

SCOPE OF WORK – Ending the HIV Epidemic: A Plan for America

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

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| Contract Number: | <i>Leave Blank</i> |
| Contractor: | AIDS Healthcare Foundation |
| Grant Period: | March 1, 2022 – February 28, 2023 |
| Service Category: | EIS |
| Service Goal: | To maintain or improve the health status of persons living with HIV/AIDS in the TGA |
| Service Health Outcomes: | Improved or maintained CD4 cell count; improved or maintained CD4 cell count, as a % of total lymphocyte cell count; Improved or maintained viral load |

| | SA1 West Riv | SA2 Mid Riv | SA3 East Riv | SA4 San B West | SA5 San B East | SA6 San B Desert | | FY 22/23 TOTAL |
|--|-----------------|----------------|-----------------|----------------------|----------------------|------------------------|--|-------------------|
| Proposed Number of Clients | 100 | | | | | | | 100 |
| Proposed Number of Visits = Regardless of number of transactions or number of units | 200 | | | | | | | 200 |
| Proposed Number of Units = Transactions or 15 min encounters (See Attachment P) | 1,600 | | | | | | | 1,600 |

| Group Name and Description (must be HIV+ related) | Service Area of Service Delivery | Targeted Population | Open/ Closed | Expected Avg. Attend. per Session | Session Length (hours) | Sessions per Week | Group Duration | Outcome Measures |
|---|---|------------------------|-----------------|---|------------------------------|----------------------|-------------------|------------------|
| • N/A | | | | | | | | |
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| PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES: | SERVICE AREA | TIMELINE | PROCESS OUTCOMES |
|---|-----------------|-----------------------|--|
| Element #1: Linkage to Care Activities: Implementation Activity #1-1: Establish and maintain relationships with case managers, HIV testing agencies, community based organizations, etc. Make contacts/calls on a routine basis to build | 1 | 03/01/22- 02/28/23 | Documentation of outreach will be recorded in ARIES Documentation of new clients in ARIES Documentation of timely appointments and medical care will |

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| relationships with potential referral sources. Implementation Activity #1-2: Deliver all aspects of linkage services including referral, provisional eligibility determination, assessment, and evaluation of consumer needs/service. Work with AHF Retention Specialists, Benefits Counselors, Office Administrators, and Nurse Case Managers to ensure clients are directly linked to care and remain in care. | | | be documented in ARIES ATTACHMENT A1 |
| Element #2: Retention and Reengagement in Care Activities: Implementation Activity #2-1: Review and generate “104-Days Report” for providers. As part of outreach, send retention letter per providers request to encourage clients to schedule a returning follow-up appointment; schedule new client appointments for potential AHF healthcare center clients; provide potential clients with information on the organization; and do reminder calls for new clients one day prior to appointment. Implementation Activity #2-2: Deliver all aspects of retention services including referral, provisional eligibility determination, assessment, and evaluation of consumer needs/service. Work with AHF Linkage Specialists, Benefits Counselors, Office Administrators, and Nurse Case Managers to ensure clients are reengaged to care and remain in care. | 1 | 03/01/22-02/28/23 | Documentation of outreach (telephone/visits to home-neighborhood) will be recorded in ARIES Documentation of timely appointments and medical care will be documented in ARIES Patient retention reports will document maintenance of clients seen every three months by AHF medical staff and phone calls made to clients. |
| Element #3: Referral and Follow-up Services Activities: Implementation Activity #3-1: Work with linking agencies to ensure ongoing referrals and promote AHF services. Participate in TGA planning activities and community-based health efforts. Implementation Activity #3-2: Follow-up on Provider referrals for mental health, specialty providers, and needed psychosocial services such as financial assistance, housing, food, etc. Provide ongoing advocacy services on behalf of clients | 1 | 03/01/22-02/28/23 | Formal linkage agreements on file and renewed as required Medical records will document the referrals that clients receive Referrals and follow up on referrals provided to clients will be documented in ARIES |

ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2022 – February 28, 2023

AGENCY NAME: AIDS Healthcare Foundation

SERVICE EIS

| | A | B | C |
|---|---|--|-------------------------|
| Budget Category | Non- Ending the HIV Epidemic: A Plan for America Cost (Other Payers) ² | Ending the HIV Epidemic: A Plan for America Cost | Total Cost ¹ |
| Personnel | | | |
| <p>Classification: (E. Washington, 15% FTE) Program Manager (\$90,300 annual salary / 12 X 15% FTE X 4 months)</p> <p>Position Description: To oversee the EPI staff and operations and to ensure compliance with scope of work and required quality and programmatic requirements are met. In addition, the PM will also directly engage clients who are at-risk of falling out of care or are lost to care. The incumbent will be responsible for reaching the patients through all available means of communication, including but not limited to phone calls, text messages, emails, physical mail, and community outreach to parks, food pantries, and shelters.</p> | | 4,515 | |
| <p>Classification: (M. Velasquez, 20% FTE) RW Care Program Manager (\$75,920 annual salary / 12 X 20% FTE X 8 months)</p> <p>Position Description: To oversee the EPI staff and operations and to ensure compliance with scope of work and required quality and programmatic requirements are met. In addition, the PM will also directly engage clients who are at-risk of falling out of care or are lost to care. The incumbent will be responsible for reaching the patients through all available means of communication, including but not limited to phone calls, text messages, emails, physical mail, and community outreach to parks, food pantries, and shelters.</p> | | 10,123 | |
| <p>Classification: (D. Martinez, 30%) Retention Specialist (\$68,218 annual salary / 12 X 30% FTE X 6 months)</p> <p>Position Description: The Patient Retention Specialist (PRS) will directly engage clients who are at-risk of falling out of care or are lost to care. The incumbent will be responsible for reaching the patients through</p> | | 10,233 | |

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| all available means of communication, including but not limited to phone calls, text messages, emails, physical mail, and community outreach to parks, food pantries, and shelters. | | | |
| <p>Classification: (TBD, 95%) Retention Specialist (\$49,920 annual salary / 12 X 95% FTE X 6 months)</p> <p>Position Description: The Patient Retention Specialist (PRS) will directly engage clients who are at-risk of falling out of care or are lost to care. The incumbent will be responsible for reaching the patients through all available means of communication, including but not limited to phone calls, text messages, emails, physical mail, and community outreach to parks, food pantries, and shelters.</p> | | 23,712 | |
| <p>Classification: (TBD, 95%) Retention Specialist (\$49,920 annual salary / 12 X 95% FTE X 6 months)</p> <p>Position Description: The Patient Retention Specialist (PRS) will directly engage clients who are at-risk of falling out of care or are lost to care. The incumbent will be responsible for reaching the patients through all available means of communication, including but not limited to phone calls, text messages, emails, physical mail, and community outreach to parks, food pantries, and shelters.</p> | | 23,712 | |
| <p>Classification: (A. Sajedi, 70%) Linkage Care Specialist (\$42,001 annual salary / 12 X 70% FTE X 12 months)</p> <p>Position Description: The Linkage Care Specialist will facilitate rapid linkage to care services for HIV positive clients, and will be on call seven days per week. The Linkage Care Specialist assists with linkage to treatment and provides critical support for those newly diagnosed and PLWHA who have fallen out of care or have been living with the disease but not yet accessed care. The Linkage Care Specialist helps with making appointments for clients to appropriate medical and social services; follows retention strategies including: follow-up calls to clients; offering to meet clients to discuss structural and personal barriers to care; and providing strategies to overcome identified barriers.</p> | | 29,400 | |
| <p>Fringe Benefits 24.99% of Total Personnel Costs</p> | | 25,413 | |

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| TOTAL PERSONNEL | | \$127,108 | |
| Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below) | | | |
| <u>Hygiene Kits:</u> (\$20 / Kit for 100 Clients) For clients that need to improve their personal hygiene habits for the benefit of their health and wellbeing. | | 2,000 | |
| <u>Patients Incentives:</u> (\$20/Food Gift Cards for 100 Clients) Client will receive a \$20 gift card after completion of their second medical appointment. These will be Wal-Mart Gift Cards so that clients are able to meet the need for groceries, or personal staff. | | 2,000 | |
| <u>Emergency Food for Clients:</u> Snacks for hungry clients visiting the office, such as healthy fruit and granola bars, nuts, pudding cups, StarKist tuna, cup of peanut butter, crackers and bottles of water, etc. | | 1,130 | |
| <u>Marketing Expenses:</u> Print Advertising (20,000): Securing monthly full-page placements promoting linkage to care services in smaller pubs in both counties (eg. Adelante Magazine, Rage monthly magazine) Facebook Advertising (20,000) Geotargeting both counties with a split focus on getting back into care if you've left recently and recruiting new clients in the older demo who qualify via linkage | | 40,000 | |
| TOTAL OTHER | | \$45,130 | |
| SUBTOTAL (Total Personnel and Total Other) | | \$172,238 | |
| Administration 10% (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc. See next page.) | | 17,224 | |
| TOTAL BUDGET (Subtotal & Administration) | | \$189,462 | |

¹ Total Cost = Ending the HIV Epidemic: A Plan for America (Other Payers) + Ending the HIV Epidemic: A

Plan for America (A+B)

- **Total Number of Ending the HIV Epidemic: A Plan for America to be Provided for this Service Category:** 1,600

Total Ending the HIV Epidemic: A Plan for America (Column B) Divided by Total Ending the HIV Epidemic: A Plan for America Units to be Provided: \$118.41

(This is your agency's Ending the HIV Epidemic: A Plan for America cost for care per unit)

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

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN

Fiscal Year March 1, 2022 – February 28, 2023

AGENCY NAME: AIDS Healthcare Foundation SERVICE CQM -EHE (Additional)

| | A | B | C |
|--|---|-----------------|-------------------------|
| Budget Category | Non-RW Cost (Other Payers) ² | RW Cost | Total Cost ¹ |
| Personnel | | | |
| Classification: (S. Najuna, 9.43% FTE) Senior Project Manager - Quality Contracts \$90,659 annual salary / 12 X 10.367% FTE X 12 months Position Description: This position is responsible for the design and implementation of programs and projects, tracking and trending the quality indicators, establishing and utilizing benchmarks and thresholds as quality indicators, developing corrective action plans in collaboration with management as needed, development of the annual QI Plan and implementation of internal quality improvement projects. In addition, this position assures the ongoing, quarterly, semiannual and annual QI reporting and evaluations as prescribed in the overall QI plan. | | 9,399 | |
| Fringe Benefits 24.99% of Total Personnel Costs | | 2,348 | |
| TOTAL PERSONNEL | \$0 | \$11,747 | \$0 |
| Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below) | | | |
| TOTAL OTHER | \$ | \$0 | \$ |
| SUBTOTAL (Total Personnel and Total Other) | \$ | \$11,747 | \$ |
| Indirect Cost 10% (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc. See next page.) | | 0 | |
| TOTAL BUDGET (Subtotal & Administration) | \$ | \$11,747 | \$ |

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

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

²List Other Payers Associated with funding in Column A: AHF General Funds and Outpatient/Ambulatory budget.