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

SAN BERNARDINO COUNTY

Contract Number

20-1181 A-1

SAP Number

4400015715

Department of Public Health

Department Contract Representative	Lisa Ordaz, HS Contracts
Telephone Number	(909) 388-0222

Contractor	Desert AIDS Project
Contractor Representative	William VanHemert
Telephone Number	(760) 323-2118
Contract Term	March 1, 2021 through February 29, 2024
Original Contract Amount	$7,932,984
Amendment Amount	-($276,951)
Total Contract Amount	$7,656,033
Cost Center	9300371000

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

It is hereby agreed to amend Contract No. 20-1181, effective July 27, 2021, as follows:

SECTION V. FISCAL PROVISIONS

Paragraph A is amended to read as follows:

A. The maximum amount of payment under this Contract shall not exceed $7,656,033, of which $7,656,033 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	$7,932,984	March 1, 2021 through February 29, 2024
Amendment No. 1	($276,951) decrease	March 1, 2021 through February 29, 2024

It is further broken down by Program Year as follows:

Program Year	Dollar Amount
March 1, 2021 through February 28, 2022	$2,552,011*
March 1, 2022 through February 28, 2023	$2,552,011*
March 1, 2023 through February 29, 2024	$2,552,011*
Total	$7,656,033

*This amount includes a decrease of $92,317 per year.

ATTACHMENTS

ATTACHMENT A – Remove and replace SCOPE OF WORK for Program Year 2021-22
ATTACHMENT H – Remove and replace PROGRAM BUDGET AND ALLOCATION PLAN for Program Year 2021-22

All other terms and conditions of Contract No. 20-1181 remains in full force and effect.

SAN BERNARDINO COUNTY

►

Curt Hagman, Chairman, Board of Supervisors

Dated:

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

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

By
Deputy

Desert AIDS Project
(Print or type name of corporation, company, contractor, etc.)

By ►
(Authorized signature - sign in blue ink)

Name David J. Brinkman
(*Print or type name of person signing contract)*

Title Chief Executive Officer
(Print or Type)

Dated:

Address 1695 N. Sunrise Way

Palm Springs, CA 92262

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
►	►	►
Adam Ebright, County Counsel	Becky Giroux, HS Contracts	Andrew Goldfrach, Interim Director
Date	Date	Date

SCOPE OF WORK – PART A

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

Contract Number:	
Contractor:	Desert AIDS Project
Grant Period:	March 1, 2021 – February 28, 2022
Service Category:	Outpatient/Ambulatory Health Services
Service Goal:	To maintain or improve the health status of persons living with HIV/AIDS in the TGA.
Service Health Outcomes:	Linkage of newly diagnosed HIV+ to medical care in 30 days or less; Improve retention in care (at least 1 medical visit in each 6-month period); Increase rate of ART adherence; Improve viral suppression rate.

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 21/22 TOTAL
Number of Clients	0	0	5	0	2	3	**10**
Number of Visits = Regardless of number of transactions or number of units	0	0	5	0	2	3	**10**
Number of Units = Transactions or 15 min encounters	0	0	10	0	4	6	**20**

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: Medical history taking; **Element #2:** Physical examination; **Element #3:** Diagnostic testing, including laboratory testing; **Element #4:** Treatment and management of physical and behavioral health conditions; **Element #5:** Behavioral risk assessment, subsequent counseling, and referral; **Element #6:** Preventive care and screening; **Element #7:** Pediatric development assessment; **Element #8:** Prescription, and management of medication therapy; **Element #9:** Treatment adherence. **Activities:** Screening for Payer of Last Resort with support from on-site central registration and case management teams; Providing initial, follow-up and urgent care appointments; Maintaining, and documenting in, electronic health record (EHR) to track required data and generate reports; Maintaining laboratory referral partner; Co-locating (to include	3,5,6	03/01/21-02/28/22	• Eligibility documentation complete at least every six months. • Past and future appointment history in EHR. • Progress notes, diagnoses and procedure codes, treatment plan, risk assessment results, prescriptions, medical history, lab orders/results, and referrals in EHR. • Prescription Assistance Eligibility Forms. • Health indicator trends/flowsheets/reports. • Case Conference logs. • Quality Improvement Plan. • Employment records. • MOUs/Contracts/Agreements/Letters of support from partners. • Successful linkage to HIV health car. • Medical visits.

shared EHR) with behavioral healthcare; Maintaining pharmacy referral partner; Co-locating (to include shared EHR) with Medical Case Management and Early Intervention teams; Case Conferencing; Tracking of new patient linkage (newly diagnosed and returning to care), number of medical visits, prescription of/adherence to ART, viral loads.			• Reduction in Unmet Needs • Prescription of/adherence to ART. • Viral loads.
Element #10: Education and counseling on health and prevention issues. **Activities:** Documenting education and counseling provided to client; and Providing referrals to Psychosocial Support Services health education and support groups.	3,5,6	03/01/21-02/28/22	• Progress notes in EHR. • Attendance Logs for Psychosocial Support Services and other activities in Community Wellness Services department.
Element #11: Referral to and provision of specialty care related to HIV diagnosis. **Activities:** Maintaining, and documenting in, EHR customized to track all required data and generate reports; Employing referral specialist to navigate insurance; and Maintaining co-located specialty services (e.g. Hepatitis C treatment; Transgender Specialist; Psychiatry; Home Health, Dental, etc.) and specialty services partners.	3,5,6	03/01/21-02/28/22	• Progress notes in EHR. • Referral queue in EHR. • Results from outside referrals linked to chart and reviewed by provider in EHR. • Results from internal referrals documented in EHR. • Employment records. • MOUs/Contracts/Agreements/Letters of support from partners.
Element #12: Services are provided based on Cultural and Linguistic (C&L) Competency Standards. **Activities:** Enrolling staff in annual C&L Competency training; Providing care compatible with client culture, health beliefs, practices, preferred language, and in a manner that reflects and respects gender and sexual diversity of community served; Recruiting, retaining and promoting diverse staff and management representative of the demographic characteristics of the service area; Reviewing C&L Competency Plan annually and updating as needed; Assessing C&L Competency and reflectiveness of client and target populations; Tracking client demographics and language needs; Employing bilingual Spanish staff and retaining additional language assistance as needed at no cost to the client; and Providing frequently used materials in Spanish.	3,5,6	03/01/21-02/28/22	• Staff development documentation and personnel files. • Client Satisfaction Survey results. • Staff race/ethnicity/gender/sexual orientation survey results. • C&L Competency Plan and All-Staff Meeting agenda. • C&L Competency Self-Assessment and plan to address deficiencies. • Race, ethnicity and language proficiency recorded in ARIES. • Staff language proficiency survey results. • "Interpreter Needed" alert in EHR as well as accounting of payment to interpretive service vendors. • Spanish versions of most common forms and signage.

SCOPE OF WORK – PART A

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

Contract Number:	
Contractor:	Desert AIDS Project
Grant Period:	March 1, 2021 – February 28, 2022
Service Category:	Mental Health Services
Service Goal:	Minimize crisis situations and stabilize HIV+ clients' mental health status to maintain clients in the care system.
Service Health Outcomes:	Improve retention in care (at least 1 medical visit in each 6-month period); Improve viral suppression rate; Improved or maintained CD4 cell count; Decreased level of depression post 12 individual sessions; Decreased level of anxiety post 12 individual sessions; Clinically significant increase in their Global Assessment of Functioning (or equivalent) score post 12 individual sessions.

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 21/22 TOTAL
Number of Clients	0	0	12	0	2	2	**16**
Number of Visits = Regardless of number of transactions or number of units	0	0	624	0	104	104	**832**
Number of Units = Transactions or 15 min encounters	0	0	3744	0	624	624	**4992**

Group Name and Description	Service Area of Service Delivery	Targeted Population	Open/ Closed	Expected Avg. Attend. per Session	Session Length (hours)	Sessions per Week	Group Duration	Outcome Measures
• Dialectical Behavior Therapy (DBT) Basics Group	SA3	PLWHA	Closed	8	1.5	1	Ongoing	Group Agenda; Treatment Plan Documented for Attendees; Access to Medical Care; stabilized or improved mental health.
• Long Term Survivors Living with HIV	SA3	PLWHA	Closed	8	1.5	1	Ongoing	Group Agenda; Treatment Plan Documented for Attendees; Access to Medical Care; stabilized or improved mental health.

• Managing Social Anxiety	SA3	PLWHA	Closed	8	1.5	1	Ongoing	Group Agenda; Treatment Plan Documented for Attendees; Access to Medical Care; stabilized or improved mental health.
• Mind Over Mood	SA3	PLWHA	Closed	8	1.5	1	Ongoing	Group Agenda; Treatment Plan Documented for Attendees; Access to Medical Care; stabilized or improved mental health.

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: Initial individual mental health assessment (documented mental health diagnosis); **Element #2**: Development of care/treatment plan including all required components for clients receiving any RW-funded mental health services (individual or group); **Element #3**: Tracking of individual progress; **Element #4**: Individual counseling session; **Element #7:** Psychiatric assessment/evaluation session; and **Element #8:** Psychiatric medications management session. **Activities:** Screening for Payer of Last Resort with support from on-site central registration team; Providing initial and follow-up appointments; Maintaining, and documenting in, paper charts and/or electronic health record (EHR) customized to track all required data and generate reports; Maintaining pharmacy referral partner; Co-locating (to include shared electronic health records) with medical clinic and social services including case management and early intervention teams; Case Conferencing; Tracking of medical visits, viral loads, and assessment tools/outcomes; Employing staff qualified to serve low-income PLWHA; and Offering services five days a week.	3,5,6	03/01/21-02/28/22	• Eligibility documentation complete at least every six months. • Past and future appointment history in EHR, ARIES and/or paper charts. • Progress notes, diagnoses, risk assessment results, prescriptions, medical history, referrals in EHR, ARIES and/or paper charts. • Care plan includes treatment modality, start date, recommended number of sessions, date for reassessment, projected treatment end date, recommendations for follow up, and signature of the mental health professional. • Health indicator trends/flowsheets/reports. • Case Conference logs. • Quality Improvement Plan. • Employment records. • MOUs/Contracts/Agreements/Letters of support from partners. • Beck Depression Inventory (BDI) or equivalent. • Behavior Assessment Inventory (BAI) or equivalent. • Global Assessment of Functioning or equivalent.
Element #5: Group counseling session. **Activities:** Providing therapeutic groups on a regular schedule various days a week.	3,5,6	03/01/21-02/28/22	• Published group schedules. • Group Agenda. • Attendance charted in client records.
Element #6: Case Conferencing session. **Activities:** Holding weekly interdisciplinary Case Conference with all departments represented; and Documenting outcomes and planned course of action.	3,5,6	03/01/21-02/28/22	• Case Conference logs. • ARIES Progress Notes.
Element #9: Referral to other mental health professionals.	3,5,6	03/01/21-02/28/22	• Progress notes in EHR, ARIES and/or paper charts. • Referral queue in EHR, ARIES and/or paper charts.

Activities: Maintaining, and documenting in, EHR customized to track all required data and generate reports; Employing referral specialist to navigate insurance; and Maintaining co-located specialty services (e.g. Transgender Specialist; Substance Abuse Specialist, etc.) and specialty services partners.			• Results from outside referrals linked to chart and reviewed by provider in EHR, ARIES and/or paper charts. • Results from internal referrals documented in EHR, ARIES and/or paper charts. • Employment records. • MOUs/Contracts/Agreements/Letters of support from partners.
Element #10: Services are provided based on Cultural and Linguistic (C&L) Competency Standards. **Activities:** Enrolling staff in annual C&L Competency training; Providing care compatible with client culture, health beliefs, practices, preferred language and in a manner that reflects and respects gender and sexual diversity of community served; Recruiting, retaining and promoting diverse staff and management representative of the demographic characteristics of the service area; Reviewing C&L Competency Plan annually and update as needed; Assessing C&L Competency and reflectiveness of client and target populations; Tracking client demographics and language needs; Employing bilingual Spanish staff and retaining additional language assistance as needed at no cost to the client; and Providing frequently used materials in Spanish.	3,5,6	03/01/21-02/28/22	• Staff development documentation and personnel files. • Client Satisfaction Survey results. • Staff race/ethnicity/gender/sexual orientation survey results. • C&L Competency Plan and All-Staff Meeting agenda. • C&L Competency Self-Assessment and plan to address deficiencies. • Race, ethnicity and language proficiency recorded in ARIES. • Staff language proficiency survey results. • "Interpreter Needed" alert in EHR as well as accounting of payment to interpretive service vendors. • Spanish versions of most common forms and signage.

SCOPE OF WORK – PART A

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

Contract Number:	
Contractor:	Desert AIDS Project
Grant Period:	March 1, 2021 – February 28, 2022
Service Category:	Medical Case Management
Service Goal:	Ensure that those who are unable to self-manage their care, struggling with challenging barriers to care, marginally in care, and/or experiencing poor CD4/Viral load test results receive intense care coordination assistance to support participation in HIV medical care. MCM services are best delivered when co-located in facilities that provide HIV/primary medical care.
Service Health Outcomes:	Improved retention in care (at least 1 medical visit in each 6-month period), Improved viral suppression rate.

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 21/22 TOTAL
Number of Clients	0	0	535	0	8	57	**600**
Number of Visits = Regardless of number of transactions or number of units	0	0	4240	0	32	228	**4500**
Number of Units = Transactions or 15 min encounters	0	0	10510	0	128	912	**11550**

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: Initial assessment of the client's service needs; **Element #7:** Ongoing assessment of the client's and other key family members' needs and personal support systems; and **Element #9:** Client-specific advocacy and/or review of utilization of services. **Activities:** Screening for Payer of Last Resort with support from on-site central registration and case management teams; and Through communication via email, phone or in-person sessions, working collaboratively with client to identify need for services that would alleviate or remove barriers and support engagement in care.	3,5,6	03/01/21-02/28/22	• Eligibility documentation complete at least every six months. • Needs Assessment results in ARIES and dates and content of changes noted a well as record of communication dates and type. • Progress notes in ARIES.
Element #2: Development of a comprehensive Individualized Care Plan (ICP) with the client;	3,5,6	03/01/21-02/28/22	• ICP documented in ARIES. • Treatment adherence counseling documented in ARIES. • Benefits counseling documented in ARIES.

Element #5: Continuous client monitoring to assess the efficacy of the care plan; **Element #6:** Re-evaluation of the care plan at least every 6 months with adaptations as necessary; **Element #8:** Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments; and **Element #11:** Benefits counseling (assist with obtaining access to other public and private programs for which clients are eligible (e.g. Medi-Cal, Medicare, Covered CA, ADAP, Premium Assistance, etc.). **Activities:** In alignment with client's needs, barriers to care, eligibility, motivation and capacity, developing an ISP with goals and objectives signed by both the client and case manager to indicate commitment to implementation; Ensuring shared access to electronic health records (EHR) and electronic dental records (EDR); Reviewing health indicators to include medical visits and viral load; and Updating ICP and Care Plan as needed in collaboration with client.			• Progress notes in ARIES. • Insurance status documented in ARIES and proof of insurance on record. • Quality Improvement Plan.
Element #3: Timely and coordinated access to medically appropriate levels of health and support services and continuity of care; **Element #4:** Coordination and follow-up of medical treatments; and **Element #12:** Provide or refer clients for advice, support, counseling on topics surrounding HIV disease, treatments, medications, treatment adherence education, caregiver bereavement support, dietary/nutrition advice and education, and terms and information needed by the client to effectively participate in his/her medical care. **Activities:** Co-locating (to include shared electronic health records) with medical clinic, dental clinic, behavioral health, early intervention programs and other social services; Maintaining community referral partners; Providing referrals and advocacy for linkage to needed services; and Maintaining ongoing communication with community partners and internal departments receiving referrals.	3,5,6	03/01/21-02/28/22	• Referrals and outcomes documented in Progress Notes, ARIES and EHR. • Employment records. • MOUs/Contracts/Agreements/Letters of support from partners.
Element #10: Case Conferencing session. **Activities:** Holding weekly interdisciplinary Case Conference with all departments represented; and Documenting outcomes and planned course of action.	3,5,6	03/01/21-02/28/22	• Case Conference Attendance Logs. • ARIES Progress Notes.
Element #13: Services are provided based on Cultural and Linguistic (C&L) Competency Standards. **Activities:** Enrolling staff in annual C&L Competency training; Providing care compatible with client culture, health beliefs, practices, preferred language, and in a manner that reflects and respects gender and sexual diversity of community served; Recruiting, retaining and promoting diverse staff and management representative of the demographic characteristics of the service area; Reviewing C&L Competency Plan annually and updating as needed; Assessing C&L Competency and reflectiveness of client and target populations; Tracking	3,5,6	03/01/21-02/28/22	• Staff development documentation and personnel files. • Client Satisfaction Survey results. • Staff race/ethnicity/gender/sexual orientation survey results. • C&L Competency Plan and All-Staff Meeting agenda. • C&L Competency Self-Assessment and plan to address deficiencies. • Race, ethnicity and language proficiency recorded in ARIES. • Staff language proficiency survey results.

client demographics and language needs; Employing bilingual Spanish staff and retaining additional language assistance as needed at no cost to the client; and Providing frequently used materials in Spanish.			• "Interpreter Needed" alert in EHR as well as accounting of payment to interpretive service vendors. • Spanish versions of most common forms and signage.

SCOPE OF WORK – PART A

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

Contract Number:	
Contractor:	Desert AIDS Project
Grant Period:	March 1, 2021 – February 28, 2022
Service Category:	Substance Abuse Outpatient Care
Service Goal:	Minimize crisis situations and stabilize clients' substance use to maintain their participation in the medical care system.
Service Health Outcomes:	Improve retention in care (at least 1 medical visit in each 6-month period), Improve viral suppression rate, A clinically significant reduction in level of substance use/abuse post (12) individual or group sessions.

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 21/22 TOTAL
Number of Clients	0	0	20	0	5	5	**30**
Number of Visits = Regardless of number of transactions or number of units	0	0	320	0	80	80	**480**
Number of Units = Transactions or 15 min encounters	0	0	1920	0	480	480	**2880**

Group Name and Description	Service Area of Service Delivery	Targeted Population	Open/ Closed	Expected Avg. Attend. per Session	Session Length (hours)	Sessions per Week	Group Duration	Outcome Measures
• Substance Use - Outpatient Drug Free (ODF)	SA3	PLWHA struggling with chemical dependency and addiction	Closed	10	1.5	2	16 week cycles	Curriculum; Group Agenda; Treatment Plan Documented; Access to Medical Care; Stabilized or improved mental health.

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: Initial individual substance abuse assessment; **Element #2:** Individual treatment plan for all clients receiving substance abuse services; **Element #3:** Update of plan every 120 days (Inland Empire HIV Planning Council requirement); **Element #4:** Individual counseling; **Element #8:** Pretreatment/recovery readiness programs; **Element #9:** Harm reduction; **Element #11:** Outpatient drug-free treatment and counseling; **Element #14:** Relapse prevention. **Activities:** Screening for Payer of Last Resort with support from on-site central registration and case management teams; Providing initial and follow-up appointments; Maintaining, and documenting in, paper charts and/or electronic health record (EHR) customized to track all required data and generate reports; Co-locating (to include shared electronic health records) with medical clinic and social services including case management and early intervention teams; Case Conferencing; Tracking of medical visits, viral loads, and substance use/abuse self-report and/or results of screening tool; Employing staff qualified to serve low-income PLWHA; and Offering services five days a week.	3,5,6	03/01/21-02/28/22	• Eligibility documentation complete at least every six months. • Past and future appointment history in EHR, ARIES and/or paper charts. • Progress notes, diagnoses, risk assessment results, prescriptions, medical history, referrals in EHR, ARIES and/or paper charts. • Care plan includes quantity, frequency, and modality of treatment provided, date treatment begins and ends, regular monitoring and assessment of client progress and signature of the individual providing the service and/or supervisor as applicable. • Health indicator trends/flowsheets/reports. • Case Conference logs. • Quality Improvement Plan. • Employment records. • MOUs/Contracts/Agreements/Letters of support from partners.
Element #5: Group counseling. **Activities:** Providing therapeutic groups on regular schedule various days a wk.	3,5,6	03/01/21-02/28/22	• Published group schedules. • Group Agenda. • Attendance charted in client records.
Element #6: Case Conferencing. **Activities:** Holding weekly interdisciplinary Case Conference with all departments represented; Documenting outcomes and planned course of action.	3,5,6	03/01/21-02/28/22	• Case Conference logs. • ARIES Progress Notes.
Element #7: Referral to other mental health professionals; **Element #10:** Behavioral health counseling associated with substance use disorder; **Element #12:** Medication assisted therapy; **Element #13:** Neuro-psychiatric pharmaceuticals. **Activities:** Maintaining, and documenting in, EHR customized to track all required data and generate reports; Employing referral specialist to navigate insurance; Maintaining co-located mental health services (e.g. Transgender Specialist; Psychiatry; Psychotherapy, etc.) and specialty services partners. Medication assisted therapy would be provided by referral only. We do not plan on SAS including the prescription of Neuro-psychiatric pharmaceuticals at this time. However, it is important to note that SAS is	3,5,6	03/01/21-02/28/22	• Progress notes in EHR, ARIES and/or paper charts. • Referral queue in EHR, ARIES and/or paper charts. • Results from outside referrals linked to chart and reviewed by provider in EHR, ARIES and/or paper charts. • Results from internal referrals doc. in EHR, ARIES and/or paper charts. • Employment records. • MOUs/Contracts/Agreements/Letters of support from partners.

co-located with our psychiatric department and referrals can be made for further evaluation by qualified professionals			
Element #15: Services are provided based on Cultural and Linguistic (C&L) Competency Standards. **Activities:** Enrolling staff in annual C&L Competency training; Providing care compatible with client culture, health beliefs, practices, preferred language and in a manner that reflects and respects gender and sexual diversity of community served; Recruiting, retaining and promoting diverse staff representative of the demographic characteristics of the service area; Reviewing C&L Competency Plan annually and updating as needed; Assessing C&L Competency and reflectiveness of client and target populations; Tracking client demographics and language needs; Employing bilingual Spanish staff and retaining additional language assistance as needed at no cost to the client; and Providing frequently used materials in Spanish.	3,5,6	03/01/21-02/28/22	• Staff development documentation and personnel files. • Client Satisfaction Survey results. • Staff race/ethnicity/gender/sexual orientation survey results. • C&L Competency Plan and All-Staff Meeting agenda. • C&L Competency Self-Assessment and plan to address deficiencies. • Race, ethnicity and language proficiency recorded in ARIES. • Staff language proficiency survey results. • "Interpreter Needed" alert in EHR as well as accounting of payment to interpretive service vendors. • Spanish versions of most common forms and signage.

SCOPE OF WORK – PART A

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

Contract Number:	
Contractor:	Desert AIDS Project
Grant Period:	March 1, 2021 – February 28, 2022
Service Category:	Oral Health Care
Service Goal:	Improve or maintain the oral health of HIV+ clients throughout the TGA to sustain proper nutrition and positive health outcomes.
Service Health Outcomes:	Improve retention in care (at least 1 medical visit in each 6-month period); Improve viral suppression rate; Improve oral health.

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 21/22 TOTAL
Number of Clients	0	0	464	0	15	30	**509**
Number of Visits = Regardless of number of transactions or number of units	0	0	1920	0	58	122	**2100**
Number of Units = Transactions or 15 min encounters	0	0	9280	0	232	488	**10000**

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: Comprehensive oral exam; **Element #2:** Development/update of a treatment plan; **Element #3:** Development of oral hygiene plan; **Element #4:** Treatment visit; **Element #5:** Preventive visit; and **Element #6:** Emergency care visit. **Activities:** Screening for Payer of Last Resort with support from on-site central registration and case management teams; Maintenance of, and documentation in, electronic dental record (EDR) customized to track all required data and generate reports; Conducting oral X-rays; Providing initial, follow-up and urgent care appointments; Co-locating (to include shared electronic health records) with medical and other social services including case management and early intervention teams; Case Conferencing; Tracking of medical visits, viral loads, and reduction non-	3,5,6	03/01/21-02/28/22	• Eligibility documentation complete at least every six months. • Progress notes and radiographs in EDR. • Diagnoses and procedure codes, treatment plan signed by client, oral hygiene plans, prescriptions, medical history, lab orders/results, referrals in EDR. • Past and future appointment history in EDR. • Health indicator trends/flowsheets/reports. • Case Conference logs. • Quality Improvement Plan. • Employment records.

preventative visit rate; Employing staff qualified to serve low-income PLWHA; and Offering services five days a week.			
Element #7: Services are provided based on Cultural and Linguistic (C&L) Competency Standards. **Activities:** Enrolling staff in annual C&L Competency training; Providing care compatible with client culture, health beliefs, practices, preferred language, and in a manner that reflects and respects gender and sexual diversity of community served; Recruiting, retaining and promoting diverse staff and management representative of the demographic characteristics of the service area; Reviewing C&L Competency Plan annually and update as needed; Assessing C&L Competency and reflectiveness of client and target populations; Tracking client demographics and language needs; Employing bilingual Spanish staff and retaining additional language assistance as needed at no cost to the client; and Providing frequently used materials in Spanish.	3,5,6	03/01/21-02/28/22	• Staff development documentation and personnel files. • Client Satisfaction Survey results. • Staff race/ethnicity/gender/sexual orientation survey results. • C&L Competency Plan and All-Staff Meeting agenda. • C&L Competency Self-Assessment and plan to address deficiencies. • Race, ethnicity and language proficiency recorded in ARIES. • Staff language proficiency survey results. • "Interpreter Needed" alert in EDR as well as accounting of payment to interpretive service vendors. • Spanish versions of most common forms and signage.

SCOPE OF WORK – PART A

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

Contract Number:	
Contractor:	Desert AIDS Project
Grant Period:	March 1, 2021 – February 28, 2022
Service Category:	Home & Community-Based Health Services
Service Goal:	To keep consumers out of inpatient hospitals, nursing homes, and other long-term care facilities as long as possible during illness.
Service Health Outcomes:	Reduction in inpatient, nursing home, long-term care instances; Improve retention in care (at least 1 medical visit in each 6-month period); Improve viral suppression rate.

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 21/22 TOTAL
Number of Clients	0	0	13	0	5	5	**23**
Number of Visits = Regardless of number of transactions or number of units	0	0	676	0	260	260	**1196**
Number of Units = Transactions or 15 min encounters	0	0	10248	0	768	768	**11784**

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: Development of written care plan signed by case manager and clinical health care professional responsible for client's HIV care and indicating need for this service. Care plan must also specify the types of services needed and quantity/duration. **Element #2:** Documentation signed by professional that indicates services provided: types, dates, locations. **Element #3:** Address the medical, social, mental health, and environmental needs. **Element #4:** On-going activities to promote self-reliance. **Element #5:** Assist client in becoming actively engaged in their health care. **Element #6:** Assist with referrals and linkages to needed services. **Activities:** Screening for Payer of Last Resort with support from on-site central registration and case management teams; Maintaining, and	3,5,6	03/01/21-02/28/22	• Eligibility documentation complete at least every six months. • Care plan signed by case manager and clinical health care professional responsible for client's HIV care and indicating need for this service, the types of services needed and quantity/duration. • Chart notes documenting types, dates and locations of services provided. • Needs Assessment and home care plan in ARIES and/or paper charts. • Health indicator trends/flowsheets/reports. • Case Conference logs. • Quality Improvement Plan. • Employment records.

documenting in, paper charts and/or ARIES; Establishing initial assessment to include assessing needs and evaluating home environment; Developing home care plan to include activities to promote self-reliance and self-management; Co-locating (to include shared electronic health records) with medical clinic, dental clinic, behavioral health and social services including case management and early intervention teams; Maintaining community referral partners; Case Conferencing; Tracking of hospitalization records, medical visits, viral loads, and assessment tools/outcomes; Employing staff qualified to serve low-income PLWHA; and Offering services five days a week.			• MOUs/Contracts/Agreements/Letters of support from partners. • Hospitalization records • Medical visits • Viral loads
Element #7: Services are provided based on Cultural and Linguistic (C&L) Competency Standards. **Activities:** Enrolling staff in annual C&L Competency training; Providing care compatible with client culture, health beliefs, practices, preferred language, and in a manner that reflects and respects gender and sexual diversity of community served; Recruiting, retaining and promoting diverse staff and management representative of the demographic characteristics of the service area; Reviewing C&L Competency Plan annually and update as needed; Assessing C&L Competency and reflectiveness of client and target populations; Tracking client demographics and language needs; Employing bilingual Spanish staff and retaining additional language assistance as needed at no cost to the client; and Providing frequently used materials in Spanish.	3,5,6	03/01/21-02/28/22	• Staff development documentation and personnel files. • Client Satisfaction Survey results. • Staff race/ethnicity/gender/sexual orientation survey results. • C&L Competency Plan and All-Staff Meeting agenda. • C&L Competency Self-Assessment and plan to address deficiencies. • Race, ethnicity and language proficiency recorded in ARIES. • Staff language proficiency survey results. • "Interpreter Needed" alert in electronic health record (EHR) as well as accounting of payment to interpretive service vendors. • Spanish versions of most common forms and signage.

ATTACHMENT A

SCOPE OF WORK – PART A

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

Contract Number:	
Contractor:	Desert AIDS Project
Grant Period:	March 1, 2021 – February 28, 2022
Service Category:	Early Intervention Services (Part A)
Service Goal:	Quickly link HIV infected individuals to testing services, core medical services, and support services necessary to support treatment adherence and maintenance in medical care. Decrease the time between acquisition of HIV and entry into care and decrease instances of out-of-care to facilitate access to medications, decrease transmission rates, and improve health outcomes.
Service Health Outcomes:	If RW-funded testing: maintain 1.1% positivity rate or higher (targeted testing); Link newly diagnosed HIV+ to medical care in 30 days or less; Improve retention in care (at least 1 medical visit in each 6-month period); Improve viral suppression rate.

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 21/22 TOTAL
Number of Clients	0	0	100	0	40	49	**189**
Number of Visits = Regardless of number of transactions or number of units	0	0	1000	0	330	400	**1730**
Number of Units = Transactions or 15 min encounters	0	0	3000	0	500	550	**4050**

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: Identify/locate HIV+ unware and HIV+ that have fallen out of care; **Element #4:** Coordination with local HIV prevention programs; **Element #9:** Utilize the "Bridge" model to reconnect those that have fallen out of care; and **Element #10:** Establish and maintain formal linkages with traditional (prisons, homeless shelters, treatment centers, etc.) AND non-traditional (faith-based organizations, community centers, hospitals, etc.) entry points. **Activities:** Employing educated staff who are offered training to remain informed about epidemiology and target populations trends revealing	3, 5, 6	03/01/21-02/28/22	• Resumes of staff and staff training records. • Advertising/Promotion collateral. • No-Show reports and other functions of the EHR. • Case Conference logs. • MOU/Letters of Support/Contracts/Agreements with County of Riverside and State of California. • List of active EIS partners showing mix of traditional and non-traditional sites and schedule of partner activities (e.g. hosting our team to conduct regular testing and education, coordinating services with our mobile testing van, etc.).

characteristics of high-risk individuals so that efforts to identify/locate can be focused; Conducting advertising and promotion to those groups to make them aware of services; Tracking missed appointments and other indicators of poor treatment adherence such as declining mental health in shared electronic health records (EHR) so that reports can be generated of those who have fallen out of care and case manager can be aware of those at high risk; Case Conferencing; Establishing regular contact with local HIV prevention programs to avoid duplication of services, coordinating training opportunities, linking clients to partner counseling and referral services, implementing data-to-care efforts and conducting mandated disease reporting; Training new staff and updating current staff on The Bridge and similar interventions that can be adapted to our service area; and Employing Community Partner Liaison to support EIS team and Leadership Team to maintain relationships with diverse group of both traditional and non-traditional collaborating partners who can provide access to high risk populations.			• Service deliveries in ARIES and documentation in EIS Logs and electronic databases. • Progress notes in ARIES. • EIS Enrollment Forms and Counseling Information Forms. • EIS logs showing documentation, when available, of the profile of individuals served as evidence of targeting efforts at high risk populations.
Element #2: Provide testing services and/or refer high-risk unaware to testing; and **Element #6:** Provide education/information regarding availability of testing and HIV care services to HIV+, those at-risk, those affected by HIV, and caregivers. Activities that are exclusively HIV prevention education are prohibited. **Activities:** Conducting HIV testing on-site, at stationary sites throughout the community, via mobile testing unit and at special events; Delivering education/information in conjunction with testing tailored for audience age, gender, race/ethnicity/gender/sexual orientation, risk group, immigration status, addiction history, etc.; Maintaining partnership with on-site laboratory for confirmatory testing; Hosting State of California HIV testing training program for certification of new test counselors; Recruiting and retaining volunteer test counselors; and Maintaining walk-in Sexual Health Clinic on-site at DAP	3,5,6	03/01/21-02/28/22	• EIS logs and Counseling Information Forms. • Records showing positivity rate of 1.1% or higher for targeted testing. • EIS Schedule showing education sessions utilizing Ryan White Part A funds were accompanied by testing. • List of partners welcoming DAP to provide testing and education services to the populations they serve. • Lease with LabCorp and evidence of interface between EHR and LabCorp. • Staff training logs. • Volunteer files. • Record of testing services provided through DAP's Sexual Health Clinic, The DOCK.
Element #3: One-on-one, in-depth encounters; **Element #5:** Identify and problem-solve barriers to care; **Element #7:** Referrals to testing, medical care, and support services; **Element #8:** Follow-up activities to ensure linkage; **Element #11:** Utilize standardized, required documentation to record encounters, progress; and **Element #12:** Maintain up-to-date, quantifiable data to accommodate reporting and evaluation. **Activities:** Through one-on-one sessions, working collaboratively with the client to identify greatest barriers that if addressed will expedite linkage to medical care (e.g. insurance status, income, transportation, fear and concern, etc.); Case Conferencing; Co-locating medical clinic, dental clinic, behavioral health, home health programs and other social services	3,5,6	03/01/21-02/28/22	• EIS data showing rate of linkage to medical within 30 days. • Past and present medical appointment history and most recent lab results in on-site EHR or in ARIES. • EIS Enrollment Forms. • Needs assessments as appropriate documented in ARIES or client chart. • Case Conference logs. • Referrals and outcomes recorded in ARIES. • Progress notes in ARIES documenting encounters as well as reduced incidence of falling out of care after EIS discharge.

such as housing, food assistance and case management; Ensuring shared medical records review health indicators to include medical visits and viral load; Maintaining network of community clinic referral options to ensure client can link to care at most convenient and preferred provider; Documenting follow-up efforts such as phone calls, emails, social media connections, in-person sessions, mail or communication with collaborating partners per client consent; Adhering to using Inland Empire HIV Planning Council and local Ryan White Program published Standards of Care and EIS policies, procedures and forms; and Maintaining Ryan White Program-approved spreadsheets and support ongoing data entry in electronic databases.			• Functions of EpicCare and ARIES employed to record required data and generate reports.
Element #13: N/A			
Element #14: Services are provided based on Cultural and Linguistic (C&L) Competency Standards. **Activities:** Enroll staff in annual C&L Competency training; Provide care compatible with client culture, health beliefs, practices, preferred language, and in a manner that reflects and respects gender and sexual diversity of community served; Recruiting, retaining and promoting diverse staff and management representative of the demographic characteristics of the service area; Reviewing C&L Competency Plan annually and updating as needed; Assessing C&L Competency and reflectiveness of client and target populations; Tracking client demographics and language needs; Employing bilingual Spanish staff and retain additional language assistance as needed at no cost to the client; and Providing frequently used materials in Spanish.	3,5,6	03/01/21-02/28/22	• Staff development documentation and personnel files. • Client Satisfaction Survey results. • Staff race/ethnicity/gender/sexual orientation survey results. • C&L Competency Plan and All-Staff Meeting agenda. • C&L Competency Self-Assessment and plan to address deficiencies. • Race, ethnicity and language proficiency recorded in ARIES. • Staff language proficiency survey results. • "Interpreter Needed" alert in EHR as well as accounting of payment to interpretive service vendors. • Spanish versions of most common forms and signage.

ATTACHMENT A

SCOPE OF WORK – PART A

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

Contract Number:	
Contractor:	Desert AIDS Project
Grant Period:	March 1, 2021 – February 28, 2022
Service Category:	Non-Medical Case Management
Service Goal:	Facilitate linkage and retention in care through the provision of guidance and assistance with service information and referrals.
Service Health Outcomes:	Improve retention in care (at least 1 medical visit in each 6-month period); Improve viral suppression rate).

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 21/22 TOTAL
Number of Clients	0	0	1601	0	48	76	**1725**
Number of Visits = Regardless of number of transactions or number of units	0	0	9708	0	104	1188	**11000**
Number of Units = Transactions or 15 min encounters	0	0	28983	0	396	621	**30000**

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: Initial assessment of service needs; **Element #2:** Initial and ongoing assessment of acuity level; and **Element #6:** Ongoing assessment of the client's and other key family members' needs and personal support systems. **Activities:** Screening for Payer of Last Resort with support from on-site central registration; Through communication via email, phone or in-person sessions, working collaboratively with client to identify need for services and providing guidance and assistance in improving access to needed services. Referring clients to co-located (to include shared electronic health records) with medical clinic, dental clinic, behavioral health, early intervention programs and other social services such as food, housing, transportation and psychosocial support programs; and Referring clients to needed services provided by community referral partners.	3,5,6	03/01/21-02/28/22	• Eligibility documentation complete at least every six months. • Needs Assessment results in ARIES and dates and content of changes noted a well as record of communication dates and type. • Progress notes in ARIES. • Referrals documented in Progress Notes, ARIES and electronic health records (EHR). • Employment records. • MOUs/Contracts/Agreements/Letters of support from partners
Element #3: Development of a comprehensive, individualized care plan;	3,5,6	03/01/21-02/28/22	• Care plan documented in ARIES. • Treatment adherence counseling documented in ARIES.

Element #4: Continuous client monitoring to assess the efficacy of the care plan; **Element #5:** Re-evaluation of the care plan at least every 6 months with adaptations as necessary; **Element #7:** Provide education, advice and assistance in obtaining medical, social, community, legal, financial (e.g. benefits counseling), and other services; **Element #8:** Discuss budgeting with clients to maintain access to necessary services; and **Element #10:** Benefits counseling (assist with obtaining access to other public and private programs for which clients are eligible (e.g. Medi-Cal, Medicare, Covered CA, ADAP, Premium Assistance, etc.). **Activities:** In alignment with client's needs, barriers to care, eligibility, motivation and capacity, developing an ISP with goals and objectives signed by both the client and case manager to indicate commitment to implementation; Ensuring shared access to EHR and electronic dental records (EDR); Reviewing health indicators to include medical visits and viral load; and Updating Care Plan as needed in collaboration with client.			• Benefits counseling documented in ARIES. • Progress notes in ARIES. • Insurance status documented in ARIES and proof of insurance on record. • Quality Improvement Plan.
Element #9: Case Conferencing session. **Activities:** Holding weekly interdisciplinary Case Conference with all departments represented; and Documenting outcomes and planned course of action.	3,5,6	03/01/21-02/28/22	• Case Conference logs. • ARIES Progress Notes.
Element #11: Services are provided based on Cultural and Linguistic (C&L) Competency Standards. **Activities:** Enrolling staff in annual C&L Competency training; Providing care compatible with client culture, health beliefs, practices, preferred language, and reflecting and respecting gender and sexual diversity of community served; Recruiting, retaining and promoting diverse staff and management representative of the demographic characteristics of the service area; Reviewing C&L Competency Plan annually and updating as needed; Assessing C&L Competency and reflectiveness of client and target populations; Tracking client demographics and language needs; Employing bilingual Spanish staff and retaining additional language assistance as needed at no cost to the client; and Providing frequently used materials in Spanish.	3,5,6	03/01/21-02/28/22	• Staff development documentation and personnel files. • Client Satisfaction Survey results. • Staff race/ethnicity/gender/sexual orientation survey results. • C&L Competency Plan and All-Staff Meeting agenda. • C&L Competency Self-Assessment and plan to address deficiencies. • Race, ethnicity and language proficiency recorded in ARIES. • Staff language proficiency survey results. • "Interpreter Needed" alert in EHR as well as accounting of payment to interpretive service vendors. • Spanish versions of most common forms and signage.

SCOPE OF WORK – PART A

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

Contract Number:	
Contractor:	Desert AIDS Project
Grant Period:	March 1, 2021 – February 28, 2022
Service Category:	Food Services
Service Goal:	Supplement eligible HIV/AIDS consumer's financial ability to maintain continuous access to adequate caloric intake and balanced nutrition sufficient to maintain optimal health in the face of compromised health status due to HIV infection in the TGA.
Service Health Outcomes:	Improve retention in care (at least 1 medical visit in each 6-month period); Improve viral suppression rate.

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 21/22 TOTAL
Number of Clients	0	0	545	0	15	40	**600**
Number of Visits = Regardless of number of transactions or number of units	0	0	6540	0	180	600	**7320**
Number of Units = Transactions or 15 min encounters	0	0	32700	0	900	3000	**36600**

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: Food vouchers, actual food, and/or hot meals; **Element #2:** Licensure and Food Handling certification required if applicable; and **Element #3:** Current local limit = $50 per client per month. **Activities:** Screening for Payer of Last Resort with support from on-site central registration and case management teams; Renewing food handling certification; Distributing food vouchers once a month on a regular basis, and as needed for emergency assistance, ensuring that every client receives an equal number of food vouchers each month; Securing vouchers from an accessible grocery store chain making every effort to purchase quantities that provide for discounts; Case Conferencing; Co-locating with case managers support review of health indicators to include medical visits and viral load; Ensuring shared access to electronic health records (EHR) and electronic dental records (EDR); Referring clients to co-located (to include shared electronic health records) with	3,5,6	03/01/21-02/28/22	• Eligibility documentation complete at least every six months. • Current Food Handler license from the County of Riverside Department of Environmental Health. • Food voucher eligibility lists produced monthly. • Food voucher distribution receipts. • Invoices showing discount from Stater Bros. • Service deliveries in ARIES. • Case Conference logs. • Referrals documented in Progress Notes, ARIES and EHR. • Employment records. • MOUs/Contracts/Agreements/Letters of support from partners.

medical clinic, dental clinic, behavioral health, early intervention programs and other social services such as housing, transportation and case management; and Referring clients to needed services provided by community referral partners.			
Element #4: Services are provided based on Cultural and Linguistic (C&L) Competency Standards. **Activities:** Enrolling staff in annual C&L Competency training; Providing care compatible with client culture, health beliefs, practices, preferred language, and in a manner that reflects and respects gender and sexual diversity of community served; Recruiting, retaining and promoting diverse staff and management representative of the demographic characteristics of the service area; Reviewing C&L Competency Plan annually and updating as needed; Assessing C&L Competency and reflectiveness of client and target populations; Tracking client demographics and language needs; Employing bilingual Spanish staff and retaining additional language assistance as needed at no cost to the client; and Providing frequently used materials in Spanish.	3,5,6	03/01/21-02/28/22	• Staff development documentation and personnel files. • Client Satisfaction Survey results. • Staff race/ethnicity/gender/sexual orientation survey results. • C&L Competency Plan and All-Staff Meeting agenda. • C&L Competency Self-Assessment and plan to address deficiencies. • Race, ethnicity and language proficiency recorded in ARIES. • Staff language proficiency survey results. • "Interpreter Needed" alert in EHR as well as accounting of payment to interpretive service vendors. • Spanish versions of most common forms and signage.

SCOPE OF WORK – PART A

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

Contract Number:	
Contractor:	Desert AIDS Project
Grant Period:	March 1, 2021 – February 28, 2022
Service Category:	Housing Services
Service Goal:	To provide shelter, on an emergency or temporary basis, to eligible clients throughout the TGA at risk for homelessness or with unstable housing to ensure that they have access to and/or remain in medical care.
Service Health Outcomes:	Improve retention in care (at least 1 medical visit in each 6-month period); Improve viral suppression rate; Improve stable housing rate.

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 21/22 TOTAL
Number of Clients	0	0	415	0	15	25	**455**
Number of Visits = Regardless of number of transactions or number of units	0	0	4,980	0	60	300	**5340**
Number of Units = Transactions or 15 min encounters	0	0	9960	0	360	600	**10920**

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: Housing Case Management: Housing referral services defined as assessment, search, placement, and advocacy services must be provided by case managers or other professional(s) who possess a comprehensive knowledge of local, state, and federal housing programs and how these programs can be accessed. **Activities:** Screening for Payer of Last Resort with support from on-site central registration and case management teams; Collaborating with client to identify need for services and conducting searches on behalf of client for best match; Reviewing client's eligibility for local, state, federal and private sources of housing assistance and assist with applications or renewals for enrollment; Offering counseling, self-management strategies, training, and education that will support client's housing stability; Referring to needed services provided by community partners to	3,5,6	03/01/21-02/28/22	• Eligibility documentation complete at least every six months. • Housing Needs Assessment results in client chart. • Housing Plan available for review including causes of housing crises and a strategy to identify, relocate and/or ensure progress towards long-term, stable housing or a strategy to identify an alternate funding source for housing assistance • Progress notes in ARIES. • Referrals documented in Progress Notes and/or ARIES. • Housing status recorded in ARIES. • Case Conference logs. • Employment records.

include, shelters, transitional housing, sober living, and group quarters that have supportive environments; Case Conferencing; Ensuring shared access to electronic health records (EHR) to monitor medical visits and viral load as well as living situation/housing status; and Referring to co-located medical clinic, dental clinic, behavioral health, early intervention programs and other social services such as food, transportation and case management as needed.			• MOUs/Contracts/Agreements/Letters of support from partners. • Quality Improvement Plan.
Element #2: Housing Services (financial assistance): Short-term or emergency housing defined as necessary to gain or maintain access to medical care; and **Element #3:** Current local limit = 90 days per client per grant year. **Activities:** Ensuring funds are not in the form of direct cash payments to recipients or services; and Ensuring shared access to EMR to monitor medical visits and viral load as well as living situation/housing status.	3,5,6	03/01/21-02/28/22	• Service deliveries in ARIES. • Completed RW Emergency Housing Assistance/Referral Form. • Check requests and cancelled checks to/from motels, landlords, etc.
Element #4: Services are provided based on Cultural and Linguistic (C&L) Competency Standards. **Activities:** Enrolling staff in annual C&L Competency training; Providing care compatible with client culture, health beliefs, practices, preferred language, and in a manner that reflects and respects gender and sexual diversity of community served; Recruiting, retaining and promoting diverse staff and management representative of the demographic characteristics of the service area; Reviewing C&L Competency Plan annually and updating as needed; Assessing C&L Competency and reflectiveness of client and target populations; Tracking client demographics and language needs; Employing bilingual Spanish staff and retaining additional language assistance as needed at no cost to the client; and Providing frequently used materials in Spanish.	3,5,6	03/01/21-02/28/22	• Staff development documentation and personnel files. • Client Satisfaction Survey results. • Staff race/ethnicity/gender/sexual orientation survey results. • C&L Competency Plan and All-Staff Meeting agenda. • C&L Competency Self-Assessment and plan to address deficiencies. • Race, ethnicity and language proficiency recorded in ARIES. • Staff language proficiency survey results. • "Interpreter Needed" alert in EHR as well as accounting of payment to interpretive service vendors. • Spanish versions of most common forms and signage.

SCOPE OF WORK – PART A

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

Contract Number:	
Contractor:	Desert AIDS Project
Grant Period:	March 1, 2021 – February 28, 2022
Service Category:	Medical Transportation Services
Service Goal:	To enhance clients' access to health care or support services using multiple forms of transportation throughout the TGA.
Service Health Outcomes:	Improve retention in care (at least 1 medical visit in each 6-month period); Improve viral suppression rate.

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 21/22 TOTAL
Number of Clients	0	0	739	0	62	149	**950**
Number of Visits = Regardless of number of transactions or number of units	0	0	3436	0	620	1596	**5652**
Number of Units = Transactions or 15 min encounters	0	0	8868	0	744	1428	**11040**

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: Bus pass (monthly pass only when justified, otherwise day pass); **Element #2:** Gasoline vouchers; **Element #3:** Van trip; **Element #4:** Urgent taxi trip; **Element #5:** Collect and maintain data to document that funds are used only for medical appointments and to obtain support services to maintain participation in medical care (origin, destination, method, etc.); and **Element #6:** Restricted to pick-up and drop-off points within the TGA. **Activities:** Screening for Payer of Last Resort with support from on-site central registration and case management teams; Educating clients on how to fill out mileage logs to document eligible mileage including purpose, starting point, destination, and signature of medical or social service provider visited; Ensuring that no cash payments are made to clients by securing gas cards from locally accessible gas station chain; Case Conferencing; Co-locating	3,5,6	03/01/21-02/28/22	• Eligibility documentation complete at least every six months. • Mileage logs. • Invoices and check requests and cancelled checks to/from Valero. • Service deliveries in ARIES. • Case Conference logs. • Referrals documented in Progress Notes. • Employment records. • MOUs/Contracts/Agreements/Letters of support from partners. • Medical visits. • Viral loads.

with case managers to support review of health indicators to include medical visits and viral load; Ensuring shared access to electronic health records (EHR); Referring clients to co-located medical clinic, dental clinic, behavioral health, early intervention programs and other social services such as housing, food and case management; and Referring clients to needed services provided by community referral partners.			
Element #7: Services are provided based on Cultural and Linguistic (C&L) Competency Standards. **Activities:** Enrolling staff in annual C&L Competency training; Providing care compatible with client culture, health beliefs, practices, preferred language, and in a manner that reflects and respects gender and sexual diversity of community served; Recruiting, retaining and promoting diverse staff and management representative of the demographic characteristics of the service area; Reviewing C&L Competency Plan annually and updating as needed; Assessing C&L Competency and reflectiveness of client and target populations; Tracking client demographics and language needs; Employing bilingual Spanish staff and retaining additional language assistance as needed at no cost to the client; and Providing frequently used materials in Spanish.	3,5,6	03/01/21-02/28/22	• Staff development documentation and personnel files. • Client Satisfaction Survey results. • Staff race/ethnicity/gender/sexual orientation survey results. • C&L Competency Plan and All-Staff Meeting agenda. • C&L Competency Self-Assessment and plan to address deficiencies. • Race, ethnicity and language proficiency recorded in ARIES. • Staff language proficiency survey results. • "Interpreter Needed" alert in EHR as well as accounting of payment to interpretive service vendors. • Spanish versions of most common forms and signage.

SCOPE OF WORK – PART A

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

Contract Number:	
Contractor:	Desert AIDS Project
Grant Period:	March 1, 2021 – February 28, 2022
Service Category:	Psychosocial Support Services
Service Goal:	To provide psychosocial support services to persons living with HIV/AIDS in the TGA to maintain them in the HIV system of care.
Service Health Outcomes:	Improve retention in care (at least 1 medical visit in each 6-month period); Improve viral suppression rate).

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 21/22 TOTAL
Number of Clients	0	0	72	0	5	5	**82**
Number of Visits = Regardless of number of transactions or number of units	0	0	3744	0	260	260	**4264**
Number of Units = Transactions or 15 min encounters	0	0	14976	0	1040	1040	**17056**

Group Name and Description	Service Area of Service Delivery	Targeted Population	Open/ Closed	Expected Avg. Attend. per Session	Session Length (hours)	Sessions per Week	Group Duration	Outcome Measures
• Talking Circle	SA3	PLWHA	open	8	1 hour	1	ongoing	Sharing feelings in a safe environment Positive feedback
• HIV Aging and coffee talk	SA3	PLWHA	open	9	1 hour	1	ongoing	Sharing updates/support for challenges and successes for HIV long term survivors
• Experience, strength and Hope	SA3	PLWHA	open	5	1 hour	1	ongoing	Daily meditation/tools to help and share personal recovery
• Stress Management	SA3	PLWHA	open	8	1 hour	1	ongoing	Understanding stress, stressors, physical and psychological aspects, stress management techniques
• Dreaming with your shoes on	SA3	PLWHA	open	12	1.50 hours	1	ongoing	Explore tools and strategies to help achieve goals and dreams

• Quilting/Stich in time	SA3	PLWHA		8	4	1	Suspended due to COVID	Socialization/productivity/art/improve mental health

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: Initial individual needs assessment; **Element #2**: Individual support/counseling session; **Element #3:** Group support/counseling session. **Activities:** Screening for Payer of Last Resort with support from on-site central registration and case management teams; Through one-on-one sessions, working collaboratively with the client to identify need for services that would support engagement in care and prevent falling out of care; Providing counseling regarding the emotional and psychological issues related to living with HIV and to promote problem solving, service access, and steps towards diseases self-management; Providing peer, volunteer, and staff-led groups on a regular schedule various days a week; Case Conferencing; Co-locating with case managers to support review of health indicators to include medical visits and viral load as well as reduced incidence of becoming aware but not in care (unmet need); Ensuring shared access to electronic health records (EHR); Referring clients to co-located medical clinic, dental clinic, early intervention programs and other social services such as housing, food and case management; and Referring clients to needed services provided by community referral partners.	3,5,6	03/01/21-02/28/22	• Eligibility documentation complete at least every six months. • Needs Assessment in ARIES. • Service deliveries in ARIES. • Case Conference logs. • Progress Notes in ARIES. • Published group schedules. • Attendance Logs. • Documentation of topics/focus, group duration, group type (open/closed), general group goals. • Employment records. • MOUs/Contracts/Agreements/Letters of support from partners. • Quality Improvement Plan.
Element #4: Case Conferencing session. **Activities:** Holding weekly interdisciplinary Case Conference with all departments represented; and Documenting outcomes and planned course of action.	3,5,6	03/01/21-02/28/22	• Case Conference logs. • ARIES Progress Notes.
Element #5: Referral to mental health professional. **Activities:** Employing referral specialist to navigate insurance; Maintaining co-located substance abuse specialists, psychiatrists and therapists; and Maintaining relationship with community partners.	3,5,6	03/01/21-02/28/22	• Progress notes in EHR, ARIES and/or paper charts. • Employment records. • MOUs/Contracts/Agreements/Letters of support from partners.
Element #6: Services are provided based on Cultural and Linguistic (C&L) Competency Standards. **Activities:** Enrolling staff in annual C&L Competency training; Providing care compatible with client culture, health beliefs, practices, preferred language, and in a manner that reflects and respects gender and sexual diversity of community served; Recruiting, retaining and promoting diverse staff and management representative of the demographic characteristics of the service area; Reviewing C&L Competency Plan annually and updating as needed; Assessing C&L	3,5,6	03/01/21-02/28/22	• Staff development documentation and personnel files. • Client Satisfaction Survey results. • Staff race/ethnicity/gender/sexual orientation survey results. • C&L Competency Plan and All-Staff Meeting agenda. • C&L Competency Self-Assessment and plan to address deficiencies. • Race, ethnicity and language proficiency recorded in ARIES.

Competency and reflectiveness of client and target populations; Tracking client demographics and language needs; Employing bilingual Spanish staff and retaining additional language assistance as needed at no cost to the client; and Providing frequently used materials in Spanish.			• Staff language proficiency survey results • "Interpreter Needed" alert in EHR as well as accounting of payment to interpretive service vendors. • Spanish versions of most common forms and signage.

ATTACHMENT A

SCOPE OF WORK – PART A

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

Contract Number:	
Contractor:	Desert AIDS Project
Grant Period:	March 1, 2021 – February 28, 2022
Service Category:	Emergency Financial Assistance (EFA)
Service Goal:	The overall goal of Emergency Financial Assistance is to prevent negative client outcomes as a result of emergency financial difficulties and to assist the client in securing s financially stable living situation.
Service Health Outcomes:	Improve retention in care (at least 1 medical visit in each 6-month period); Improve viral suppression rate.

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 21/22 TOTAL
Number of Clients	0	0	25	0	5	5	**35**
Number of Visits = Regardless of number of transactions or number of units	0	0	25	0	5	5	**35**
Number of Units = Transactions or 15 min encounters	0	0	175	0	35	355	**245**

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: Direct payment to an agency. **Element #2:** Current local limit = Maximum of three months to pay their utility bills (electricity, water, gas). **Activities:** Ensuring funds are not in the form of direct cash payments to recipients or services; and Ensuring shared access to EHR to monitor medical visits and viral load as well as living situation/housing status.	3,5,6	03/01/21-02/28/22	• Service deliveries in ARIES. • Completed RW Emergency Financial Assistance Referral Form. • Check and/or utility bill requests and cancelled checks and/or utility bill from vendor.
Element #3: Services are provided based on Cultural and Linguistic (C&L) Competency Standards. **Activities:** Enrolling staff in annual C&L Competency training; Providing care compatible with client culture, health beliefs, practices, preferred language, and in a manner that reflects and respects gender and sexual diversity of community served; Recruiting, retaining and promoting diverse staff and management representative of the demographic characteristics of the service area; Reviewing C&L	3,5,6	03/01/21-02/28/22	• Staff development documentation and personnel files. • Client Satisfaction Survey results. • Staff race/ethnicity/gender/sexual orientation survey results. • C&L Competency Plan and All-Staff Meeting agenda. • C&L Competency Self-Assessment and plan to address deficiencies.

Competency Plan annually and updating as needed; Assessing C&L Competency and reflectiveness of client and target populations; Tracking client demographics and language needs; Employing bilingual Spanish staff and retaining additional language assistance as needed at no cost to the client; and Providing frequently used materials in Spanish.			• Race, ethnicity and language proficiency recorded in ARIES. • Staff language proficiency survey results. • "Interpreter Needed" alert in EHR as well as accounting of payment to interpretive service vendors. • Spanish versions of most common forms and signage.

ATTACHMENT A

SCOPE OF WORK – MAI

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

Contract Number:	
Contractor:	Desert AIDS Project
Grant Period:	March 1, 2021 – February 28, 2022
Service Category:	Early Intervention Services (MAI)
Service Goal:	Quickly link HIV infected individuals to testing services, core medical services, and support services necessary to support treatment adherence and maintenance in medical care. Decrease the time between acquisition of HIV and entry into care and decrease instances of out-of-care to facilitate access to medications, decrease transmission rates, and improve health outcomes.
Service Health Outcomes:	If RW-funded testing: maintain 1.1% positivity rate or higher (targeted testing); Link newly diagnosed HIV+ to medical care in 30 days or less; Improve retention in care (at least 1 medical visit in each 6-month period); Improve viral suppression rate.

BLACK / AFRICAN AMERICAN	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 21/22 TOTAL
Number of Clients	0	0	10	0	5	5	**20**
Number of Visits = Regardless of number of transactions or number of units	0	0	100	0	20	50	**170**
Number of Units = Transactions or 15 min encounters	0	0	200	0	150	200	**550**

HISPANIC / LATINO	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 21/22 TOTAL
Number of Clients	0	0	90	0	15	15	**120**
Number of Visits = Regardless of number of transactions or number of units	0	0	900	0	180	200	**1280**
Number of Units = Transactions or 15 min encounters	0	0	1800	0	300	800	**2900**

TOTAL MAI (sum of two tables above)	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 21/22 TOTAL
Number of Clients	0	0	100	0	20	20	**140**

Number of Visits = Regardless of number of transactions or number of units	0	0	1000	0	200	250	**1450**
Number of Units = Transactions or 15 min encounters	0	0	2000	0	450	1000	**3450**

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: Identify/locate HIV+ unware and HIV+ that have fallen out of care; **Element #4:** Coordination with local HIV prevention programs; **Element #9:** Utilize the "Bridge" model to reconnect those that have fallen out of care; and **Element #10:** Establish and maintain formal linkages with traditional (prisons, homeless shelters, treatment centers, etc.) AND non-traditional (faith-based organizations, community centers, hospitals, etc.) entry points. **Activities:** Employing educated staff who are offered training to remain informed about epidemiology and target populations trends revealing characteristics of high-risk individuals so that efforts to identify/locate can be focused; Conducting advertising and promotion to those groups to make them aware of services; Tracking missed appointments and other indicators of poor treatment adherence such as declining mental health in shared electronic health records (EHR) so that reports can be generated of those who have fallen out of care and case manager can be aware of those at high risk; Case Conferencing; Establishing regular contact with local HIV prevention programs to avoid duplication of services, coordinating training opportunities, linking clients to partner counseling and referral services, implementing data-to-care efforts and conducting mandated disease reporting; Training new staff and updating current staff on The Bridge and similar interventions that can be adapted to our service area; and Employing Community Partner Liaison to support EIS team and Leadership Team to maintain relationships with diverse group of both traditional and non-traditional collaborating partners who can provide access to high risk populations.	3,5,6	03/01/21-02/28/22	• Resumes of staff and staff training records. • Advertising/Promotion collateral. • No-Show reports and other functions of the EHR. • Case Conference logs. • MOU/Letters of Support/Contracts/Agreements with County of Riverside and State of California. • List of active EIS partners showing mix of traditional and non-traditional sites and schedule of partner activities (e.g. hosting our team to conduct regular testing and education, coordinating services with our mobile testing van, etc.). • Service deliveries in ARIES and documentation in EIS Logs and electronic databases. • Progress notes in ARIES. • EIS Enrollment Forms and Counseling Information Forms. • EIS logs showing documentation, when available, of the profile of individuals served as evidence of targeting efforts at high risk populations.
Element #2: Provide testing services and/or refer high-risk unaware to testing; and **Element #6:** Provide education/information regarding availability of testing and HIV care services to HIV+, those at-risk, those affected by	3,5,6	03/01/21-02/28/22	• EIS logs and Counseling Information Forms. • Records showing positivity rate of 1.1% or higher for targeted testing.

HIV, and caregivers. Activities that are exclusively HIV prevention education are prohibited. **Activities:** Conducting HIV testing on-site, at stationary sites throughout the community, via mobile testing unit and at special events; Delivering education/information in conjunction with testing tailored for audience age, gender, race/ethnicity/gender/sexual orientation, risk group, immigration status, addiction history, etc.; Maintaining partnership with on-site laboratory for confirmatory testing; Hosting State of California HIV testing training program for certification of new test counselors; Recruiting and retaining volunteer test counselors; and Maintaining walk-in Sexual Health Clinic on-site at DAP			• EIS Schedule showing education sessions utilizing Ryan White Part A funds were accompanied by testing. • List of partners welcoming DAP to provide testing and education services to the populations they serve. • Lease with LabCorp and evidence of interface between EHR and LabCorp. • Staff training logs. • Volunteer files. • Record of testing services provide through DAP's Sexual Health Clinic, The DOCK.
Element #3: One-on-one, in-depth encounters; **Element #5:** Identify and problem-solve barriers to care; **Element #7:** Referrals to testing, medical care, and support services; **Element #8:** Follow-up activities to ensure linkage; **Element #11:** Utilize standardized, required documentation to record encounters, progress; and **Element #12:** Maintain up-to-date, quantifiable data to accommodate reporting and evaluation. **Activities:** Through one-on-one sessions, working collaboratively with the client to identify greatest barriers that if addressed will expedite linkage to medical care (e.g. insurance status, income, transportation, fear and concern, etc.); Case Conferencing; Co-locating medical clinic, dental clinic, behavioral health, home health programs and other social services such as housing, food assistance and case management; Ensuring shared medical records review health indicators to include medical visits and viral load; Maintaining network of community clinic referral options to ensure client can link to care at most convenient and preferred provider; Documenting follow-up efforts such as phone calls, emails, social media connections, in-person sessions, mail or communication with collaborating partners per client consent; Adhering to using Inland Empire HIV Planning Council and local Ryan White Program published Standards of Care and EIS policies, procedures and forms; and Maintaining Ryan White Program-approved spreadsheets and support ongoing data entry in electronic databases.	3,5,6	03/01/21-02/28/22	• EIS data showing rate of linkage to medical within 30 days. • Past and present medical appointment history and most recent lab results in on-site EHR or in ARIES. • EIS Enrollment Forms. • Needs assessments as appropriate documented in ARIES or client chart. • Case Conference logs. • Referrals and outcomes recorded in ARIES. • Progress notes in ARIES documenting encounters as well as reduced incidence of falling out of care after EIS discharge. • Functions of EpicCare and LEO customized to record required data and generate reports.
Element #13: Develop and implement specific, evidence-based strategies proven effective for African American and/or Hispanic populations. **Element #14:** Services are provided based on Cultural and Linguistic (C&L) Competency Standards. **Activities:** Enroll staff in annual C&L Competency training; Provide care compatible with client culture, health beliefs, practices, preferred language, and in a manner that reflects and respects gender and sexual diversity of community served; Recruiting, retaining and promoting	3,5,6	03/01/21-02/28/22	• Staff development documentation and personnel files. • Client Satisfaction Survey results. • Staff race/ethnicity/gender/sexual orientation survey results. • C&L Competency Plan and All-Staff Meeting agenda. • C&L Competency Self-Assessment and plan to address deficiencies.

diverse staff and management representative of the demographic characteristics of the service area; Reviewing C&L Competency Plan annually and updating as needed; Assessing C&L Competency and reflectiveness of client and target populations; Tracking client demographics and language needs; Employing bilingual Spanish staff and retain additional language assistance as needed at no cost to the client; and Providing frequently used materials in Spanish.			• Race, ethnicity and language proficiency recorded in ARIES. • Staff language proficiency survey results. • "Interpreter Needed" alert in EHR as well as accounting of payment to interpretive service vendors. • Spanish versions of most common forms and signage.

ATTACHMENT A

ATTACHMENT J

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2021 – February 28, 2022

AGENCY NAME: Desert AIDS Project **SERVICE: Outpatient Ambulatory Health Services**

	A	B	C
Budget Category	**Non-RW Cost (Other Payers)[2]**	**RW Cost**	**Total Cost[1]**
Personnel			
Medical Director and HIV Certified Physician: (Morris, D-MD $199,300 x 0.0 FTE=$0); Provides HIV/AIDS specialty medical care, including diagnostic and therapeutic services such as diagnostic testing, preventive care and screening, medical examination, medical history taking, diagnosis and treatment to include that of current and opportunistic infections, prescribing and managing medication to include antiretroviral and other drug therapies, education and counseling on health issues, continuing care and management of chronic conditions, and referral to necessary care and services in an outpatient setting. Provides after-hours call coverage for patients with urgent needs. Provides hospital round coverage, including after-hour admission/discharges as needed. Provides professional oversight and direction to medical providers regarding delivery of O/AHS to assure the delivery of appropriate and high-quality HIV care.	**199,300**	-	**199,300**
Physicians: (Foltz, C–MD $199,300 x 0.0 FTE=$0);); Provides HIV/AIDS specialty medical care, including diagnostic and therapeutic services such as diagnostic testing, preventive care and screening, medical examination, medical history taking, diagnosis and treatment to include that of current and opportunistic infections, prescribing and managing medication to include antiretroviral and other drug therapies, education and counseling on health issues, continuing care and management of chronic conditions, and referral to necessary care and services in an outpatient setting. Provides after-hours call coverage for patients with urgent needs. Provides hospital round coverage, including after-hour admission/discharges as needed.	**199,300**	-	**199,300**

Physicians: (Kerkar, S-MD $199,300 x 0.0 FTE=$0); Provides HIV/AIDS specialty medical care, including diagnostic and therapeutic services such as diagnostic testing, preventive care and screening, medical examination, medical history taking, diagnosis and treatment to include that of current and opportunistic infections, prescribing and managing medication to include antiretroviral and other drug therapies, education and counseling on health issues, continuing care and management of chronic conditions, and referral to necessary care and services in an outpatient setting. Provides after-hours call coverage for patients with urgent needs. Provides hospital round coverage, including after-hour admission/discharges as needed.	**199,300**	**-**	**199,300**
Physicians: (Singh, T-MD $199,300 x 0.0 FTE=$0); Provides HIV/AIDS specialty medical care, including diagnostic and therapeutic services such as diagnostic testing, preventive care and screening, medical examination, medical history taking, diagnosis and treatment to include that of current and opportunistic infections, prescribing and managing medication to include antiretroviral and other drug therapies, education and counseling on health issues, continuing care and management of chronic conditions, and referral to necessary care and services in an outpatient setting. Provides after-hours call coverage for patients with urgent needs. Provides hospital round coverage, including after-hour admission/discharges as needed.	**199,300**	**-**	**199,300**
Nurse Practitioner/Physician Assistant (Broadus, T-NP $159,822 x 0.0 FTE=$0); In compliance with state licensing guidelines and under appropriate supervision and collaboration from Medical Director, provides HIV/AIDS specialty medical care, including diagnostic and therapeutic services such as diagnostic testing, preventive care and screening, medical examination, medical history taking, diagnosis and treatment to include that of current and opportunistic infections, prescribing and managing medication to include antiretroviral and other drug therapies, education and counseling on health issues, continuing care and management of chronic conditions, and referral to necessary care and services in an outpatient setting.	**159,822**	**-**	**159,822**

Nurse Practitioner/Physician Assistant: (Lopez, N PA $162,168 x 0.0 FTE=$0); In compliance with state licensing guidelines and under appropriate supervision and collaboration from Medical Director, provides HIV/AIDS specialty medical care, including diagnostic and therapeutic services such as diagnostic testing, preventive care and screening, medical examination, medical history taking, diagnosis and treatment to include that of current and opportunistic infections, prescribing and managing medication to include antiretroviral and other drug therapies, education and counseling on health issues, continuing care and management of chronic conditions, and referral to necessary care and services in an outpatient setting.	**162,168**	-	**162,168**
Nurse Practitioner/Physician Assistant: (Velasco, A-NP $181,500 x 0.0 FTE= $0); In compliance with state licensing guidelines and under appropriate supervision and collaboration from Medical Director, provides HIV/AIDS specialty medical care, including diagnostic and therapeutic services such as diagnostic testing, preventive care and screening, medical examination, medical history taking, diagnosis and treatment to include that of current and opportunistic infections, prescribing and managing medication to include antiretroviral and other drug therapies, education and counseling on health issues, continuing care and management of chronic conditions, and referral to necessary care and services in an outpatient setting.	**181,500**	-	**181,500**
Clinical Services RN: (Vizoso, H $130,000 x 0.0 FTE=$0); Provides support to clinic physicians in the provision of patient care. Performs permitted examinations, procedures and other medical care under the direction of physicians and Medical Director. Works with patients to ensure coordinated services with pharmacies regarding prescription orders and refills. Performs triage and clinical assessments for urgent care patients. Prepares patients for physician examinations and follow-up as necessary. Liaison with patients to ensure test and consult reports are received prior to client follow-up appointments. Works with patients to ensure linkage with case managers and home care staff as needed for continuity of care. Provides professional oversight and direction to nursing staff and medical assistants regarding delivery of O/AHS to assure the delivery of appropriate and high-quality HIV care.	**130,000**	-	**130,000**

Clinical Services LVN: (Leal, D $45,000 x 0.0 FTE=$0); (Miller, K $65,920 x 0.0 FTE=$0); (Bates, C $45,000 x 0.0 FTE=$0); Provides support to clinic physicians in the provision of patient care. Performs permitted examinations, procedures and other medical care under the direction of physicians and Medical Director. Prepares patients for physician examinations and follow-up as necessary. Works with patients to ensure coordinated services with pharmacies regarding prescription orders and refills. Liaison with patients to ensure test and consult reports are received prior to client follow-up appointments. Works with patients to ensure linkage with case managers and home care staff as needed for continuity of care.	**155,920**	-	**155,920**
Clinical Services LVN: (Picou, B $45,000 x 0.0=$0); (Sanders, T $45,000 x 0.0=$0); (Zelaya, K $45,000 x 0.0=$0); (Sanchez, N $45,000 x 0.0=$0); Provides support to clinic physicians in the provision of patient care. Performs permitted examinations, procedures and other medical care under the direction of physicians and Medical Director. Prepares patients for physician examinations and follow-up as necessary. Works with patients to ensure coordinated services with pharmacies regarding prescription orders and refills. Liaison with patients to ensure test and consult reports are received prior to client follow-up appointments. Works with patients to ensure linkage with case managers and home care staff as needed for continuity of care.	**180,000**	-	**180,000**
Medical Assistant: (McIntosh, M $38,110 x 0.0 FTE=$0); (Vargas, E $38,110 x 0.0 FTE=$0); (Pimental, J $38,110 x 0.0 FTE=$0); (Palomeraz, C $38,110 x 0.0 FTE=$0); Provides support to staff and patients related to health care services. Performs permitted procedures under the direction of physicians and Medical Director. Room's patients, documents vital signs, pain levels and chief complaint relaying pertinent care information as necessary. Assists clients with appointments to referral sources.	**152,440**	-	**152,440**

Health Center & Call Center Receptionists: (Aguilera, L $36,000 x 0.0 FTE=$0); (Garcia, C $35,020 x 0.0 FTE=$0); Serves as the first point of contact for patients in the Health Center whether by phone or in person. Works with patients to cancel and reschedule appointments as requested, greeting patients for compliant check-in and check-out, explanation of collection of co-pays and client share of cost, and other related services for patients. Links clients to other care and services by internal referral as appropriate. Screens patients for eligibility, including verifying and updating demographic and insurance information.	**71,020**	-	**71,020**
Eligibility Specialist: (Nebgen, H $36,870 x 0.0 FTE=$0); (Pichardo, A $36,420 x 0.0 FTE=$0); (Zahn, V $46,340 x 0.0 FTE=$0). Serves as the first point of contact for new clients to review, update and assist in establishing eligibility for Ryan White-funded O/AHS and other available state, county and local programs to assess payer of last resort, reviews income and residency eligibility and other general issues of compliance with the Standards of Care. Perform bi-annual eligibility recertifications with clients. Performs data entry related to client eligibility recertification for O/AHS. On behalf of client participates in case conferencing and makes internal referrals to link clients to care and services.	**119,630**	-	**119,630**
Health Center Manager: (Bucio, C $67,980 x 0.0 FTE=$0); Works directly with patients with acute needs with regard to eligibility to ensure coordinated referrals with other programs including medical case managers, behavioral health staff and housing department. Screens patients for eligibility, including verifying and updating demographic and insurance information. Manages appropriate billing when other payers are available for covered procedures. Provides professional oversight and direction to receptionists regarding delivery of O/AHS to assure compliance with Ryan White policies and procedures, standards of care and other regulations.	**67,980**	-	**67,980**
Quality and Program Monitor: (Terramagra $63,000 x 0.0 FTE=$0); Develops and directs Clinical Quality Improvement/Management program in compliance with Ryan White National Monitoring Standards, federal, state and local regulatory bodies, Ryan White Local Policies & Procedures and IEHPC Standards of Care to facilitate delivery and improvement of O/AHS	**63,000**	-	**63,000**

Senior Clinical Data Analyst(s): (Avina, R $60,000 x 0.0 FTE=$0); (Garcia, R $82,400 x 0.0 FTE=$0). Performs client-level data entry in electronic health record(s) directly related to delivery of O/AHS to support and improve ongoing care and treatment of patient. Analyzes client level data used by program staff to improve the quality of Ryan White service delivery in alignment with clinical quality management plans. Provides professional oversight of and direction to health information management coordinators to assure activities support improvement of O/AHS.	**142,400**	-	**142,400**
Health Information Management Coordinator(s): (Alcaraz, T $78,876 x 0.0 FTE=$0); (Quach, C $35,000 x 0.0 FTE=$0); (Zuniga, M $35,000 x 0.0 FTE=$0); Performs client level data entry in electronic health record(s) directly related to delivery of O/AHS to support and improve ongoing care and treatment of patient. Scans, files and retrieves at client and staff request medical records and eligibility documentation. Reviews incoming fax queue to alert program staff of critical lab results, etc. Analyzes client level data used by program staff to improve the quality of Ryan White service delivery in alignment with clinical quality management plans.	**148,876**	-	**148,876**
Referral Specialist: (TBD$39,140 x 0.0 FTE=$0); (Castillo, K $39,140 x 0.0 FTE=$0); On behalf of patients, receives physician referral orders, reviews, obtains all documentation necessary to complete the referral, arranges referral with appropriate providers to include telemedicine, enters referral details in chart, requests chart documents on referred services, and communicates progress with patient. Assists with chart preparation by contacting patients and identifying barriers that may be preventing follow through with referrals.	**78,280**	-	**78,280**
Program Services Assistant: (Barnett, S $53,560 x 0.00 FTE=$0); (Rosenberg, B $50,000 x 0.00 FTE=$0); Provides administrative and clerical functions for the outpatient ambulatory health clinic to include data entry of statistical information such as service delivery units. Assists in compiling of materials for submission to the proper reporting entities. Credentials all providers with insurance, Medicare and Medi-Cal. Maintains pertinent general department files and records. Attends all designated department meetings, recording minutes of each meeting and preparing pertinent correspondence and reports as required. Processes vendor billings for approval by department director and submission to Finance dept.	**103,560**	-	**103,560**

Chief of Clinical Operations: (Wood, C $132,000 x 0.0 FTE=$0); Works closely with O/AHS team to insure continuity of client care, quality, HIPAA compliance/guidelines, and achievement of HRSA performance measures. Provides professional oversight and direction to O/AHS team to assure client satisfaction and positive health outcomes. Expeditiously handles patient's grievances and complaints related to O/AHS. Evaluates new potential referral services for current patients and outreach to the unaware, out of care and/or newly diagnosed.	**132,000**	-	**132,000**
Contractual Health Care Providers: (Multiple Contract Providers ($160,000 x 0.0 FTE = $0). Provide HIV/AIDS specialty medical care, including diagnostic and therapeutic services such as diagnostic testing, preventive care and screening, medical examination, medical history taking, diagnosis and treatment to include that of current and opportunistic infections, prescribing and managing medication to include antiretroviral and other drug therapies, education and counseling on health issues, continuing care and management of chronic conditions, and referral to necessary care and services in an outpatient setting. Provides after-hours call coverage for patients with urgent needs. Provides hospital round coverage, including after-hour admission/discharges as needed.	**160,000**	-	**160,000**
Total Personnel (w/o Benefits)		-	
Fringe Benefits 25% of Total Personnel Costs		-	
TOTAL PERSONNEL	**$0**	**$0**	**$0**
Other *(Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)*			
Office Supplies/Small Tools & Equipment: Standard office supplies, tools and minor equipment (i.e.: paper, related copy supplies, pens, pencils, tablets, paper clips, desk/office supplies, and other miscellaneous items), calculators, printers, scanners, keyboards, mouse, etc. No item's cost exceeds $4,999.	**23,000**	-	**23,000**

Computer Software & Hardware: Medical record and health information systems computer software and hardware costs (less than $4,999 each), necessary to document treatment plans, services provided, track compliance with treatment, health outcomes, test results and other information necessary to provide medical services. Includes the annual software license renewals and maintenance contracts.	**25,000**	-	**25,000**
Printing/Reproduction: Projected costs to cover printed material, copier/duplicating costs and services, flyers, patient information sheets, privacy notices and other related printing costs associated with the proposed service.	**6,500**	-	**6,500**
Medical Supplies, Prescription Medications, & Laboratory Test: Projected costs for syringes, needles, band-aids, table paper, gauze, alcohol, tongue depressors, EKG supplies, endoscopy supplies, vaccines, in-office testing supplies and other clinic related supplies required to provide patient care services. HIV/AIDS related medications and other necessary prescription medications purchased from pharmacies for eligible patients. Lab test services reimbursement for eligible patients.	**402,196**	**27,804**	**430,000**
Postage: Cost of postage to send patient reminder cards, lab results and other communications to patients as necessary for adequate communication between clinic and patients.	**3,000**	-	**3,000**
Depreciation - Direct Facility & Equipment: Allocated and actual monthly costs/charges based on clinic actual facility square feet and identified equipment depreciation for dental clinic equipment.	**180,000**	-	**180,000**
Educational Training & Reference Materials: Educational and reference materials such as periodicals, newsletters, journals and resource directories which are related to the provision of services.	**15,000**	-	**15,000**
Insurance: Allocated monthly liability costs based on space utilized by the clinic and staff. Also includes professional liability coverage for the facility and providers of services.	**35,000**	-	**35,000**
Repair/Maintenance: Allocated and actual monthly costs/charges based on projected utilization/need of medical clinic's space.	**55,500**	-	**55,500**
Medical Waste/Linens/shredding: Allocated and actual monthly costs/charges based on projected utilization/need of medical clinic's space for services such as medical waste removal and linen cleaning and HIPAA shredding.	**15,500**	-	**15,500**

Telephone: Allocated and actual monthly telephone costs/charges based on projected utilization/need of clinic staff.	**10,000**	**-**	**10,000**
Training/Conferences/Educational Seminars: Costs associated with professional development required by contract to increase staff knowledge about and expertise to deliver services to low-income people living with HIV.	**50,000**		**50,000**
Outreach and Stigma Reduction: Costs for communications and advertising related to reaching the unaware and unmet populations and linking them to OAH as well as serving current patient population.	**40,000**	**-**	**40,000**
Utilities: Allocated monthly electrical, water, gas and trash collection costs in facility based on space utilized by the medical clinic and staff.	**35,000**	**-**	**35,000**
Travel: Travel related to delivering or improving O/AHC services delivery (at current IRS rate).	**5,000**	**-**	**5,000**
Other Direct Costs Required to provide services:	**220,000**	**-**	**220,000**
TOTAL OTHER	**$0**	**$27,804**	**$0**
SUBTOTAL (Total Personnel and Total Other)	**$0**	**$27,804**	**$0**
Administration (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc. See next page.)		**-**	
TOTAL BUDGET (Subtotal & Administration)	**$0**	**$27,804**	**$0**

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

- **Total Number of Ryan White Units to be Provided for this Service Category: 20**
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: 1,390.20**
- **(*This is your agency's RW cost for care per unit*)**

[2]**List Other Payers Associated with funding in Column A:** Other funding sources include, but not limited to, billable private and government insurances, foundations, corporate and private donors.

ATTACHMENT J

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2021 – February 28, 2022

AGENCY NAME: Desert AIDS Project **SERVICE: Mental Health Services**

	A	B	C
Budget Category	**Non-RW Cost (Other Payers)[2]**	**RW Cost**	**Total Cost[1]**
Personnel			
Behavioral Health Clinician: (Vaugh, G $90,000 x 0.05 FTE=$4,500); (TBD $90,000 x 0.0 FTE=$0); Provides HIV-specialty individual, joint, family and group counseling to clients in accordance with Standards of Care. Provide assessments/interventions as needed. Coordinate efforts with all DAP departments to provide high quality, effective, efficient care to improve the mental and emotional health of clients. Prepares complete, accurate and timely treatment plans and documentation of all services provided. Coordinates patient care and medications with health care providers and psychiatrist.	**175,500**	**4,500**	**180,000**
Psychologist: (Halquist, R $100,000 x 0.05 FTE=$5,000); In compliance with state licensing guidelines and under appropriate supervision, provides HIV-specialty individual, joint, family and group counseling to clients in accordance with Standards of Care. Provide assessments / interventions as needed. Coordinate efforts with all DAP departments to provide high quality, effective, efficient care to improve the mental and emotional health of clients. Prepares complete, accurate and timely treatment plans and documentation of all services provided. Coordinates patient care and medications with health care providers and psychiatrist.	**95,000**	**5,000**	**100,000**

Psychologist: (Somoza, Y $100,000 x 0.05 FTE=$5,000); In compliance with state licensing guidelines and under appropriate supervision, provides HIV-specialty individual, joint, family and group counseling to clients in accordance with Standards of Care. Provide assessments / interventions as needed. Coordinate efforts with all DAP departments to provide high quality, effective, efficient care to improve the mental and emotional health of clients. Prepares complete, accurate and timely treatment plans and documentation of all services provided. Coordinates patient care and medications with health care providers and psychiatrist.	**95,000**	**5,000**	**100,000**
Psychologist: (Ureta, C $100,000 x 0.05 FTE=$5,000); In compliance with state licensing guidelines and under appropriate supervision, provides HIV-specialty individual, joint, family and group counseling to clients in accordance with Standards of Care. Provide assessments / interventions as needed. Coordinate efforts with all DAP departments to provide high quality, effective, efficient care to improve the mental and emotional health of clients. Prepares complete, accurate and timely treatment plans and documentation of all services provided. Coordinates patient care and medications with health care providers and psychiatrist.	**95,000**	**5,000**	**100,000**
Psychiatric Nurse Practitioner: (TBD $100,000 x 0.0 FTE=$0); In compliance with state licensing guidelines and under appropriate supervision and collaboration from Psychiatrists, provides care including examination, diagnosis and treatment of clients. Conducts neuropsychiatric studies of clients with mental or emotional disorders. Obtains/reviews case diagnosis and evaluation, orders, administers and monitors treatment through prescription of medications. Prepares complete, accurate and timely documentation of all services rendered and treatment plans. Counsels family and relatives regarding client status and treatment.	**100,000**	**-**	**100,000**

Psychiatrist: (TBD $197,300 x 0.0 FTE=$0.0); Provides psychiatric services including examination, diagnosis and treatment of clients. Conducts neuropsychiatric studies of clients with mental or emotional disorders. Obtains/reviews case diagnosis and evaluation, orders, administers and monitors treatment through prescription of medications. Prepares complete, accurate and timely documentation of all services rendered and treatment plans. Counsels family and relatives regarding client status and treatment.	**197,300**	-	**197,300**
Manager of Behavioral Health: (Gover, J $130,000 x 0.0 FTE=$0); Works closely with SAS team to insure continuity of client care, quality, HIPAA compliance/guidelines, and achievement of HRSA performance measures. Provides professional oversight and direction to SAS team to assure client satisfaction and positive health outcomes. Expeditiously handles patient's grievances and complaints related to SAS. Evaluates new potential referral services for current patients and outreach to the unaware, out of care and/or newly diagnosed.	**130,000**	-	**130,000**
Clinical Services LVN: (TBD $47,500 x 0.0 FTE=$0); Provides support to mental health providers in the provision of patient care. Works with patients to ensure coordinated services with pharmacies regarding prescription orders and refills. Performs triage and clinical assessments for urgent care patients. Liaison with patients to ensure test and consult reports are received prior to client follow-up appointments. Works with patients to ensure linkage with case managers and home care staff as needed for continuity of care.	**47,500**	-	**47,500**
Health Center & Call Center Receptionists: (TBD $37,000 x 0.0 FTE=0); Serves as the first point of contact for patients in the Health Center whether by phone or in person. Works with patients to cancel and reschedule appointments as requested, greeting patients for compliant check-in and check-out, explanation of collection of co-pays and client share of cost, and other related services for patients. Links clients to other care and services by integral referral as appropriate. Screens patients for eligibility, including verifying and updating demographic and insurance information.	**37,000**	-	**37,000**

Chief of Clinical Operations: (Wood, C $132,000 x 0.0 FTE=$0); Works closely with MHS team to insure continuity of client care, quality, HIPAA compliance/guidelines, and achievement of HRSA performance measures. Provides professional oversight and direction to MHS team to assure client satisfaction and positive health outcomes. Expeditiously handles patient's grievances and complaints related to MHS. Evaluates new potential referral services for current patients and outreach to the unaware, out of care and/or newly diagnosed.	**132,000**	**-**	**132,000**
Quality & Program Monitor: (Terramagra, J $63,000 x 0.0 FTE=$0). Develops and directs Clinical Quality Improvement/Management program in compliance with Ryan White National Monitoring Standards, federal, state and local regulatory bodies, Ryan White Local Policies & Procedures and IEHPC Standards of Care to facilitate delivery and improvement of MHS.	**63,000**	**-**	**63,000**
Senior Clinical Data Analyst(s): (Avina, R $60,000 x 0.0 FTE=$0); (Garcia, R $82,400 x 0.0 FTE=$0). Performs client-level data entry in electronic health record(s) directly related to delivery of MHS to support and improve ongoing care and treatment of patient. Analyzes client level data used by program staff to improve the quality of Ryan White service delivery in alignment with clinical quality management plans. Provides professional oversight of and direction to health information management coordinators to assure activities support improvement of MHS.	**142,400**	**-**	**142,400**
Health Information Management Coordinator(s): (Alcaraz, T $78,876 x 0.0 FTE=$0); (Quach, C $35,000 x 0.0 FTE=$0); (Zuniga, M $35,000 x 0.0 FTE=$0); Performs client level data entry in electronic health record(s) directly related to delivery of MHS to support and improve ongoing care and treatment of patient. Scans, files and retrieves at client and staff request medical records and eligibility documentation. Reviews incoming fax queue to alert program staff of critical lab results, etc. Analyzes client level data used by program staff to improve the quality of Ryan White service delivery in alignment with clinical quality management plans.	**148,876**	**-**	**148,876**

Eligibility Specialist: (Nebgen, H $36,870 x 0.0 FTE=$0); (Pichardo, A $36,420 x 0.0 FTE=$0); (Zahn, V $46,340 x 0.00 FTE=$0). Serves as the first point of contact for new clients to review, update and assist in establishing eligibility for Ryan White-funded MHS and other available state, county and local programs to assess payer of last resort, reviews income and residency eligibility and other general issues of compliance with the Standards of Care. Perform bi-annual eligibility recertifications with clients. Performs data entry related to client eligibility recertification for MHS. On behalf of client participates in case conferencing and makes integral referrals to link clients to care and services.	**119,630**	**-**	**119,630**
Total Personnel (w/o Benefits)		**19,500**	
Fringe Benefits 25% of Total Personnel Costs		**4,875**	
TOTAL PERSONNEL	**$0**	**$24,375**	**$0**
***Other** (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)*			
Office Supplies/Small Tools & Equipment: Standard office supplies, tools and minor equipment (i.e.: paper, related copy supplies, pens, pencils, tablets, paper clips, desk/office supplies, and other miscellaneous items), calculators, printers, scanners, keyboards, mouse, etc. No item's cost exceeds $4,999.	**4,807**	**193**	**5,000**
Computer Software & Hardware: Medical record and health information systems computer software and hardware costs (less than $4,999 each), necessary to document treatment plans, services provided, track compliance with treatment, health outcomes, test results and other information necessary to provide medical services. Includes the annual software license renewals and maintenance contracts.	**12,000**	**-**	**12,000**
Printing/Reproduction: Projected costs to cover printed material, copier/duplicating costs and services, flyers, patient information sheets, privacy notices and other related printing costs associated with the proposed service.	**2,000**	**-**	**2,000**
Medical Supplies: Projected costs for medical supplies such as band aids, gloves, gauze, portable scales, alcohol, tongue depressors and other supplies required to provide patient care services.	**1,000**	**-**	**1,000**

Postage: Cost of postage to send patient reminder cards, lab results and other communications to patients as necessary for adequate communication between clinic and patients.	**1,500**	-	**1,500**
Depreciation - Direct Facility & Equipment: Allocated and actual monthly costs/charges based on clinic actual facility square feet and identified equipment depreciation for dental clinic equipment.	**10,000**	-	**10,000**
Educational Training & Reference Materials: Educational and reference materials such as periodicals, newsletters, journals and resource directories which are related to the provision of services.	**5,000**	-	**5,000**
Insurance: Allocated monthly liability costs based on space utilized by the clinic and staff. Also includes professional liability coverage for the facility and providers of services.	**35,000**	-	**35,000**
Repair/Maintenance: Allocated and actual monthly costs/charges based on projected utilization/need of medical clinic's space.	**4,000**	-	**4,000**
Medical Waste/Linens/shredding: Allocated and actual monthly costs/charges based on projected utilization/need of medical clinic's space for services such as medical waste removal and linen cleaning and HIPAA shredding.	**1,000**	-	**1,000**
Telephone: Allocated and actual monthly telephone costs/charges based on projected utilization/need of clinic staff.	**3,000**	-	**3,000**
Training/Conferences/Educational Seminars: Costs associated with professional development required by contract to increase staff knowledge about and expertise to deliver services to low-income people living with HIV.	**20,000**	-	**20,000**
Outreach and Stigma Reduction: Costs for communications and advertising related to reaching the unaware and unmet need populations and linking them to OAH as well as serving current patient population.	**15,500**	-	**15,500**
Utilities: Allocated monthly electrical, water, gas and trash collection costs in facility based on space utilized by the medical clinic and staff.	**8,000**	-	**8,000**
Travel: mileage reimbursement for travel for the delivery or improvement of program services at IRS determined mileage rates.	**1,000**	-	**1,000**

Other Direct Costs Required to provide services:			
TOTAL OTHER	**$0**	**$193**	**$0**
SUBTOTAL (Total Personnel and Total Other)	**$0**	**$24,568**	**$0**
Administration (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc. See next page.)		2,457	
TOTAL BUDGET (Subtotal & Administration)	**$0**	**$27,025**	**$0**

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

- **Total Number of Ryan White Units to be Provided for this Service Category: 4,992**
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: 5.41 (*This is your agency's RW cost for care per unit*)**

[2]**List Other Payers Associated with funding in Column A:** Other funding sources include, but not limited to, billable private and government insurances, foundations, corporate and private donors.

ATTACHMENT J

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2021 – February 28, 2022

AGENCY NAME: Desert AIDS Project SERVICE: Medical Case Management

	A	B	C
Budget Category	**Non-RW Cost (Other Payers)[2]**	**RW Cost**	**Total Cost[1]**
Personnel			
Medical Case Manager(s): (Fenson, R $43,662 x 0.30 FTE=$13,099); (Garcia, J $43,662 x 0.30 FTE=$13,099); (Kiley, C $48,203 x 0.30 FTE=$14,461); Provides intensive support and care coordination for clients requiring Medical Case Management as defined by standards of care and D.A.P. Policies and Procedures. Assess and document client's mental, social, financial and functional status, determines eligibility for services. Recommends, refers and coordinates client services including financial/budgeting counseling, public assistance, benefits specialists, insurance options, dental care, transportation, legal, mental health, health, prescriptions, etc. Coordinates medical/health services for an assigned HIV positive client population. With client, prepares a collaborative case management plan to coordinate access to medically appropriate health and support services required for continuity of care including physician care, pharmacy, mental health, psychosocial, nutrition, housing, etc. Prepares complete, accurate and timely documentation of all client interactions. Provides ongoing assessment of client needs and personal support system, updating the coordinated care plan as needed to effectively and efficiently maintain continuity of care and improve the overall health of the client. Participates in case conference meetings. Provides crisis intervention as necessary.	**94,868**	**40,659**	**135,527**

Medical Case Manager(s): (Nebgen, H $41,600 x 0.30 FTE=$12,480); (Olalia, R $42,390 x 0.30 FTE=$12,717); (Romero, J $49,054 x 0.30 FTE=$14,716); (TBD $45,539 x 0.30 FTE=$13,662); Provides intensive support and care coordination for clients requiring Medical Case Management as defined by standards of care and D.A.P. Policies and Procedures. Assess and document client's mental, social, financial and functional status, determines eligibility for services. Recommends, refers and coordinates client services including financial/budgeting counseling, public assistance, benefits specialists, insurance options, dental care, transportation, legal, mental health, health, prescriptions, etc. Coordinates medical/health services for an assigned HIV positive client population. With client, prepares a collaborative case management plan to coordinate access to medically appropriate health and support services required for continuity of care including physician care, pharmacy, mental health, psychosocial, nutrition, housing, etc. Prepares complete, accurate and timely documentation of all client interactions. Provides ongoing assessment of client needs and personal support system, updating the coordinated care plan as needed to effectively and efficiently maintain continuity of care and improve the overall health of the client. Participates in case conference meetings. Provides crisis intervention as necessary.	**125,008**	**53,575**	**178,583**

Medical Case Manager(s): (TBD $50,932 x 0.30 FTE=$15,280); (Sesma, L $60,864 x 0.30 FTE=$18,259); (Machado, J $45,000 x 0.30 FTE = $13,500); Provides intensive support and care coordination for clients requiring Medical Case Management as defined by standards of care and D.A.P. Policies and Procedures. Assess and document client's mental, social, financial and functional status, determines eligibility for services. Recommends, refers and coordinates client services including financial/budgeting counseling, public assistance, benefits specialists, insurance options, dental care, transportation, legal, mental health, health, prescriptions, etc. Coordinates medical/health services for an assigned HIV positive client population. With client, prepares a collaborative case management plan to coordinate access to medically appropriate health and support services required for continuity of care including physician care, pharmacy, mental health, psychosocial, nutrition, housing, etc. Prepares complete, accurate and timely documentation of all client interactions. Provides ongoing assessment of client needs and personal support system, updating the coordinated care plan as needed to effectively and efficiently maintain continuity of care and improve the overall health of the client. Participates in case conference meetings. Provides crisis intervention as necessary.	**109,757**	**47,039**	**156,796**

Case Management Coordinator: (TBD $60,864 x 0.0 FTE=$0). Works with clients to ensure productive and beneficial Medical Case Manager assignments and facilitates re-assignments as requested. Informs clients of new and updated policies for public benefits programs. Meets with clients to determine eligibility for Ryan White services, assess client's mental, social, community, legal, financial and functional status, establishes a single, coordinated care plan and ongoing assessment of the client's needs, and personal support systems. Recommends and coordinates services such as financial counseling, public assistance, referral for insurance coverage, transportation, legal, housing, food and other services connecting the client with DAP provided services, community services and state and federal programs as appropriate. Integrates goal setting and self-management tactics when developing the individualized care plans. Assists clients in taking active role in maintaining their health and medical care. Monitors client's progress in social and medical systems and their mental and emotional status.	**60,864**	**-**	**60,864**
Eligibility Specialist: ((Nicasio, Y $35,360 x 0.10 FTE=$3,536); (Reed, D $37,113 x 0.10 FTE=$3,711); (TBD $47,220 x 0.0 FTE=$0). Serves as the first point of contact for new clients to review, update and assist in establishing eligibility for Ryan White-funded MCM and other available state, county and local programs to assess payer of last resort, reviews income and residency eligibility and other general issues of compliance with the Standards of Care. Perform bi-annual eligibility recertifications with clients. Performs data entry related to client eligibility recertification for MCM On behalf of client participates in case conferencing and makes integral referrals to link clients to care and services.	**112,446**	**7,247**	**119,693**
Senior Clinical Data Analyst(s): (Avina, R $63,000 x 0.10 FTE=$6,300); (Garcia, R $82,400 x 0.0 FTE=$0). Performs client-level data entry in electronic health record(s) directly related to delivery of MCM to support and improve ongoing care and treatment of patient. Analyzes client level data used by program staff to improve the quality of Ryan White service delivery in alignment with clinical quality management plans. Provides professional oversight and direction to health information management coordinators to assure activities support improvement of MCM. Performs as the Ryan White Program ARIES Technical Lead (TL).	**139,100**	**6,300**	**145,400**

Health Information Management Coordinator(s): (Alcaraz, T $78,876 x 0.0 FTE=$0) (Quach, C $35,000 x 0.0 FTE=$0); (Zuniga, M $35,000 x 0.0 FTE=$0); Performs client level data entry in electronic health record(s) directly related to delivery of MCM to support and improve ongoing care and treatment of patient. Scans, files and retrieves at client and staff request medical records and eligibility documentation. Reviews incoming fax queue to alert program staff of critical lab results, etc. Analyzes client level data used by program staff to improve the quality of Ryan White service delivery in alignment with clinical quality management plans.	**148,876**	**-**	**148,876**
Social Services Data Entry Assistant: (Cabansag, E $33,280 x 0.10 FTE=$3,328). Answers New Client Intake line, answers questions of potential clients and family members and initiates enrollment process for new clients. Assists in chart review audit including outcomes monitoring. Participates in case conferencing and supports internal and external referrals as needed to ensure quality MCM.	**29,952**	**3,328**	**33,280**
Director of Social Services & Case Management Senior Manager: (Welden, Z $122,210 x 0.05 FTE=$6,111); (Olguin, J $62,974 x 0.10 FTE = $6,297). Provides professional oversight of the delivery of MCM to ensure consistent and high quality services, client satisfaction, positive health outcomes, progress toward clinical quality improvement measures, compliance with policies and procedures, Standards of Care and National Monitoring Standards. Works with clients facing acute needs to ensure productive and beneficial Medical Case Manager assignments and facilitates re-assignments as requested. Informs clients of new and updated policies for public benefits programs.	**172,776**	**12,408**	**185,184**
Total Personnel (w/o Benefits)		**170,556**	
Fringe Benefits 25% of Total Personnel Costs		**42,639**	
TOTAL PERSONNEL	**$0**	**$213,195**	**$0**
Other *(Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)*			
Office Supplies/Small Tools & Equipment: Standard office supplies, tools and minor equipment (i.e.: paper, related copy supplies, pens, pencils, tablets, paper clips, desk/office supplies, and other miscellaneous items), calculators, printers, scanners, keyboards, mouse, etc. No item's cost exceeds $4,999.	**11,935**	**3,065**	**15,000**

Computer Software & Hardware: Medical record and health information systems computer software and hardware costs (less than $4,999 each), necessary to document treatment plans, services provided, track compliance with treatment, health outcomes, test results and other information necessary to provide medical services. Includes the annual software license renewals and maintenance contracts.	**14,500**	**10,000**	**24,500**
Printing/Reproduction: Projected costs to cover printed material, copier/duplicating costs and services, flyers, patient information sheets, privacy notices and other related printing costs associated with the proposed service.	**1,000**	**-**	**1,000**
Medical Supplies: Projected costs for medical supplies such as band aids, gloves, gauze, portable scales, alcohol, tongue depressors and other supplies required to provide patient care services.	**1,500**	**-**	**1,500**
Postage: Cost of postage to send patient reminder cards, lab results and other communications to patients as necessary for adequate communication between clinic and patients.	**1,500**	**-**	**1,500**
Depreciation - Direct Facility & Equipment: Allocated and actual monthly costs/charges based on clinic actual facility square feet and identified equipment depreciation for facility equipment.	**33,500**	**-**	**33,500**
Repair/Maintenance: Allocated and actual monthly costs/charges based on projected utilization/need of medical clinic's space.	**15,000**	**-**	**15,000**
Medical Waste/Linens/shredding: Allocated and actual monthly costs/charges based on projected utilization/need of medical clinic's space for services such as medical waste removal and linen cleaning and HIPAA shredding.	**1,000**	**-**	**1,000**
Telephone: Allocated and actual monthly telephone costs/charges based on projected utilization/need of clinic staff.	**10,850**	**-**	**10,850**
Training/Conferences/Educational Seminars: Costs associated with professional development required by contract to increase staff knowledge about and expertise to deliver services to low-income people living with HIV.	**10,000**	**5,000**	**15,000**

Outreach and Stigma Reduction: Costs for communications and advertising related to reaching the unaware and unmet need populations and linking them to OAH as well as serving current patient population.	**20,000**	**-**	**20,000**
Utilities: Allocated monthly electrical, water, gas and trash collection costs in facility based on space utilized by the medical clinic and staff.	**7,000**	**-**	**7,000**
Travel: mileage reimbursement for travel for the delivery or improvement of MCM at IRS determined mileage rates. (current IRS rate is applicable)	**1,000**	**-**	**1,000**
Rent: Portion of rent expense for office when staffed to deliver MCM services. Rate calculated based on a percentage of work week day / time program personnel utilization.	**20,000**	**-**	**20,000**
Other Direct Costs Required to provide services:			
TOTAL OTHER	**$0**	**$18,065**	**$0**
SUBTOTAL (Total Personnel and Total Other)	**$0**	**$231,260**	**$0**
Administration (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc. See next page.)		**23,126**	
TOTAL BUDGET (Subtotal & Administration)	**$0**	**$254,386**	**$0**

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

- **Total Number of Ryan White Units to be Provided for this Service Category: 11550**
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: 22.02 (*This is your agency's RW cost for care per unit*)**

[2] **List Other Payers Associated with funding in Column A:** Other funding sources include, but not limited to, billable private and government insurances, foundations, corporate and private donors.

ATTACHMENT J

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2021 – February 28, 2022

AGENCY NAME: Desert AIDS Project **SERVICE: Substance Abuse Service Outpatient**

	A	B	C
Budget Category	**Non-RW Cost (Other Payers)[2]**	**RW Cost**	**Total Cost[1]**
Personnel			
Substance Use Specialist: (Yingling, N $60,000 x 0.10 FTE=$6,000); Provides HIV-specialty substance use / addiction counseling services, both individual and group sessions. Coordinates substance abuse treatment needs of client with case managers, physicians and mental health team to develop an interdisciplinary treatment plan focused on the total client needs to achieve the highest level of care and maximum improvement in clients mental, emotional and physical health. Monitors client progress, modifying course of treatment throughout the program.	**54,000**	**6,000**	**60,000**
Behavioral Health Clinician: (Vaughn, G $90,000 x 0.05 FTE=$4,500); (TBD $90,000 x 0.0 FTE=$0)Provides HIV-specialty addiction counseling services, both individual and group sessions, particularly for those who are dually diagnosed with addiction and mental health disorders. Coordinates substance abuse treatment needs of client with case managers, physicians and mental health team to develop an interdisciplinary treatment plan focused on the total client needs to achieve the highest level of care and maximum improvement in clients mental, emotional and physical health. Monitors client progress, modifying course of treatment throughout the program.	**175,500**	**4,500**	**180,000**
Psychologist: (Halquist, R $100,000 x 0.05 FTE=$5,000); Provides HIV-specialty addiction counseling services, both individual and group sessions, particularly for those who are dually diagnosed with addiction and mental health disorders. Coordinates substance abuse treatment needs of client with case managers, physicians and mental health team to develop an interdisciplinary treatment plan focused on the total client needs to achieve the highest level of care and maximum improvement in clients mental, emotional and physical health. Monitors client progress, modifying course of treatment throughout the program.	**95,000**	**5,000**	**100,000**

Psychologist: (Somoza, Y $100,000 x 0.05 FTE=$5,000); Provides HIV-specialty addiction counseling services, both individual and group sessions, particularly for those who are dually diagnosed with addiction and mental health disorders. Coordinates substance abuse treatment needs of client with case managers, physicians and mental health team to develop an interdisciplinary treatment plan focused on the total client needs to achieve the highest level of care and maximum improvement in clients mental, emotional and physical health. Monitors client progress, modifying course of treatment throughout the program.	**95,000**	**5,000**	**100,000**
Psychologist: (Ureta, C $100,000 x 0.05 FTE=$5,000); Provides HIV-specialty addiction counseling services, both individual and group sessions, particularly for those who are dually diagnosed with addiction and mental health disorders. Coordinates substance abuse treatment needs of client with case managers, physicians and mental health team to develop an interdisciplinary treatment plan focused on the total client needs to achieve the highest level of care and maximum improvement in clients mental, emotional and physical health. Monitors client progress, modifying course of treatment throughout the program.	**95,000**	**5,000**	**100,000**
Psychiatric Nurse Practitioner: (TBD $100,000 x 0.0 FTE=$0); In compliance with state licensing guidelines and under appropriate supervision and collaboration from Psychiatrists, provides care including examination, diagnosis and treatment of clients. Conducts neuropsychiatric studies of clients with mental or emotional disorders. Obtains/reviews case diagnosis and evaluation, orders, administers and monitors treatment through prescription of medications. Prepares complete, accurate and timely documentation of all services rendered and treatment plans. Counsels family and relatives regarding client status and treatment.	**100,000**	**-**	**100,000**

Psychiatrist: (TBD $197,300 x 0.0 FTE=$0.0); Provides psychiatric and substance abuse services for those clients who have been dual diagnosed, including examination, diagnosis and treatment of clients requiring mental health and substance abuse services. Conducts neuropsychiatric studies of clients with mental or emotional and substance abuse disorders. Obtains/reviews case diagnosis and evaluation, orders, administers and monitors treatment, medications and provides individual psychotherapy sessions. Prepares complete, accurate and timely documentation of all services rendered and treatment plans. Counsels family and relatives regarding client status and treatment. Provides professional oversight of the delivery of SAS to ensure consistent and high quality services, client satisfaction, positive health outcomes, progress toward clinical quality improvement measures, compliance with policies and procedures, Standards of Care and National Monitoring Standards.	**197,300**	-	**197,300**
Manager of Behavioral Health: (Gover, J $130,000 x 0.0 FTE=$0.0); Works closely with SAS team to insure continuity of client care, quality, HIPAA compliance/guidelines, and achievement of HRSA performance measures. Provides professional oversight and direction to SAS team to assure client satisfaction and positive health outcomes. Expeditiously handles patient's grievances and complaints related to SAS. Evaluates new potential referral services for current patients and outreach to the unaware, out of care and/or newly diagnosed.	**130,000**	-	**130,000**
Senior Clinical Data Analyst(s): (Avina, R $60,000 x 0.0 FTE=$0); (Garcia, R $82,400 x 0.0 FTE=$). Performs client-level data entry in electronic health record(s) directly related to delivery of SAS to support and improve ongoing care and treatment of patient. Analyzes client level data used by program staff to improve the quality of Ryan White service delivery in alignment with clinical quality management plans. Provides professional oversight of and direction to health information management coordinators to assure activities support improvement of SAS.	**142,400**	-	**142,400**

Health Information Management Coordinator(s): (Alcaraz, T $78,876 x 0.0 FTE=$)); (Quach, C $35,000 x 0.0 FTE=$0); (Zuniga, M $35,000 x 0.0 FTE=$0); Performs client level data entry in electronic health record(s) directly related to delivery of SAS to support and improve ongoing care and treatment of patient. Scans, files and retrieves at client and staff request medical records and eligibility documentation. Reviews incoming fax queue to alert program staff of critical lab results, etc. Analyzes client level data used by program staff to improve the quality of Ryan White service delivery in alignment with clinical quality management plans.	**148,876**	-	**148,876**
Eligibility Specialist: (Nebgen, H $36,870 x 0.0 FTE=$0); (Pichardo, A $36,420 x 0.0 FTE=$0); (Zahn, V $46,340 x 0.00 FTE=$0). Serves as the first point of contact for new clients to review, update and assist in establishing eligibility for Ryan White-funded SAS and other available state, county and local programs to assess payer of last resort, reviews income and residency eligibility and other general issues of compliance with the Standards of Care. Perform bi-annual eligibility recertifications with clients. Performs data entry related to client eligibility recertification for SAS. On behalf of client participates in case conferencing and makes integral referrals to link clients to care and services.	**119,630**	-	**119,630**
Chief of Clinical Operations: (Wood, C $132,000 x 0.0 FTE=$0); Works closely with CMNM team to insure continuity of client care, quality, HIPAA compliance/guidelines, and achievement of HRSA performance measures. Provides professional oversight and direction to PSS team to assure client satisfaction and positive health outcomes. Expeditiously handles patient's grievances and complaints related to CMNM. Evaluates new potential referral services for current patients and outreach to the unaware, out of care and/or newly diagnosed.	**132,000**	-	**132,000**
Quality & Program Monitor: (Terramagra, J $63,000 x 0.0 FTE=$0). Develops and directs Clinical Quality Improvement/Management program in compliance with Ryan White National Monitoring Standards, federal, state and local regulatory bodies, Ryan White Local Policies & Procedures and IEHPC Standards of Care to facilitate delivery and improvement of PSS.	**63,000**	-	**63,000**
Total Personnel (w/o Benefits)		**25,500**	
Fringe Benefits 25% of Total Personnel Costs		**6,375**	
TOTAL PERSONNEL	**$0**	**$31,875**	**$0**

Other *(Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)*			
Office Supplies/Small Tools & Equipment: Standard office supplies, tools and minor equipment (i.e.: paper, related copy supplies, pens, pencils, tablets, paper clips, desk/office supplies, and other miscellaneous items), calculators, printers, scanners, keyboards, mouse, etc. No item's cost exceeds $4,999.	**4,051**	**949**	**5,000**
Computer Software & Hardware: Medical record and health information systems computer software and hardware costs (less than $4,999 each), necessary to document treatment plans, services provided, track compliance with treatment, health outcomes, test results and other information necessary to provide medical services. Includes the annual software license renewals and maintenance contracts.	**13,500**	**-**	**13,500**
Printing/Reproduction: Projected costs to cover printed material, copier/duplicating costs and services, flyers, patient information sheets, privacy notices and other related printing costs associated with the proposed service.	**1,000**	**-**	**1,000**
Medical Supplies: Projected costs for medical supplies such as band-aids, gloves, gauze, portable scales, alcohol, tongue depressors and other supplies required to provide patient care services.	**1,000**	**-**	**1,000**
Postage: Cost of postage to send patient reminder cards, lab results and other communications to patients as necessary for adequate communication between clinic and patients.	**300**	**-**	**300**
Depreciation - Direct Facility & Equipment: Allocated and actual monthly costs/charges based on clinic actual facility square feet and identified equipment depreciation for clinic equipment.	**9,937**	**-**	**9,937**
Repair/Maintenance: Allocated and actual monthly costs/charges based on projected utilization/need of clinic's space.	**3,900**	**-**	**3,900**
Medical Waste/Linens/shredding: Allocated and actual monthly costs/charges based on projected utilization/need of medical clinic's space for services such as medical waste removal and linen cleaning and HIPAA shredding.	**500**	**-**	**500**
Telephone: Allocated and actual monthly telephone costs/charges based on projected utilization/need of clinic staff.	**1,000**	**-**	**1,000**

Training/Conferences/Educational Seminars: Costs associated with professional development required by contract to increase staff knowledge about and expertise to deliver services to low-income people living with HIV.	**20,000**		**20,000**
Outreach and Stigma Reduction: Costs for communications and advertising related to reaching the unaware and unmet need populations and linking them to MHS as well as serving current patient population.	**18,000**	-	**18,000**
Utilities: Allocated monthly electrical, water, gas and trash collection costs in facility based on space utilized by the medical clinic and staff.	**4,000**	-	**4,000**
Travel: mileage reimbursement for travel for the delivery or improvement of MHS at IRS determined mileage rates. (current IRS rate is applicable)	**500**	-	**500**
Other Direct Costs Required to provide services:		-	
TOTAL OTHER	**$0**	**$949**	**$0**
SUBTOTAL (Total Personnel and Total Other)	**$0**	**$32,824**	**$0**
Administration (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc. See next page.)		3,282	
TOTAL BUDGET (Subtotal & Administration)	**$0**	**$36,106**	**$0**

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

- **Total Number of Ryan White Units to be Provided for this Service Category: 2,880**
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: 12.54 (*This is your agency's RW cost for care per unit*)**

[2]**List Other Payers Associated with funding in Column A:** Other funding sources include, but not limited to, billable private and government insurances, foundations, corporate and private donors.

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2021 – February 28, 2022

AGENCY NAME: Desert AIDS Project SERVICE: Oral Health Care

	A	B	C
Budget Category	**Non-RW Cost (Other Payers)[2]**	**RW Cost**	**Total Cost[1]**
Personnel			
Lead Dentist: (Yamashiro, R $169,500 x 0.45 FTE=$76,275); Adheres to the standards of dental practice in compliance with all federal, state and local statutes, rules, regulations and DAP policies and procedures. Examines patient to determine nature of condition, utilizing x-rays, dental instruments, and other diagnostic procedures. Provides overall diagnostic, preventative, therapeutic and emergency primary oral health care to clients to sustain proper nutrition. Diagnoses and treats diseases, injuries, and malformations of teeth and gums, and related oral structures. Cleans, fills, extracts, and replaces teeth, using rotary and hand instruments, dental appliances, medications, and surgical implements. Provides preventive dental services to patient, such as applications of fluoride and sealants to teeth, and education in oral and dental hygiene. Prepares and adheres to a coordinated Care Treatment Plan with the medical care team as an integrated component to maintain and continue effective complete patient care.	**93,225**	**76,275**	**169,500**
Dentist: (Jo, D $167,000 x 0.45 FTE=$75,150); Adheres to the standards of dental practice in compliance with all federal, state and local statutes, rules, regulations and DAP policies and procedures. Examines patient to determine nature of condition, utilizing x-rays, dental instruments, and other diagnostic procedures. Provides overall diagnostic, preventative, therapeutic and emergency primary oral health care to clients to sustain proper nutrition. Diagnoses and treats diseases, injuries, and malformations of teeth and gums, and related oral structures. Cleans, fills, extracts, and replaces teeth, using rotary and hand instruments, dental appliances, medications, and surgical implements. Provides preventive dental services to patient, such as applications of fluoride and sealants to teeth, and education in oral and dental hygiene. Prepares and adheres to a coordinated Care Treatment Plan with the medical care team as an integrated component to maintain and continue effective complete patient care	**91,850**	**75,150**	**167,000**

Dental Hygienist: (Kim, A $83,200 x 0.45 FTE= $37,440); Under limited supervision, provides oral hygiene dental treatment and oral hygiene care and education in accordance with approved guidelines per licensure and state regulations. Screens patients, examines head, neck and oral cavity for disease, removes calculus, stains and plaque from above and below the gum line and instructs patients on proper dental care and diet.	**45,760**	**37,440**	**83,200**
Dental Hygienist: (TBD $83,200 x 0.20 FTE=$16,640); Under limited supervision, provides oral hygiene dental treatment and oral hygiene care and education in accordance with approved guidelines per licensure and state regulations. Screens patients, examines head, neck and oral cavity for disease, removes calculus, stains and plaque from above and below the gum line and instructs patients on proper dental care and diet.	**66,560**	**16,640**	**83,200**
Dental Office Manager/Certified X Ray Technician: (Tollison, K $76,850 x 0.45 FTE=$34,583); Delivers effective, efficient patient experiences by conducting eligibility screenings and ensuring client is linked to other program staff as appropriate. Participates in dental examinations and procedures in compliance with state guidelines and under appropriate supervisions. Takes and develops X-rays. Works directly with patients with acute needs with regard to eligibility to ensure coordinated referrals with other programs including medical case managers, behavioral health staff and housing department. Manages appropriate billing when other payers are available for covered procedures. Provides professional oversight and direction to team regarding delivery of Oral Health Care to assure compliance with Ryan White policies and procedures, standards of care and other regulations.	**42,267**	**34,583**	**76,850**
Registered Dental Assistant: (Aguirre-Delgadillo, N $41,000 x 0.45 FTE=$18,450); (Armijo, S. $41,000 x 0.45 FTE=$18,450); (TBD $41,000 x 0.45 FTE=$18450); (Virden, S $46,000 x 0.45 FTE=$20,700); Participates in dental examinations and procedures in compliance with state guidelines and under appropriate supervisions. Tasks include supplying instruments/materials to dentist/dental hygienist during procedures, keeping patient's mouth dry and clear by suction or other devices, taking impressions, and preparing temporary crowns. Takes and develops X-rays; applies fluoride and/or sealants. Educates patients on oral hygiene.	**92,950**	**76,050**	**169,000**

Dental Clinic Receptionist: (Hudson, J $37,700 x 0.45 FTE=$16,965); Serves as the first point of contact for all patients, responsible for answering phones, scheduling appointments, and other related support services for patients to ensure eligibility for Oral Health Care.	**20,735**	**16,965**	**37,700**
Dental Clinic Treatment Coordinator: (Stein, P $37,700 x 0.45 FTE = $16,965); Provides client level data entry to agency medical record system directly related to delivery of Oral Health Care. Assists in coordinating internal referrals, referral for services not provided at DAP, and reconciles and updates client dental services records.	**20,735**	**16,965**	**37,700**
Eligibility Specialist: (Nebgen, H $36,870 x 0.0 FTE=$0); (Pichardo, A $36,420 x 0.0 FTE=$0); (Zahn, V $46,340 x 0.0 FTE=$0). Serves as the first point of contact for new clients to review, update and assist in establishing eligibility for Ryan White-funded Oral Health Care and other available state, county and local programs to assess payer of last resort, reviews income and residency eligibility and other general issues of compliance with the Standards of Care. Perform bi-annual eligibility recertifications with clients. Performs data entry related to client eligibility recertification for Oral Health Care. On behalf of client participates in case conferencing and makes integral referrals to link clients to care and services.	**119,630**	-	**119,630**
Quality & Program Monitor: (Terramagra, J $63,000 x 0.0 FTE=$0); Develops and directs Clinical Quality Improvement/Management program in compliance with Ryan White National Monitoring Standards, federal, state and local regulatory bodies, Ryan White Local Policies & Procedures and IEHPC Standards of Care to facilitate delivery and improvement of Oral Health Care.	**63,000**	-	**63,000**
Senior Clinical Data Analyst(s): (Avina, R $60,000 x 0.0 FTE=$0); (Garcia, R $82,400 x 0.0 FTE=$0); Performs client level data entry in electronic health record(s) directly related to delivery of Oral Health Care to support and improve ongoing care and treatment of patient. Analyzes client level data used by program staff to improve the quality of Ryan White service delivery in alignment with clinical quality management plans. Provides professional oversight of and direction to health information management coordinators to assure activities support improvement of Oral Health Care.	**142,400**	-	**142,400**

Health Information Management Coordinator(s): (Alcaraz, T $78,876 x 0.0 FTE=$0); (Quach, C $35,000 x 0.0 FTE=$0); (Zuniga, M $35,000 x 0.0 FTE=$0); Performs client level data entry in electronic health record(s) directly related to delivery of Oral Health Care to support and improve ongoing care and treatment of patient. Scans, files and retrieves at client and staff request medical records and eligibility documentation. Reviews incoming fax queue to alert program staff of critical lab results, etc. Analyzes client level data used by program staff to improve the quality of Ryan White service delivery in alignment with clinical quality management plans.	**148,876**	**-**	**148,876**
Chief of Clinical Operations: (Wood, C $132,000 x 0.0 FTE=$0); Works closely with Oral Health Care team to insure continuity of client care, quality, HIPAA compliance/guidelines, and achievement of HRSA performance measures. Provides professional oversight and direction to Oral Health Care team to assure client satisfaction and positive health outcomes. Expeditiously handles patient's grievances and complaints related to Oral Health Care. Evaluates new potential referral services for current patients and outreach to the unaware, out of care and/or newly diagnosed.	**132,000**	**-**	**132,000**
Contractual Specialty Consulting: Endontics, oral surgery, and other specialty dental care requiring anesthesia or special training.	**50,000**	**-**	**50,000**
Total Personnel (w/o Benefits)		**350,068**	
Fringe Benefits 25% of Total Personnel Costs		**87,517**	
TOTAL PERSONNEL	**$0**	**$437,585**	**$0**
Other *(Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)*			
Office Supplies/Small Tools & Equipment: Standard office supplies, tools and minor equipment (i.e.: paper, related copy supplies, pens, pencils, tablets, paper clips, desk/office supplies, and other miscellaneous items), calculators, printers, scanners, keyboards, mouse, etc. No item's cost exceeds $4,999.	**10,000**	**5,000**	**15,000**

Computer Software & Hardware: Medical record and health information systems computer software and hardware costs (less than $4,999 each), necessary to document treatment plans, services provided, track compliance with treatment, health outcomes, test results and other information necessary to provide medical services. Includes the annual software license renewals and maintenance contracts.	**40,000**	**5,000**	**45,000**
Equipment: Purchase of OHC clinic equipment and furnishings for delivery of services to low-income people with HIV. Items cost is at least $5,000 and/or over.	**200,000**	**-**	**200,000**
Dental Supplies: Projected costs for syringes, needles, gauze, cotton, plastic trays, protective coverings, bonding and cleaning agents, medications, pins, posts, dental dams, x-ray film, alcohol, tongue depressors, in-office testing supplies and other dental related supplies required to provide patient care services.	**80,000**	**20,000**	**100,000**
Postage: Cost of postage to send patient reminder cards, lab results and other communications to patients as necessary for adequate communication between clinic and patients.	**500**	**-**	**500**
Depreciation - Direct Facility & Equipment: Allocated and actual monthly costs/charges based on clinic actual facility square feet and identified equipment depreciation for dental clinic equipment.	**33,500**	**-**	**33,500**
Repair/Maintenance: Allocated and actual monthly costs/charges based on projected utilization/need of medical clinic's space.	**4,000**	**-**	**4,000**
Medical Waste/Linens/shredding: Allocated and actual monthly costs/charges based on projected utilization/need of medical clinic's space for services such as medical waste removal and linen cleaning and HIPAA shredding.	**1,000**	**-**	**1,000**
Telephone: Allocated and actual monthly telephone costs/charges based on projected utilization/need of clinic staff.	**2,500**	**-**	**2,500**
Training/Conferences/Educational Seminars: Costs associated with professional development required by contract to increase staff knowledge about and expertise to deliver services to low-income people living with HIV.	**40,000**	**5,000**	**45,000**
Outreach and Stigma Reduction: Costs for communications and advertising related to reaching the unaware and unmet need populations and linking them to OHC as well as serving current patient population.	**10,000**	**-**	**10,000**

Utilities: Allocated monthly electrical, water, gas and trash collection costs in facility based on space utilized by the dental clinic and staff.	**10,000**	-	**10,000**
Travel: Travel related to delivering or improving OHC clinic services (at current IRS rate)	**500**	-	**500**
Oral Health Care Dentistry Items: Purchase / procurement of dentures, partials, crowns to improve and maintain the oral health care of patients.	**72,442**	**27,558**	**100,000**
TOTAL OTHER	**$0**	**$62,558**	**$0**
SUBTOTAL (Total Personnel and Total Other)	**$0**	**$500,143**	**$0**
Administration (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc. See next page.)		50,014	
TOTAL BUDGET (Subtotal & Administration)	**$0**	**$550,157**	**$0**

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

- **Total Number of Ryan White Units to be Provided for this Service Category: 10,000**
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: 55.02 (*This is your agency's RW cost for care per unit*)**

[2] **List Other Payers Associated with funding in Column A:** Other funding sources include, but not limited to, billable private and government insurances, foundations, corporate and private donors.

ATTACHMENT J

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2021 – February 28, 2022

AGENCY NAME: Desert AIDS Project **SERVICE: Home and Community Based Health Services**

	A	B	C
Budget Category	**Non-RW Cost (Other Payers)[2]**	**RW Cost**	**Total Cost[1]**
Personnel			
RN Case Manager & Social Worker: (Baxter, S $74,225 x 0.20 FTE=$14,845); (Becker, J $83,378 x 0.20 FTE=$16,676). Receives home care referrals, provides in-home assessments, orders home care, initiates ongoing service plans, assists with benefits planning, facilitates family support, requests in-home mental health services as needed, records all care orders, reviews and verifies care documentation. Coordinates orders and care plans with medical staff. Participates in weekly care conferences.	**126,082**	**31,521**	**157,603**
RN Case Manager & Social Worker: (Carroll, C $52,478 x 0.20 FTE=$10,496); (Nelson, S $67,457 x 0.20 FTE=$13,491); (Sayon, M $74,387 x 0.20 FTE = $14,877). Receives home care referrals, provides in-home assessments, orders home care, initiates ongoing service plans, assists with benefits planning, facilitates family support, requests in-home mental health services as needed, records all care orders, reviews and verifies care documentation. Coordinates orders and care plans with medical staff. Participates in weekly care conferences.	**155,458**	**38,864**	**194,322**
Certified Home Health Aide/Homemaker: (Pardio, A $27,040 x 0.40 FTE = $10,816); (Bautista, J $27,040 x 0.40 FTE = $10,816): Provides in-home care and assistance per care plan to include skilled health services and personal care services in the home. Reports on client progress and/or continued needs for in-home care to RN Case Manager and Social Worker.	**32,448**	**21,632**	**54,080**
Certified Home Health Aide/Homemaker: (Elder Love CHHA & Homemakers - Multiple Part-time) ($56,000 avg x 0.50 FTE = $28,000); Provides in-home care and assistance per care plan to include skilled health services and personal care services in the home. Reports on client progress and/or continued needs for in-home care to RN Case Manager and Social Worker.	**28,000**	**28,000**	**56,000**

Director of Social Services: (Welden, Z $122,210 x 0.10 FTE=$12,221); Works closely with HCBHS team to insure continuity of client care, quality, HIPAA compliance/guidelines, and achievement of HRSA performance measures. Provides professional oversight and direction to HCBHS team to assure client satisfaction and positive health outcomes. Expeditiously handles patient's grievances and complaints related to HCBHS. Evaluates new potential referral services for current patients and outreach to the unaware, out of care and/or newly diagnosed.	**109,989**	**12,221**	**122,210**
Home Care Supportive Services Manager: (Sandlin, R $76,354 x 0.20 FTE = 15,271) Works closely with HCBHS team to insure continuity of client care, quality, HIPAA compliance/guidelines, and achievement of HRSA performance measures. Provides professional oversight and direction to HCBHS team to assure client satisfaction and positive health outcomes. Expeditiously handles patient's grievances and complaints related to HCBHS. Evaluates new potential referral services for current patients and outreach to the unaware, out of care and/or newly diagnosed.	**61,083**	**15,271**	**76,354**
Social Services Data Entry Assistant: (Cabansag, E $33,280 x 0.0 FTE=$0); Answers New Client Intake line, answers questions of potential clients and family members and initiates enrollment process for new clients. Assists in chart review audit including outcomes monitoring. Participates in case conferencing and supports internal and external referrals as needed to ensure quality CMNM.	**33,280**	**-**	**33,280**
Contracted Services: Provided by home health attendant care givers, home health homemakers and home health nursing through agency personnel. Provide in-home care and assistance per medical services care plan.	**160,000**	**-**	**160,000**
Total Personnel (w/o Benefits)		**147,509**	
Fringe Benefits 25% of Total Personnel Costs		**36,877**	
TOTAL PERSONNEL	**$0**	**$184,386**	**$0**

Other *(Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)*			
Office Supplies/Small Tools & Equipment: Standard office supplies, tools and minor equipment (i.e.: paper, related copy supplies, pens, pencils, tablets, paper clips, desk/office supplies, and other miscellaneous items), calculators, printers, scanners, keyboards, mouse, etc. No item's cost exceeds $4,999.	**8,000**	**2,000**	**10,000**
Computer Software & Hardware: Medical record and health information systems computer software and hardware costs (less than $4,999 each), necessary to document treatment plans, services provided, track compliance with treatment, health outcomes, test results and other information necessary to provide medical services. Includes the annual software license renewals and maintenance contracts.	**8,000**	**2,000**	**10,000**
Printing/Reproduction: Projected costs to cover printed material, copier/duplicating costs and services, flyers, patient information sheets, privacy notices and other related printing costs associated with the proposed service.	**600**	**-**	**600**
Medical Supplies: Projected costs for medical supplies such as band aids, gloves, gauze, portable scales, alcohol, tongue depressors and other supplies required to provide patient care services.	**2,000**	**-**	**2,000**
Postage: Cost of postage to send patient reminder cards, lab results and other communications to patients as necessary for adequate communication between clinic and patients.	**1,000**	**-**	**1,000**
Depreciation - Direct Facility & Equipment: Allocated and actual monthly costs/charges based on clinic actual facility square feet and identified equipment depreciation for dental clinic equipment.	**4,651**	**-**	**4,651**
Repair/Maintenance: Allocated and actual monthly costs/charges based on projected utilization/need of medical clinic's space.	**4,000**	**-**	**4,000**
Medical Waste/Linens/shredding: Allocated and actual monthly costs/charges based on projected utilization/need of medical clinic's space for services such as medical waste removal and linen cleaning and HIPAA shredding.	**500**	**-**	**500**

Telephone: Allocated and actual monthly telephone costs/charges based on projected utilization/need of clinic staff.	**1,500**	**-**	**1,500**
Training/Conferences/Educational Seminars: Costs associated with professional development required by contract to increase staff knowledge about and expertise to deliver services to low-income people living with HIV.	**10,000**	**-**	**10,000**
Outreach and Stigma Reduction: Costs for communications and advertising related to reaching the unaware and unmet need populations and linking them to OAH as well as serving current patient population.	**1,000**	**-**	**1,000**
Utilities: Allocated monthly electrical, water, gas and trash collection costs in facility based on space utilized by the medical clinic and staff.	**1,500**	**-**	**1,500**
Travel / Mileage: reimbursement for travel for the delivery or improvement of HCBHS at IRS determined mileage rates. (current IRS rate is applicable)	**10,915**	**9,085**	**20,000**
Food Vouchers: Food gift cards/vouchers for local grocery stores. Distributed based on California Medi-Cal Waiver allowed amounts per client to use in purchasing food or hygiene items to ensure appropriate nutrition, adequate caloric intake sufficient to maintain optimal health.	**20,000**	**-**	**20,000**
Transportation Vouchers: Bus passes, gas cards and other vouchers for local transportation. Distributed based on California Medi-Cal Waiver allowed amounts per client to use to ensure access to necessary health care services to maintain optimal health.	**10,000**	**-**	**10,000**
Other Direct Costs Required to provide services:			
TOTAL OTHER	**$0**	**$13,085**	**$0**
SUBTOTAL (Total Personnel and Total Other)	**$0**	**$197,471**	**$0**
Administration (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc. See next page.)		19,747	
TOTAL BUDGET (Subtotal & Administration)	**$0**	**$217,218**	**$0**

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

- **Total Number of Ryan White Units to be Provided for this Service Category: 11,784**
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: 18.43**
- ***(This is your agency's RW cost for care per unit)***

List Other Payers Associated with funding in Column A: Other funding sources include, but not limited to, billable private and government insurances, foundations, corporate and private donors.

ATTACHMENT J

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2021 – February 28, 2022

AGENCY NAME: Desert AIDS Project **SERVICE: Early Intervention Services – Part A**

	A	B	C
Budget Category	**Non-RW Cost (Other Payers)[2]**	**RW Cost**	**Total Cost[1]**
Personnel			
Community Health Educator/Testing Coordinator(s): (Becker, C. $40,395 x 0.20 FTE=$8,080); (DeLaCruz, J. $53,153 x 0.20 FTE=$10,630); (Diaz De Leon, R $40,384 x 0.20 FTE=$8,076); (Gonzalez, A $35,890 X 0.20 FTE = $7,178): (Ruiz, N $35,890 x 0.20 FTE=$7,178): Delivers comprehensive, innovative on-site and off-site HIV testing activities to identify unaware populations and link them to care. Develops strategies and educational programs to encourage regular testing and support early intervention among unaware, out-of-care, newly diagnosed and other populations at high risk of poor health outcomes and transmitting the disease. Conducts pre- and post- test counseling on risk and risk reduction strategies. Makes referrals for linkage to additional testing and medical care as needed. Conducts preliminary assessment of program eligibility. Provides care coordination with clinical staff and case managers.	**164,570**	**41,142**	**205,712**
Community Health Educator/Early Intervention Services Counselor: (Franco, Y., $47,175 x 0.20 FTE=$9,436); (Moore, J., I $46,104 x 0.20 FTE=$9,220); (Ramirez, G $43,451 x 0.20 FTE=$8,690); (Ward, J $42,640 x 0.20 FTE=$8,528); (Ceja, J $42,640 x 0.10 FTE=$8,528); Delivers early intervention activities including outreach and support to current clients who have fallen out of care, testing among unaware, out-of-care, newly diagnosed and other populations at high risk of poor health outcomes and transmitting the disease. Provides health literacy assessments for high-risk populations. Directly provides early intervention services including counseling unaware and unmet need individuals with respect to HIV/AIDS risk, testing and care (including all inquiries from anonymous phone calls to professional groups), links clients to testing to confirm HIV and the extent of immune deficiency, intensive support and work to assess need, reduce barriers and link HIV positive to medical care. Provides care coordination with clinical services staff and case managers. Assists clients with referrals to community agencies, government entities and homeless shelters and other programs to reduce barriers to linkage.	**177,608**	**44,402**	**222,010**

Community Health Testing and Outreach Manager / CH Early Intervention Manager: (Cruz, A $55,827 x 0.10 FTE=$5,583); (Ramos, G $55,827 x 0.10 FTE=$5,583) Provides HIV Care Continuum for HIV Testing and EIS service delivery oversight to/for HIV newly diagnosed, unaware and out of care clients. Develops and directs the delivery of EIS targeted at populations for the agency. Identifies and arranges testing locations within the communities of the Coachella Valley, coordinates with community organizations to have a presence at community programs, health fairs, walks, concerts, etc. for the purposes of linking unaware and out of care to testing and services. Establishes and maintains relationship with community entities and organizations such as other clinic settings who may have contact with demographic populations who have been identified to be at a disproportionate risk for HIV infection to ensure continuity of care.	**100,488**	**11,166**	**111,654**
Community Health Events & Partnership Manager: (Allen, J $58,240 x 0.10 FTE=$5,824) Establishes and strengthens relationships with Community Partners to expand participation and contributions for EIS program service delivery. Provides outreach and access to/for HIV high-risk populations who may be unaware or out of care. Recruits, trains and manages community outreach volunteers. Attends and oversight at/of community outreach, testing and EIS events.	**52,416**	**5,824**	**58,240**
Director of Community Health: (Tobe, CJ, $115,003 X 0.05 FTE=$5,750) Establishes and maintains relationship with community entities and organizations for integration and/or coordination with community partners, service providers. Participation in community-wide HIV/AIDS continuum of HIV prevention and care. As needed, attends and provides HIV Care Continuum of Care EIS program service delivery activities. Provides professional oversight and directs the delivery of EIS program. Oversees the coordination and certification of staff to ensure compliance with state and federal requirements.	**109,253**	**5,750**	**115,003**
Administrative Support Coordinator & Data Management Specialist: (Roman, F $42,163 x 0.05 FTE= $2,108); (Mullen, M $35,874 x 0.05 FTE= $1,794): Assists with coordination of EIS program service delivery. Provides data enter into ARIES, LEO and EHR. Maintains program department files and records. Assists with policy and procedure updates.	**74,135**	**3,902**	**78,037**

Eligibility Specialist: ((Nicasio, Y $35,360 x 0.0 FTE=$0); (Reed, D $37,113 x 0.0 FTE=$0); (TBD $47,220 x 0.0 FTE=$0). Serves as the first point of contact for new clients to review, update and assist in establishing eligibility for Ryan White-funded EIS and other available state, county and local programs to assess payer of last resort, reviews income and residency eligibility and other general issues of compliance with the Standards of Care. Perform bi-annual eligibility recertifications with clients. Performs data entry related to client eligibility recertification for EIS On behalf of client participates in case conferencing and makes integral referrals to link clients to care and services.	**119,693**	**-**	**119,693**
Senior Clinical Data Analyst(s): (Avina, R $60,000 x 0.0 FTE=$0); (Garcia, R $82,400 x 0.0 FTE=$0). Performs client-level data entry in electronic health record(s) directly related to delivery of EIS to support and improve ongoing care and treatment of patient. Analyzes client level data used by program staff to improve the quality of Ryan White service delivery in alignment with clinical quality management plans. Provides professional oversight and direction to health information management coordinators to assure activities support improvement of EIS. Performs as the Ryan White Program ARIES Technical Lead (TL).	**142,400**	**-**	**142,400**
Health Information Management Coordinator(s): (Alcaraz, T $78,876 x 0.0 FTE=$0) (Quach, C $35,000 x 0.0 FTE=$0); (Zuniga, M $35,000 x 0.0 FTE=$0); Performs client level data entry in electronic health record(s) directly related to delivery of EIS to support and improve ongoing care and treatment of patient. Scans, files and retrieves at client and staff request medical records and eligibility documentation. Reviews incoming fax queue to alert program staff of critical lab results, etc. Analyzes client level data used by program staff to improve the quality of Ryan White service delivery in alignment with clinical quality management plans.	**148,876**	**-**	**148,876**
Total Personnel (w/o Benefits)		**112,186**	
Fringe Benefits 25% of Total Personnel Costs		**28,047**	
TOTAL PERSONNEL	**$0**	**$140,233**	**$0**

Other *(Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)*			
Office Supplies/Small Tools & Equipment: Standard office supplies, tools and minor equipment (i.e.: paper, related copy supplies, pens, pencils, tablets, paper clips, desk/office supplies, and other miscellaneous items), calculators, printers, scanners, keyboards, mouse, etc. No item's cost exceeds $4,999.	**5,000**	**-**	**5,000**
Computer Software & Hardware: Medical record and health information systems computer software and hardware costs (less than $4,999 each), necessary to document treatment plans, services provided, track compliance with treatment, health outcomes, test results and other information necessary to provide medical services. Includes the annual software license renewals and maintenance contracts.	**15,000**	**5,000**	**20,000**
Printing/Reproduction: Projected costs to cover printed material, copier/duplicating costs and services, flyers, patient information sheets, privacy notices and other related printing costs associated with the proposed service.	**8,000**	**2,000**	**10,000**
Medical Supplies: Projected costs for medical supplies (such as band aids, gloves, gauze, portable scales, alcohol, tongue depressors) and other supplies required to provide care services to the unaware and unmet need populations for EIS Linkage to Care, as well as serving current patient population.	**22,000**	**8,000**	**30,000**
Postage: Cost of postage to send patient reminder cards, lab results and other communications to patients as necessary for adequate communication between clinic and patients.	**5,000**	**-**	**5,000**
Depreciation - Direct Facility & Equipment: Allocated and actual monthly costs/charges based on clinic actual facility square feet and identified equipment depreciation for program clinic equipment.	**10,000**	**-**	**10,000**
Repair/Maintenance: Allocated and actual monthly costs/charges based on projected utilization/need of medical clinic's space.	**1,000**	**-**	**1,000**
Medical Waste/Linens/shredding: Allocated and actual monthly costs/charges based on projected utilization/need of clinic's space for services such as medical waste removal and linen cleaning and HIPAA shredding.	**300**	**-**	**300**

Telephone: Allocated and actual monthly telephone costs/charges based on projected utilization/need of clinic staff.	**2,000**	**-**	**2,000**
Training/Conferences/Educational Seminars: Costs associated with professional development required by contract to increase staff knowledge about and expertise to deliver services to low-income people living with HIV.	**10,000**	**-**	**10,000**
Outreach and Stigma Reduction: Costs for communications and advertising related to reaching the unaware and unmet need populations and linking them to EIS as well as serving current patient population.	**35,000**	**15,000**	**50,000**
Utilities: Allocated monthly electrical, water, gas and trash collection costs in facility based on space utilized by the medical clinic and staff.	**2,200**	**-**	**2,200**
Travel: Fuel / gas of agency vehicles and/or Mileage reimbursement of staff travel for the delivery or improvement of EIS at IRS determined mileage rates. (current IRS rate is applicable)	**8,174**	**1,701**	**9,875**
Incentives: Items purchased such as food, gas gift cards and/or Lyft/Uber to motivate unaware individuals to engage in HIV testing.	**5,000**	**5,000**	**10,000**
Rent: Portion of rent expense for office when staffed to deliver EIS. Rate calculated based on a percentage of work week day / time of program personnel utilization.	**20,000**	**-**	**20,000**
Other Direct Costs Required to provide services:		**-**	
TOTAL OTHER	**$0**	**$36,701**	**$0**
SUBTOTAL (Total Personnel and Total Other)	**$0**	**$176,934**	**$0**
Administration (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc. See next page.)		17,693	
TOTAL BUDGET (Subtotal & Administration)	**$0**	**$194,627**	**$0**

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

- **Total Number of Ryan White Units to be Provided for this Service Category: 4,050**
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: 48.06 (*This is your agency's RW cost for care per unit*)**

[2] **List Other Payers Associated with funding in Column A:** Other funding sources include, but not limited to, billable private and government insurances, foundations, corporate and private donors.

ATTACHMENT J

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2021 – February 28, 2022

AGENCY NAME: Desert AIDS Project **SERVICE: Case Management Non-Medical**

	A	B	C
Budget Category	**Non-RW Cost (Other Payers)[2]**	**RW Cost**	**Total Cost[1]**
Personnel			
Medical Case Manager(s): (Fenson, R $43,662 x 0.40 FTE=$17,465); (Garcia, J $43,662 x 0.40 FTE=$17,465); (Kiley, C $48,203 x 0.40 FTE=$19,281); Meets with clients to determine eligibility for Ryan White services, assess client's mental, social, community, legal, financial and functional status, establishes a single, coordinated care plan and ongoing assessment of the client's needs, and personal support systems. Recommends and coordinates services such as financial counseling, public assistance, referral for insurance coverage, transportation, legal, housing, food and other services connecting the client with DAP provided services, community services and state and federal programs as appropriate. Integrates goal setting and self-management tactics when developing the individualized care plans. Assists clients in taking active role in maintaining their health and medical care. Monitors client's progress in social and medical systems and their mental and emotional status.	**81,316**	**54,211**	**135,527**
Medical Case Manager(s): (Nebgen, H $41,600 x 0.40 FTE=$16,640); (Olalia, R $42,390 x 0.40 FTE=$16,956); (Romero, J $49,054 x 0.40 FTE=$19,622); (TBD $45,539 x 0.40 FTE=$18,216); Meets with clients to determine eligibility for Ryan White services, assess client's mental, social, community, legal, financial and functional status, establishes a single, coordinated care plan and ongoing assessment of the client's needs, and personal support systems. Recommends and coordinates services such as financial counseling, public assistance, referral for insurance coverage, transportation, legal, housing, food and other services connecting the client with DAP provided services, community services and state and federal programs as appropriate. Integrates goal setting and self-management tactics when developing the individualized care plans. Assists clients in taking active role in maintaining their health and medical care. Monitors client's progress in social and medical systems and their mental and emotional status.	**107,149**	**71,434**	**178,583**

Medical Case Manager(s): (TBD $50,932 x 0.40 FTE=$20,373); (Sesma, L $60,864 x 0.40 FTE=$24,346); (Machado, J $45,000 x 0.40 FTE = $18,000); Meets with clients to determine eligibility for Ryan White services, assess client's mental, social, community, legal, financial and functional status, establishes a single, coordinated care plan and ongoing assessment of the client's needs, and personal support systems. Recommends and coordinates services such as financial counseling, public assistance, referral for insurance coverage, transportation, legal, housing, food and other services connecting the client with DAP provided services, community services and state and federal programs as appropriate. Integrates goal setting and self-management tactics when developing the individualized care plans. Assists clients in taking active role in maintaining their health and medical care. Monitors client's progress in social and medical systems and their mental and emotional status.	**94,077**	**62,719**	**156,796**
Director of Social Services & Case Management Senior Manager: (Welden, Z $122,210 x 0.0 FTE=$0.00); (Olguin, J $62,974 x 0.10 FTE = $6,297); Provides professional oversight of the delivery of CMNM to ensure consistent and high quality services, client satisfaction, positive health outcomes, progress toward clinical quality improvement measures, compliance with policies and procedures, Standards of Care and National Monitoring Standards. Works with clients facing acute needs to ensure productive and beneficial Case Manager assignments and facilitates re-assignments as requested. Informs clients of new and updated policies for public benefits programs.	**178,887**	**6,297**	**185,184**
Case Management Coordinator: (TBD $60,864 x 0.0 FTE=$0); Works with clients to ensure productive and beneficial Case Manager assignments and facilitates re-assignments as requested. Informs clients of new and updated policies for public benefits programs. Meets with clients to determine eligibility for Ryan White services, assess client's mental, social, community, legal, financial and functional status, establishes a single, coordinated care plan and ongoing assessment of the client's needs, and personal support systems. Recommends and coordinates services such as financial counseling, public assistance, referral for insurance coverage, transportation, legal, housing, food and other services connecting the client with DAP provided services, community services and state and federal programs as appropriate. Integrates goal setting and self-management tactics when developing the individualized care plans. Assists clients in taking active role in maintaining their health and medical care. Monitors client's progress in social and medical systems and their mental and emotional status.	**60,864**	**-**	**60,864**

Eligibility Specialist: (Nicasio, Y $35,360 x 0.10 FTE=$3,536); (Reed, D $37,113 x 0.10 FTE=$3,711); (TBD $47,220 x 0.0 FTE=$0). Serves as the first point of contact for new clients to review, update and assist in establishing eligibility for Ryan White-funded CMNM and other available state, county and local programs to assess payer of last resort, reviews income and residency eligibility and other general issues of compliance with the Standards of Care. Perform bi-annual eligibility recertifications with clients. Performs data entry related to client eligibility recertification for CMNM. On behalf of client participates in case conferencing and makes integral referrals to link clients to care and services.	**112,446**	**7,247**	**119,693**
Senior Clinical Data Analyst(s): (Avina, R $63,000 x 0.10 FTE=$6,300); (Garcia, R $82,400 x 0.0 FTE=$0). Performs client-level data entry in electronic health record(s) directly related to delivery of CMNM to support and improve ongoing care and treatment of patient. Analyzes client level data used by program staff to improve the quality of Ryan White service delivery in alignment with clinical quality management plans. Provides professional oversight of and direction to health information management coordinators to assure activities support improvement of CMNM.Performs as the Ryan White Program ARIES Technical Lead (TL).	**139,100**	**6,300**	**145,400**
Health Information Management Coordinator(s): (Alcaraz, T $78,876 x 0.0 FTE=$0); (Quach, C $35,000 x 0.0 FTE=$0); (Zuniga, M $35,000 x 0.0 FTE=$0); Performs client level data entry in electronic health record(s) directly related to delivery of CMNM to support and improve ongoing care and treatment of patient. Scans, files and retrieves at client and staff request medical records and eligibility documentation. Reviews incoming fax queue to alert program staff of critical lab results, etc. Analyzes client level data used by program staff to improve the quality of Ryan White service delivery in alignment with clinical quality management plans.	**148,876**	**-**	**148,876**
Social Services Data Entry Assistant: (Cabansag, E $33,280 x 0.10 FTE=$3,328); Answers New Client Intake line, answers questions of potential clients and family members and initiates enrollment process for new clients. Assists in chart review audit including outcomes monitoring. Participates in case conferencing and supports internal and external referrals as needed to ensure quality CMNM.	**29,952**	**3,328**	**33,280**
Total Personnel (w/o Benefits)		**211,536**	
Fringe Benefits: 25% of Total Personnel Costs		**52,884**	
TOTAL PERSONNEL	**$0**	**$264,420**	**$0**

Other *(Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)*			
Office Supplies/Small Tools & Equipment: Standard office supplies, tools and minor equipment (i.e.: paper, related copy supplies, pens, pencils, tablets, paper clips, desk/office supplies, and other miscellaneous items), calculators, printers, scanners, keyboards, mouse, etc. No item's cost exceeds $4,999.	**12,037**	**2,963**	**15,000**
Computer Software & Hardware: Medical record and health information systems computer software and hardware costs (less than $4,999 each), necessary to document treatment plans, services provided, track compliance with treatment, health outcomes, test results and other information necessary to provide medical services. Includes the annual software license renewals and maintenance contracts.	**14,500**	**10,000**	**24,500**
Printing/Reproduction: Projected costs to cover printed material, copier/duplicating costs and services, flyers, patient information sheets, privacy notices and other related printing costs associated with the proposed service.	**1,000**	-	**1,000**
Medical Supplies: Projected costs for medical supplies such as band-aids, gloves, gauze, portable scales, alcohol, tongue depressors and other supplies required to provide patient care services.	**1,500**	**-**	**1,500**
Postage: Cost of postage to send patient reminder cards, lab results and other communications to patients as necessary for adequate communication between clinic and patients.	**1,500**	**-**	**1,500**
Depreciation - Direct Facility & Equipment: Allocated and actual monthly costs/charges based on clinic actual facility square feet and identified equipment depreciation for dental clinic equipment.	**33,500**	**-**	**33,500**
Repair/Maintenance: Allocated and actual monthly costs/charges based on projected utilization/need of medical clinic's space.	**15,000**	**-**	**15,000**
Medical Waste/Linens/shredding: Allocated and actual monthly costs/charges based on projected utilization/need of medical clinic's space for services such as medical waste removal and linen cleaning and HIPAA shredding.	**1,000**	**-**	**1,000**
Telephone: Allocated and actual monthly telephone costs/charges based on projected utilization/need of clinic staff.	**10,850**	**-**	**10,850**

Training/Conferences/Educational Seminars: Costs associated with professional development required by contract to increase staff knowledge about and expertise to deliver services to low-income people living with HIV.	**10,000**	**5,000**	**15,000**
Outreach and Stigma Reduction: Costs for communications and advertising related to reaching the unaware and unmet need populations and linking them to CMNM as well as serving current patient population.	**20,000**	**-**	**20,000**
Utilities: Allocated monthly electrical, water, gas and trash collection costs in facility based on space utilized by the medical clinic and staff.	**1,700**	**-**	**1,700**
Travel: mileage reimbursement for travel for the delivery or improvement of CMNM at IRS determined mileage rates. (current IRS rate is applicable)	**1,000**	**-**	**1,000**
Rent: Portion of rent expense for office when staffed to deliver MCM services. Rate calculated based on a percentage of work week day / time program personnel utilization.	**20,000**	**-**	**20,000**
Other Direct Costs Required to provide services:			
TOTAL OTHER	**$0**	**$17,963**	**$0**
SUBTOTAL (Total Personnel and Total Other)	**$0**	**$282,383**	**$0**
Administration (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc. See next page.)		**28,238**	
TOTAL BUDGET (Subtotal & Administration)	**$0**	**$310,621**	**$0**

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

- **Total Number of Ryan White Units to be Provided for this Service Category: 30,000**
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: 10.35**
- **(*This is your agency's RW cost for care per unit*)**

[2] **List Other Payers Associated with funding in Column A:** Other funding sources include, but not limited to, billable private and government insurances, foundations, corporate and private donors.

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2021 – February 28, 2022

AGENCY NAME: Desert AIDS Project SERVICE: Food Services

	A	B	C
Budget Category	**Non-RW Cost (Other Payers)[2]**	**RW Cost**	**Total Cost[1]**
Personnel			
Food and Transportation Programs Coordinator: (Betancourt, T $63,280 x 0.0 FTE=$0); Coordinates the delivery of vouchers, fresh and non-perishable food items and other supportive services under the supervision of the Director of Social Services. Acts as a resource and referral source for clients concerning food and nutritional needs. Prepares accurate, complete and timely documentation for all client interactions, inputs units of service as required. Supervises Food Bank volunteers.	**63,280**	-	**63,280**
Food and Transportation Programs Assistant: (TBD $36,871 x 0.0 FTE=$0); Coordinates the purchase and distribution of food vouchers in accordance with program policies and procedures. Coordinates with case managers, health center and other supportive services under the direct supervision of the Director of Social Services. Acts as a resource and referral source for clients concerning transportation needs to facilitate access to health care. Prepares accurate, complete and timely documentation for all client interactions, amounts distributed and inputs units of service as required.	**36,871**	-	**36,871**
Director of Social Services: (Welden, Z $122,210 x 0.0 FTE=$0); Provides professional oversight of the delivery of Food Services to ensure consistent and high quality services, client satisfaction, positive health outcomes, progress toward clinical quality improvement measures, compliance with policies and procedures, Standards of Care and National Monitoring Standards.	**122,210**	-	**122,210**
Total Personnel (w/o Benefits)	-	-	-
Fringe Benefits 25% of Total Personnel Costs	-	-	-
TOTAL PERSONNEL	**$0**	**$0**	**$0**

Other *(Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)*			
Office Supplies/Small Tools & Equipment: Standard office supplies, tools and minor equipment (i.e.: paper, related copy supplies, pens, pencils, tablets, paper clips, desk/office supplies, and other miscellaneous items), calculators, printers, scanners, keyboards, mouse, etc. No item's cost exceeds $4,999.	**1,800**	-	**1,800**
Printing/Reproduction: Projected costs to cover printed material, copier/duplicating costs and services, flyers, patient information sheets, privacy notices and other related printing costs associated with the proposed service.	**300**	-	**300**
Postage: Cost of postage to send patient reminder cards, lab results and other communications to patients as necessary for adequate communication between clinic and patients.	**200**	-	**200**
Depreciation - Direct Facility & Equipment: Allocated and actual monthly costs/charges based on clinic actual facility square feet and identified equipment depreciation for dental clinic equipment.	**2,000**	-	**2,000**
Repair/Maintenance: Allocated and actual monthly costs/charges based on projected utilization/need of medical clinic's space.	**1,000**	-	**1,000**
Telephone: Allocated and actual monthly telephone costs/charges based on projected utilization/need of clinic staff.	**1,000**	-	**1,000**
Outreach and Stigma Reduction: Costs for communications and advertising related to reaching the unaware and unmet need populations and linking them to OAH as well as serving current patient population.	**3,000**	-	**3,000**
Utilities: Allocated monthly electrical, water, gas and trash collection costs in facility based on space utilized by the medical clinic and staff.	**1,200**	-	**1,200**
Travel: mileage reimbursement for travel for the delivery or improvement of FB/HDM (current IRS rate)	**1,000**	-	**1,000**
Food Vouchers / Assistance: Food gift cards/vouchers for local grocery stores.	**214,721**	**285,279**	**500,000**
Other Direct Costs Required to provide services:			
TOTAL OTHER	**$0**	**$285,279**	**$0**

SUBTOTAL (Total Personnel and Total Other)	**$0**	**$285,279**	**$0**
Administration (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc. See next page.)		-	
TOTAL BUDGET (Subtotal & Administration)	**$0**	**$285,279**	**$0**

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

- **Total Number of Ryan White Units to be Provided for this Service Category: 36,600**
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: 7.79**
- **(*This is your agency's RW cost for care per unit*)**

[2]**List Other Payers Associated with funding in Column A:** Other funding sources include, but not limited to, billable private and government insurances, foundations, corporate and private donors.

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2021 – February 28, 2022

AGENCY NAME: Desert AIDS Project SERVICE: Housing Services

	A	B	C
Budget Category	**Non-RW Cost (Other Payers)[2]**	**RW Cost**	**Total Cost[1]**
Personnel			
Housing Programs Manager: (Aitchison, M $64,481 x 0.0 FTE=$0); Provides assistance in retaining/obtaining appropriate housing services to clients per DAP policies and procedures and related program protocols. Assesses client's immediate needs related to housing assistance, maintains listing and evaluates housing opportunities appropriate to client needs. Works as part of the integrated care tem with medical, home care, counseling and education staff to ensure early intervention and continuity of care for clients needing housing assistance. Develops relationships with community, state and federal programs related to housing for HIV and low-income individuals. Maintains accurate, complete and timely documentation of all client evaluations, services provided including the reporting of units of service and other reporting required by funding organizations and grants.	**64,481**	-	**64,481**
Housing Case Manager: (Lucas, C $42,640 x 0.0 FTE=$0); (TBD $37,571 x 0.0 FTE=$0); Coordinates the delivery of housing and other related supportive services under the supervision of the Housing Coordinator and Director of Social Services. Assists in the documentation of client needs, prepares paperwork necessary document and request payment for housing needs of clients.	**80,211**	-	**80,211**
Social Services Assistant: (Cabansag, E $36,960 x 0.0 FTE=$0); Coordinates the purchase and distribution of vouchers in accordance with program policies and procedures. Coordinates with case managers, health center and other supportive services under the direct supervision of the Director of Social Services. Acts as a resource and referral source for clients concerning transportation needs to facilitate access to health care. Prepares accurate, complete and timely documentation for all client interactions, amounts distributed and inputs units of service as required.	**36,960**	-	**36,960**

Director of Social Services: (Welden, Z $122,210 x 0.0 FTE=$0); Provides professional oversight of the delivery of Housing Services to ensure consistent and high quality services, client satisfaction, positive health outcomes, progress toward clinical quality improvement measures, compliance with policies and procedures, Standards of Care and National Monitoring Standards.	**122,210**	-	**122,210**
Total Personnel (w/o Benefits)		-	
Fringe Benefits 25% of Total Personnel Costs		-	
TOTAL PERSONNEL	**$0**	**$0**	**$0**
Other *(Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)*			
Office Supplies/Small Tools & Equipment: Standard office supplies, tools and minor equipment (i.e.: paper, related copy supplies, pens, pencils, tablets, paper clips, desk/office supplies, and other miscellaneous items), calculators, printers, scanners, keyboards, mouse, etc. No item's cost exceeds $4,999.	**1,800**	-	**1,800**
Printing/Reproduction: Projected costs to cover printed material, copier/duplicating costs and services, flyers, patient information sheets, privacy notices and other related printing costs associated with the proposed service.	**1,000**	-	**1,000**
Postage: Cost of postage to send patient reminder cards, lab results and other communications to patients as necessary for adequate communication between clinic and patients.	**500**	-	**500**
Depreciation - Direct Facility & Equipment: Allocated and actual monthly costs/charges based on clinic actual facility square feet and identified equipment depreciation for dental clinic equipment.	**2,000**	-	**2,000**
Repair/Maintenance: Allocated and actual monthly costs/charges based on projected utilization/need of clinic's space.	**1,200**	-	**1,200**
Medical Waste/Linens/shredding: Allocated and actual monthly costs/charges based on projected utilization/need of medical clinic's space for services such as medical waste removal and linen cleaning and HIPAA shredding.	**1,000**	-	**1,000**

Telephone: Allocated and actual monthly telephone costs/charges based on projected utilization/need of clinic staff.	**200**	**-**	**200**
Outreach and Stigma Reduction: Costs for communications and advertising related to reaching the unaware and unmet need populations and linking them to OAH as well as serving current patient population.	**1,000**	**-**	**1,000**
Utilities: Allocated monthly electrical, water, gas and trash collection costs in facility based on space utilized by the clinic and staff.	**300**	**-**	**300**
Travel: mileage reimbursement for travel for the delivery or improvement of Housing Services at current IRS determined rate.	**1,000**	**-**	**1,000**
Emergency Housing Assistance: Payments for emergency/short-term housing and motel vouchers, per Standards of Care, made directly to landlord.	**143,121**	**156,879**	**300,000**
Other Direct Costs Required to provide services:			
TOTAL OTHER	**$0**	**$156,879**	**$0**
SUBTOTAL (Total Personnel and Total Other)	**$0**	**$156,879**	**$0**
Administration (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc. See next page.)		-	
TOTAL BUDGET (Subtotal & Administration)	**$0**	**$156,879**	**$0**

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

- **Total Number of Ryan White Units to be Provided for this Service Category: 10,920**
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: 14.37**
- **(*This is your agency's RW cost for care per unit*)**

[2] **List Other Payers Associated with funding in Column A:** Other funding sources include, but not limited to, billable private and government insurances, foundations, corporate and private donors.

ATTACHMENT J

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2021 – February 28, 2022

AGENCY NAME: Desert AIDS Project **SERVICE: Medical Transportation Services**

	A	B	C
Budget Category	**Non-RW Cost (Other Payers)[2]**	**RW Cost**	**Total Cost[1]**
Personnel			
Food and Transportation Programs Coordinator: (Betancourt, T $63,280 x 0.0 FTE=$0); Provides assistance in retaining/obtaining appropriate MTS services to clients per DAP policies and procedures and related program protocols. Assesses client's immediate needs related to MTS, maintains collaborative partnerships. Works as part of the integrated care team with medical, home care, counseling and education staff to ensure early intervention and continuity of care for clients needing MTS. Maintains accurate, complete and timely documentation of all client evaluations, services provided, including the reporting of units-of-service and other reporting required by funding organizations and grants.	**63,280**	-	**63,280**
Food and Transportation Programs Assistant: (TBD $36,871 x 0.0 FTE=$0); Coordinates the purchase and distribution of transportation vouchers, gas cards and other transportation options in accordance with program policies and procedures. Coordinates with case managers, health center and other supportive services under the direct supervision of the Director of Social Services. Acts as a resource and referral source for clients concerning transportation needs to facilitate access to health care. Prepares accurate, complete and timely documentation for all client interactions, amounts distributed and inputs units of service as required.	**36,871**	-	**36,871**
Director of Social Services: (Welden, Z $122,210 x 0.00 FTE=$0); Provides professional oversight of the delivery of MTS to ensure consistent and high quality services, client satisfaction, positive health outcomes, progress toward clinical quality improvement measures, compliance with policies and procedures, Standards of Care and National Monitoring Standards.	**122,210**	-	**122,210**
Total Personnel (w/o Benefits)	-	-	-
Fringe Benefits 25% of Total Personnel Costs	-	-	-
TOTAL PERSONNEL	**$0**	**$0**	**$0**

Other *(Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)*			
Office Supplies/Small Tools & Equipment: Standard office supplies, tools and minor equipment (i.e.: paper, related copy supplies, pens, pencils, tablets, paper clips, desk/office supplies, and other miscellaneous items), calculators, printers, scanners, keyboards, mouse, etc. No item's cost exceeds $4,999.	**1,800**	-	**1,800**
Printing/Reproduction: Projected costs to cover printed material, copier/duplicating costs and services, flyers, patient information sheets, privacy notices and other related printing costs associated with the proposed service.	**300**	-	**300**
Medical Supplies: Projected costs for medical supplies such as band aids, gloves, gauze, portable scales, alcohol, tongue depressors and other supplies required to provide patient care services.	**500**	-	**500**
Postage: Cost of postage to send patient reminder cards, lab results and other communications to patients as necessary for adequate communication between clinic and patients.	**500**	-	**500**
Depreciation - Direct Facility & Equipment: Allocated and actual monthly costs/charges based on clinic actual facility square feet and identified equipment depreciation for program staff and clinic space.	**2,000**	-	**2,000**
Insurance: Allocated monthly liability costs based on space utilized by the clinic and staff. Also includes professional liability coverage for the facility and providers of services.	**1,000**	-	**1,000**
Repair/Maintenance: Allocated and actual monthly costs/charges based on projected utilization/need of medical clinic's space.	**1,000**	-	**1,000**
Medical Waste/Linens/shredding: Allocated and actual monthly costs/charges based on projected utilization/need of medical clinic's space for services such as medical waste removal and linen cleaning and HIPAA shredding.	**500**	-	**500**
Telephone: Allocated and actual monthly telephone costs/charges based on projected utilization/need of clinic staff.	**500**	-	**500**

Outreach and Stigma Reduction: Costs for communications and advertising related to reaching the unaware and unmet need populations and linking them to MTS as well as serving current patient population.	**2,735**	-	**2,735**
Utilities: Allocated monthly electrical, water, gas and trash collection costs in facility based on space utilized by the medical clinic and staff.	**1,200**	-	**1,200**
Travel: mileage reimbursement for travel for the delivery or improvement of MTS at IRS determined mileage rates. (current IRS rate)	**500**	-	**500**
Transportation Vouchers: Bus passes, gas cards and other vouchers for local transportation to access services and care allowable by the Standards of Care.	**77,593**	**222,407**	**300,000**
Other Direct Costs Required to provide services:			
TOTAL OTHER	**$0**	**$222,407**	**$0**
SUBTOTAL (Total Personnel and Total Other)	**$0**	**$222,407**	**$0**
Administration (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc. See next page.)		-	
TOTAL BUDGET (Subtotal & Administration)	**$0**	**$222,407**	**$0**

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

- **Total Number of Ryan White Units to be Provided for this Service Category: 11,040**
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: 20.15**
- **(*This is your agency's RW cost for care per unit*)**

[2] **List Other Payers Associated with funding in Column A:** Other funding sources include, but not limited to, billable private and government insurances, foundations, corporate and private donors.

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2021 – February 28, 2022

AGENCY NAME: Desert AIDS Project **SERVICE: Psychosocial Support Services**

Budget Category	A Non-RW Cost (Other Payers)[2]	B RW Cost	C Total Cost[1]
Personnel			
Wellness Services Center Manager: (Pulver, C $54,567 x 0.10 FTE=$5,457); Develops and implements Community Center programming for clients such as psychosocial activities, bereavement counseling, nutrition counseling, computer skill building, caregiver support groups, fitness and complementary therapies for people living with HIV. Supervises volunteer and peer-led support group leaders. Provides direct health education and psychosocial support counseling/referrals as well as assists clients in delivering peer-led activities.	**49,110**	**5,457**	**54,567**
Behavioral Health Clinician: (TBD $60,000 x 0.0 FTE = $0.0) Ensures that psychosocial support services compliment client care and services and contribute to desired health outcomes. Develops and leads psychosocial support groups for clients to support positive health outcomes and promote self-management skills. Works with clients to link to psychosocial support services that will support their treatment plans.	**60,000**		**60,000**
Peer Support & Career Development Specialist(s): (Brunner, B $35,890 x 0.25 FTE = $8,973); (Rossetti, S $36,421 x 0.25 FTE = $9,105); Ensures that psychosocial support services compliment client care and services and contribute to desired health outcomes. Develops and leads psychosocial support groups for clients to support positive health outcomes and promote self-management skills. Works with clients to link to psychosocial support services that will support their treatment plans.	**54,233**	**18,078**	**72,311**
Wellness Center Administrative Assistant: (Howard, C $37,833 x 0.10 FTE=$3,783); Oversees wellness program activities, schedules attendance, instructors, locations. For direct service delivery of support groups, documents treatments, progress, and outcome for reporting purposes under the direct supervision of Wellness Services Center Manager	**34,050**	**3,783**	**37,833**

Eligibility Specialist: (Nebgen, H $36,870 x 0.0 FTE=$0); (Pichardo, A $36,420 x 0.0 FTE=$0); (Zahn, V $46,340 x 0.00 FTE=$0). Serves as the first point of contact for new clients to review, update and assist in establishing eligibility for Ryan White-funded PSS and other available state, county and local programs to assess payer of last resort, reviews income and residency eligibility and other general issues of compliance with the Standards of Care. Perform bi-annual eligibility recertifications with clients. Performs data entry related to client eligibility recertification for PSS. On behalf of client participates in case conferencing and makes integral referrals to link clients to care and services.	**119,630**	**-**	**119,630**
Senior Clinical Data Analyst(s): (Avina, R $60,000 x 0.0 FTE=$0); (Garcia, R $82,400 x 0.0 FTE=$0). Performs client-level data entry in electronic health record(s) directly related to delivery of PSS to support and improve ongoing care and treatment of patient. Analyzes client level data used by program staff to improve the quality of Ryan White service delivery in alignment with clinical quality management plans. Provides professional oversight of and direction to health information management coordinators to assure activities support improvement of PSS.	**142,400**	**-**	**142,400**
Health Information Management Coordinator(s): (Alcaraz, T $78,876 x 0.0 FTE=$0.0); (Quach, C $35,000 x 0.0 FTE=$0); (Zuniga, M $35,000 x 0.0 FTE=$0); Performs client level data entry in electronic health record(s) directly related to delivery of PSS to support and improve ongoing care and treatment of patient. Scans, files and retrieves at client and staff request medical records and eligibility documentation. Reviews incoming fax queue to alert program staff of critical lab results, etc. Analyzes client level data used by program staff to improve the quality of Ryan White service delivery in alignment with clinical quality management plans.	**148,876**	**-**	**148,876**
Director of Social Services: (Welden, Z $122,210 x 0.05 FTE=$6,111); Works closely with PSS team to insure continuity of client care, quality, HIPAA compliance/guidelines, and achievement of HRSA performance measures. Provides professional oversight and direction to PSS team to assure client satisfaction and positive health outcomes. Expeditiously handles patient's grievances and complaints related to PSS. Evaluates new potential referral services for current patients and outreach to the unaware, out of care and/or newly diagnosed.	**116,099**	**6,111**	**122,210**

Quality and Program Monitor: (Terramagra, J $70,000 x 0.0 FTE=$0). Develops and directs Clinical Quality Improvement/Management program in compliance with Ryan White National Monitoring Standards, federal, state and local regulatory bodies, Ryan White Local Policies & Procedures and IEHPC Standards of Care to facilitate delivery and improvement of PSS.	**70,000**	**-**	**70,000**
Total Personnel (w/o Benefits)		**33,429**	
Fringe Benefits 25% of Total Personnel Costs		**8,357**	
TOTAL PERSONNEL	**$0**	**$41,786**	**$0**
***Other** (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)*			
Office Supplies/Small Tools & Equipment: Standard office supplies, tools and minor equipment (i.e.: paper, related copy supplies, pens, pencils, tablets, paper clips, desk/office supplies, and other miscellaneous items), calculators, printers, scanners, keyboards, mouse, etc. No item's cost exceeds $4,999.	**2,708**	**2,292**	**5,000**
Computer Software & Hardware: Medical record and health information systems computer software and hardware costs (less than $4,999 each), necessary to document treatment plans, services provided, track compliance with treatment, health outcomes, test results and other information necessary to provide medical services. Includes the annual software license renewals and maintenance contracts.	**2,000**	**3,000**	**5,000**
Printing/Reproduction: Projected costs to cover printed material, copier/duplicating costs and services, flyers, patient information sheets, privacy notices and other related reproduction costs associated with the proposed service.	**2,000**	**3,000**	**5,000**
Medical Supplies: Projected costs for medical supplies such as band aids, gloves, gauze, portable scales, alcohol, tongue depressors and other supplies required to provide patient care services.	**1,000**	**-**	**1,000**
Postage: Cost of postage to send patient reminder cards, lab results and other communications to patients as necessary for adequate communication between clinic and patients.	**300**	**-**	**300**

Depreciation - Direct Facility & Equipment: Allocated and actual monthly costs/charges based on clinic actual facility square feet and identified equipment depreciation for clinic equipment.	**13,342**	-	**13,342**
Repair/Maintenance: Allocated and actual monthly costs/charges based on projected utilization/need of clinic's space.	**4,000**	-	**4,000**
Medical Waste/Linens/shredding: Allocated and actual monthly costs/charges based on projected utilization/need of medical clinic's space for services such as medical waste removal and linen cleaning and HIPAA shredding.	**500**	-	**500**
Telephone: Allocated and actual monthly telephone costs/charges based on projected utilization/need of clinic staff.	**1,500**	-	**1,500**
Training/Conferences/Educational Seminars: Costs associated with professional development required by contract to increase staff knowledge about and expertise to deliver services to low-income people living with HIV.	**7,000**	**3,000**	**10,000**
Outreach and Stigma Reduction: Costs for communications and advertising related to reaching the unaware and unmet need populations and linking them to program services as well as serving current patient population.	**13,500**	-	**13,500**
Utilities: Allocated monthly electrical, water, gas and trash collection costs in facility based on space utilized by the clinic and staff.	**6,000**	-	**6,000**
Travel: mileage reimbursement for travel for the delivery or improvement of program services at IRS determined mileage rates.	**500**	-	**500**
Other Direct Costs Required to provide services:			
TOTAL OTHER	**$0**	**$11,292**	**$0**
SUBTOTAL (Total Personnel and Total Other)	**$0**	**$53,078**	**$0**
Administration (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc. See next page.)		5,308	
TOTAL BUDGET (Subtotal & Administration)	**$0**	**$58,386**	**$0**

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

- **Total Number of Ryan White Units to be Provided for this Service Category: 17,056**
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: 3.42**
- **(*This is your agency's RW cost for care per unit*)**

[2]**List Other Payers Associated with funding in Column A:** Other funding sources include, but not limited to, billable private and government insurances, foundations, corporate and private donors.

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2021 – February 28, 2022

AGENCY NAME: Desert AIDS Project **SERVICE: Emergency Financial Assistance (EFA)**

	A	B	C
Budget Category	**Non-RW Cost (Other Payers)[2]**	**RW Cost**	**Total Cost[1]**
Personnel			
Housing Programs Manager: (Aitchison, M $64,481 x 0.0 FTE=$0) Provides assistance in retaining/obtaining appropriate housing services to clients per DAP policies and procedures and related program protocols. Assesses client's immediate needs related to housing assistance, maintains listing and evaluates housing opportunities appropriate to client needs. Works as part of the integrated care tem with medical, home care, counseling and education staff to ensure early intervention and continuity of care for clients needing housing assistance. Develops relationships with community, state and federal programs related to housing for HIV and low-income individuals. Maintains accurate, complete and timely documentation of all client evaluations, services provided including the reporting of units of service and other reporting required by funding organizations and grants.	**64,481**	-	**64,481**
Housing Case Manager: (Lucas, C $42,640 x 0.0 FTE=$0); (TBD $37,571 x 0.0 FTE=$0) Coordinates the delivery of housing and other related supportive services under the supervision of the Housing Coordinator and Director of Social Services. Assists in the documentation of client needs, prepares paperwork necessary document and request payment for housing needs of clients.	**80,211**	-	**80,211**
Social Services Assistant: (Cabansag, E $36,960 x 0.0 FTE=$0) Coordinates with case managers, health center and other supportive services under the direct supervision of the Director of Social Services. Acts as a resource and referral source for clients concerning EFA needs to facilitate access to health care. Prepares accurate, complete and timely documentation for all client interactions, amounts distributed and inputs units of service as required.	**36,960**	-	**36,960**

Director of Social Services: (Welden, Z $122,210 x 0.0 FTE=$0) Provides professional oversight of the delivery of Housing Services to ensure consistent and high quality services, client satisfaction, positive health outcomes, progress toward clinical quality improvement measures, compliance with policies and procedures, Standards of Care and National Monitoring Standards.	**122,210**	-	**122,210**
Total Personnel (w/o Benefits)		-	
Fringe Benefits 25% of Total Personnel Costs		-	
TOTAL PERSONNEL	**$0**	$0	$0
Other *(Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)*			
Office Supplies/Small Tools & Equipment: Standard office supplies, tools and minor equipment (i.e.: paper, related copy supplies, pens, pencils, tablets, paper clips, desk/office supplies, and other miscellaneous items), calculators, computers, printers, scanners, keyboards, mouse, etc. No item's cost exceeds $4,999.	**1,800**	-	**1,800**
Printing/Reproduction: Projected costs to cover printed material, copier/duplicating costs and services, flyers, patient information sheets, privacy notices and other related printing costs associated with the proposed service.	**1,000**	-	**1,000**
Postage: Cost of postage to send patient reminder cards and other communications to patients as necessary for adequate communication between Social Services / Clinic and patients.	**500**	-	**500**
Depreciation - Direct Facility & Equipment: Allocated and actual monthly costs/charges based on clinic actual facility square feet and identified equipment depreciation.	**2,000**	-	**2,000**
Repair/Maintenance: Allocated and actual monthly costs/charges based on projected utilization/need of Social Services / Clinic's space.	**1,200**	-	**1,200**
Medical Waste/Linens/shredding: Allocated and actual monthly costs/charges based on projected utilization/need of social services/clinic's space for services such as medical waste removal and linen cleaning and HIPAA shredding.	**1,000**	-	**1,000**

Telephone: Allocated and actual monthly telephone costs/charges based on projected utilization/need of clinic staff.	**200**	**-**	**200**
Outreach and Stigma Reduction: Costs for communications and advertising related to reaching the unaware and unmet need populations and linking them to EFA as well as serving current patient population.	**1,000**	**-**	**1,000**
Utilities: Allocated monthly electrical, water, gas and trash collection costs in facility based on space utilized by the medical clinic and staff.	**300**	**-**	**300**
Travel: mileage reimbursement for travel for the delivery or improvement of EFA Social Services at IRS determined mileage rates. (current IRS rate is applicable)	**1,000**	**-**	**1,000**
Emergency Financial Assistance: Emergency Financial Assistance provides limited one-time or short-term payments to assist an HRSA RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes, as outlined in the Standards of Care. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program	**18,924**	**81,076**	**100,000**
Other Direct Costs Required to provide services:			
TOTAL OTHER	**$0**	**$81,076**	**$0**
SUBTOTAL (Total Personnel and Total Other)	**$0**	**$81,076**	**$0**
Administration (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc. See next page.)		-	
TOTAL BUDGET (Subtotal & Administration)	**$0**	**$81,076**	**$0**

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

- **Total Number of Ryan White Units to be Provided for this Service Category: 245**
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: 330.92**
- **(*This is your agency's RW cost for care per unit*)**

[2] **List Other Payers Associated with funding in Column A:** Other funding sources include, but not limited to, billable private and government insurances, foundations, corporate and private donors.

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2021 – February 28, 2022

AGENCY NAME: Desert AIDS Project **SERVICE: Early Intervention Services – MAI**

	A	B	C
Budget Category	**Non-RW Cost (Other**	**RW Cost**	**Total Cost[1]**
Personnel			
Community Health Educator/Testing Coordinator(s): (Becker, C. $40,395 x 0.10 FTE=$4,040); (DeLaCruz, J. $53,153 x 0.10 FTE=$5,315); (Diaz De Leon, R $40,384 x 0.10 FTE=$4,038); (Gonzalez, A $35,890 X 0.10 FTE = $3,589): (Ruiz, N $35,890 x 0.10 FTE=$3,589): Delivers comprehensive, innovative on-site and off-site HIV testing activities to identify African American and Latino unaware populations and link them to care. Develops strategies and educational programs to encourage regular testing and support early intervention among unaware, out-of-care, newly diagnosed and other populations at high risk of poor health outcomes and transmitting the disease. Conducts pre- and post- test counseling on risk and risk reduction strategies. Makes referrals for linkage to additional testing and medical care as needed. Conducts preliminary assessment of program eligibility. Provides care coordination with clinical services staff and case managers as needed.	**185,141**	**20,571**	**205,712**
Community Health Educator/Early Intervention Services Counselor: (Franco, Y., $47,175 x 0.10 FTE=$4,718); (Moore, J., I $46,104 x 0.10 FTE=$4,610); (Ramirez, G $43,451 x 0.10 FTE=$4,345); (Ward, J $42,640 x 0.10 FTE=$4,264); (Ceja, J $42,640 x 0.10 FTE=$4,264);Delivers early intervention activities including testing among unaware, out-of-care, newly diagnosed African Americans and Latinos at high risk of poor health outcomes and transmitting the disease. Provides health literacy assessments for high-risk minority populations. Directly provides early intervention services including counseling unaware and unmet need individuals with respect to HIV/AIDS risk, testing and care (including all inquiries from anonymous phone calls to professional groups), links clients to testing to confirm HIV and the extent of immune deficiency, intensive support and work to assess need, reduce barriers and link HIV positive to medical care. Provides care coordination with clinical services staff and case managers. Assists clients with referrals to community agencies, government entities and homeless shelters and other programs to reduce barriers to linkage. Tailors all services to be culturally competent and responsive to the unique needs of the African American and Latino populations.	**199,809**	**22,201**	**222,010**

Community Health Testing and Outreach Manager / CH Early Intervention Manager: (Cruz, A $55,827 x 0.10 FTE=$5,583) (Ramos, G $55,827 x 0.10 FTE=$5,583) For the African Americans / Latinos and minority populations, provides HIV Care Continuum for HIV Testing and EIS-MAI service delivery oversight to/for HIV newly diagnosed, unaware and out of care clients. Develops and directs the delivery of EIS-MAI targeted at populations for the agency. Identifies and arranges testing locations within the communities of the Coachella Valley, coordinates with community organizations to have a presence at community programs, health fairs, walks, concerts, etc. for the purposes of linking unaware and out of care to testing and services. Establishes and maintains relationship with community entities and organizations such as other clinic settings who may have contact with demographic populations who have been identified to be at a disproportionate risk for HIV infection to ensure continuity of care.	**100,488**	**11,166**	**111,654**
Community Health Events & Partnership Manager: (Allen, J $58,240 x 0.10 FTE=$5,824) For the African American and Hispanic/Latino populations, establishes and strengthens relationships with Community Partners to expand participation and contributions for EIS-MAI program service delivery. Provides outreach and access to/for HIV high-risk populations who may be unaware or out of care. Recruits, trains and manages community outreach volunteers. Attends and oversight at/of community outreach, testing and EIS events.	**52,416**	**5,824**	**58,240**
Administrative Support Coordinator & Data Management Specialist: (Roman, F $42,163 x 0.05 FTE=$2,108); (Mullen, M $35,874 x 0.05 FTE=$1,794): Assists with coordination of EIS-MAI program service delivery. Provides data enter into ARIES, LEO and EHR. Maintains program department files and records. Assists with policy and procedure updates.	**74,135**	**3,902**	**78,037**
Director of Community Health: (Tobe, C $115,003 x 0.05 FTE=$5,750) Establishes and maintains relationship with the African Americans / Latinos community entities and organizations for integration and/or coordination with community partners, service providers. Participation in community-wide HIV/AIDS continuum of HIV prevention and care. As needed, attends and provides HIV Care Continuum of Care EIS program service delivery activities. Provides professional oversight and directs the delivery of EIS-MAI program. Oversees the coordination and certification of staff to ensure compliance with state and federal requirements.	**109,253**	**5,750**	**115,003**

Eligibility Specialist: ((Nicasio, Y $35,360 x 0.0 FTE=$0); (Reed, D $37,113 x 0.0 FTE=$0); (TBD $47,220 x 0.0 FTE=$0). Serves as the first point of contact for new clients to review, update and assist in establishing eligibility for Ryan White-funded EIS and other available state, county and local programs to assess payer of last resort, reviews income and residency eligibility and other general issues of compliance with the Standards of Care. Perform bi-annual eligibility recertifications with clients. Performs data entry related to client eligibility recertification for EIS On behalf of client participates in case conferencing and makes integral referrals to link clients to care and services.	**119,693**	-	**119,693**
Senior Clinical Data Analyst(s): (Avina, R $60,000 x 0.0 FTE=$0); (Garcia, R $82,400 x 0.0 FTE=$0). Performs client-level data entry in electronic health record(s) directly related to delivery of EIS to support and improve ongoing care and treatment of patient. Analyzes client level data used by program staff to improve the quality of Ryan White service delivery in alignment with clinical quality management plans. Provides professional oversight and direction to health information management coordinators to assure activities support improvement of EIS. Performs as the Ryan White Program ARIES Technical Lead (TL).	**142,400**	-	**142,400**
Health Information Management Coordinator(s): (Alcaraz, T $78,876 x 0.0 FTE=$0) (Quach, C $35,000 x 0.0 FTE=$0); (Zuniga, M $35,000 x 0.0 FTE=$0); Performs client level data entry in electronic health record(s) directly related to delivery of EIS to support and improve ongoing care and treatment of patient. Scans, files and retrieves at client and staff request medical records and eligibility documentation. Reviews incoming fax queue to alert program staff of critical lab results, etc. Analyzes client level data used by program staff to improve the quality of Ryan White service delivery in alignment with clinical quality management plans.	**148,876**	-	**148,876**
Total Personnel (w/o Benefits)		**69,414**	
Fringe Benefits 25% of Total Personnel Costs		**17,354**	
TOTAL PERSONNEL	**$0**	**$86,768**	**$0**

Other *(Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)*			
Office Supplies/Small Tools & Equipment: Standard office supplies, tools and minor equipment (i.e.: paper, related copy supplies, pens, pencils, tablets, paper clips, desk/office supplies, and other miscellaneous items), calculators, printers, scanners, keyboards, mouse, etc. No item's cost exceeds $4,999.	**5,000**	**-**	**5,000**
Computer Software & Hardware: Medical record and health information systems computer software and hardware costs (less than $4,999 each), necessary to document treatment plans, services provided, track compliance with treatment, health outcomes, test results and other information necessary to provide medical services. Includes the annual software license renewals and maintenance contracts.	**15,000**	**5,000**	**20,000**
Printing/Reproduction: Projected costs to cover printed material, copier/duplicating costs and services, flyers, patient information sheets, privacy notices and other related printing costs associated with the proposed service.	**8,000**	**2,000**	**10,000**
Medical Supplies: Projected costs for medical supplies (such as band aids, gloves, gauze, portable scales, alcohol, tongue depressors) and other supplies required to provide care services to the unaware and unmet need populations for EIS Linkage to Care, as well as serving current patient population.	**23,000**	**7,000**	**30,000**
Postage: Cost of postage to send patient reminder cards, lab results and other communications to patients as necessary for adequate communication between clinic and patients.	**5,000**	**-**	**5,000**
Depreciation - Direct Facility & Equipment: Allocated and actual monthly costs/charges based on clinic actual facility square feet and identified equipment depreciation for dental clinic equipment.	**10,535**	**-**	**10,535**
Repair/Maintenance: Allocated and actual monthly costs/charges based on projected utilization/need of medical clinic's space.	**1,000**	**-**	**1,000**
Medical Waste/Linens/shredding: Allocated and actual monthly costs/charges based on projected utilization/need of medical clinic's space for services such as medical waste removal and linen cleaning and HIPAA shredding.	**300**	**-**	**300**

Telephone: Allocated and actual monthly telephone costs/charges based on projected utilization/need of clinic staff.	**2,200**	**-**	**2,200**
Training/Conferences/Educational Seminars: Costs associated with professional development required by contract to increase staff knowledge about and expertise to deliver services to low-income people living with HIV.	**10,000**	**-**	**10,000**
Outreach and Stigma Reduction: Costs for communications and advertising related to reaching the unaware and unmet need populations and linking them to EIS as well as serving current patient population.	**40,000**	**10,000**	**50,000**
Utilities: Allocated monthly electrical, water, gas and trash collection costs in facility based on space utilized by the medical clinic and staff.	**1,900**	**-**	**1,900**
Travel: Fuel / gas of agency vehicles and/or Mileage reimbursement of staff travel for the delivery or improvement of EIS at IRS determined mileage rates. (current IRS rate is applicable)	**7,550**	**2,450**	**10,000**
Incentives: Items purchased such as food and/or gas gift cards to motivate unaware individuals to engage in HIV testing.	**5,000**	**5,000**	**10,000**
Rent: Portion of rent expense for office when staffed to deliver EIS. Rate calculated based on a percentage of work week day / time of program personnel utilization.	**10,000**	**-**	**10,000**
Other Direct Costs Required to provide services:			
TOTAL OTHER	**$0**	**$31,450**	**$0**
SUBTOTAL (Total Personnel and Total Other)	**$0**	**$118,218**	**$0**
Administration (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc. See next page.)		**11,822**	
TOTAL BUDGET (Subtotal & Administration)	**$0**	**$130,040**	**$0**

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

- **Total Number of Ryan White Units to be Provided for this Service Category: 3450**
- **Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided: 37.69**
- **(*This is your agency's RW cost for care per unit*)**

[2] **List Other Payers Associated with funding in Column A:** Other funding sources include, but not limited to, billable private and government insurances, foundations, corporate and private donors.