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



#### **Contract Number**

20-1066 A-1

**SAP Number** 4400015582

### **Department of Public Health**

Department Contract Representative
Telephone Number

Lisa Ordaz, HS Contracts
(909) 388-0222

ContractorBorrego Community Health<br/>FoundationContractor RepresentativeCynthia PreciadoTelephone Number(619) 398-2405 ext. 4811Contract Term10/28/2020 through 02/28/2025Original Contract Amount\$527,935Amendment Amount\$1,366,658Total Contract Amount\$1,894,593

9300371000

#### IT IS HEREBY AGREED AS FOLLOWS:

**Cost Center** 

#### **AMENDMENT NO. 1**

It is hereby agreed to amend Contract No. 20-1066, effective July 27, 2021, as follows:

### SECTION II. CONTRACTOR PROGRAM RESPONSIBILITIES

#### Paragraph A, Item 1, is amended to read as follows:

 Provide services as set forth in the Scope of Work – Ending the HIV Epidemic: A Plan for America (Attachment A) for each Program Year and Ryan White Unit of Service Definitions (Attachment B).

#### **SECTION V. FISCAL PROVISIONS**

### Paragraph A is amended to read as follows:

A. The maximum amount of payment under this Contract shall not exceed \$1,894,593, of which \$1,894,593 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 and 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.

Original Contract	\$527,935	October 28, 2020 through February 28, 2022
Amendment No. 1	\$160,826 increase	March 1, 2021 through February 28, 2022
Amendment No. 1	\$1,205,832	March 1, 2022 through February 28, 2025

It is further broken down by Program Year as follows:

Program Year	Dollar Amount
October 28, 2020 through February 28, 2021	\$286,817
March 1, 2021 through February 28, 2022	\$401,944*
March 1, 2022 through February 28, 2023	\$401,944
March 1, 2023 through February 29, 2024	\$401,944
March 1, 2024 through February 28, 2025	\$401,944
Total	\$1,894,593

<sup>\*</sup>This amount includes an increase of \$160,826.

### Paragraph B is amended to read as follows:

B. Payment to the Contractor shall be contingent upon the submission by the Contractor, and approval by the County, of the required reports and invoices. Expenditures for services submitted by the Contractor for reimbursement must be consistent with the approved Ending the HIV Epidemic: A Plan for America Budget and Allocation Plan (Attachment H), attached hereto and incorporated by this reference for each Program Year.

Invoices shall be issued with corresponding SAP Contract and/or Purchase Order number stated on the invoice, and shall be processed with a net sixty (60) day payment term following approval by County.

### **SECTION VIII. TERM**

Amend Section VIII to read as follows:

This Contract is effective as of October 28, 2020, and is extended from its original expiration date of February 28, 2022, to expire on February 28, 2025, but may be terminated earlier in accordance with provisions of Section IX of the Contract.

#### **ATTACHMENTS**

ATTACHMENT A – Remove and replace SCOPE OF WORK – ENDING THE HIV EPIDEMIC: A Plan for America for Program Year 2021-22

ATTACHMENT A1 – Add SCOPE OF WORK – ENDING THE HIV EPIDEMIC: A Plan for America for Program Year 2022-23

- ATTACHMENT A2 Add SCOPE OF WORK ENDING THE HIV EPIDEMIC: A Plan for America for Program Year 2023-24
- ATTACHMENT A3 Add SCOPE OF WORK ENDING THE HIV EPIDEMIC: A Plan for America for Program Year 2024-25
- ATTACHMENT H Remove and replace PROGRAM BUDGET AND ALLOCATION PLAN for Program Year 2021-22
- ATTACHMENT H1 Add PROGRAM BUDGET AND ALLOCATION PLAN for Program Year 2022-23
- ATTACHMENT H2 Add PROGRAM BUDGET AND ALLOCATION PLAN for Program Year 2023-24
- ATTACHMENT H3 Add PROGRAM BUDGET AND ALLOCATION PLAN for Program Year 2024-25

Revised 5/12/21 Page 3 of 4

All other terms and conditions of Contract No. 20-1066	remains in full force and effect.
SAN BERNARDINO COUNTY	Borrego Community Health Foundation
	(Print or type name of corporation, company, contractor, etc.)

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<b>&gt;</b>	E	Ву 🛌	
Curt Hagman, Chairman, Board of Super	rvisors	-	(Authorized signature - sign in blue ink)
Dated:			gar Bulloch
SIGNED AND CERTIFIED THAT A COP			(Print or type name of person signing contract)
DOCUMENT HAS BEEN DELIVERED T CHAIRMAN OF THE BOARD		itle Interi	m Chief Executive Officer
Lynna Monell Clerk of the Board of San Bernardino Cour			(Print or Type)
Ву		Dated:	
Deputy			DO D
	A	Address	PO Box 2369
2			Borrego Springs, CA 92004
FOR COUNTY USE ONLY			
Approved as to Legal Form	Reviewed for Contract Compliano	e	Reviewed/Approved by Department
<b>&gt;</b>	<b>•</b>		<u> </u>
Adam Ebright, County Counsel	Becky Giroux, HS Contracts		Andrew Goldfrach, Interim Director
Date	Date		Date

Revised 5/12/21 Page 4 of 4

								N/A
Outcome Measures	Group Duration	Sessions per	Session Length	Expected Avg. Attend. per	Open/ Closed	Targeted Population	Service Delivery	Group Name and Description (must be HIV+ related)
	320	880		1920	480	800	s	Proposed Number of Units = Transactions or 15 min encounters
	160	440		960	240	400	s ctions or	Proposed Number of Visits  = Regardless of number of transactions or number of units
	20	55		120	30	50	ıts	Proposed Number of Clients
FY 21/22 TOTAL	SA6 San B	SA5 San B	SA4 San B	SA3 East Riv	SA2 Mid Riv	SA1 West Riv		
on expenses.	30 days. e and medication	to care within are. er medical car	nd returning V medical cantinue to cov	<ol> <li>Provide access to HIV care to those newly diagnosed and returning to care within 30 days.</li> <li>Improve viral suppression percentages for clients in HIV medical care.</li> <li>Enroll HIV (+) clients in health benefit programs to continue to cover medical care and medication expenses.</li> </ol>	e to those ne percentages nealth benefit	ess to HIV car ral suppression (+) clients in l	<ol> <li>Provide acc</li> <li>Improve vi</li> <li>Enroll HIV</li> </ol>	Service Health Outcomes:
tilizing an and nurses.	suppression ut ers, physicians	ed viral load s ogram directo	ach sustaine linators, pro	To treat people with HIV rapidly and effectively to reach sustained viral load suppression utilizing an Interdisciplinary team including navigators, care coordinators, program directors, physicians and nurses	apidly and e ıding naviga	le with HIV rary team inch	To treat peop Interdisciplin	Service Goal:
				es	Care Servic	Treat: Outpatient/Ambulatory Care Services	Treat: Outpation	Service Category:
					, 2022	<ul><li>February 28</li></ul>	March 1, 2021 - February 28, 2022	Grant Period:
					oundation	nunity Health l	Borrego Community Health Foundation	Contractor:
								Contract Number:
3	r America <sup>v</sup>	A Plan for	demic: /	SCOPE OF WORK YR 2— Ending the HIV Epidemic: A Plan for America  Use a separate Scope of Work for each proposed service category	E of Work	K YR 2– I PARATE SCOP	E OF WOR USE A SE	SCOP

Revised July 2021 Page 1 of 5

<b>Element #3: San Jacinto Health Center Activities:</b> Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	Activities: Activities: Clinic location is a migrant service center and will be a referral site to Eastside Health Center for outpatient ambulatory care. Transportation to be provided by Borrego Health transportation services. The provision of initial three visits of outpatient and ambulatory care that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	Element #1: Eastside Health Center  Activities: Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.
SA2	SAI	SERVICE AREA SA1
03/01/21- 02/28/22	03/01/21- 02/28/22	TIMELINE 03/01/21- 02/28/22
1). Treat thirty (30) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures thirty (30) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, thirty (30) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.	1). HIV (+) individuals to be referred to Eastside Health Center (A), for rapid access to care and to effectively to reach sustained viral suppression with antiretroviral medication.  2). Provide a continuum of care that assures HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.	1). Treat fifty (50) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication.  2). Provide a continuum of care that assures to fifty (50) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, fifty (50) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.

Revised July 2021 Page 2 of 5

<b>Element #6: Desert Hot Springs Main Campus Activities:</b> Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	Activities: Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	Activities: Activities: Clinic location is a migrant service center and will be a referral site to San Jacinto Health Center for outpatient ambulatory care. Transportation to be provided by Borrego Health transportation services. The provision of initial three visits of outpatient and ambulatory care that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.
SA3	SA3	SA2
03/01/21-02/28/22	03/01/21-02/28/22	03/01/21-02/28/22
1). Treat thirty-five (35) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication.  2). Provide a continuum of care that assures thirty-five (35) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, thirty-five (35) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.	1). Treat thirty (30) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures thirty (30) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, thirty (30) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.	1). HIV (+) individuals to be referred to San Jacinto Health Center (A), for rapid access to care and to effectively to reach sustained viral suppression with antiretroviral medication.  2). Provide a continuum of care that assures HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.

Revised July 2021 Page 3 of 5

Activities: Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	Activities: Clinic location is a migrant service center and will be a referral site to Centro Medico Cathedral City for outpatient ambulatory care. Transportation to be provided by Borrego Health transportation services. The provision of initial three visits of outpatient and ambulatory care that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	<b>Element #7: Stonewall Medical Center Activities:</b> Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.
SAS	SA3	SA3
03/01/21-02/28/22	03/01/21- 02/28/22	03/01/21- 02/28/22
1). Treat fifty-five (55) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication.  2). Provide a continuum of care that assures fifty-five (55) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, fifty-five (55) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.	1). HIV (+) individuals to be referred to Centro Medico Cathedral City for rapid access to care and to effectively to reach sustained viral suppression with antiretroviral medication.  2). Provide a continuum of care that assures HIV (+) individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.	1). Treat fifty-five (55) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication.  2). Provide a continuum of care that assures fifty-five (55) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, fifty-five (55) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.

Revised July 2021 Page 4 of 5

management and client enrollment in health coverage and drug assistance programs.	confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care	assessment, preventative care and screening, medical examination,	practitioner in outpatient setting. To include early intervention and risk	and therapeutic services by a physician, physician assistant, nurse	three visits of outpatient and ambulatory care, that includes diagnostic	Activities: Using the CDC Steps to Care Model, the provision of initial	Element #10: Barstow Community Health Center
							SA6
						02/28/22	03/01/21-
sources/health benefit programs to continue to cover medical care and medication expenses.	3) Ending the Epidemic is a Payor of last resort, twenty (20) HIV (+) clients to be established into other payor	to reach viral suppression.	needs throughout their illness in a timely, uninterrupted manner	individuals meet their health care and psychosocial service	2). Provide a continuum of care that assures twenty (20) HIV	reach sustained viral suppression with antiretroviral medication.	1). Treat twenty (20) HIV individuals rapidly and effectively to

Revised July 2021 Page 5 of 5

								N/A
Outcome Measures	Group Duration	Sessions	Session Length	Expected Avg. Attend. per	Open/ Closed	Targeted Population	Service Delivery	Group Name and Description (must be HIV+ related)
4400	320	880		1920	480	800	s ers	Proposed Number of Units = Transactions or 15 min encounters
2200	160	440		960	240	400	s ctions or	Proposed Number of Visits  = Regardless of number of transactions or number of units
275	20	55		120	30	50	ıts	Proposed Number of Clients
FY 22/23 TOTAL	SA6 San B	SA5 San B	SA4 San B	SA3 East Riv	SA2 Mid Riv	SA1 West Riv		
n expenses.	ning to care within 30 days. al care. cover medical care and medication expenses.	to care within ire. er medical care	nd returning to medical cantinue to cover	1). Provide access to HIV care to those newly diagnosed and returning to care within 30 days. 2). Improve viral suppression percentages for clients in HIV medical care. 3). Enroll HIV (+) clients in health benefit programs to continue to cover medical care and medical care.	e to those ne percentages lealth benefit	ess to HIV carral suppression (+) clients in h	<ol> <li>Provide acc</li> <li>Improve vi</li> <li>Enroll HIV</li> </ol>	Service Health Outcomes:
lizing an and nurses.	uppression uti	d viral load so	ach sustaine dinators, pro	To treat people with HIV rapidly and effectively to reach sustained viral load suppression utilizing an Interdisciplinary team including navigators, care coordinators, program directors, physicians and nurses	apidly and e iding naviga	le with HIV raary team inch	To treat peop Interdisciplin	Service Goal:
				es	Care Service	Treat: Outpatient/Ambulatory Care Services	Treat: Outpation	Service Category:
					, 2023	- February 28	March 1, 2022 - February 28, 2023	Grant Period:
					oundation	Borrego Community Health Foundation	Borrego Comr	Contractor:
								Contract Number:
		ERVICE CATEGORY	POSED SERVI	USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY	E OF WORK	PARATE SCOP	USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SI	

Activities: Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	Element #2: Arlanza Family Health Center  Activities: Clinic location is a migrant service center and will be a referral site to Eastside Health Center for outpatient ambulatory care. Transportation to be provided by Borrego Health transportation services. The provision of initial three visits of outpatient and ambulatory care that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	Element #1: Eastside Health Center  Activities: Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.
SA2	SA1	SERVICE AREA SA1
03/01/22- 02/28/23	03/01/22- 02/28/23	TIMELINE 03/01/22- 02/28/23
1). Treat thirty (30) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures thirty (30) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, thirty (30) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.	1). HIV (+) individuals to be referred to Eastside Health Center (A), for rapid access to care and to effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.	1). Treat fifty (50) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures to fifty (50) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, fifty (50) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.

to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, fifty-five (55) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.			additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.
1). Treat fifty-five (55) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication.  2). Provide a continuum of care that assures fifty-five (55) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrunted manner	03/01/22- 02/28/23	SA5	Element #9: D Street Medical Center  Activities: Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening medical examination confirmatory and
1). HIV (+) individuals to be referred to Centro Medico Cathedral City for rapid access to care and to effectively to reach sustained viral suppression with antiretroviral medication.  2). Provide a continuum of care that assures HIV (+) individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.	03/01/22-02/28/23	SA3	Activities: Clinic location is a migrant service center and will be a referral site to Centro Medico Cathedral City for outpatient ambulatory care. Transportation to be provided by Borrego Health transportation services. The provision of initial three visits of outpatient and ambulatory care that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.
1). Treat fifty-five (55) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication.  2). Provide a continuum of care that assures fifty-five (55) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, fifty-five (55) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.	03/01/22- 02/28/23	SA3	Activities: Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.

care and medication expenses.			assistance programs.
sources/health benefit programs to continue to cover medical			management and client enrollment in health coverage and drug
HIV (+) clients to be established into other payor			prescription of therapeutic medication, education, continued care
3) Ending the Epidemic is a Payor of last resort, twenty (20)			confirmatory and additional laboratory tests, patient history, initial
to reach viral suppression.			assessment, preventative care and screening, medical examination,
needs throughout their illness in a timely, uninterrupted manner			practitioner in outpatient setting. To include early intervention and risk
individuals meet their health care and psychosocial service			and therapeutic services by a physician, physician assistant, nurse
2). Provide a continuum of care that assures twenty (20) HIV			three visits of outpatient and ambulatory care, that includes diagnostic
reach sustained viral suppression with antiretroviral medication.	02/28/23		Activities: Using the CDC Steps to Care Model, the provision of initial
1). Treat twenty (20) HIV individuals rapidly and effectively to	03/01/22-	SA6	Element #10: Barstow Community Health Center

	USE A SE	PARATE SCOP	E OF WORK	USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY	POSED SERVI	CE CATEGOR	X	
Contract Number:								
Contractor:	Borrego Comn	Borrego Community Health Foundation	oundation					
Grant Period:	March 1, 2023 - February 29, 2024	- February 29	2024					
Service Category:	Treat: Outpation	Treat: Outpatient/Ambulatory Care Services	Care Service	)es				
Service Goal:	To treat peop Interdisciplin	le with HIV ra ary team inclu	apidly and e	To treat people with HIV rapidly and effectively to reach sustained viral load suppression utilizing an Interdisciplinary team including navigators, care coordinators, program directors, physicians and nurses.	ach sustaine dinators, pro	ed viral load s ogram directo	uppression uti	llizing an and nurses.
Service Health Outcomes:	<ol> <li>Provide acc</li> <li>Improve vii</li> <li>Enroll HIV</li> </ol>	ess to HIV car ral suppression (+) clients in h	e to those ne percentages lealth benefi	<ol> <li>Provide access to HIV care to those newly diagnosed and returning to care within 30 days.</li> <li>Improve viral suppression percentages for clients in HIV medical care.</li> <li>Enroll HIV (+) clients in health benefit programs to continue to cover medical care and medication expenses.</li> </ol>	nd returning W medical can ntinue to cov	to care within are. er medical car	30 days. e and medicatio	n expenses.
		<b>SA1</b> West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B	SA5 San B	SA6 San B	FY 23/24 TOTAL
Proposed Number of Clients	nts	50	30	120		55	20	275
Proposed Number of Visits  = Regardless of number of transactions or	s ctions or	400	240	960		440	160	2200
Proposed Number of Units  Transactions or 15 min encounters	s iers	800	480	1920		880	320	4400
Group Name and Description	Service	Targeted		Expected Avg.	Session	Sessions	Group	;

Ac throthe in compression additional the enr	Ac will ann tra and and an To Scritest test edu	Ela Ac the in a ada the enr
Activities: Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	Activities: Activities: Clinic location is a migrant service center and will be a referral site to Eastside Health Center for outpatient ambulatory care. Transportation to be provided by Borrego Health transportation services. The provision of initial three visits of outpatient and ambulatory care that includes diagnostic and therapeutic services by a physician physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	Element #1: Eastside Health Center  Activities: Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.
SA2	SA1	SERVICE AREA SA1
03/01/23-02/29/24	03/01/23-02/29/24	TIMELINE 03/01/23-02/29/24
1). Treat thirty (30) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures thirty (30) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, thirty (30) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.	1). HIV (+) individuals to be referred to Eastside Health Center (A), for rapid access to care and to effectively to reach sustained viral suppression with antiretroviral medication.  2). Provide a continuum of care that assures HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.	1). Treat fifty (50) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures to fifty (50) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, fifty (50) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.

Activities: Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	Activities: Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	Activities: Activities: Clinic location is a migrant service center and will be a referral site to San Jacinto Health Center for outpatient ambulatory care. Transportation to be provided by Borrego Health transportation services. The provision of initial three visits of outpatient and ambulatory care that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.
SA3	SA3	SA2
03/01/23-02/29/24	03/01/23- 02/29/24	03/01/23- 02/29/24
1). Treat thirty-five (35) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication.  2). Provide a continuum of care that assures thirty-five (35) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, thirty-five (35) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.	1). Treat thirty (30) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures thirty (30) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, thirty (30) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.	1). HIV (+) individuals to be referred to San Jacinto Health Center (A), for rapid access to care and to effectively to reach sustained viral suppression with antiretroviral medication.  2). Provide a continuum of care that assures HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.

Activities: Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	Activities: Clinic location is a migrant service center and will be a referral site to Centro Medico Cathedral City for outpatient ambulatory care. Transportation to be provided by Borrego Health transportation services. The provision of initial three visits of outpatient and ambulatory care that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	Activities: Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.
SAS	SA3	SA3
03/01/23-02/29/24	03/01/23- 02/29/24	03/01/23-02/29/24
1). Treat fifty-five (55) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication.  2). Provide a continuum of care that assures fifty-five (55) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, fifty-five (55) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.	1). HIV (+) individuals to be referred to Centro Medico Cathedral City for rapid access to care and to effectively to reach sustained viral suppression with antiretroviral medication.  2). Provide a continuum of care that assures HIV (+) individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.	1). Treat fifty-five (55) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication.  2). Provide a continuum of care that assures fifty-five (55) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, fifty-five (55) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.

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health coverage and drive	management and client enrollment in health coverage and drug									
dication, education, continued care	dication, education, continued care									
al laboratory tests, patient history, initial	al laboratory tests, patient history, initial	1	1	1	1	1	1	1	1	1
care and screening, medical examination,	care and screening, medical examination,					care and screening, medical examination, to reach viral suppression.				
setting. To include early intervention and risk	setting. To include early intervention and risk									setting. To include early intervention and risk needs throughout their illness in a timely, uninterrupted manner
by a physician, physician assistant, nurse	by a physician, physician assistant, nurse									
nt and ambulatory care, that includes diagnostic	nt and ambulatory care, that includes diagnostic									
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tient and ambulatory care, that includes diagnostic	tient and ambulatory care, that includes diagnostic	three visits of outpatient and ambulatory care, that includes diagnostic								
three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care	t and ambulatory care, that includes diagnostic by a physician, physician assistant, nurse t setting. To include early intervention and risk care and screening, medical examination, nal laboratory tests, patient history, initial tic medication, education, continued care	ostic , nd risk 1,	ostic , nd risk 1,	ostic , nd risk 1,	ostic , nd risk 1,	ostic , nd risk 1,	ostic ; nd risk n,	ostic ) nd risk 1,	ostic ) nd risk 1,	ostic ) nd risk n1
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itory care, that includes diagnostic ian, physician assistant, nurse include early intervention and risk reening, medical examination, ary tests, patient history, initial m, education, continued care	itory care, that includes diagnostic ian, physician assistant, nurse include early intervention and risk reening, medical examination, ary tests, patient history, initial m, education, continued care	ostic , nd risk	ostic , nd risk	ostic , nd risk	ostic , nd risk	ostic , nd risk 1,	ostic , nd risk 1,	ostic d risk	ostic , nd risk nl	ostic ; nd risk n,
re, that includes diagnostic vsician assistant, nurse le early intervention and risk medical examination, patient history, initial ration, continued care	re, that includes diagnostic ysician assistant, nurse le early intervention and risk y, medical examination, y, patient history, initial eation, continued care	ostic , nd risk	ostic , nd risk	ostic , nd risk	ostic , nd risk	ostic , nd risk 1,	ostic , nd risk 1,	ostic d risk	ostic , nd risk nl	ostic ; nd risk n,
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es diagnostic  ut, nurse  intion and risk  mination,  ry, initial  led care	es diagnostic ut, nurse intion and risk mination, ry, initial ied care	ostic d risk	ostic d risk	ostic d risk	ostic d risk	ostic d risk	ostic d risk	ostic d risk	ostic d risk	ostic ; nd risk n,
nostic  we und risk  m, ial  s	nostic se und risk n, ial	ostic , nd risk 1,	ostic , nd risk 1,	ostic , nd risk 1,	ostic , nd risk 1,	ostic , nd risk 1,	ostic , nd risk 1,	ostic , nd risk 1,	ostic , nd risk 1,	ostic ; nd risk n,
			2). Provindividy needs the to reach 3) Endi HIV (+) sources.	2). Provide a cindividuals me individuals me needs througho to reach viral s 3) Ending the I HIV (+) clients sources/health	2). Provide a continuu individuals meet their needs throughout their to reach viral suppress 3) Ending the Epidem. HIV (+) clients to be e sources/health benefit	individuals meet their health needs throughout their illness to reach viral suppression.  3) Ending the Epidemic is a FIFTY (+) clients to be established to the course of the alth health heal	2). Provide a continuum of care that individuals meet their health care an needs throughout their illness in a tir to reach viral suppression. 3) Ending the Epidemic is a Payor of HIV (+) clients to be established into sources health banefit movement to contract the source of the s	2). Provide a continuum of care that assures individuals meet their health care and psych needs throughout their illness in a timely, ut to reach viral suppression.  3) Ending the Epidemic is a Payor of last reflicted into other programs to continue sources health benefit more arms to continue	<ul> <li>2). Provide a continuum of care that assures twenty individuals meet their health care and psychosocial needs throughout their illness in a timely, uninterrul to reach viral suppression.</li> <li>3) Ending the Epidemic is a Payor of last resort, two HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover.</li> </ul>	individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted man to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, twenty (20) HIV (+) clients to be established into other payor
			2). Provindivide needs the to reach 3) Endi HIV (+)	individuals me needs througho to reach viral s  3) Ending the I  HIV (+) clients	individuals meet their needs throughout their to reach viral suppress 3) Ending the Epidem HIV (+) clients to be a	individuals meet their health needs throughout their illness to reach viral suppression.  3) Ending the Epidemic is a FILL of the stablish the stablish and the stablish the s	individuals meet their health care an needs throughout their illness in a tir to reach viral suppression.  3) Ending the Epidemic is a Payor of HIV (+) clients to be established into courses the other than the courses the stable of the course the course the stable of the course the course the stable of the course the stable of the course t	individuals meet their health care and psych needs throughout their illness in a timely, up to reach viral suppression.  3) Ending the Epidemic is a Payor of last reference to continue to the courses the other pages to be established into other pages the other pages to continue the courses the continue to the courses the continue to the course the co	individuals meet their health care and psychosocial needs throughout their illness in a timely, uninterrul to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, two HIV (+) clients to be established into other payor	individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted man to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, twenty (20) HIV (+) clients to be established into other payor
			2). Provindivide individe needs the to reach 3) Endi HIV (+) sources	individuals me individuals me needs througho to reach viral s 3) Ending the I HIV (+) clients sources/health	individuals meet their needs throughout their to reach viral suppress 3) Ending the Epidem.  HIV (+) clients to be e sources/health benefit	individuals meet their health needs throughout their illness to reach viral suppression.  3) Ending the Epidemic is a FIV (+) clients to be establish sources/health benefit program	individuals meet their health care an needs throughout their illness in a tir to reach viral suppression.  3) Ending the Epidemic is a Payor of HIV (+) clients to be established into sources/health benefit programs to contrast the suppression.	2). Provide a continuum of care that assures individuals meet their health care and psych needs throughout their illness in a timely, up to reach viral suppression.  3) Ending the Epidemic is a Payor of last resources health benefit programs to continue.	individuals meet their health care and psychosocial needs throughout their illness in a timely, uninterru to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, two HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover the stable of the stable of the cover the stable of the sta	individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted man to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, twenty (20) HIV (+) clients to be established into other payor

Scor	E OF WOR USE A SE	K – Endin Parate Scop	g the H	SCOPE OF WORK – Ending the HIV Epidemic: A Plan for America USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY	ic: A Pla	n for Am	erica ′	
Contract Number:								
Contractor:	Borrego Comn	Borrego Community Health Foundation	oundation					
Grant Period:	March 1, 2024 - February 28, 2025	- February 28.	2025					
Service Category:	Treat: Outpation	Treat: Outpatient/Ambulatory Care Services	Care Servi	ces				
Service Goal:	To treat peop	le with HIV ra ary team inclu	apidly and o	To treat people with HIV rapidly and effectively to reach sustained viral load suppression utilizing an Interdisciplinary team including navigators, care coordinators, program directors, physicians and nurses.	ach sustaine dinators, pro	ed viral load s ogram directo	uppression utirs, physicians	llizing an and nurses.
Service Health Outcomes:	1). Provide acc 2). Improve vii 3). Enroll HIV	ess to HIV carral suppression (+) clients in h	e to those ne percentages ealth benefi	<ol> <li>Provide access to HIV care to those newly diagnosed and returning to care within 30 days.</li> <li>Improve viral suppression percentages for clients in HIV medical care.</li> <li>Enroll HIV (+) clients in health benefit programs to continue to cover medical care and medication expenses.</li> </ol>	nd returning V medical can ntinue to cov	to care within are.  er medical care	30 days.	n expenses.
		SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B	SA5 San B	SA6 San B	FY 24/25 TOTAL
Proposed Number of Clients	nts	50	30	120		55	20	275
Proposed Number of Visits  = Regardless of number of transactions or	ts actions or	400	240	960		440	160	2200
number of units  Proposed Number of Units  = Transactions or 15 min encounters	ts ters	800	480	1920		880	320	4400
Group Name and Description (must be HIV+ related)	Service Delivery	Targeted Population	Open/ Closed	Expected Avg.	Session Length	Sessions	Group Duration	Outcome Measures
N/A								
			L					

Activities: Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	Activities: Activities: Clinic location is a migrant service center and will be a referral site to Eastside Health Center for outpatient ambulatory care. Transportation to be provided by Borrego Health transportation services. The provision of initial three visits of outpatient and ambulatory care that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	Element #1: Eastside Health Center  Activities: Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.
SA2	SAI	SERVICE AREA SA1
03/01/24-02/28/25	03/01/24-02/28/25	03/01/24- 02/28/25
1). Treat thirty (30) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures thirty (30) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, thirty (30) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.	1). HIV (+) individuals to be referred to Eastside Health Center (A), for rapid access to care and to effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.	1). Treat fifty (50) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication.  2). Provide a continuum of care that assures to fifty (50) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, fifty (50) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.

Element #6: Desert Hot Springs Main Campus Activities: Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	Activities: Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	Activities: Activities: Clinic location is a migrant service center and will be a referral site to San Jacinto Health Center for outpatient ambulatory care. Transportation to be provided by Borrego Health transportation services. The provision of initial three visits of outpatient and ambulatory care that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.
SA3	SA3	SA2
03/01/24-02/28/25	03/01/24- 02/28/25	03/01/24- 02/28/25
1). Treat thirty-five (35) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication.  2). Provide a continuum of care that assures thirty-five (35) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, thirty-five (35) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.	1). Treat thirty (30) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures thirty (30) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, thirty (30) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.	1). HIV (+) individuals to be referred to San Jacinto Health Center (A), for rapid access to care and to effectively to reach sustained viral suppression with antiretroviral medication.  2). Provide a continuum of care that assures HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.

Element #9: D Street Medical Center  Activities: Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	Activities: Clinic location is a migrant service center and will be a referral site to Centro Medico Cathedral City for outpatient ambulatory care. Transportation to be provided by Borrego Health transportation services. The provision of initial three visits of outpatient and ambulatory care that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	Activities: Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.
03/01/24- 02/28/25	03/01/24- 02/28/25	03/01/24- 02/28/25
1). Treat fifty-five (55) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication.  2). Provide a continuum of care that assures fifty-five (55) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, fifty-five (55) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.	1). HIV (+) individuals to be referred to Centro Medico Cathedral City for rapid access to care and to effectively to reach sustained viral suppression with antiretroviral medication.  2). Provide a continuum of care that assures HIV (+) individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.	1). Treat fifty-five (55) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication.  2). Provide a continuum of care that assures fifty-five (55) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression.  3) Ending the Epidemic is a Payor of last resort, fifty-five (55) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.

Element #10: Barstow Community Health Center	SA6	03/01/24-	1). Treat twenty (20) HIV individuals rapidly and effectively to
Activities: Using the CDC Steps to Care Model, the provision of initial		02/28/25	reach sustained viral suppression with antiretroviral medication.
three visits of outpatient and ambulatory care, that includes diagnostic			2). Provide a continuum of care that assures twenty (20) HIV
and therapeutic services by a physician, physician assistant, nurse			individuals meet their health care and psychosocial service
practitioner in outpatient setting. To include early intervention and risk			needs throughout their illness in a timely, uninterrupted manner
assessment, preventative care and screening, medical examination,			to reach viral suppression.
confirmatory and additional laboratory tests, patient history, initial			3) Ending the Epidemic is a Payor of last resort, twenty (20)
prescription of therapeutic medication, education, continued care			HIV (+) clients to be established into other payor
management and client enrollment in health coverage and drug			sources/health benefit programs to continue to cover medical
assistance programs.			care and medication expenses.

### ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA BUDGET AND ALLOCATION PLAN Fiscal Year March 1, 2021 – February 28, 2022

AGENCY NAME: Borrego Community Health Foundation SERVICE: Outpatient/Ambulatory

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Budget Category	Non- EHE: A Plan for America Cost (Other Payers) <sup>2</sup>	Ending the HIV Epidemic: A Plan for America Cost	Total Cost <sup>1</sup>
Personnel			
MD, Barbour, C Provider on project ~ Annual Salary \$360,000 (adjusted due to CAP) @ \$199,300 x 0.12% FTE = \$23,916. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.	\$175,384	\$23,916	\$199,300
Pearce, D. D.O. – Provider on project ~ Annual Salary \$225,000 (adjusted due to CAP) @ \$199,300 x 0.15% FTE = \$29,895. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.	\$169,405	\$29,895	\$199,300
PA, Fontanilla, R. – Provider on project ~ Annual Salary \$190,000 x 0.12 FTE = \$22,800. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness	\$167,200	\$22,800	\$190,000

Revised July 2021 Page 1 of 3

PA, Nosovitsky, G. – Provider on project ~ Annual Salary \$185,000 x 0.20 FTE = \$37,000. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness		\$37,000	\$185,000
management and medication use.  DNP, Schine, P. Provider on project ~ Annual Salary \$160,000 x 0.12 FTE = \$19,200. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.	\$140,800	\$19,200	\$160,000
P.A. Hinton, B Provider on project ~ Annual Salary \$155,000 x 0.30 FTE = \$46,500. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.	\$108,500	\$46,500	\$155,000
Case Managers (TBD) - CM with annual salaries of \$85,000 ~ @ 0.40 FTE = \$34,000. CM's are part of the clinic team providing a range of client-centered services that links clients with health care, psychosocial and other services. To insure timely, coordinated access to medically appropriate levels of health and support services, continuity of care, ongoing assessment of the client's and other family members' needs and personal support systems, and ongoing case management to prevent unnecessary hospitalization and attain medication.		\$34,000	\$85,000

Revised July 2021 Page 2 of 3

Case Managers (TBD) CM with annual salaries of \$85,000 ~ @ 0.40 FTE = \$34,000. CM's are part of the	\$51,000	\$34,000	\$85,000
clinic team providing a range of client-centered services			
that links clients with health care, psychosocial and			
other services. To insure timely, coordinated access to			
medically appropriate levels of health and support			
services, continuity of care, ongoing assessment of the			
client's and other family members' needs and personal support systems, and ongoing case management to			
prevent unnecessary hospitalization and attain			
medication.			
Patient Navigator (TBD) – Patient Navigator with annual	\$22,308	\$18,252	\$40,560
salaries of \$40,560 @ 0.45 FTE = \$18,252. PN's are a	Ψ22,000	Ψ10,202	ψ-10,000
part of the operations team, conducts community			
education regarding opportunities to obtain health care			
services through affordable public programs, and CHC			
services. Conduct public program enrollment and ADAP			
application assistance. Conducts timely and thorough			
follow-up and assists the patient to overcome barriers			
within the defined guidelines.	400.000	040.050	<b>*</b> • • • • • • • • • • • • • • • • • • •
Patient Navigator (TBD) – Patient Navigator with	\$22,308	\$18,252	\$40,560
annual salaries of \$40,560 @ 0.45 FTE = \$18,252.			
PN's are a part of the operations team, conducts community education regarding opportunities to obtain			
health care services through affordable public			
programs, and CHC services. Conduct public program			
enrollment and ADAP application assistance. Conducts			
timely and thorough follow-up and assists the patient to			
overcome barriers within the defined guidelines.			
Total	\$1,055,905	\$283,815	\$1,339720
Fringe Benefits	\$215,180	\$57,838	\$273,018
20.3787678% of Total Personnel Costs			
TOTAL PERSONNEL	\$1,271,085	\$341,653	\$1,612,738
Other	vi kivi i i e se e		
CQM Liaison (TBD) ~ (0.24155048 FTE). Position to	\$0	\$20,097	\$20,097
coordinate and participate in EtHE CQM activities. Will			
participate in TGA and regional CQM meetings,			
implement, and report efforts. CQM Activities will include performance measurement, and quality			
improvement activities to support project effectiveness			
and improvement projects. (5%) of the total budget.			
TOTAL OTHER	\$0	\$20,097	\$20,097
SUBTOTAL (Total Personnel and Total Other)	\$1,271,085	\$361,750	\$1,632,835
Administration (10%) of total budget amount.	\$43,006	\$40,194	\$83,200
TOTAL BUDGET (Subtotal & Administration)	\$1,314,091	\$401,944	\$1,716,035

<sup>&</sup>lt;sup>1</sup> Total Cost = Ending the HIV Epidemic: A Plan for America (Other Payers) + Ending the HIV Epidemic: A Plan for America (A+B)

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

Revised July 2021 Page 3 of 3

<sup>•</sup> Total Number of Ending the HIV Epidemic: A Plan for America to be provided for this Service Category:4,400

<sup>•</sup> 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: \$91.35

<sup>&</sup>lt;sup>2</sup> List Other Payers Associated with funding in Column A: Medi-Cal, HRSA 330 Grant, Commercial insurance, Medicare.

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

AGENCY NAME: Borrego Community Health Foundation SERVICE: Outpatient/Ambulatory

	Α	В	С
Budget Category	Non- EHE: A Plan for America Cost (Other Payers) <sup>2</sup>	Ending the HIV Epidemic: A Plan for America Cost	Total Cost <sup>1</sup>
Personnel			
MD, Barbour, C Provider on project ~ Annual Salary \$360,000 (adjusted due to CAP) @ \$199,300 x 0.12% FTE = \$23,916. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.	\$175,384	\$23,916	\$199,300
Pearce, D. D.O. – Provider on project ~ Annual Salary \$225,000 (adjusted due to CAP) @ \$199,300 x 0.15% FTE = \$29,895. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.	\$169,405	\$29,895	\$199,300
PA, Fontanilla, R. – Provider on project ~ Annual Salary \$190,000 x 0.12 FTE = \$22,800. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness	\$167,200	\$22,800	\$190,000

PA, Nosovitsky, G. – Provider on project ~ Annual Salary \$185,000 x 0.20 FTE = \$37,000. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.		\$37,000	\$185,000
DNP, Schine, P. Provider on project ~ Annual Salary \$160,000 x 0.12 FTE = \$19,200. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.	\$140,800	\$19,200	\$160,000
P.A. Hinton, B Provider on project ~ Annual Salary \$155,000 x 0.30 FTE = \$46,500. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.	\$108,500	\$46,500	\$155,000
Case Managers (TBD) - CM with annual salaries of \$85,000 ~ @ 0.40 FTE = \$34,000. CM's are part of the clinic team providing a range of client-centered services that links clients with health care, psychosocial and other services. To insure timely, coordinated access to medically appropriate levels of health and support services, continuity of care, ongoing assessment of the client's and other family members' needs and personal support systems, and ongoing case management to prevent unnecessary hospitalization and attain medication.	\$51,000	\$34,000	\$85,000

Case Managers (TBD) CM with annual salaries of \$85,000 ~ @ 0.40 FTE = \$34,000. CM's are part of the clinic team providing a range of client-centered services that links clients with health care, psychosocial and other services. To insure timely, coordinated access to medically appropriate levels of health and support services, continuity of care, ongoing assessment of the client's and other family members' needs and personal	\$51,000	\$34,000	\$85,000
support systems, and ongoing case management to prevent unnecessary hospitalization and attain			
medication.			
Patient Navigator (TBD) – Patient Navigator with annual salaries of \$40,560 @ 0.45 FTE = \$18,252. PN's are a part of the operations team, conducts community education regarding opportunities to obtain health care services through affordable public programs, and CHC services. Conduct public program enrollment and ADAP application assistance. Conducts timely and thorough follow-up and assists the patient to overcome barriers within the defined guidelines.	\$22,308	\$18,252	\$40,560
Patient Navigator (TBD) – Patient Navigator with annual salaries of \$40,560 @ 0.45 FTE = \$18,252. PN's are a part of the operations team, conducts community education regarding opportunities to obtain health care services through affordable public programs, and CHC services. Conduct public program enrollment and ADAP application assistance. Conducts timely and thorough follow-up and assists the patient to overcome barriers within the defined guidelines.	\$22,308	\$18,252	\$40,560
Total	\$1,055,905	\$283,815	\$1,339720
Fringe Benefits 20.3787678% of Total Personnel Costs	\$215,180	\$57,838	\$273,018
TOTAL PERSONNEL	\$1,271,085	\$341,653	\$1,612,738
Other			
CQM Liaison (TBD) ~ (0.24155048 FTE). Position to coordinate and participate in EtHE CQM activities. Will participate in TGA and regional CQM meetings, implement, and report efforts. CQM Activities will include performance measurement, and quality improvement activities to support project effectiveness and improvement projects. (5%) of the total budget.	\$0	\$20,097	\$20,097
TOTAL OTHER	\$0	\$20,097	\$20,097
SUBTOTAL (Total Personnel and Total Other)	\$1,271,085	\$361,750	\$1,632,835
Administration (10%) of total budget amount.	\$43,006	\$40,194	\$83,200
TOTAL BUDGET (Subtotal & Administration)	\$1,314,091	\$401,944	\$1,716,035

<sup>&</sup>lt;sup>1</sup> 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: 4,400
- 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: \$91.35

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

<sup>&</sup>lt;sup>2</sup> List Other Payers Associated with funding in Column A: Medi-Cal, HRSA 330 Grant, Commercial insurance, Medicare.

### ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA BUDGET AND ALLOCATION PLAN Fiscal Year March 1, 2023 – February 28, 2024

AGENCY NAME: Borrego Community Health Foundation SERVICE: Outpatient/Ambulatory

	Α	В	С
Budget Category	Non- EHE: A Plan for America Cost (Other Payers) <sup>2</sup>	Ending the HIV Epidemic: A Plan for America Cost	Total Cost <sup>1</sup>
Personnel	State Control of the Party		
MD, Barbour, C Provider on project ~ Annual Salary \$360,000 (adjusted due to CAP) @ \$199,300 x 0.12% FTE = \$23,916. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.	\$175,384	\$23,916	\$199,300
Pearce, D. D.O. – Provider on project ~ Annual Salary \$225,000 (adjusted due to CAP) @ \$199,300 x 0.15% FTE = \$29,895. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.	\$169,405	\$29,895	\$199,300
PA, Fontanilla, R. – Provider on project ~ Annual Salary \$190,000 x 0.12 FTE = \$22,800. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness	\$167,200	\$22,800	\$190,000

PA, Nosovitsky, G. – Provider on project ~ Annual Salary \$185,000 x 0.20 FTE = \$37,000. To provide clinical care, diagnose and treat acute health problems treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.		\$37,000	\$185,000
DNP, Schine, P. Provider on project ~ Annual Salary \$160,000 x 0.12 FTE = \$19,200. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.	\$140,800	\$19,200	\$160,000
P.A. Hinton, B Provider on project ~ Annual Salary \$155,000 x 0.30 FTE = \$46,500. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.	\$108,500	\$46,500	\$155,000
Case Managers (TBD) - CM with annual salaries of \$85,000 ~ @ 0.40 FTE = \$34,000. CM's are part of the clinic team providing a range of client-centered services that links clients with health care, psychosocial and other services. To insure timely, coordinated access to medically appropriate levels of health and support services, continuity of care, ongoing assessment of the client's and other family members' needs and personal support systems, and ongoing case management to prevent unnecessary hospitalization and attain medication.		\$34,000	\$85,000

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Case Managers (TBD) CM with annual salaries of	\$51,000	\$34,000	\$85,000
\$85,000 ~ @ 0.40 FTE = \$34,000. CM's are part of the			
clinic team providing a range of client-centered services			
that links clients with health care, psychosocial and			
other services. To insure timely, coordinated access to			
medically appropriate levels of health and support			
services, continuity of care, ongoing assessment of the			
client's and other family members' needs and personal			
support systems, and ongoing case management to			
prevent unnecessary hospitalization and attain			
medication.			
Patient Navigator (TBD) – Patient Navigator with annual	\$22,308	\$18,252	\$40,560
salaries of \$40,560 @ 0.45 FTE = \$18,252. PN's are a	· ′ ′	, , , , , , , ,	4 : 2,2 2 2
part of the operations team, conducts community			
education regarding opportunities to obtain health care			
services through affordable public programs, and CHC			
services. Conduct public program enrollment and ADAP			
application assistance. Conducts timely and thorough			
follow-up and assists the patient to overcome barriers			
within the defined guidelines.			
Patient Navigator (TBD) – Patient Navigator with	\$22,308	\$18,252	\$40,560
annual salaries of \$40,560 @ 0.45 FTE = \$18,252.	,==,,,,	*,	7 % 0 10 00
PN's are a part of the operations team, conducts			
community education regarding opportunities to obtain			
health care services through affordable public			
programs, and CHC services. Conduct public program			
enrollment and ADAP application assistance. Conducts			
timely and thorough follow-up and assists the patient to			
overcome barriers within the defined guidelines.			
Total	\$1,055,905	\$283,815	\$1,339720
Fringe Benefits	\$215,180	\$57,838	\$273,018
20.3787678% of Total Personnel Costs			, ,
TOTAL PERSONNEL	\$1,271,085	\$341,653	\$1,612,738
Other			
CQM Liaison (TBD) ~ (0.24155048 FTE). Position to	\$0	\$20,097	\$20,097
coordinate and participate in EtHE CQM activities. Will	·	,,	,,
participate in TGA and regional CQM meetings,			
implement, and report efforts. CQM Activities will			
include performance measurement, and quality			
improvement activities to support project effectiveness			
and improvement projects. (5%) of the total budget.		000.000	A A
TOTAL OTHER	\$0	\$20,097	\$20,097
SUBTOTAL (Total Personnel and Total Other)	\$1,271,085	\$361,750	\$1,632,835
Administration (10%) of total budget amount.	\$43,006	\$40,194	\$83,200
TOTAL BUDGET (Subtotal & Administration)	\$1,314,091	\$401,944	\$1,716,035

<sup>&</sup>lt;sup>1</sup> Total Cost = Ending the HIV Epidemic: A Plan for America (Other Payers) + Ending the HIV Epidemic: A Plan for America (A+B)

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

<sup>•</sup> Total Number of Ending the HIV Epidemic: A Plan for America to be provided for this Service Category: 4,400

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; \$91.35

<sup>&</sup>lt;sup>2</sup> List Other Payers Associated with funding in Column A: Medi-Cal, HRSA 330 Grant, Commercial insurance, Medicare.

### ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA BUDGET AND ALLOCATION PLAN Fiscal Year March 1, 2024 – February 28, 2025

AGENCY NAME: Borrego Community Health Foundation SERVICE: Outpatient/Ambulatory

	Α	В	С
Budget Category	Non- EHE: A Plan for America Cost (Other Payers) <sup>2</sup>	Ending the HIV Epidemic: A Plan for America Cost	Total Cost <sup>1</sup>
Personnel			
MD, Barbour, C Provider on project ~ Annual Salary \$360,000 (adjusted due to CAP) @ \$199,300 x 0.12% FTE = \$23,916. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.	\$175,384	\$23,916	\$199,300
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PA, Fontanilla, R. – Provider on project ~ Annual Salary \$190,000 x 0.12 FTE = \$22,800. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness	\$167,200	\$22,800	\$190,000

PA, Nosovitsky, G. – Provider on project ~ Annual Salary \$185,000 x 0.20 FTE = \$37,000. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.		\$37,000	\$185,000
DNP, Schine, P. Provider on project ~ Annual Salary \$160,000 x 0.12 FTE = \$19,200. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.	\$140,800	\$19,200	\$160,000
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Case Managers (TBD) CM with annual salaries of	¢51,000	\$24 DDD	<b>COE 000</b>
\$85,000 ~ @ 0.40 FTE = \$34,000. CM's are part of the	\$51,000	\$34,000	\$85,000
clinic team providing a range of client-centered services			
that links clients with health care, psychosocial and			
other services. To insure timely, coordinated access to			
medically appropriate levels of health and support			
services, continuity of care, ongoing assessment of the	1		
client's and other family members' needs and personal			
support systems, and ongoing case management to			
prevent unnecessary hospitalization and attain			
medication.			
Patient Navigator (TBD) – Patient Navigator with annua	¢22.208	¢40.252	\$40 E60
salaries of \$40,560 @ 0.45 FTE = \$18,252. PN's are a	\$22,308	\$18,252	\$40,560
part of the operations team, conducts community			
education regarding opportunities to obtain health care			
services through affordable public programs, and CHC			
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application assistance. Conducts timely and thorough			
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PN's are a part of the operations team, conducts			
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Other			
CQM Liaison (TBD) ~ (0.24155048 FTE). Position to	\$0	\$20,097	\$20,097
coordinate and participate in EtHE CQM activities. Will		. ,	. , , ,
participate in TGA and regional CQM meetings,			
implement, and report efforts. CQM Activities will			
include performance measurement, and quality			
improvement activities to support project effectiveness			
and improvement projects. (5%) of the total budget.  TOTAL OTHER	60	\$20.007	¢20.007
SUBTOTAL (Total Personnel and Total Other)	\$0 \$1.271.085	\$20,097	\$20,097
Administration (10%) of total budget amount.	<b>\$1,271,085</b> \$43,006	<b>\$361,750</b> \$40,194	\$1,632,835
			\$83,200
TOTAL BUDGET (Subtotal & Administration)	\$1,314,091	\$401,944	\$1,716,035

<sup>&</sup>lt;sup>1</sup> Total Cost = Ending the HIV Epidemic: A Plan for America (Other Payers) + Ending the HIV Epidemic: A Plan for America (A+B)

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

<sup>•</sup> Total Number of Ending the HIV Epidemic: A Plan for America to be provided for this Service Category: 4,400

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: \$91.35

<sup>&</sup>lt;sup>2</sup> List Other Payers Associated with funding in Column A: Medi-Cal, HRSA 330 Grant, Commercial insurance, Medicare.