

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY

**Contract Number**

17-79 A-4

**SAP Number**

4400010325

## Department of Public Health

<b>Department Contract Representative</b>	Lisa Ordaz, Contracts Analyst
<b>Telephone Number</b>	(909) 388-0222
<b>Contractor</b>	AIDS Healthcare Foundation
<b>Contractor Representative</b>	Rania Haddad
<b>Telephone Number</b>	(323) 860-5200
<b>Contract Term</b>	03/01/2017 – 02/28/2021
<b>Original Contract Amount</b>	\$1,405,170
<b>Amendment Amount</b>	\$5,114
<b>Total Contract Amount</b>	\$1,410,284
<b>Cost Center</b>	9300371000

**IT IS HEREBY AGREED AS FOLLOWS:****AMENDMENT NO. 4**

It is hereby agreed to amend Contract No. 17-79, effective August 25, 2020, as follows:

**V. FISCAL PROVISIONS****Amend Section V, Paragraph A, to read as follows:**

- A. The maximum amount of payment under this Contract shall not exceed \$1,410,284, of which \$1,410,284 may be federally funded, and shall be subject to availability of funds to the County. If the funding source notifies the County that such funding is terminated or reduced, the County shall determine whether this Contract will be terminated or the County's maximum obligation reduced. The County will notify the Contractor in writing of its determination. Additionally, the contract amount is subject to change based upon reevaluation of funding priorities by the IEHPC. Contractor will be notified in writing of any change in funding amounts. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the performance hereof, including travel and per diem. It includes the original contract amount and all subsequent amendments and is broken down as follows:

Original Contract	\$1,140,000	March 1, 2017 through February 29, 2020
Amendment No. 1	\$56,270 (decrease)	March 1, 2017 through February 28, 2018

Amendment No. 1	\$7,230 (increase) March 1, 2018 through February 28, 2019
Amendment No. 1	\$7,230 (increase) March 1, 2019 through February 29, 2020
Amendment No. 2	(\$82,881) (decrease) March 1, 2018 through February 29, 2020
Amendment No. 3	\$2,420 (increase) March 1, 2019 through February 29, 2020
Amendment No. 3	\$387,441 (increase) March 1, 2020 through February 28, 2021
Amendment No. 4	\$5,114 (increase) March 1, 2020 through February 28, 2021

It is further broken down by Program Year as follows:

Program Year	Dollar Amount
March 1, 2017 through February 28, 2018	\$323,730
March 1, 2018 through February 28, 2019	\$306,558
March 1, 2019 through February 29, 2020	\$387,441
March 1, 2020 through February 28, 2021	\$392,555*
Total	\$1,410,284

\*This reflects an increase of \$5,114.

## SECTION XI. CONCLUSION

**Paragraph C is hereby replaced as follows:**

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

**Paragraph D is added to read as follows:**

- D. IN WITNESS WHEREOF, the Board of Supervisors of the County of San Bernardino has caused this Contract to be subscribed to by the Clerk thereof, and Contractor has caused this Contract to be subscribed in its behalf by its duly authorized officers, the day, month, and year written.

## ATTACHMENTS

ATTACHMENT A – Add SCOPE OF WORK – Part A for 2020-21

ATTACHMENT H2 – Add RYAN WHITE PROGRAM BUDGET AND ALLOCATION PLAN for 2020-21

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

COUNTY OF SAN BERNARDINO

▶ *Curt Hagman*  
Curt Hagman, Chairman, Board of Supervisors

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

By *Lynna Moneil*  
Lynna Moneil  
Clerk of the Board of Supervisors  
of the County of San Bernardino  
Deputy



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

By *Michael Weinstein*  
(Authorized signature - sign in blue ink)

Name Michael Weinstein  
(Print or type name of person signing contract)

Title President  
(Print or Type)

Dated: 8/14/2020

Address 6255 W. Sunset Blvd., 21st Floor  
Los Angeles, CA 90028

FOR COUNTY USE ONLY

Approved as to Legal Form  
by *Adam Ebright*  
Adam Ebright, Deputy County Counsel  
Date August 17, 2020

Reviewed for Contract Compliance  
by *Jennifer Mulhall-Daudel*  
Jennifer Mulhall-Daudel, HS Contracts  
Date August 17, 2020

Reviewed/Approved by Department  
by *Corwin Porter*  
Corwin Porter, Director  
Date August 17, 2020

**SCOPE OF WORK – PART A**

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

<b>Contract Number:</b>	17-79
<b>Contractor:</b>	AIDS Healthcare Foundation
<b>Grant &amp; Period:</b>	Part A Contract March 1, 2020 – February 28, 2021
<b>Service Category:</b>	Medical Case Management
<b>Service Goal:</b>	To maintain or improve the health status of persons living with HIV/AIDS in the TGA
<b>Service Health Outcomes:</b>	Improved or maintained CD4 cell count; improved or maintained CD4 cell count, as a % of total lymphocyte cell count; Improved or maintained viral load

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

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

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

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:		SERVICE AREA	TIMELINE	PROCESS OUTCOMES
<p><b>Element #1: Needs Assessment and Individualized Service Plan</b></p> <p><b>Activities #1-1:</b> A Medical Case Manager meets with client for initial assessment, which is comprised of a comprehensive checklist of psychosocial and healthcare needs.</p> <p><b>Activity #2-1:</b> The Medical Case Manager works with client to create a coordinated, Individualized Service Plan (ISP).</p> <ul style="list-style-type: none"> <li>• Meets with clients during the year to discuss goals and benchmarks achieved in care plan, and make any necessary revisions or additions.</li> <li>• Check-in calls to the patient will be provided in between client visits.</li> <li>• The plan will be discussed and updated as needed, at least every 6 months.</li> </ul>	1, 4	03/01/20-02/28/21	<p>Initial Assessment will be documented in ARIES and the client's medical record</p> <p>ISP will be documented in ARIES and the client's medical record</p> <p>The MCM will document quarterly visits and check in calls within the Care Plan.</p>	
<p><b>Element #2: Adherence Monitoring and Support</b></p> <p><b>Activities #2-1:</b> Adherence case management and counseling</p> <ul style="list-style-type: none"> <li>• Provide adherence tools and education to increase patient literacy about HIV and the importance of ART adherence which will be delivered in both written and verbal forms.</li> <li>• Assess specific barriers to adherence and develop motivation and skills needed to overcome barriers.</li> <li>• Develop effective strategies to overcome obstacles to adherence.</li> </ul> <p><b>Activity #2-2:</b> Ongoing collaboration with a clients' other treatment providers, such as community-based case managers and substance abuse counselors to further promote and coordinate adherence and support.</p>	1, 4	03/01/20-02/28/21	<p>Patient retention reports will document maintenance of clients seen every three months by AHF medical staff and phone calls made to clients.</p> <p>Medical records will document the referrals that clients receive including a nutritionist, specialty health providers, mental health services, food security, etc., and follow-up calls made to referral sources.</p>	

<p><b>Element #3: Referral and Follow-up Services</b></p> <p><b>Activities: #3-1:</b> Work with linking agencies to ensure ongoing referrals and promote AHF services. Participate in TGA planning activities and community-based health efforts.</p> <p><b>Activities #3-2:</b> Follow-up on Provider referrals for mental health, specialty providers, and needed psychosocial services such as financial assistance, housing, food, etc.</p> <ul style="list-style-type: none"> <li>● Provide ongoing advocacy services on behalf of clients</li> </ul>	<p>03/01/20-02/28/21</p>	<p>1, 4</p>	<p>Formal linkage agreements on file and renewed as required</p> <p>Medical records will document the referrals that clients receive</p> <p>Referral Coordinator will track referrals and follow up on referrals provided to clients.</p>
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**SCOPE OF WORK – PART A**  
 USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED GRANT AND SERVICE

<b>Contract Number:</b>	17-79
<b>Contractor:</b>	AIDS Healthcare Foundation
<b>Grant &amp; Period:</b>	Part A Contract March 1, 2020- February 28, 2021
<b>Service Category:</b>	Non-Medical Case Management
<b>Service Goal:</b>	To maintain or improve the health status of persons living with HIV/AIDS in the TGA
<b>Service Health Outcomes:</b>	Improved or maintained CD4 cell count; improved or maintained CD4 cell count, as a % of total lymphocyte cell count; Improved or maintained viral load

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

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

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Group Name and Description	Service Area of Service Delivery	Targeted Population	Open/ Closed	Expected Avg. Attend. per Session	Session Length (hours)	Sessions per Week	Group Duration	Outcome Measures
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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
<p><b>Element #1: Referral and Follow-up Services</b></p> <p><b>Activities #1-1:</b> Work with linking agencies to ensure ongoing referrals and promote AHF services. Participate in TGA planning activities and community-based health efforts.</p> <p><b>Activity #2-1:</b> Follow-up on referrals for needed psychosocial services such as financial assistance, housing, food, etc.</p> <ul style="list-style-type: none"> <li>● Provide ongoing advocacy services on behalf of clients</li> </ul>	1, 4	03/01/20 - 02/28/21	<p>Formal linkage agreements on file and renewed as required</p> <p>Medical records will document the referrals that clients receive</p> <p>PCM will track referrals and follow up on referrals provided to clients.</p>



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

<b>Contract Number:</b>	17-79
<b>Contractor:</b>	AIDS Healthcare Foundation
<b>Grant &amp; Period:</b>	Part A Contract March 1, 2020 – February 28, 2021
<b>Service Category:</b>	Outpatient/Ambulatory Health Services
<b>Service Goal:</b>	To maintain or improve the health status of persons living with HIV/AIDS in the TGA
<b>Service Health Outcomes:</b>	Improved or maintained CD4 cell count; improved or maintained CD4 cell count, as a % of total lymphocyte cell count; Improved or maintained viral load

	SA1	SA2	SA3	SA4	SA5	SA6	FY 20/21	FY 19/20
	West Riv	Mid Riv	East Riv	San B West	San B East	San B Desert	TOTAL	TOTAL
<b>Number of Clients</b>	30			90			120	120
<b>Number of Visits</b> = Regardless of number of transactions or number of units	120			360			480	480
<b>Number of Units</b> = Transactions or 15 min encounters	480			1440			1920	1920

Group Name and Description	Service Area of Service Delivery		Targeted Population	Open/Closed	Expected Avg. Attend. per Session	Session Length (hours)	Sessions per Week	Group Duration	Outcome Measures
	Service Area	Delivery							
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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
<p><b>Element #1: Outpatient Medical Visits</b></p> <p><b>Activities #1-1:</b> Increase current patient census for regular monitoring and treatment for HIV infection according to guidelines for treatment for established and new clients</p> <ul style="list-style-type: none"> <li>• Clinic staff schedule clients every three months minimum. The Primary Care Provider (PCP) conducts regular viral load &amp; CD4 counts; monitors for opportunistic infections, side effects &amp; other medical conditions, diagnoses and treatment of common physical and mental conditions; and continuing care and management of chronic conditions.</li> <li>• Provides specialty referrals as needed</li> <li>• Provider prescribes and manages medication therapy and provides education and counseling on health issues.</li> <li>• New and established clients: Conduct physical examination, take medical history, develop treatment plan, provide risk assessment and early intervention, diagnose and treat medical conditions, diagnostic testing, and education and counseling.</li> <li>• AHF clinic staff schedules patients and follow-up on no-shows.</li> <li>• AHF clinic staff provides all medical services in a culturally and linguistically competent manner.</li> </ul> <p><b>Activities #1-2:</b> Enroll new clients at a rate of 4.2 per month for a total of 50 new clients by the end of the contract period.</p> <p><b>Activities #1-3:</b> Average patient visits to a minimum of 75 clients per month.</p>	1 & 4	03/01/20-02/28/21	<p>Documentation of timely appointments and medical care will be documented in ARIES</p> <p>QI activities and ARIES reports will document maintenance or improvement of clients CD4 counts &amp; viral loads, prophylactic treatment, etc. according to NIH, AAHIVM, EDPHS, and HRSA standards.</p> <p>ARIES, Weekly QI indicators and Patient Retention reports will document maintenance of clients seen every 3 months.</p> <p>Formal linkage agreements on file and renewed as required.</p> <p>Referrals from linking agencies will indicate new client intake (and whether they are Newly Diagnosed or Aware/Not in Care).</p> <p>Documentation of new clients in ARIES</p> <p>Documentation of client visits in ARIES</p>
<p><b>Element #2: Specialty medical referrals</b></p> <p><b>Activities #2-1:</b> Dietary consults – AHF will continue to subcontract with Nutrition Ink for HIV specialty dietary consults.</p> <ul style="list-style-type: none"> <li>• HIV knowledgeable dieticians will provide individualized nutrition education and counseling sessions to clients referred by the Provider</li> </ul>	1 & 4	03/01/20-02/28/21	<p>Patient records (ARIES) reflect PCP's specialty referrals; invoices will reflect subcontractor time in clinic; referral and dietary notes will be documented in medical record.</p>

<p><b>Activities #2-2:</b> Physician provides specialty referrals for mammograms, oncology, diagnostic imaging; etc.</p>			<p>Patient records (ARIES) reflect PCP's specialty referrals.</p>
<p><b>Element #3: Provider Education</b>  <b>Activities:</b> Implementation Activity 3-1: PCP provides education and information regarding treatment adherence, opportunistic infections, medication side effects, etc.</p>	<p>03/01/20-02/28/21</p>	<p>1 &amp; 4</p>	<p>Patient records and PCP notes will reflect topics discussed during patient visits.</p>

**SCOPE OF WORK – PART A**

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

<b>Contract Number:</b>	17-79
<b>Contractor:</b>	AIDS Healthcare Foundation
<b>Grant &amp; Period:</b>	Part A Contract March 1, 2020 – February 28, 2021
<b>Service Category:</b>	Medical Transportation
<b>Service Goal:</b>	To maintain or improve the health status of persons living with HIV/AIDS in the TGA
<b>Service Health Outcomes:</b>	Improved or maintained CD4 cell count; improved or maintained CD4 cell count, as a % of total lymphocyte cell count; Improved or maintained viral load

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

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

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

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES																				
<p><b>Element #1:</b> Provide Medical Transportation  <b>Activities:</b> Provide gas cards, bus passes, and Lyft trips to clients</p>	1, 4	03/01/20 - 02/28/21	<table border="1"> <thead> <tr> <th>Transportation</th> <th>Avg # of clients / month</th> <th>Projected Avg cost per round trip</th> <th>Total Monthly</th> <th>Annual Monthly</th> </tr> </thead> <tbody> <tr> <td>Gas Cards</td> <td>7</td> <td>\$40</td> <td>\$280</td> <td>\$3,360</td> </tr> <tr> <td>Bus Passes</td> <td>2</td> <td>\$30</td> <td>\$60</td> <td>\$720</td> </tr> <tr> <td>Lyft</td> <td>2</td> <td>\$20</td> <td>\$40</td> <td>\$480</td> </tr> </tbody> </table> <p>Record number of gas cards, bus passes, and Lyft trips provided to client in EMR and ARIES</p>	Transportation	Avg # of clients / month	Projected Avg cost per round trip	Total Monthly	Annual Monthly	Gas Cards	7	\$40	\$280	\$3,360	Bus Passes	2	\$30	\$60	\$720	Lyft	2	\$20	\$40	\$480
Transportation	Avg # of clients / month	Projected Avg cost per round trip	Total Monthly	Annual Monthly																			
Gas Cards	7	\$40	\$280	\$3,360																			
Bus Passes	2	\$30	\$60	\$720																			
Lyft	2	\$20	\$40	\$480																			
<p><b>Element #2:</b> Documentation of Medical Transportation</p>	1, 4	03/01/20 - 02/28/21	<p>Medical transportation services will be provided through referral by AHF's MCM team. AHF directly provides clients in need of transportation assistance with fare cards, bus tokens, and Lyft services.</p> <p>The MCM will track the number and type of vouchers or referrals provided to each client, as well as the purpose of the voucher or referral (e.g. transportation to/from what type of medical or service appointment), in each client's file or the EMR. This information will also be tracked in a separate Excel spreadsheet, which will consolidate the information and ensure efficiency and ease of reporting.</p>																				

**RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN**  
**Fiscal Year March 1, 2020 – February 28, 2021**

**AGENCY NAME: AIDS Healthcare Foundation SERVICE Medical Transportation Services**

	A	B	C
Budget Category	Non-RW Cost (Other Payers) <sup>2</sup>	RW Cost	Total Cost <sup>1</sup>
<i>Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)</i>			
<b>Medical Transportation Services</b> - To enhance client's access to health care or support services using multiple forms of transportation throughout the TGA.		4,560	
Enter item name and description			
Enter item name and description			
<b>TOTAL OTHER</b>		<b>\$4,560</b>	
<b>SUBTOTAL (Total Personnel and Total Other)</b>		<b>\$4,560</b>	
<b>Administration</b> (Limited to 10% of total service budget) (Includes a detailed description of items within such as managerial staff, etc. See next page.)		456	
<b>TOTAL BUDGET (Subtotal &amp; Administration)</b>		<b>\$5,016</b>	

<sup>1</sup> Total Cost = Non-RW Cost (Other Payers) + RW Cost (A+B)

- Total Number of Ryan White Units to be Provided for this Service Category: 512
- Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: 9.80  
(This is your agency's RW cost for care per unit)

<sup>2</sup>List Other Payers Associated with funding in Column A:

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**RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN**  
**Fiscal Year March 1, 2020 – February 28, 2021**

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

	A	B	C
Budget Category	Non-RW Cost (Other Payers) <sup>2</sup>	RW Cost	Total Cost <sup>1</sup>
<b><i>Personnel</i></b>			
<p><b>Classification:</b> (E. Washington, 15% FTE) Program Manager (79,560 annual salary / 12 X 15% FTE X 12 months)  <b>Position Description:</b> To oversee the Medical Case Management staff and operations and to ensure compliance with scope of work and required quality and programmatic requirements are met. (Upland and Riverside HCC)</p>		11,934	
<p><b>Classification:</b> (By max June 2020) (MCM, TBD, 35% FTE) (\$56,160 annual salary / 12 X 35% FTE X 9 months)  <b>Position Description:</b> The MCM works with the Medical Care Management Team to provide support through identification and cataloging community resources, supporting the psychosocial needs of members and participation in interdisciplinary team meetings. Ensures comprehensive and thorough assessment of patient’s psychosocial needs, particularly as they relate to mental health and substance abuse use issues. The MCM will also assist patients as needed through the delivery of interventions focused on substance use, mental health, risk reduction and disclosure/partner notification. Performs assessments, develops care plans, monitors and conducts follow-ups in addition to interventions. (Upland HCC)</p>		14,742	

<b>Classification:</b> By max June 2020 (MCM, TBD, 10% FTE) (\$56,160 annual salary / 12 X 10% FTE X 9 months)		4,212	
<b>Position Description:</b> The MCM works with the Medical Care Management Team to provide support through identification and cataloging community resources, supporting the psychosocial needs of members and participation in interdisciplinary team meetings. Ensures comprehensive and thorough assessment of patient's psychosocial needs, particularly as they relate to mental health and substance abuse use issues. The MCM will also assist patients as needed through the delivery of interventions focused on substance use, mental health, risk reduction and disclosure/partner notification. Performs assessments, develops care plans, monitors and conducts follow-ups in addition to interventions. (Riverside HCC)			
<b>Fringe Benefits</b> 23.69% of Total Personnel Costs		7,317	
<b>TOTAL PERSONNEL</b>		<b>\$38,205</b>	
<b>Other</b> (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)			
<b>Telephone</b> - Cell phones used by MCM in the provision of Medical Case Management Services, this includes: contacting clients, coordinating services among providers as needed, and conferencing with Clinical Administrator for guidance on acute clients (\$40 X 35% X 12 months = \$168) + (\$40 X 10% X 12 months = \$48)		216	
<b>TOTAL OTHER</b>		<b>\$216</b>	
<b>SUBTOTAL (Total Personnel and Total Other)</b>		<b>\$38,421</b>	
<b>Administration</b> 10% Indirect Cost		3,843	
<b>TOTAL BUDGET (Subtotal &amp; Administration)</b>		<b>\$42,264</b>	

<sup>1</sup> Total Cost = Non-RW Cost (Other Payers) + RW Cost (A+B)

- Total Number of Ryan White Units to be Provided for this Service Category: 1020
- Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: 41.44  
(This is your agency's RW cost for care per unit)



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

**RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN**  
**Fiscal Year March 1, 2020 – February 28, 2021**

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

	A	B	C
Budget Category	Non-RW Cost (Other Payers) <sup>2</sup>	RW Cost	Total Cost <sup>1</sup>
<b><i>Personnel</i></b>			
<p><b>Classification:</b> (P. Salas, 25% FTE) Medical Director (\$152,755 annual salary / 12 X 25% FTE X 12 months)</p> <p><b>Position Description:</b> The HCC Medical Director's responsibilities include seeing patients, reviewing laboratory results, prescribing client appropriate medication, and reviewing patient charts. In addition, the Medical Director coordinates the front office, nurses, case manager, and the HCC leadership team to optimize client care. Lastly, the Medical Director participates in AHF-wide Medical Staff meetings and in weekly, CME-accredited HIV rounds. (Upland HCC)</p>		38,189	
<p><b>Classification:</b> (P. Salas, 10% FTE) Medical Director (\$152,755 annual salary / 12 X 10% FTE X 12 months)</p> <p><b>Position Description:</b> The HCC Medical Director's responsibilities include seeing patients, reviewing laboratory results, prescribing client appropriate medication, and reviewing patient charts. In addition, the Medical Director coordinates the front office, nurses, case manager, and the HCC leadership team to optimize client care. Lastly, the Medical Director participates in AHF-wide Medical Staff meetings and in weekly, CME-accredited HIV rounds. (Riverside HCC)</p>		15,276	
<p><b>Classification:</b> (M. Johnson, 25% FTE) Nurse Manager (\$101,817 annual salary / 12 X 25% FTE X 12 months)</p> <p><b>Position Description:</b> The Nurse Manager provides and directs patient care. The Nurse Manager's responsibilities include: supervising nurse staff, assessing patients, providing patient education especially around adherence counseling, and overseeing/controlling medical supplies. (Upland HCC)</p>		25,454	

<p><b>Classification:</b> (M. Johnson, 10% FTE) Nurse Manager (\$101,817 annual salary / 12 X 10% FTE X 12 months)</p> <p><b>Position Description:</b> The Nurse Manager provides and directs patient care. The Nurse Manager's responsibilities include: supervising nurse staff, assessing patients, providing patient education especially around adherence counseling, and overseeing/controlling medical supplies. (Riverside HCC)</p>		10,182	
<p><b>Classification:</b> (G. Cuevas, 25% FTE) Medical Assistant (\$44,304 annual salary / 12 X 25% FTE X 12 months)</p> <p><b>Position Description:</b> The Medical Assistant position assists medical and nursing staff. The Medical Assistant's responsibilities include: documenting patient information during visits, collecting patient samples, performing phlebotomy when needed, and reviewing follow-up needs with patients. (Upland HCC)</p>		11,076	
<p><b>Classification:</b> ( G. Cuevas , 10% FTE) Medical Assistant (\$44,304 annual salary / 12 X 10% FTE X 12 months)</p> <p><b>Position Description:</b> The Medical Assistant position assists medical and nursing staff. The Medical Assistant's responsibilities include: documenting patient information during visits, collecting patient samples, performing phlebotomy when needed, and reviewing follow-up needs with patients. (Riverside HCC)</p>		4,430	
<p><b>Classification:</b> (C. Cisneros, 25% FTE) Benefits Counselor (\$45,322 annual salary / 12 X 25% FTE X 12 months)</p> <p><b>Position Description</b> This position is responsible for client intake interviews, financial and benefits screening and eligibility verification, document preparation and updates, and maintenance of financial/eligibility data in medical record. (Upland HCC)</p>		11,331	

<b>Classification:</b> (C. Cisneros, 10% FTE) Benefits Counselor (\$45,322 annual salary / 12 X 10% FTE X 12 months)		4,532	
<b>Position Description</b> This position is responsible for client intake interviews, financial and benefits screening and eligibility verification, document preparation and updates, and maintenance of financial/eligibility data in medical record. (Riverside HCC)			
<b>Fringe Benefits</b> 23.69% of Total Personnel Costs		28,539	
<b>TOTAL PERSONNEL</b>		<b>\$149,009</b>	
<b>Other</b> (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)			
<b>Travel - Training/Conferences/Educational Seminars:</b> Costs associated with professional development required by contract to increase staff knowledge about and expertise to deliver services to low-income people living with HIV. (Cost includes \$477 for airfare, \$236/night for 4 nights and \$96 per diem/day for 5 days = \$1,901)		1,901	
<b>Labs</b> - AHF is requesting funds to provide laboratory services to clients. Services will be continued to be provided by Lab Corp.		26,639	
<b>TOTAL OTHER</b>		<b>\$28,540</b>	
<b>SUBTOTAL (Total Personnel and Total Other)</b>		<b>\$177,549</b>	
<b>Administration</b> 10% Indirect Cost		17,754	
<b>TOTAL BUDGET (Subtotal &amp; Administration)</b>		<b>\$195,303</b>	

<sup>1</sup> Total Cost = Non-RW Cost (Other Payers) + RW Cost (A+B)

- Total Number of Ryan White Units to be Provided for this Service Category: 1920
- Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: \$101.72  
(This is your agency's RW cost for care per unit)

<sup>2</sup>List Other Payers Associated with funding in Column A: AHF General Funds

<p><sup>2</sup>List Other Payers Associated with funding in Column A: AHF General Funds</p>
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**RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN**  
**Fiscal Year March 1, 2020 – February 28, 2021**

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

	A	B	C
Budget Category	Non-RW Cost (Other Payers) <sup>2</sup>	RW Cost	Total Cost <sup>1</sup>
<b><i>Personnel</i></b>			
<p><b><u>Classification:</u></b> (E. Washington 35% FTE) Program Manager (\$79,560 annual salary / 12 X 35% FTE X 12 months)  <b><u>Position Description:</u></b> To oversee the Medical Case Management staff and operations and to ensure compliance with scope of work and required quality and programmatic requirements are met. Erica will also provide MCM services until a permanent hire is made (Upland and Riverside HCC)</p>		27,846	
<p><b><u>Classification:</u></b> (By max June 2020) (MCM, TBD 40% FTE) (\$64,000 annual salary / 12 X 40% FTE X 9 months)  <b><u>Position Description:</u></b> To provide nurse care management services to all eligible clients who require care management services. MCM is responsible for assessing, determining acuity levels, developing a plan of care based upon needs identified in the initial health risk assessment, the medical provider medical plan of care and the patient's health goals. MCM is also responsible for educating the patient concerning HIV disease and any other co-morbid conditions in addition to adherence to the medical plan of care and medication regimens. One full-time MCM will provide ongoing education and support to patients who are receiving care management services through telephonic, electronic, face-to-face interventions in the clinic, patient home or venue mutually agreed upon by the patient and the nurse, attend case conferences, required meetings, and community events as assigned. (Upland HCC)</p>		19,200	

<p><b>Classification:</b> (By max June 2020) (MCM, TBD 10% FTE) (\$64,000 annual salary / 12 X 10% FTE X 9 months)</p> <p><b>Position Description:</b> To provide nurse care management services to all eligible clients who require care management services. MCM is responsible for assessing, determining acuity levels, developing a plan of care based upon needs identified in the initial health risk assessment, the medical provider medical plan of care and the patient's health goals. MCM is also responsible for educating the patient concerning HIV disease and any other co-morbid conditions in addition to adherence to the medical plan of care and medication regimens. One full-time MCM will provide ongoing education and support to patients who are receiving care management services through telephonic, electronic, face-to-face interventions in the clinic, patient home or venue mutually agreed upon by the patient and the nurse, attend case conferences, required meetings, and community events as assigned. (Riverside HCC)</p>		<p>4,800</p>	
<p><b>Classification:</b> (MCM/Referral Coordinator, C. Martinez) (\$51,872 annual salary / 12 X 50% FTE X 12 months).</p> <p><b>Position Description:</b> To coordinate medical specialty referral process, ensures accuracy and completeness of referral forms; maintains medical specialty referral log and monitors referral status; maintains referral log information in EMR; assists patients with referral appointment scheduling, confirming appointments and placing reminder calls to patients; serves as liaison to specialty providers, transmitting patient information, lab results, test data and physician notes; obtains test results, data and notes from specialty provider. (Upland HCC)</p>		<p>25,936</p>	

<b>Classification:</b> (MCM/Referral Coordinator, C. Martinez) (\$51,872 annual salary / 12 X 10% FTE X 12 months).		<b>5,187</b>	
<b>Position Description:</b> To coordinate medical specialty referral process, ensures accuracy and completeness of referral forms; maintains medical specialty referral log and monitors referral status; maintains referral log information in EMR; assists patients with referral appointment scheduling, confirming appointments and placing reminder calls to patients; serves as liaison to specialty providers, transmitting patient information, lab results, test data and physician notes; obtains test results, data and notes from specialty provider. (Riverside HCC)			
<b>Fringe Benefits</b> 23.69% of Total Personnel Costs		<b>19,655</b>	
<b>TOTAL PERSONNEL</b>		<b>\$102,624</b>	
<b>Other</b> (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)			
<b>Telephone</b> - Cell phones used by Medical Case Manager in the provision of Medical Case Management Services, this includes: contacting clients, coordinating services among providers as needed, and conferencing with Clinical Administrator for guidance on acute clients (\$40 X 40% X 12= \$192) + (\$40 X 10% X 12= \$48)		<b>240</b>	
<b>Rent</b> - Total rent is \$5,129.25/month or \$61,551 Annually and Ryan MCM program utilizes 25% of the space. Rent is calculated @ 25% of \$5,129.25/month for 12 months (Upland HCC)		<b>15,388</b>	
<b>Rent</b> - Total rent is \$7,932.50/month or \$95,190 annually and Ryan MCM program utilizes 19% of the space. Rent is calculated @ 19% of \$7,932.50/month for 12 months (Riverside HCC)		<b>18,086</b>	
<b>TOTAL OTHER</b>		<b>\$33,714</b>	
<b>SUBTOTAL (Total Personnel and Total Other)</b>		<b>\$136,338</b>	
<b>Administration</b> 10% Indirect Cost		<b>13,634</b>	
<b>TOTAL BUDGET (Subtotal &amp; Administration)</b>		<b>\$149,972</b>	

<sup>1</sup> Total Cost = Non-RW Cost (Other Payers) + RW Cost (A+B)

- Total Number of Ryan White Units to be Provided for this Service Category: 1020

- Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: 147.03  
(This is your agency's RW cost for care per unit)

**<sup>2</sup>List Other Payers Associated with funding in Column A:**

AHF General funds and Non-MCM Budget



