SCOPE OF WORK – RYAN WHITE PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	20-1180
Contractor:	County of Riverside Department of Public Health, HIV/STD Branch
Grant Period:	March 1, 2025 - February 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	750	200	150	0	0	0		**1,100**
Proposed Number of Visits = Regardless of number of transactions or number of units	900	400	300	0	0	0		**1,600**
Proposed Number of Units = Transactions or 15 min encounters *(See Attachment P)*	1,250	750	500	0	0	0		**2,500**

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:** • Case Manager will work with patients to conduct an initial intake assessment within 3 days from referral.	1, 2, & 3	03/01/25-02/28/26	• Patient Assessments • Care Plans • Case Management Tracking Log • Case Conferencing Documentation • Referral Logs • Progress Notes • Cultural Competency Plan • HIV Care Connect (HCC) Reports

Element #2: Initial and on-going of acuity level **Activities:** • Case Manager 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. • Case Manager will discuss budgeting with patients to maintain access to necessary services and Case Manager will screen for domestic violence, mental health, substance abuse, and advocacy needs.	1, 2, & 3	03/01/25- 02/28/26	
Element #3: Development of a comprehensive, individual care plan. **Activities:** • Case Manager will refer and link patients to medical, mental health, substance abuse, psychosocial services, and other services as needed and Case Manager will provide referrals to address gaps in their support network. • Case Manager 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. • Case Manager will assist patients to apply for medical, Covered California, ADAP and/or OA CARE HIPP etc. • Case Manager will coordinate and facilitate benefit training for patients to become educated on covered California open enrollment, Medi-Cal IEHP, OA- CARE HIPP etc.	1, 2, & 3	03/01/25- 02/28/26	
Element #4: Case Manager will provide education and counseling to assist the HIV patients with transitioning if insurance or eligibility changes. **Activities:** • Case Manager will assist patients with obtaining financial resources needed for daily living such as bus pass vouchers, gas cards, and other emergency financial assistance.	1, 2, & 3	03/01/25- 02/28/26	

Contract Number:	20-1180
Contractor:	County of Riverside Department of Public Health, HIV/STD
Grant Period:	March 1, 2025 - February 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	150	75	75	0	0	0	**300**
Proposed Number of Visits = Regardless of number of transactions or number of units	300	200	200	0	0	0	**700**
Proposed Number of Units = Transactions or 15 min encounters	1000	500	500	0	0	0	**2,000**

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:** • 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, & 3	03/01/25-02/28/26	• 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 Case Managers will provide Medical Case Management Services to patients that meet TGA MCM service category criteria: **Activities:** • 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, & 3	03/01/25-02/28/26	• Cultural Competency Plan • HCC Reports
Element #3: Medical Case Managers 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, & 3	03/01/25-02/28/26	
Element #4: Medical Case Managers will conduct initial and ongoing assessment of patient acuity level and service needs. **Activities:** • If patients are determined to not need intensive case management services, they will be referred to and linked with case management (non-medical) services.	1, 2, & 3	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:** • The plan will include the following elements: problem/presenting issue(s), service needs(s), goals, action plan, responsibility, and timeframes.	1, 2, & 3	03/01/25-02/28/26	

Contract Number:	20-1180
Contractor:	County of Riverside Department of Public Health, HIV/STD Branch
Grant Period:	March 1, 2025 - February 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	300	100	200	0	0	0	**600**
Proposed Number of Visits = Regardless of number of transactions or number of units	550	200	350	0	0	0	**1,100**
Proposed Number of Units = Transactions or 15 min encounters	1,800	800	400	0	0	0	**3,000**

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:** • 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, & 3	03/01/25-02/28/26	• 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
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:** • 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, & 3	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:** • Completing 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 • Perform TB skin test and chest x-ray	1, 2, & 3	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:** • Conducting a physical examination • Reviewing lab test results • Assessing the need for medication therapy • Development of a Treatment Plan.	1, 2, & 3	03/01/25-02/28/26	

Contract Number:	20-1180
Contractor:	County of Riverside Department of Public Health, HIV/STD Branch
Grant Period:	March 1, 2025 - February 28, 2026
Service Category:	**MEDICAL NUTRITION THERAPY**
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	75	50	75	0	0	0	**200**
Proposed Number of Visits = Regardless of number of transactions or number of units	250	125	250	0	0	0	**625**
Proposed Number of Units = Transactions or 15 min encounters *(See Attachment P)*	300	200	250	0	0	0	**750**

Element #1: Medical Nutrition Therapist will develop a Nutrition Screening Tool to identify patients who need Medical Nutrition Therapy Assessments. Risk factors could include but are not limited to weight loss, wasting, obesity, drug use/abuse, hypertension, cardiovascular disease, liver dysfunction etc. **Activities:** • HIV patients to be screened at every medical appointment by the physician or nursing staff to identify nutrition related problems. Patients will be referred to MNT based on the following criteria: o HIV/AIDS diagnosis o Unintended weight loss or weight gain o Body mass index below 20 o Barriers to adequate intake such as poor appetite, fatigue, substance abuse, food insecurity, and depression	1, 2, & 3	03/01/25-02/28/26	• MNT schedules/logs • MNT encounter logs • Nutrition Screening and MNT assessment • MNT Referrals Progress/treatment notes • HCC Reports • Cultural Competency Plan • Academy of Nutrition and Dietetics Standards • Viral loads

Element #2: HIV patients will be assessed by MNT based on the following criteria: • High risk - to be seen by an RDN within 1 week • Moderate risk - to be seen by an RDN within 1 month • Low risk - to be seen by an RDN at least annually **Activities:** Initial MNT assessment and treatment will include the following: • Gathering of baseline information. Routine quarterly or semi-annually follows-up can be scheduled to continue education and counseling. • Nutrition-focused physical examination; anthropometric data; client history; food /nutrition-related history; biochemical data, medical tests, and procedures. • Identify as early as possible new risk factors or indicators of nutritional compromise. • Discuss plan of treatment with treating physician. Treating physicians will RX food and/or nutritional supplements. • Participate in bi-weekly case conferences to discuss treatment planning and coordination with the medical team	1, 2, & 3	03/01/25-02/28/26	
Element #3: HIV patients who are identified for group education based on MNT assessment and treatment will be referred to MNT group/educational classes **Activities:** • MNT will develop educational curriculum. • HIV patients will attend MNT group/educational class as recommended by MNT and treating physician.	1, 2, & 3	03/01/25-02/28/26	

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

Contract Number:	20-1180
Contractor:	County of Riverside Department of Public Health, HIV/STD Branch
Grant Period:	March 1, 2025 - February 28, 2026
Service Category:	**EARLY INTERVENTION SERVICES (PART A)**
Service Goal:	Quickly link HIV infected individuals to testing services, core medical services, and support services necessary to support treatment adherence and maintain in medical care. Decreasing the time between acquisition of HIV and entry into care will facilitate access to medications, decrease transition rates, and improve health outcomes.
Service Health Outcomes:	Improved or maintained CD4 cell count Improved or maintained CD4 cell count, as a % of total lymphocyte cell count Improved retention in care (at least 1 medical visit in each 6-month period) Improved viral suppression rate Targeted HIV Testing-Maintain 1:1% positivity rate or higher

	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	100	50	60	0	0	0		210
Proposed Number of Visits = Regardless of number of transactions or number of units	225	100	120	0	0	0		445
Proposed Number of Units = Transactions or 15 min encounters *(See Attachment P)*	300	175	200	0	0	0		675

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: Identify/locate HIV+ unaware and HIV + that have fallen out of care **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. 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. EIS staff will work with treatment team staff to identify PLWHA that have fallen out-of-care and unmet need population to provide the necessary support to bring back into care and maintain into treatment and care. 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.	1, 2, & 3	03/01/25- 02/28/26	▪ 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

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, & 3	03/01/25- 02/28/26	
Element #3 Relinking HIV patients that have fallen out of care. Perform follow-up activities to ensure linkage to care. **Activities:** Link patients who have fallen out of care within 30 days or less. Coordinate with HIV care and treatment. Assist HIV patients with enrollment or transition activities to other health insurance payer sources (i.e., ADAP, MISP, Medi- call, Insurance Marketplace, OA-Care HIPP, etc.) 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. Link high-risk HIV positive EIS populations to support services (i.e., mental health, medical case management, house, etc.) to maintain in HIV care and treatment. Participate in bi-weekly clinic care team case conferencing to ensure linkage and coordinate care for patient.	1, 2, & 3	03/01/25- 02/28/26	

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: **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.	1, 2, & 3	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 well as other HIV care and treatment facilities throughout Riverside County. **Activities:** EIS staff will meet with DOPH Prevention on a weekly basis to exchange information on newly diagnosed patients ensuring that the person is referred to EIS and linked to HIV care and treatment within 30 days or less. Senior Communicable Disease Specialist (CDS) will review all data elements to ensure linkage and retention of patient.	1, 2, & 3	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 to serve. EIS staff will work with the DOPH-Surveillance unit to target areas in need of services.	1, 2, & 3	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.). **Activities:** 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, & 3	03/01/25- 02/28/26
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. **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. Training to be obtained through the AIDS Education and Training Center on a semi-annual basis. Training elements will be incorporated into policies/plans for the department.	1, 2, & 3	03/01/25- 02/28/26

Element #9: EIS Staff will utilize standardized, required documentation to record encounters and progress. **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. 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".	1, 2, & 3	03/01/25- 02/28/26	

SCOPE OF WORK – MAI USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY	
Contract Number:	20-1180
Contractor:	County of Riverside Department of Public Health, HIV/STD Branch
Grant Period:	March 1, 2025 - February 28, 2026
Service Category:	**MAI EARLY INTERVENTION SERVICES**
Service Goal:	Quickly link HIV infected individuals from communities of color (African American and Latinos) to testing services, core medical services, and support services necessary to support treatment adherence and maintain in medical care. Decreasing the time between acquisition of HIV and entry into care will facilitate access to medications, decrease transition rates, and improve health outcomes.
Service Health Outcomes:	Improved or maintained CD4 cell count Improved or maintained CD4 cell count, as a % of total lymphocyte cell count Improved retention in care (at least 1 medical visit in each 6-month period) Improved viral suppression rate Targeted HIV Testing-Maintain 1.1% positivity rate or higher

BLACK / AFRICAN AMERICAN	**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**
Number of Clients	100	55	20	0	0	0		**175**
Number of Visits = Regardless of number of transactions or number of units	125	65	35	0	0	0		**225**
Proposed Number of Units = Transactions or 15 min encounters *(See Attachment P)*	175	122	78	0	0	0		**375**

HISPANIC / LATINO	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
Number of Clients	100	55	20	0	0	0		**175**
Number of Visits= Regardless of number of transactions or number of units	125	65	35	0	0	0		**225**
Proposed Number of Units = Transactions or 15 min encounters *(See Attachment P)*	175	122	78	0	0	0		**375**

TOTAL MAI (sum of two tables above)	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert		FY 25/26 TOTAL
Number of Clients	200	110	40	0	0	0		**350**
Number of Visits = Regardless of number of transactions or number of units	250	130	70	0	0	0		**450**
Proposed Number of Units = Transactions or 15 min encounters *(See Attachment P)*	350	244	156	0	0	0		**750**

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: Connect/reconnect HIV infected individuals into care utilizing the "Bridge" program as the model. Activities: -MAI EIS staff will work with grass-roots community-based and faith-based agencies, local churches, and other non-traditional venues to reach targeted communities of color (African American and Latino 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. -MAI 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. -MAI EIS staff will work with treatment team staff to identify PLWHA that have fallen out-of-care and unmet need population to provide the necessary support to bring back into care and maintain into treatment and care.	1, 2, & 3	03/01/25-02/28/26	▪ MAI/EIS schedules and logs ▪ MAI/EIS Encounter Logs ▪ Linkage to Care Documentation Logs ▪ Assessment and Enrollment Forms ▪ Reporting Forms ▪ Case Conferencing Documentation ▪ Referral Logs ▪ Progress Notes ▪ Cultural Competency Plan ▪ HCC Reports
Element #2: Conduct in depth, one-on-one encounters that are planned and delivered in coordination with local HIV prevention outreach program to avoid duplicate efforts. Activities: -EIS MAI 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, & 3	03/01/25-02/28/26	

Element #3: Re-linking HIV patients that have fallen out of care. Perform follow-up activities to ensure linkage to care. Activities: -Link patient who have fallen out of care within 30 days or less. Coordinate with HIV care and treatment. --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.) -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. -Link high-risk HIV positive MAI populations to support services (i.e., mental health, medical case management, house, etc.) to maintain in HIV care and treatment. -Participate in bi-weekly clinic care team case conferencing to ensure linkage and coordinate care for patient.	1, 2, & 3	03/01/25-02/28/26
Element #4: MAI EIS staff will utilize evidence-based strategies and activities to reach African American and Hispanic/Latino HIV community. These include but are not limited to: Activities: -Developing and using outreach materials (i.e., flyers, brochures, website), focus groups, and surveys that are culturally and linguistically appropriate for African American and Hispanic/Latino communities. -Researching and utilizing the *Bridge* model asking HIV + individuals and high-risk HIV negative individuals to recruit their social contacts for HIV testing and linkage to care services.	1, 2, & 3	03/01/25-02/28/26
Element #5: MAI 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 well as other HIV care and treatment facilities throughout Riverside County. Activities: MAI EIS staff will meet with DOPH Prevention on a weekly basis to exchange information on newly diagnosed ensuring that the person is referred to EIS MAI and in linked to HIV care and treatment within 30 days or less -Senior Communicable Disease Specialist (CDS) will review all data elements to ensure linkage and retention of patient.	1, 2, & 3	03/01/25-02/28/26

Element #6: MAI 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: -MAI EIS staff will coordinate with prevention and outreach programs within the TGA to strategically plan service areas to serve. -MAI EIS staff will work with the DOPH-Surveillance unit to target areas in need of services.	1, 2, & 3	03/01/25-02/28/26	
Element #7: MAI 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.). Activities: -MAI 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, & 3	03/01/25-02/28/26	

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

	Salary	FTE	Program Subtotal	Direct Services	CQM	Administrative	Total
Personnel							
Zane, R. -MD	$10,750	0.13	$ 1,395.00	$ 1,395.00	$0	$0	$1,395
Calderon, C.-PCL	$221,900	0.23	$ 50,900.00	$ 50,900.00	$0	$0	$50,900
Latif/Gilbert, -NP	$214,115	0.12	$ 25,700.00	$ 25,700.00	$0	$0	$25,700
Pineda, V/ Brown, B. -OA III	$41,000	0.16	$ 6,500.00	$ 6,500.00	$0	$0	$6,500
Hunt, A. -HSA	$52,191	0.17	$ 9,100.00	$ 9,100.00	$0	$0	$9,100
Osaki, K. -HSA	$44,600	0.33	$ 14,700.00	$ 14,700.00	$0	$0	$14,700
Ramirez, G. -HSA	$54,278	0.13	$ 6,900.00	$ 6,900.00	$0	$0	$6,900
Rojas, S. /Dorothy, A. -LVN	$92,728	0.35	$ 32,276.00	$ 14,800.00	$17,476	$0	$32,276
Arrona, I-CDS III	$85,622	0.45	$ 38,600.00	$ 38,600.00	$0	$0	$38,600
Olmos, J. -CDS II	$54,284	0.75	$ 40,460.00	$ 40,460.00	$0	$0	$40,460
Ramos, G. -CDS II	$68,358	0.61	$ 41,600.00	$ 41,600.00	$0	$0	$41,600
Rosales, S. -SSP	$76,887	0.30	$ 22,800.00	$ 22,800.00	$0	$0	$22,800
Alatorre, R. -SSP	$86,169	0.28	$ 23,850.00	$ 23,850.00	$0	$0	$23,850
Jimenez, B. -SSP	$96,345	0.45	$ 43,650.00	$ 43,650.00	$0	$0	$43,650
Barajas, V. -LVN	$83,496	0.12	$ 9,670.00	$ 9,670.00	$0	$0	$9,670
Malixi, Eric. -LVN	$81,017	0.25	$ 20,458.00	$ 20,458.00	$0	$0	$20,458
Del Villar, D. -LVN	$85,052	0.30	$ 25,100.00	$ 25,100.00	$0	$0	$25,100
Medina, O. -LVN	$85,052	0.11	$ 9,600.00	$ 9,600.00	$0	$0	$9,600
Rodriguez, K. -Nutrition	$70,606	0.17	$ 12,200.00	$ 12,200.00	$0	$0	$12,200
Whaples, N. -PD	$114,262	0.06	$ 7,100.00	$ 7,100.00	$0	$0	$7,100
Mansell, S. -Nutrition	$7,256	0.81	$ 5,900.00	$ 5,900.00	$0	$0	$5,900
McCarthy, M. -Nutrition	$87,422	0.07	$ 6,006.00	$ 6,006.00	$0	$0	$6,006
Vacant -Nutrition	$81,000	0.06	$ 5,000.00	$ 5,000.00	$0	$0	$5,000
Dees, Porchia - HEA II	$58,104	0.06	$ 3,440.00	$ -	$3,440	$0	$3,440
Personnel Subtotal	*$1,952,494*	*6.462*	*$ 462,905*	*$ 441,989*	*$20,916*	*$0.00*	*$462,905*
Fringe							
OAHS Fringe	50%		$64,997	$64,997	$0	$0	$64,997
MAI/EIS Fringe	69%		$33,037	$33,037	$0	$0	$33,037
EIS Fringe	69%		$50,218	$50,218	$0	$0	$50,218
Non-Med Fringe	69%		$50,142	$50,142	$0	$0	$50,142
Med-Case Fringe	69%		$56,896	$56,896	$0	$0	$56,896
Nutrition Fringe	69%		$24,982	$24,982	$0	$0	$24,982
CQM Fringe	56%		$11,712	$0	$11,712	$0	$11,712
Fringe Subtotal			***$291,984***	***$280,272***	***$11,712***	***$0***	***$291,984***
Total Personnel			**$ 754,889**	**$722,261**	**$32,628**	**$0**	**$754,889**
Travel							
Local Travel			$4,623	$3,793	$30	$800	$4,623
Out of State Travel			$1,550	$550	$0	$1,000	$1,550
Total Travel			**$6,173**	**$4,343**	**$30**	**$1,800**	**$6,173**
Other							
Admin Support, Insurance, Payroll			$67,403	$0	$0	$67,403	$67,403
RC Information Tech			$8,328	$7,838	$190	$300	$8,328
Clinic Licensure			$120	$0	$120	$0	$120
Laboratory Services			$6,896	$6,746	$0	$150	$6,896
Medical/Pharmacy Supplies			$30,504	$30,354	$0	$150	$30,504
Office Supplies			$4,824	$3,699	$75	$1,050	$4,824
Rent/Utilities/Maintenance			$11,758	$5,624	$0	$6,134	$11,758
Communications			$4,074	$2,684	$0	$1,390	$4,074
Training			$1,957	$1,757	$50	$150	$1,957
Total Other			**$135,864**	**$58,702**	**$435**	**$76,727**	**$135,864**
Total Direct Costs				$785,306			$785,306
Total Administrative Costs						$78,527	$78,527
Total CQM Costs					$33,093		$33,093
Overall Budget				**$785,306**	**$33,093**	**$78,527**	**$896,926**
Percentages				87.56%	3.69%	8.76%	

RWA Award:	**Budget**	**Add. Funds**	**Total:**
Medical Care	$ 235,163	$ 26,061	$ 261,224.00
Medical Case Management	$ 159,663	$ (2,407)	$ 157,256.00
EIS - Part A	$ 121,790	$ 22,796	$ 144,586.00
Medical Nutrition Therapy	$ 37,873	$ 32,069	$ 69,942.00
Case Management - Non Medical	$ 134,476	$ 3,972	$ 138,448.00
MAI - EIS	$ 85,147	$ 7,230	$ 92,377.00
Total:	**$ 774,112.00**	**$ 89,721.00**	**$ 863,833.00**

RWA CQM Award	**Budget**	**Add. Funds**	**Total:**
CQM	$ 29,230.00	$ 3,863.00	$ 33,093.00
Total:	**$ 29,230.00**		**$ 33,093.00**
	Original	New	**New**
Combined Award:	$ 803,342.00		**$ 896,926.00**
			$ -

ATTACHMENT J

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

	Total Salary	Ryan White FTE	Ryan White $	Direct Services	Administrative	Total
Personnel						
Rosales, S. -SSP	$76,887	0.161	$12,400	$12,400	$0	$12,400
Alatorre, R. -SSP	$86,169	0.135	$11,600	$11,600	$0	$11,600
Jimenez, B. -SSP	$96,345	0.181	$17,400	$17,400	$0	$17,400
Barajas, V. -LVN	$83,496	0.116	$9,670	$9,670	$0	$9,670
Malixi, Eric. -LVN	$81,017	0.069	$5,600	$5,600	$0	$5,600
Del Villar, D. -LVN	$85,052	0.075	$6,400	$6,400	$0	$6,400
Medina, O. -LVN	$85,052	0.113	$9,600	$9,600	$0	$9,600
Personnel Subtotal	**$594,018**	**0.84955**	**$72,670**	**$72,670**	**$0**	**$72,670**
Fringe						
Fringe	69%		$50,142	$50,142	$0	$50,142
Total Personnel			**$122,812**	**$122,812**	**$0**	**$122,812**
Travel						
Local Travel			$383	$233	$150	$383
Out of State Travel			$50	$50	$0	$50
Total Travel			**$433**	**$283**	**$150**	**$433**
Other						
Admin Support, Insurance, Payroll			$10,752	$0	$10,752	$10,752
RC Information Tech			$700	$700	$0	$700
Office Supplies			$850	$600	$250	$850
Rent/Utilities/Maintenance			$2,221	$1,087	$1,134	$2,221
Communications			$530	$230	$300	$530
Training			$150	$150	$0	$150
Total Other			**$15,203**	**$2,767**	**$12,436**	**$15,203**
Total Direct Costs			$138,448	$125,862		$125,862
Total Administrative Costs					$12,586	$12,586
Overall Budget				**$125,862**	**$12,586**	**$138,448**
Percentages				90.91%	9.09%	

	Original	Add. Funds	New Budget
Total Award Amount:	$134,476	$3,972	$138,448
Difference:			$ -

ATTACHMENT J

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

	Total Salary	Ryan White FTE	Ryan White $	Direct Services	Administrative	Total
Personnel						
Rosales, S. -SSP	$76,887	0.135	$10,400	$10,400	$0	$10,400
Alatorre, R. -SSP	$86,169	0.142	$12,250	$12,250	$0	$12,250
Jimenez, B. -SSP	$96,345	0.272	$26,250	$26,250	$0	$26,250
Malixi, Eric. -LVN	$81,017	0.183	$14,858	$14,858	$0	$14,858
Del Villar, D. -LVN	$85,052	0.220	$18,700	$18,700	$0	$18,700
Personnel Subtotal	**$425,470**	**0.953**	**$82,458**	**$82,458**	**$0**	**$82,458**
Fringe						
Fringe	69%		$56,896	$56,896	$0	$56,896
Total Personnel			**$139,354**	**$139,354**	**$0**	**$139,354**
Travel						
Local Travel			$300	$300	$0	$300
Out of State Travel			$50	$50	$0	$50
Total Travel			**$350**	**$350**	**$0**	**$350**
Other						
Admin Support, Insurance, Payroll			$11,746	$0	$11,746	$11,746
RC Information Tech			$1,350	$1,350	$0	$1,350
Office Supplies			$650	$400	$250	$650
Rent/Utilities/Maintenance			$3,062	$1,062	$2,000	$3,062
Communications			$594	$294	$300	$594
Training			$150	$150	$0	$150
Total Other			**$17,552**	**$3,256**	**$14,296**	**$17,552**
Total Direct Costs			$157,256	$142,960		$142,960
Total Administrative Costs					$14,296	$14,296
Overall Budget				**$142,960**	**$14,296**	**$157,256**
Percentages				90.91%	9.09%	

	Original	Add. Funds	New Budget
Total Award Amount:	$159,663	-2407	$157,256
Difference:			$0.00

ATTACHMENT J

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

	Total Salary	Ryan White FTE	Ryan White $	Direct Services	Administrative	Total
Personnel						
Zane, R. -MD	$10,750	0.130	$1,395	$1,395	$0	$1,395
Calderon, C.-PCL	$221,900	0.229	$50,900	$50,900	$0	$50,900
Latif/Gilbert, -NP	$214,115	0.120	$25,700	$25,700	$0	$25,700
Pineda, V/ Brown, B. -OA III	$41,000	0.159	$6,500	$6,500	$0	$6,500
Hunt, A. -HSA	$52,191	0.174	$9,100	$9,100	$0	$9,100
Osaki, K. -HSA	$44,600	0.330	$14,700	$14,700	$0	$14,700
Ramirez, G. -HSA	$54,278	0.127	$6,900	$6,900	$0	$6,900
Rojas, S. /Dorothy, A. -LVN	$92,728	0.160	$14,800	$14,800	$0	$14,800
Personnel Subtotal	**$731,562**	**1.428**	**$129,995**	**$129,995**	**$0**	**$129,995**
Fringe						
Fringe Subtotal	50%		$64,997	$64,997	$0	$64,997
Total Personnel			**$194,992**	**$194,992**	**$0**	**$194,992**
Travel						
Local Travel			$1,150	$900	$250	$1,150
Out of State Travel			$800	$300	$500	$800
Total Travel			**$1,950**	**$1,200**	**$750**	**$1,950**
Other						
Admin Support, Insurance, Payroll			$20,947	$0	$20,947	$20,947
RC Information Tech			$1,478	$1,328	$150	$1,478
Laboratory Services			$6,896	$6,746	$150	$6,896
Medical/Pharmacy Supplies			$30,504	$30,354	$150	$30,504
Office Supplies			$850	$600	$250	$850
Rent/Utilities/Maintenance			$2,450	$1,450	$1,000	$2,450
Communications			$600	$400	$200	$600
Training			$557	$407	$150	$557
Total Other			**$64,282**	**$41,285**	**$22,997**	**$64,282**
Total Direct Costs			$261,224	$237,477		$237,477
Total Administrative Costs					$23,747	$23,747
Overall Budget				**$237,477**	**$23,747**	**$261,224**
Percentages				90.91%	9.09%	

	Original Award	Adjustment	New Award
Total Award Amount:	$235,163	$26,061	$261,224
Difference:			$0

ATTACHMENT J

County of Riverside Public Health
Ryan White Part A/MAI
3/1/2025 - 2/28/2026
Nutrition Therapy

	Total Salary	Ryan White FTE	Ryan White $	Direct Services	Administrative	Total
Personnel						
Rodriguez, K. -Nutrition	$70,606	0.173	$12,200	$12,200	$0	$12,200
Whaples, N. -PD	$114,262	0.062	$7,100	$7,100	$0	$7,100
Mansell, S. -Nutrition	$7,256	0.813	$5,900	$5,900	$0	$5,900
McCarthy, M. -Nutrition	$87,422	0.069	$6,006	$6,006	$0	$6,006
Vacant -Nutrition	$81,000	0.062	$5,000	$5,000	$0	$5,000
Personnel Subtotal	**$360,546**	**1.178**	**$36,206**	**$36,206**	**$0**	**$36,206**
Fringe						
Fringe	69%		$24,982	$24,982	$0	$24,982
Total Personnel			**$61,188**	**$61,188**	**$0**	**$61,188**
Travel						
Local Travel			$886	$886	$0	$886
Total Travel			**$886**	**$886**	**$0**	**$886**
Other						
Admin Support, Insurance, Payroll			$6,208	$0	$6,208	$6,208
RCIT Enterprise			$1,060	$910	$150	$1,060
Communications			$600	$600	$0	$600
Total Other			**$7,868**	**$1,510**	**$6,358**	**$7,868**
Total Direct Costs			$69,942	$63,584		$63,584
Total Administrative Costs					$6,358	$6,358
Overall Budget				**$63,584**	**$6,358**	**$69,942**
Percentages				90.91%	9.09%	

	Original	Add. Funds	New Budget
Total Award Amount:	$37,873	32069	$69,942
Difference:			$0.00

County of Riverside Public Health
Ryan White Part A/MAI
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	0.255	$21,800	$21,800	$0	$21,800
Olmos, J. -CDS II	$54,284	0.451	$24,480	$24,480	$0	$24,480
Ramos, G. -CDS II	$68,358	0.388	$26,500	$26,500	$0	$26,500
Personnel Subtotal	**$208,264**	**1.093**	**$72,780**	**$72,780**	**$0**	**$72,780**
Fringe						
Fringe	69%		$50,218	$50,218	$0	$50,218
Total Personnel			**$122,998**	**$122,998**	**$0**	**$122,998**
Travel						
Local Travel			$1,321	$1,071	$250	$1,321
Out of State Travel			$600	$100	$500	$600
Total Travel			**$1,921**	**$1,171**	**$750**	**$1,921**
Other						
Admin Support, Insurance, Payroll			$10,853	$0	$10,853	$10,853
RC Information Tech			$2,400	$2,400	$0	$2,400
Office Supplies			$1,674	$1,524	$150	$1,674
Rent/Utilities/Maintenance			$2,550	$1,550	$1,000	$2,550
Communications			$1,290	$900	$390	$1,290
Training			$900	$900	$0	$900
Total Other			**$19,667**	**$7,274**	**$12,393**	**$19,667**
Total Direct Costs			$144,586	$131,443		$131,443
Total Administrative Costs					$13,143	$13,143
Overall Budget				**$131,443**	**$13,143**	**$144,586**
Percentages				90.91%	9.09%	

	Original	Add. Funds	New Budget
Total Award Amount:	$121,790	$ 22,796.00	$144,586
Indirect			$0.00

ATTACHMENT J

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

	Total Salary	Ryan White FTE	Ryan White $	Direct Services	Administrative	Total
Personnel						
Arrona, I-CDS III	$85,622	0.196	$16,800	$16,800	$0	$16,800
Olmos, J. -CDS II	$54,284	0.294	$15,980	$15,980	$0	$15,980
Ramos, G. -CDS II	$68,358	0.221	$15,100	$15,100	$0	$15,100
Personnel Subtotal	**$208,264**	**0.711**	**$47,880**	**$47,880**	**$0**	**$47,880**
Fringe						
Fringe	69%		$33,037	$33,037	$0	$33,037
Total Personnel			**$80,917**	**$80,917**	**$0**	**$80,917**
Travel						
Local Travel			$553	$403	$150	$553
Out of State Travel			$50	$50	$0	$50
Total Travel			**$603**	**$453**	**$150**	**$603**
Other						
Admin Support, Insurance, Payroll			$6,897	$0	$6,897	$6,897
RC Information Tech			$1,150	$1,150	$0	$1,150
Office Supplies			$725	$575	$150	$725
Rent/Utilities/Maintenance			$1,475	$475	$1,000	$1,475
Communications			$460	$260	$200	$460
Training			$150	$150	$0	$150
Total Other			**$10,857**	**$2,610**	**$8,247**	**$10,857**
Total Direct Costs			$92,377	$83,980		$83,980
Total Administrative Costs					$8,397	$8,397
Overall Budget				**$83,980**	**$8,397**	**$92,377**
Percentages				90.91%	9.09%	

	Original	Add. Funds	New Budget
Total Award Amount:	$85,147	$7,230	$92,377
Difference			$0.00

County of Riverside Public Health
Ryan White Part A/MAI
3/1/2025 - 2/28/2026
Clinical Quality Management

	Total Salary	Ryan White FTE	Ryan White $	CQM	Total
Personnel					
Rojas, S.- LVN	$92,728	0.188	$17,476	$17,476	$17,476
Dees, Porchia - HEA II	$58,104	0.059	$3,440	$3,440	$3,440
Personnel Subtotal	**$150,832**	**0.248**	**$20,916**	**$20,916**	**$20,916**
Fringe					
Fringe	56%		$11,712	$11,712	$11,712
Total Personnel			**$32,628**	**$32,628**	**$32,628**
Travel					
Local Travel			$30	$30	$30
Total Travel			**$30**	**$30**	**$30**
Other					
Clinic Licensure			$120	$120	$120
Office Supplies			$75	$75	$75
RC Information Tech			$190	$190	$190
Training			$50	$50	$50
Total Other			**$435**	**$435**	**$435**
Total Direct Costs				$33,093	$33,093
Overall Budget				**$33,093**	**$33,093**
Percentages				100.00%	

	Original	Add. Funds	New Budget
Total Award Amount:	$29,230	$3,863	$33,093
Difference:			$0.00

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

Personnel		FTE	Budget
Zane, R. -MD	*Physician*	*0.130*	*$1,395*

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.

Calderon, C.-PCL	*Physician Care Leader*	*0.229*	*$50,900*

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	*Nurse Practitioners*	*0.120*	*$25,700*

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.

Pineda, V/ Brown, B. -OA III	*Office Assistant III*	*0.159*	*$6,500*

OAHS: Provides support to providers and nurses at three health care centers.

Hunt, A. -HSA	*Health Services Assistant*	*0.174*	*$9,100*

OAHS: Provides direct patient care and provides support duties to physicians, registered nurses and LVN's at three health care centers.

Osaki, K. -HSA	*Health Services Assistant*	*0.330*	*$14,700*

OAHS: Provides direct patient care and provides support duties to physicians, registered nurses and LVN's at three health care centers.

Ramirez, G. -HSA	*Health Services Assistant*	*0.127*	*$6,900*

OAHS: Provides direct patient care and provides support duties to physicians, registered nurses and LVN's at three health care centers.

Rojas, S. /Dorothy, A. -LVN	*Licensed Vocational Nurse III*	*0.348*	*$32,276*

OAHS:Provides direct patient care and provides support duties to physicians, and registered nurses at three health care centers.
CQM: Establish and maintain Clinic Quality Control of office paperwork, clinic audits, and clinic logs at the health care centers. Reviews and maintains proper clinic workflow processes for quality control and identify gaps.

Arrona, I-CDS III	*Senior Communicable Disease Specialist*	*0.451*	*$38,600*

MAI & 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*	*0.745*	*$40,460*

MAI & EIS: Provide MAI EIS Services to African American and Latino 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*	*0.609*	*$41,600*

MAI & EIS: Provide MAI EIS Services to African American and Latino 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.

Rosales, S. -SSP	*Social Services Practitioner*	*0.297*	*$22,800*

MCM & 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.

Alatorre, R. -SSP	*Social Services Practitioner*	*0.277*	*$23,850*

MCM & 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.

Jimenez, B. -SSP	*Social Services Practitioner*	*0.453*	*$43,650*

MCM & 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.

Barajas, V. -LVN	*Licensed Vocational Nurse III*	*0.116*	*$9,670*

Non-MCM: Provides direct patient care and provides support duties to physicians, and registered nurses at three health care centers.

Malixi, Eric. -LVN	*Licensed Vocational Nurse III*	*0.253*	*$20,458*

MCM: Provides Medical Case Management Services to HIV patients; provide coordination and follow - up of medical treatment. Provide treatment adherence counseling at three health care centers.
Non-MCM: Provides direct patient care and provides support duties to physicians, and registered nurses at three health care centers.

Del Villar, D. -LVN	*Licensed Vocational Nurse III*	*0.295*	*$25,100*

Non-MCM: Provides direct patient care and provides support duties to physicians, and registered nurses at three health care centers.
MCM: Provides Medical Case Management Services to HIV patients; provide coordination and follow - up of medical treatment. Provide treatment adherence counseling at three health care centers.

Medina, O. -LVN	*Licensed Vocational Nurse III*	*0.113*	*$9,600*

Non-MCM: Provides direct patient care and provides support duties to physicians, and registered nurses at three health care centers.

Rodriguez, K. -Nutrition	*Nutritionist*	*0.173*	*$12,200*

Nutrition: Performs nutritional assessments on HIV patients ; Teaches and counsels HIV patients on healthy food choices and food preparation. Determines, through application of various published standards, whether individuals are at nutritional risk. Gives direct nutritional and dietetic consultation to individuals with special nutritional needs in an individual and group session.

Whaples, N. -PD	*Program Director*	*0.062*	*$7,100*

Nutrition: Performs nutritional assessments on HIV patients ; Teaches and counsels HIV patients on healthy food choices and food preparation. Determines, through application of various published standards, whether individuals are at nutritional risk. Gives direct nutritional and dietetic consultation to individuals with special nutritional needs in an individual and group session.

Mansell, S. -Nutrition	*Nutritionist*	*0.813*	*$5,900*

Nutrition: Performs nutritional assessments on HIV patients ; Teaches and counsels HIV patients on healthy food choices and food preparation. Determines, through application of various published standards, whether individuals are at nutritional risk. Gives direct nutritional and dietetic consultation to individuals with special nutritional needs in an individual and group session.

McCarthy, M. -Nutrition	*Nutritionist*	*0.069*	*$6,006*

Nutrition: Performs nutritional assessments on HIV patients ; Teaches and counsels HIV patients on healthy food choices and food preparation. Determines, through application of various published standards, whether individuals are at nutritional risk. Gives direct nutritional and dietetic consultation to individuals with special nutritional needs in an individual and group session.

Vacant -Nutrition	*Nutritionist*	*0.062*	*$5,000*

Nutrition: Performs nutritional assessments on HIV patients ; Teaches and counsels HIV patients on healthy food choices and food preparation. Determines, through application of various published standards, whether individuals are at nutritional risk. Gives direct nutritional and dietetic consultation to individuals with special nutritional needs in an individual and group session.

Dees, Porchia - HEA II	*HEA II*	*0.059*	*$3,440*

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		**6.462**	**$462,905**
Fringe			
OAHS Fringe	50%		$64,997
MAI-EIS Fringe	69%		$33,037
EIS Fringe	69%		$50,218
Non-Med Fringe	69%		$50,142
Med-Case Fringe	69%		$56,896
Nutrition Fringe	69%		$24,982
CQM Fringe	56%		$11,712
Fringe Subtotal			**$291,984**
Total Personnel			$754,889

Travel

Local Travel and Mileage 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: (Mileage is at $.7 federal rate; ~6,110 miles x $.7=$4277) 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)	$4,623
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: (Mileage is at $.7 federal rate; ~1,145 miles x $.7= $801.5) Flight - $100 (coverage for 1 personnel flying in/out of the state) Hotel cost – $580 (~$145/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/Transportion: $51 (Roundtrip Transportation Cost (average $25.5 cost each way between hotel and airport)	$1,550
Total Travel	**$6,173**

Other

Admin Support, Insurance, Payroll $67,403

Covers Administration support, insurance costs, and payroll costs to implement the RW A services (~$244.215/month x 12 months x 23 staff members= $67,403)

RCIT Enterprise $8,328

Covers Information Technology costs for staff computer equipment, landlines, and cellphones. Costs includes security, encryption, safety measures, etc. (~$30.1739/month x 12 months x 23 staff members=$8,328)

Clinic Licensure *$120*

Clinic License renewals for Clinics to maintain high clinical quality management (ex. CLIA) ~$120 cost per license renewal x 1 license = $120

Laboratory Services *$6,896*

Medical testing and assessment for HIV/AIDS clinical care under OAHS. (Ex. Quest Diagnostics) ~71clients x ~$97.12676 per testing services = $6,896

Medical/Pharmacy Supplies *$30,504*

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 lab supplies such as syringes, blood tubes, plastic gloves, equipment maintenance, etc. 71 clients x ~$429.6338 for medical/pharmaceutical services = $30,504

Office Supplies *$4,824*

Office supplies/equipment to support RWA Staff to implement daily service activities at three health care centers. This includes paper, pens, ink, etc. ~ $209.739 annually x 23 staff members = $4824

Rent/Utilities/Maintenance *$11,758*

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. $23.516/sq foot x 500 sq feet =$11,758

Communications *$4,074*

Cell phone and desk phone expenses for staff. Will support daily activities at the health care centers and call clients and other staff. (~$14.761/month x 12 months x 23 staff members = $4074)

Trainings *$1,957*

Training for RUHS Staff who provide care to persons living with or at rish 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 ~$326.166 x 6 trainings= $1957

Total Other **$135,864**

Total Direct Costs	$	785,306
Total Administrative Costs	$	78,527
Total CQM Costs	$	33,093
Overall Budget	$	896,926