
Total Personnel			\$80,850	\$80,850	\$80,850
Travel					
Local Travel			\$500	\$500	\$500
Out of State Travel			\$3,000	\$3,000	\$3,000
Total Travel			\$3,500	\$3,500	\$3,500
Other					
RC Information Tech			\$400	\$400	\$400
Office Supplies			\$5,000	\$5,000	\$5,000
Rent/Utilities/Maintenance			\$1,200	\$1,200	\$1,200
Communications			\$500	\$500	\$500
Training			\$3,000	\$3,000	\$3,000
Total Other			\$10,100	\$10,100	\$10,100
Total Direct Costs			\$94,450	\$94,450	\$94,450
Overall Budget				\$94,450	\$94,450
Percentages				100.00%	

Total Award Amount: \$94,450

Difference: \$ -

County of Riverside Public Health
Ryan White Part EHE
3/1/2025 - 2/28/2026
Master Fringe Benefit Breakdown

Up to 69% Fringe Benefits -Applies to all service categories

Social Security	6.50%
Medicare	1.50%
Flex Credits	21.00%
Vision Services Plan	0.02%
Basic Life	0.13%
Retirement	38.15%
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 69.00%

County of Riverside Public Health
 Ryan White Part EHE
 3/1/2025 - 2/28/2026
 Master Budget Narrative

Personnel		FTE	Budget
Calderon, C.-PCL	<i>Physician Care Leader</i>	<i>0.388</i>	<i>\$86,000</i>
<p>OAHS: Provides medical diagnosis, treatment, and management including the prescription of antiretroviral therapy to patients with HIV disease at three health care centers in Riverside County. Perform diagnostic testing, documentation and tracking of viral loads and CD4 counts. Early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental health needs. Ensures treatment is in accordance with Ryan White Standards of Care and, US Public Health service guidelines and AAHIVM best practices.</p>			
Latif/Gilbert, -NP II	<i>Nurse Practitioners</i>	<i>0.252</i>	<i>\$54,000</i>
<p>Provides medical diagnosis, treatment, and management including the prescription of antiretroviral therapy to patients with HIV disease at three health care centers in Riverside County. Perform diagnostic testing, documentation and tracking of viral loads and CD4 counts. Early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental health needs.</p>			
Dorothy, A. -LVN III	<i>Licensed Vocational Nurse III</i>	<i>0.103</i>	<i>\$7,100</i>
<p>OAHS: Provides direct patient care and provides support duties to physicians, and registered nurses at three health care centers.</p>			
Johnston, Z. - SOA	<i>Supervising Office Assistant III</i>	<i>0.483</i>	<i>\$28,000</i>
<p>OAHS: Supervises and trains clerical staff and provides clerical support duties to physicians, and registered nurses. Assist in the quality improvements activities and quarterly assessments. The data is collected and analyze to be processed for client eligibility documents, contact sheets, units of services and HCC data base.</p>			
Arrona, I-CDS III	<i>Senior Communicable Disease Specialist</i>	<i>0.269</i>	<i>\$23,000</i>
<p>EIS: Supervises EIS services to unaware and unmet need populations in service areas 1, 2, and 3 in Riverside County. Identify barriers to care. Assist patient with linkage to medical care and wraparound services. Link newly diagnosed HIV+ to medical care in 30 days or less. Assist patients that have fallen out of care facilitating access to care. Oversees QA activities.</p>			
Olmos, J. -CDS II	<i>Communicable Disease Specialist</i>	<i>0.258</i>	<i>\$14,000</i>
<p>EIS: Provide EIS Services to unaware and unmet need populations in service areas 1, 2, and 3 in Riverside County. Identify barriers to care. Assist patient with linkage to medical care and wraparound services. Link newly diagnosed HIV+ to medical care in 30 days or less. Assist patients that have fallen out of care facilitating access to care. Perform targeted HIV testing.</p>			
Ramos, G. -CDS II	<i>Communicable Disease Specialist</i>	<i>0.227</i>	<i>\$15,500</i>
<p>EIS: Provide EIS Services to unaware and unmet need populations in service areas 1, 2, and 3 in Riverside County. Identify barriers to care. Assist patient with linkage to medical care and wraparound services. Link newly diagnosed HIV+ to medical care in 30 days or less. Assist patients that have fallen out of care facilitating access to care. Perform targeted HIV testing.</p>			
Del Villar, D./ Malixi, E. -LVN II	<i>Licensed Vocational Nurse III</i>	<i>0.470</i>	<i>\$40,000</i>
<p>N-MCM & MCM: Help patients identify all available health and disability benefits. Educate patients on public and private benefits at three health care centers. Assist patients with accessing community, social, financial, and legal resources.</p>			
Medina, O./ Barajas, V. -LVN I	<i>Licensed Vocational Nurse III</i>	<i>0.364</i>	<i>\$31,000</i>
<p>N-MCM: Help patients identify all available health and disability benefits. Educate patients on public and private benefits at three health care centers. Assist patients with accessing community, social, financial, and legal resources.</p>			
Rosales, S./ Alatorre, R. -SSP	<i>Social Services Practitioner</i>	<i>0.302</i>	<i>\$26,000</i>
<p>MCM: Help patients identify all available health and disability benefits. Educate patients on public and private benefits at three health care centers. Assist patients with accessing community, social, financial, and legal resources.</p>			
Personnel Subtotal		3.116	\$324,600

Fringe		
OAHS Fringe	60%	\$105,060
EIS Fringe	65%	\$34,125
Non-Med Fringe	65%	\$31,200
Med-Case Fringe	65%	\$31,850
Fringe Subtotal		\$202,235
Total Personnel		
		\$526,835
Travel		
Local Travel (Mileage is at \$.7 federal rate; ~3,214.28571 miles x \$.7= \$2250) Also includes in-state flight cost, hotel cost, per diem etc. for SBC Approved trainings if applicable. All Travel requests to be sent to SBC for pre-approval.		
		\$2,250
Out of State Travel (Mileage is at \$.7 federal rate; ~20,000miles x \$.7= \$14,000) Also includes in-state flight cost, hotel cost, per diem etc. for SBC Approved trainings if applicable. All Travel requests to be sent to SBC for pre-approval.		
		\$14,000
Total Travel		\$16,250
Other		
RCIT Enterprise		\$2,800
Covers Information Technology costs for staff computer equipment, landlines, and cellphones. Costs includes security, encryption, safety measures, etc. (~\$16.666666/month x 12 months x 14 staff members=\$2800)		
<i>Laboratory Services</i>		\$2,190
Medical testing and assessment for HIV/AIDS clinical care under OAHS. (Ex. Quest Diagnostics) ~80 clients x ~\$27.375 per testing services = \$2,190		
<i>Medical/Pharmacy Supplies</i>		\$33,000
Medical and Pharmaceutical supplies/equipment to support daily activities at three health care centers and provide pharmaceutical assistance to HIV patients receiving OAHS. This also includes syringes, blood tubes, plastic gloves, equipment maintenance, and lab supplies, etc. 80 clients x ~\$412.5 for medical/pharmaceutical services = \$33,000		
<i>Office Supplies</i>		\$19,000
Office supplies/equipment to support RWA Staff to implement daily service activities at three health care centers. This includes paper, pens, ink, etc. ~ \$1,357.142 annually x 14 staff members = \$19,000		
<i>Rent/Utilities/Maintenance</i>		\$5,600
Office/cubicle Space for clinic and support staff to provide RWA services. Includes utility(water, electricity) and maintenance costs such as security, janitorial services, and landscaping. \$11.2/sq foot x 500 sq feet =\$5,600		
<i>Communications</i>		\$1,900
Cell phone and desk phone expenses for staff. Will support daily activities at the health care centers and call clients and other staff. (~\$11.3095/month x 12 months x 14 staff members = \$1900)		
<i>Trainings</i>		\$12,000
Training for RUHS Staff who provide care to persons living with or at risk of acquiring HIV at a clinical setting. Training promotes and maintains strong education and experience to apply knowledge with RWA patients. Examples of Trainings include but not limited to the Virtual ACT HIV Conference. Average training fee of ~\$1500 x 8 trainings= \$12000		
<i>Support Group</i>		\$2,000
Support Group to promote outreach to increase engagement in and linkage to HIV/STI essential care, support, and treatment services to Riverside County Clinics. Includes food and giftcard incentives for support groups. (food and drinks for 10-15 individuals per month at ~\$285.714 x 7 months= \$2000)		
Total Other		\$78,490
Total Direct Costs		
	\$	621,575
Overall Budget	\$	621,575

County of Riverside Public Health
Ryan White Part EHE
3/1/2026 - 2/28/2027
Master Line Item Budget

	Salary	FTE	Program Subtotal	Direct Services	CQM	Administrative	Total
Personnel							
Calderon, C. -PCL	\$221,900	0.28	\$62,900	\$62,900	\$0	\$0	\$62,900
Latiff/Gilbert, -NP II	\$214,115	0.23	\$48,478	\$48,478	\$0	\$0	\$48,478
Dorothy, A. -LVN III	\$69,241	0.06	\$4,485	\$4,485	\$0	\$0	\$4,485
Johnston, Z. - SOA	\$57,920	0.50	\$28,870	\$23,400	\$5,470	\$0	\$28,870
Arrona, I-CDS III	\$85,622	0.16	\$13,665	\$13,665	\$0	\$0	\$13,665
Olmos, J. -CDS II	\$54,284	0.17	\$9,345	\$9,345	\$0	\$0	\$9,345
Ramos, G. -CDS II	\$68,358	0.16	\$11,155	\$11,155	\$0	\$0	\$11,155
Del Villar, D./ Malixi, E. -LVN III	\$85,052	0.35	\$30,100	\$30,100	\$0	\$0	\$30,100
Medina, O./ Barajas, V. -LVN III	\$85,052	0.23	\$19,189	\$19,189	\$0	\$0	\$19,189
Rosales, S./ Alatorre, R. -SSP	\$86,169	0.28	\$24,170	\$24,170	\$0	\$0	\$24,170
Dees, Porchia - HEA II	\$58,104	0.24	\$13,714	\$0	\$13,714	\$0	\$13,714
Personnel Subtotal	\$1,085,817	2.664	\$ 266,071	\$246,887	\$19,184	\$0.00	\$266,071
Fringe							
OAHS Fringe	60%		\$83,557	\$83,557	\$0	\$0	\$83,557
EIS Fringe	65%		\$22,207	\$22,207	\$0	\$0	\$22,207
Non-Med Fringe	65%		\$20,272	\$20,272	\$0	\$0	\$20,272
Med-Case Fringe	65%		\$27,475	\$27,475	\$0	\$0	\$27,475
CQM Fringe	56%		\$10,743	\$0	\$10,743	\$0	\$10,743
Fringe Subtotal			\$164,254	\$153,511	\$10,743	\$0	\$164,254
Total Personnel			\$ 430,325	\$400,398	\$29,927	\$0	\$430,325
Travel							
Local Travel			\$2,028	\$1,348	\$30	\$650	\$2,028
Out of State Travel			\$2,360	\$1,360	\$0	\$1,000	\$2,360
Total Travel			\$4,388	\$2,708	\$30	\$1,650	\$4,388
Other							
Admin Support, Insurance, Payroll			\$39,425	\$0	\$0	\$39,425	\$39,425
RC Information Tech			\$3,199	\$2,797	\$252	\$150	\$3,199
Clinic Licensure			\$100	\$0	\$100	\$0	\$100
Laboratory Services			\$5,150	\$5,000	\$0	\$150	\$5,150
Medical/Pharmacy Supplies			\$19,699	\$19,549	\$0	\$150	\$19,699
Office Supplies			\$4,948	\$3,998	\$50	\$900	\$4,948
Rent/Utilities/Maintenance			\$4,350	\$3,600	\$0	\$750	\$4,350
Communications			\$2,663	\$1,763	\$0	\$900	\$2,663
Training			\$2,150	\$1,950	\$50	\$150	\$2,150
CAB			\$555	\$555	\$0	\$0	\$555
Total Other			\$82,239	\$39,212	\$452	\$42,575	\$82,239
Total Direct Costs				\$442,318			\$442,318
Total Administrative Costs						\$44,225	\$44,225
Total CQM Costs					\$30,409		\$30,409
Overall Budget				\$442,318	\$30,409	\$44,225	\$516,952
Percentages				85.56%	5.88%	8.55%	

RWA Award:	Budget	Amendment #1	Amendment #2	Total:
Medical Care	\$ 112,067	\$ 60,267	\$ 110,706	\$ 283,040.00
Medical Case Management	\$ 40,947	\$ 15,000	\$ 24,000	\$ 79,947.00
EIS - Part A	\$ 32,327	\$ 10,000	\$ 22,000	\$ 64,327.00
Case Management - Non Medical	\$ 30,172	\$ 11,057	\$ 18,000	\$ 59,229.00
Total:	\$ 215,513.00	\$ 96,324.00	\$ 174,706.00	\$ 486,543.00

\$ -

RWA CQM Award	Budget	Amendment #1	Amendment #2	Total:
CQM	\$ 13,470.00	\$ 6,020.00	\$ 10,919	\$ 30,409.00
Total:	\$ 13,470.00	\$ 6,020.00	\$ 10,919.00	\$ 30,409.00

\$ -

Combined Award: \$ 516,952.00

Difference: \$ -

County of Riverside Public Health
 Ryan White Part EHE
 3/1/2026 - 2/28/2027
 Outpatient/Ambulatory Health Services

	Total Salary	Ryan White FTE	Ryan White \$	Direct Services	Administrative	Total
Personnel						
Calderon, C.-PCL	\$221,900	0.28	\$62,900	\$62,900	\$0	\$62,900
Latif/Gilbert, -NP II	\$214,115	0.23	\$48,478	\$48,478	\$0	\$48,478
Dorothy, A. -LVN III	\$69,241	0.06	\$4,485	\$4,485	\$0	\$4,485
Johnston, Z. - SOA	\$57,920	0.40	\$23,400	\$23,400	\$0	\$23,400
Personnel Subtotal	\$563,176	0.98	\$139,263	\$139,263	\$0	\$139,263
Fringe						
Fringe Subtotal	60%		\$83,557	\$83,557	\$0	\$83,557
Total Personnel			\$222,820	\$222,820	\$0	\$222,820
Travel						
Local Travel			\$1,087	\$837	\$250	\$1,087
Out of State Travel			\$1,700	\$1,200	\$500	\$1,700
Total Travel			\$2,787	\$2,037	\$750	\$2,787
Other						
Admin Support, Insurance, Payroll			\$23,680	\$0	\$23,680	\$23,680
RC Information Tech			\$1,150	\$1,000	\$150	\$1,150
Laboratory Services			\$5,150	\$5,000	\$150	\$5,150
Medical/Pharmacy Supplies			\$19,699	\$19,549	\$150	\$19,699
Office Supplies			\$2,179	\$1,929	\$250	\$2,179
Rent/Utilities/Maintenance			\$1,970	\$1,720	\$250	\$1,970
Communications			\$1,400	\$1,200	\$200	\$1,400
Training			\$1,650	\$1,500	\$150	\$1,650
CAB			\$555	\$555	\$0	\$555
Total Other			\$57,433	\$32,453	\$24,980	\$57,433
Total Direct Costs			\$283,040	\$257,310		\$257,310
Total Administrative Costs					\$25,730	\$25,730
Overall Budget				\$257,310	\$25,730	\$283,040
Percentages				90.91%	9.09%	

	Original Award	Amendment #1	New Budget
Total Award Amount:	\$172,334	\$110,706	\$283,040
Difference:			\$0

County of Riverside Public Health
 Ryan White Part EHE
 3/1/2026 - 2/28/2027
 Early Intervention Services

	Total Salary	Ryan White FTE	Ryan White \$	Direct Services	Administrative	Total
Personnel						
Arrona, I-CDS III	\$85,622	0.16	\$13,665	\$13,665	\$0	\$13,665
Olmos, J. -CDS II	\$54,284	0.17	\$9,345	\$9,345	\$0	\$9,345
Ramos, G. -CDS II	\$68,358	0.16	\$11,155	\$11,155	\$0	\$11,155
Personnel Subtotal	\$208,264	0.495	\$34,165	\$34,165	\$0	\$34,165
Fringe						
Fringe	65%		\$22,207	\$22,207	\$0	\$22,207
Total Personnel			\$56,372	\$56,372	\$0	\$56,372
Travel						
Local Travel			\$410	\$160	\$250	\$410
Out of State Travel			\$550	\$50	\$500	\$550
Total Travel			\$960	\$210	\$750	\$960
Other						
Admin Support, Insurance, Payroll			\$4,596	\$0	\$4,596	\$4,596
RC Information Tech			\$453	\$453	\$0	\$453
Office Supplies			\$736	\$586	\$150	\$736
Rent/Utilities/Maintenance			\$850	\$600	\$250	\$850
Communications			\$210	\$110	\$100	\$210
Training			\$150	\$150	\$0	\$150
Total Other			\$6,995	\$1,899	\$5,096	\$6,995
Total Direct Costs			\$64,327	\$58,481		\$58,481
Total Administrative Costs					\$5,846	\$5,846
Overall Budget				\$58,481	\$5,846	\$64,327
Percentages				90.91%	9.09%	

	Original	New Funds	New Budget
Total Award Amount:	\$42,327	22000	\$64,327
Indirect			\$0.00

County of Riverside Public Health
 Ryan White Part EHE
 3/1/2026 - 2/28/2027
 Non-Medical Case Management

	Total Salary	Ryan White FTE	Ryan White \$	Direct Services	Administrative	Total
Personnel						
Del Villar, D./ Malixi, E. -LVN III	\$85,052	0.14	\$12,000	\$12,000	\$0	\$12,000
Medina, O./ Barajas, V. -LVN III	\$85,052	0.23	\$19,189	\$19,189	\$0	\$19,189
Personnel Subtotal	\$170,104	0.367	\$31,189	\$31,189	\$0	\$31,189
Fringe						
Fringe	65%		\$20,272	\$20,272	\$0	\$20,272
Total Personnel			\$51,461	\$51,461	\$0	\$51,461
Travel						
Local Travel			\$351	\$201	\$150	\$351
Out of State Travel			\$60	\$60	\$0	\$60
Total Travel			\$411	\$261	\$150	\$411
Other						
Admin Support, Insurance, Payroll			\$4,583	\$0	\$4,583	\$4,583
RC Information Tech			\$694	\$694	\$0	\$694
Office Supplies			\$750	\$500	\$250	\$750
Rent/Utilities/Maintenance			\$600	\$500	\$100	\$600
Communications			\$580	\$280	\$300	\$580
Training			\$150	\$150	\$0	\$150
Total Other			\$7,357	\$2,124	\$5,233	\$7,357
Total Direct Costs			\$59,229	\$53,846		\$53,846
Total Administrative Costs					\$5,383	\$5,383
Overall Budget				\$53,846	\$5,383	\$59,229
Percentages				90.91%	9.09%	

	Original	New Funds	New Budget
Total Award Amount:	\$41,229	\$18,000	\$59,229
Difference:			\$ -

County of Riverside Public Health
 Ryan White Part EHE
 3/1/2026 - 2/28/2027
 Medical Case Management

	Total Salary	Ryan White FTE	Ryan White \$	Direct Services	Administrative	Total
Personnel						
Del Villar, D./ Malixi, E. -LVN III	\$85,052	0.21	\$18,100	\$18,100	\$0	\$18,100
Rosales, S./ Alatorre, R. -SSP	\$86,169	0.28	\$24,170	\$24,170	\$0	\$24,170
Personnel Subtotal	\$171,221	0.493	\$42,270	\$42,270	\$0	\$42,270
Fringe						
Fringe	65%		\$27,475	\$27,475	\$0	\$27,475
Total Personnel			\$69,745	\$69,745	\$0	\$69,745
Travel						
Local Travel			\$150	\$150	\$0	\$150
Out of State Travel			\$50	\$50	\$0	\$50
Total Travel			\$200	\$200	\$0	\$200
Other						
Admin Support, Insurance, Payroll			\$6,566	\$0	\$6,566	\$6,566
RC Information Tech			\$650	\$650	\$0	\$650
Office Supplies			\$1,233	\$983	\$250	\$1,233
Rent/Utilities/Maintenance			\$930	\$780	\$150	\$930
Communications			\$473	\$173	\$300	\$473
Training			\$150	\$150	\$0	\$150
Total Other			\$10,002	\$2,736	\$7,266	\$10,002
Total Direct Costs			\$79,947	\$72,681		\$72,681
Total Administrative Costs					\$7,266	\$7,266
Overall Budget				\$72,681	\$7,266	\$79,947
Percentages				90.91%	9.09%	

	Original	Amendment	New Budget
Total Award Amount:	\$55,947	\$24,000	\$79,947
Difference:			\$ -

County of Riverside Public Health
Ryan White Part EHE
3/1/2026 - 2/28/2027
Master Fringe Benefit Breakdown

Up to 69% Fringe Benefits -Applies to all service categories

Social Security	6.50%
Medicare	1.50%
Flex Credits	21.00%
Vision Services Plan	0.02%
Basic Life	0.13%
Retirement	38.15%
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 69.00%

County of Riverside Public Health
Ryan White Part EHE
3/1/2026 - 2/28/2027
Master Budget Narrative

Personnel		FTE	Budget
Calderon, C. -PCL	Physician Care Leader	0.283	\$62,900
OAHS: Provides medical diagnosis, treatment, and management including the prescription of antiretroviral therapy to patients with HIV disease at three health care centers in Riverside County. Perform diagnostic testing, documentation and tracking of viral loads and CD4 counts. Early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental health needs. Ensures treatment is in accordance with Ryan White Standards of Care and, US Public Health service guidelines and AAHIVM best practices.			
Latif/Gilbert, -NP II	Nurse Practitioners	0.226	\$48,478
OAHS: Provides medical diagnosis, treatment, and management including the prescription of antiretroviral therapy to patients with HIV disease at three health care centers in Riverside County. Perform diagnostic testing, documentation and tracking of viral loads and CD4 counts. Early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental health needs.			
Dorothy, A. -LVN III	Licensed Vocational Nurse III	0.065	\$4,485
OAHS: Provides direct patient care and provides support duties to physicians, and registered nurses at three health care centers.			
Johnston, Z. - SOA	Supervising Office Assistant III	0.498	\$28,870
OAHS & CQM: Supervises and trains clerical staff and provides clerical support duties to physicians, and registered nurses. Assist in the quality improvements activities and quarterly assessments. The data is collected and analyze to be processed for client eligibility documents, contact sheets, and units of services.			
Arrona, I-CDS III	Senior Communicable Disease Specialist	0.160	\$13,665
EIS: Supervises EIS services to unaware and unmet need populations in service areas 1, 2, and 3 in Riverside County. Identify barriers to care. Assist patient with linkage to medical care and wraparound services. Link newly diagnosed HIV+ to medical care in 30 days or less. Assist patients that have fallen out of care facilitating access to care. Oversees QA activities.			
Olmos, J. -CDS II	Communicable Disease Specialist	0.172	\$9,345
EIS: Provide EIS Services to unaware and unmet need populations in service areas 1, 2, and 3 in Riverside County. Identify barriers to care. Assist patient with linkage to medical care and wraparound services. Link newly diagnosed HIV+ to medical care in 30 days or less. Assist patients that have fallen out of care facilitating access to care. Perform targeted HIV testing.			
Ramos, G. -CDS II	Communicable Disease Specialist	0.163	\$11,155
EIS: Provide EIS Services to unaware and unmet need populations in service areas 1, 2, and 3 in Riverside County. Identify barriers to care. Assist patient with linkage to medical care and wraparound services. Link newly diagnosed HIV+ to medical care in 30 days or less. Assist patients that have fallen out of care facilitating access to care. Perform targeted HIV testing.			
Del Villar, D./ Malixi, E. -LVN	Licensed Vocational Nurse III	0.354	\$30,100
N-MCM & MCM: Help patients identify all available health and disability benefits. Educate patients on public and private benefits at three health care centers. Assist patients with accessing community, social, financial, and legal resources.			
Medina, O./ Barajas, V. -LVN	Licensed Vocational Nurse III	0.226	\$19,189
N-MCM: Help patients identify all available health and disability benefits. Educate patients on public and private benefits at three health care centers. Assist patients with accessing community, social, financial, and legal resources.			
Rosales, S./ Alatorre, R. -SSF	Social Services Practitioner	0.280	\$24,170
benefits at three health care centers. Assist patients with accessing community, social, financial, and legal resources.			
Dees, Porchia - HEA II	HEA II	0.236	\$13,714

CQM: Assist in community health/patient education needs and participates in the planning, development, and evaluation of high quality programs and media campaigns.

Personnel Subtotal	2.664	\$266,071
Fringe		
OAHS Fringe	60%	\$83,557
EIS Fringe	65%	\$22,207
Non-Med Fringe	65%	\$20,272
Med-Case Fringe	65%	\$27,475
CQM Fringe	56%	\$10,743
Fringe Subtotal		\$164,254
Total Personnel		\$430,325

Travel

Local Travel

Also includes in-state flight cost, hotel cost, per diem etc. for SBC Approved trainings if applicable.

All Travel requests to be sent to SBC for pre-approval.

Anticipated Costs Breakdown:

Mileage 1682 (Mileage is at \$.7 federal rate; ~2402.8571 miles)

Flight - \$150 (coverage for 1 personnel flying within the state)

Hotel cost – \$125 (\$125/night for 1 personnel staying 1 nights)

Per diem – \$71 (per diem is \$71/day for 1 personnel for 1 days) \$2,028

Out of State Mileage and Travel

Also includes out of-state flight cost, hotel cost, per diem etc. for SBC Approved trainings if applicable.

All Travel requests to be sent to SBC for pre-approval.

Anticipated Costs Breakdown:

Mileage: \$1650.5 (Mileage is at \$.7 federal rate; ~2,357.8571 miles x \$.7= \$1650.5)

Flight - \$91 (coverage for 1 personnel flying in/out of the state)

Hotel cost – \$550 (~\$137.5/night for 1 personnel staying 4 nights)

Per diem – \$17.50 (per diem is \$71/day for one personnel for 1 days but only including 17.5 at this time)

Uber/Lyft/Transportation: \$51 (Roundtrip Transportation Cos(average \$25.5 cost each way between hotel and airport)

\$2,360

Total Travel **\$4,388**

Other

Admin Support, Insurance, Payroll \$39,425

Covers Administration support, insurance costs, and payroll costs to implement the RW A services (~\$219.02777/month x 12 months x 15 staff members= \$39,425)

RCIT Enterprise \$3,199

Covers Information Technology costs for staff computer equipment, landlines, and cellphones. Costs includes security, encryption, safety measures, etc. (~\$17.77777/month x 12 months x 15 staff members=\$3200)

Clinic Licensure \$100

Clinic License renewals for Clinics to maintain high clinical quality management (ex. CLIA) ; 1 license x ~\$100= \$100

Laboratory Services \$5,150

Medical testing and assessment for HIV/AIDS clinical care under OAHS. (Ex. Quest Diagnostics) ~64 clients x ~\$80.46875 per testing services = \$5,150

Medical/Pharmacy Supplies \$19,699

Medical and Pharmaceutical supplies/equipment to support daily activities at three health care centers and provide pharmaceutical assistance to HIV patients receiving OAHS. This also includes lab supplies such as syringes, blood tubes, plastic gloves, equipment maintenance, etc. 64clients x ~\$307.79688 for medical/pharmaceutical services = \$19,699

Office Supplies

\$4,948

Office supplies/equipment to support RWA Staff to implement daily service activities at three health care centers. This includes paper, pens, ink, and other computer equipment such as laptops and monitors etc. ~ \$329.866 annually x 15 staff members = \$4948

Rent/Utilities/Maintenance

\$4,350

Office/cubicle Space for clinic and support staff to provide RWA services. Includes utility(water, electricity) and maintenance costs such as security, janitorial services, and landscaping. \$8.7/sq foot x 500 sq feet = \$4,350

Communications

\$2,663

Cell phone and desk phone expenses for staff. Will support daily activities at the health care centers and call clients and other staff. (~\$14.79444/month x 12 months x 15 staff members = \$2663)

Trainings

\$2,150

Training for RUHS Staff who provide care to persons living with or at risk of acquiring HIV at a clinical setting. Training promotes and maintains strong education and experience to apply knowledge with RWA patients. Examples of Trainings include but not limited to the Virtual ACT HIV Conference. Average training fee of ~\$358.3333 x 6 trainings= \$2,150

CAB

\$555

gather feedback on service delivery, and promote patient empowerment. Sessions will offer a space for clients to share experiences navigating care, learn about available outpatient resources, and provide outpatient improvements. These sessions will function to ensure services remain patient centered and responsive to evolving needs. Attendees are current and recently enrolled EHE Outpatient clients. And the goal is to enhance patient retention, promote peer support, collect client feedback, and increase awareness of services. Includes food and gift card incentives for patient sessions. (food and drinks for 10-15 individuals per month at ~\$92.5 x 6 months= \$555)

Total Other

\$82,239

Total Direct Costs	\$	442,318
Total Administrative Costs	\$	44,225
Total CQM Costs	\$	30,409
Overall Budget	\$	516,952