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

SAN BERNARDINO COUNTY

Contract Number

20-1066 A-1

SAP Number
4400015582

Department of Public Health

Department Contract Representative	Lisa Ordaz, HS Contracts
Telephone Number	(909) 388-0222
Contractor	Borrego Community Health Foundation
Contractor Representative	Cynthia Preciado
Telephone Number	(619) 398-2405 ext. 4811
Contract Term	10/28/2020 through 02/28/2025
Original Contract Amount	$527,935
Amendment Amount	$1,366,658
Total Contract Amount	$1,894,593
Cost Center	9300371000

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

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

SECTION II. CONTRACTOR PROGRAM RESPONSIBILITIES

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

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

SECTION V. FISCAL PROVISIONS

Paragraph A is amended to read as follows:

A. The maximum amount of payment under this Contract shall not exceed $1,894,593, of which $1,894,593 may be federally funded, and shall be subject to availability of funds to the County. If the funding source notifies the County that such funding is terminated or reduced, the County shall determine whether this Contract will be terminated or the County's maximum obligation

reduced. The County will notify the Contractor in writing of its determination and of any change in funding amounts. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the performance hereof, including travel and per diem.

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

It is further broken down by Program Year as follows:

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

*This amount includes an increase of $160,826.

Paragraph B is amended to read as follows:

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

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

SECTION VIII. TERM

Amend Section VIII to read as follows:

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

ATTACHMENTS

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

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

ATTACHMENT A2 – Add SCOPE OF WORK – ENDING THE HIV EPIDEMIC: A Plan for America for Program Year 2023-24
ATTACHMENT A3 – Add SCOPE OF WORK – ENDING THE HIV EPIDEMIC: A Plan for America for Program Year 2024-25

ATTACHMENT H – Remove and replace PROGRAM BUDGET AND ALLOCATION PLAN for Program Year 2021-22
ATTACHMENT H1 – Add PROGRAM BUDGET AND ALLOCATION PLAN for Program Year 2022-23
ATTACHMENT H2 – Add PROGRAM BUDGET AND ALLOCATION PLAN for Program Year 2023-24
ATTACHMENT H3 – Add PROGRAM BUDGET AND ALLOCATION PLAN for Program Year 2024-25

All other terms and conditions of Contract No. 20-1066 remains in full force and effect.

SAN BERNARDINO COUNTY

►

Curt Hagman, Chairman, Board of Supervisors

Dated: JUL 27 2021

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

Borrego Community Health Foundation
(Print or type name of corporation, company, contractor, etc.)

By ► Dr. Edgar Bulloch
40AA5DCF9BBE4F4...
(Authorized signature - sign in blue ink)

Name Edgar Bulloch
(Print or type name of person signing contract)

Title Interim Chief Executive Officer
(Print or Type)

Dated: July 15, 2021

Address PO Box 2369

Borrego Springs, CA 92004

FOR COUNTY USE ONLY

Approved as to Legal Form
DocuSigned by:
► Adam Ebright
6FC5599C83614F1...
Adam Ebright, County Counsel
Date July 14, 2021

Reviewed for Contract Compliance
DocuSigned by:
► Becky Giroux
3A3202F6DC8F488...
Becky Giroux, HS Contracts
Date July 19, 2021

Reviewed/Approved by Department
DocuSigned by:
► Andrew Goldfrach
FB6EF96ECB974DA...
Andrew Goldfrach, Interim Director
Date July 16, 2021

SCOPE OF WORK YR 2– Ending the HIV Epidemic: A Plan for America

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	
Contractor:	Borrego Community Health Foundation
Grant Period:	March 1, 2021 – February 28, 2022
Service Category:	Treat: Outpatient/Ambulatory Care Services
Service Goal:	To treat people with HIV rapidly and effectively to reach sustained viral load suppression utilizing an Interdisciplinary team including navigators, care coordinators, program directors, physicians and nurses.
Service Health Outcomes:	1). Provide access to HIV care to those newly diagnosed and returning to care within 30 days. 2). Improve viral suppression percentages for clients in HIV medical care. 3). Enroll HIV (+) clients in health benefit programs to continue to cover medical care and medication expenses.

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B	SA5 San B	SA6 San B	FY 21/22 TOTAL
Proposed Number of Clients	50	30	120		55	20	**275**
Proposed Number of Visits = Regardless of number of transactions or number of units	400	240	960		440	160	**2200**
Proposed Number of Units = Transactions or 15 min encounters	800	480	1920		880	320	**4400**

Group Name and Description (must be HIV+ related)	Service Delivery	Targeted Population	Open/ Closed	Expected Avg. Attend. per	Session Length	Sessions per	Group Duration	Outcome Measures
N/A								

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

Element #4: Anza Community Health Center **Activities: Activities:** *Clinic location is a migrant service center and will be a referral site to San Jacinto Health Center for outpatient ambulatory care. Transportation to be provided by Borrego Health transportation services.* The provision of initial three visits of outpatient and ambulatory care that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	SA2	03/01/21-02/28/22	1). HIV (+) individuals to be referred to San Jacinto Health Center (A), for rapid access to care and to effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.
Element #5: Centro Medico Cathedral City **Activities:** Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	SA3	03/01/21-02/28/22	1). Treat thirty (30) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures thirty (30) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, thirty (30) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.
Element #6: Desert Hot Springs Main Campus **Activities:** Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	SA3	03/01/21-02/28/22	1). Treat thirty-five (35) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures thirty-five (35) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, thirty-five (35) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.

Element #7: Stonewall Medical Center **Activities:** Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	SA3	03/01/21-02/28/22	1). Treat fifty-five (55) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures fifty-five (55) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, fifty-five (55) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.
Element #8: Centro Medico Coachella **Activities:** *Clinic location is a migrant service center and will be a referral site to Centro Medico Cathedral City for outpatient ambulatory care. Transportation to be provided by Borrego Health transportation services.* The provision of initial three visits of outpatient and ambulatory care that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	SA3	03/01/21-02/28/22	1). HIV (+) individuals to be referred to Centro Medico Cathedral City for rapid access to care and to effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures HIV (+) individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.
Element #9: D Street Medical Center **Activities:** Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	SA5	03/01/21-02/28/22	1). Treat fifty-five (55) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures fifty-five (55) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, fifty-five (55) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.

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

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

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	
Contractor:	Borrego Community Health Foundation
Grant Period:	March 1, 2022 – February 28, 2023
Service Category:	Treat: Outpatient/Ambulatory Care Services
Service Goal:	To treat people with HIV rapidly and effectively to reach sustained viral load suppression utilizing an Interdisciplinary team including navigators, care coordinators, program directors, physicians and nurses.
Service Health Outcomes:	1). Provide access to HIV care to those newly diagnosed and returning to care within 30 days. 2). Improve viral suppression percentages for clients in HIV medical care. 3). Enroll HIV (+) clients in health benefit programs to continue to cover medical care and medication expenses.

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B	SA5 San B	SA6 San B	FY 22/23 TOTAL
Proposed Number of Clients	50	30	120		55	20	**275**
Proposed Number of Visits = Regardless of number of transactions or number of units	400	240	960		440	160	**2200**
Proposed Number of Units = Transactions or 15 min encounters	800	480	1920		880	320	**4400**

Group Name and Description (must be HIV+ related)	Service Delivery	Targeted Population	Open/ Closed	Expected Avg. Attend. per	Session Length	Sessions per	Group Duration	Outcome Measures
N/A								

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

Element #4: Anza Community Health Center **Activities: Activities:** *Clinic location is a migrant service center and will be a referral site to San Jacinto Health Center for outpatient ambulatory care. Transportation to be provided by Borrego Health transportation services.* The provision of initial three visits of outpatient and ambulatory care that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	SA2	03/01/22-02/28/23	1). HIV (+) individuals to be referred to San Jacinto Health Center (A), for rapid access to care and to effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.
Element #5: Centro Medico Cathedral City **Activities:** Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	SA3	03/01/22-02/28/23	1). Treat thirty (30) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures thirty (30) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, thirty (30) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.
Element #6: Desert Hot Springs Main Campus **Activities:** Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	SA3	03/01/22-02/28/23	1). Treat thirty-five (35) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures thirty-five (35) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, thirty-five (35) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.

Element #7: Stonewall Medical Center **Activities:** Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	SA3	03/01/22-02/28/23	1). Treat fifty-five (55) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures fifty-five (55) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, fifty-five (55) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.
Element #8: Centro Medico Coachella **Activities:** *Clinic location is a migrant service center and will be a referral site to Centro Medico Cathedral City for outpatient ambulatory care. Transportation to be provided by Borrego Health transportation services.* The provision of initial three visits of outpatient and ambulatory care that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	SA3	03/01/22-02/28/23	1). HIV (+) individuals to be referred to Centro Medico Cathedral City for rapid access to care and to effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures HIV (+) individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.
Element #9: D Street Medical Center **Activities:** Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	SA5	03/01/22-02/28/23	1). Treat fifty-five (55) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures fifty-five (55) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, fifty-five (55) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.

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

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

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	
Contractor:	Borrego Community Health Foundation
Grant Period:	March 1, 2023 – February 29, 2024
Service Category:	Treat: Outpatient/Ambulatory Care Services
Service Goal:	To treat people with HIV rapidly and effectively to reach sustained viral load suppression utilizing an Interdisciplinary team including navigators, care coordinators, program directors, physicians and nurses.
Service Health Outcomes:	1). Provide access to HIV care to those newly diagnosed and returning to care within 30 days. 2). Improve viral suppression percentages for clients in HIV medical care. 3). Enroll HIV (+) clients in health benefit programs to continue to cover medical care and medication expenses.

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B	SA5 San B	SA6 San B	FY 23/24 TOTAL
Proposed Number of Clients	50	30	120		55	20	**275**
Proposed Number of Visits = Regardless of number of transactions or number of units	400	240	960		440	160	**2200**
Proposed Number of Units = Transactions or 15 min encounters	800	480	1920		880	320	**4400**

Group Name and Description (must be HIV+ related)	Service Delivery	Targeted Population	Open/ Closed	Expected Avg. Attend. per	Session Length	Sessions per	Group Duration	Outcome Measures
N/A								

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

Element #4: Anza Community Health Center **Activities: Activities:** *Clinic location is a migrant service center and will be a referral site to San Jacinto Health Center for outpatient ambulatory care. Transportation to be provided by Borrego Health transportation services.* The provision of initial three visits of outpatient and ambulatory care that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	SA2	03/01/23-02/29/24	1). HIV (+) individuals to be referred to San Jacinto Health Center (A), for rapid access to care and to effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.
Element #5: Centro Medico Cathedral City **Activities:** Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	SA3	03/01/23-02/29/24	1). Treat thirty (30) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures thirty (30) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, thirty (30) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.
Element #6: Desert Hot Springs Main Campus **Activities:** Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	SA3	03/01/23-02/29/24	1). Treat thirty-five (35) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures thirty-five (35) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, thirty-five (35) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.

Element #7: Stonewall Medical Center **Activities:** Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	SA3	03/01/23-02/29/24	1). Treat fifty-five (55) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures fifty-five (55) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, fifty-five (55) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.
Element #8: Centro Medico Coachella **Activities:** *Clinic location is a migrant service center and will be a referral site to Centro Medico Cathedral City for outpatient ambulatory care. Transportation to be provided by Borrego Health transportation services.* The provision of initial three visits of outpatient and ambulatory care that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	SA3	03/01/23-02/29/24	1). HIV (+) individuals to be referred to Centro Medico Cathedral City for rapid access to care and to effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures HIV (+) individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.
Element #9: D Street Medical Center **Activities:** Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	SA5	03/01/23-02/29/24	1). Treat fifty-five (55) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures fifty-five (55) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, fifty-five (55) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.

Element #10: Barstow Community Health Center **Activities:** Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	SA6	03/01/23- 02/28924	1). Treat twenty (20) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures twenty (20) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, twenty (20) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.

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

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	
Contractor:	Borrego Community Health Foundation
Grant Period:	March 1, 2024 – February 28, 2025
Service Category:	Treat: Outpatient/Ambulatory Care Services
Service Goal:	To treat people with HIV rapidly and effectively to reach sustained viral load suppression utilizing an Interdisciplinary team including navigators, care coordinators, program directors, physicians and nurses.
Service Health Outcomes:	1). Provide access to HIV care to those newly diagnosed and returning to care within 30 days. 2). Improve viral suppression percentages for clients in HIV medical care. 3). Enroll HIV (+) clients in health benefit programs to continue to cover medical care and medication expenses.

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B	SA5 San B	SA6 San B	FY 24/25 TOTAL
Proposed Number of Clients	50	30	120		55	20	**275**
Proposed Number of Visits = Regardless of number of transactions or number of units	400	240	960		440	160	**2200**
Proposed Number of Units = Transactions or 15 min encounters	800	480	1920		880	320	**4400**

Group Name and Description (must be HIV+ related)	Service Delivery	Targeted Population	Open/ Closed	Expected Avg. Attend. per	Session Length	Sessions per	Group Duration	Outcome Measures
N/A								

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

Element #4: Anza Community Health Center **Activities: Activities:** *Clinic location is a migrant service center and will be a referral site to San Jacinto Health Center for outpatient ambulatory care. Transportation to be provided by Borrego Health transportation services.* The provision of initial three visits of outpatient and ambulatory care that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	SA2	03/01/24-02/28/25	1). HIV (+) individuals to be referred to San Jacinto Health Center (A), for rapid access to care and to effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.
Element #5: Centro Medico Cathedral City **Activities:** Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	SA3	03/01/24-02/28/25	1). Treat thirty (30) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures thirty (30) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, thirty (30) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.
Element #6: Desert Hot Springs Main Campus **Activities:** Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	SA3	03/01/24-02/28/25	1). Treat thirty-five (35) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures thirty-five (35) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, thirty-five (35) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.

Element #7: Stonewall Medical Center **Activities:** Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	SA3	03/01/24-02/28/25	1). Treat fifty-five (55) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures fifty-five (55) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, fifty-five (55) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.
Element #8: Centro Medico Coachella **Activities:** *Clinic location is a migrant service center and will be a referral site to Centro Medico Cathedral City for outpatient ambulatory care. Transportation to be provided by Borrego Health transportation services.* The provision of initial three visits of outpatient and ambulatory care that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	SA3	03/01/24-02/28/25	1). HIV (+) individuals to be referred to Centro Medico Cathedral City for rapid access to care and to effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures HIV (+) individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.
Element #9: D Street Medical Center **Activities:** Using the CDC Steps to Care Model, the provision of initial three visits of outpatient and ambulatory care, that includes diagnostic and therapeutic services by a physician, physician assistant, nurse practitioner in outpatient setting. To include early intervention and risk assessment, preventative care and screening, medical examination, confirmatory and additional laboratory tests, patient history, initial prescription of therapeutic medication, education, continued care management and client enrollment in health coverage and drug assistance programs.	SA5	03/01/24-02/28/25	1). Treat fifty-five (55) HIV individuals rapidly and effectively to reach sustained viral suppression with antiretroviral medication. 2). Provide a continuum of care that assures fifty-five (55) HIV individuals meet their health care and psychosocial service needs throughout their illness in a timely, uninterrupted manner to reach viral suppression. 3) Ending the Epidemic is a Payor of last resort, fifty-five (55) HIV (+) clients to be established into other payor sources/health benefit programs to continue to cover medical care and medication expenses.

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

ATTACHMENT H

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

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

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

ATTACHMENT H

PA, Nosovitsky, G. – Provider on project ~ Annual Salary $185,000 x 0.20 FTE = $37,000. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.	$148,000	$37,000	$185,000
DNP, Schine, P. Provider on project ~ Annual Salary $160,000 x 0.12 FTE = $19,200. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.	$140,800	$19,200	$160,000
P.A. Hinton, B. - Provider on project ~ Annual Salary $155,000 x 0.30 FTE = $46,500. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.	$108,500	$46,500	$155,000
Case Managers (TBD) - CM with annual salaries of $85,000 ~ @ 0.40 FTE = $34,000. CM's are part of the clinic team providing a range of client-centered services that links clients with health care, psychosocial and other services. To insure timely, coordinated access to medically appropriate levels of health and support services, continuity of care, ongoing assessment of the client's and other family members' needs and personal support systems, and ongoing case management to prevent unnecessary hospitalization and attain medication.	$51,000	$34,000	$85,000

ATTACHMENT H

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

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

- **Total Number of Ending the HIV Epidemic: A Plan for America to be provided for this Service Category:** 4,400
- **Total Ending the HIV Epidemic: A Plan for America (Column B) Divided by Total Ending the HIV Epidemic: A Plan for America Units to be provided:** $91.35

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

[2] **List Other Payers Associated with funding in Column A:** Medi-Cal, HRSA 330 Grant, Commercial insurance, Medicare.

ATTACHMENT H1

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

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

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

ATTACHMENT H1

PA, Nosovitsky, G. – Provider on project ~ Annual Salary $185,000 x 0.20 FTE = $37,000. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.	$148,000	$37,000	$185,000
DNP, Schine, P. Provider on project ~ Annual Salary $160,000 x 0.12 FTE = $19,200. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.	$140,800	$19,200	$160,000
P.A. Hinton, B. - Provider on project ~ Annual Salary $155,000 x 0.30 FTE = $46,500. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.	$108,500	$46,500	$155,000
Case Managers (TBD) - CM with annual salaries of $85,000 ~ @ 0.40 FTE = $34,000. CM's are part of the clinic team providing a range of client-centered services that links clients with health care, psychosocial and other services. To insure timely, coordinated access to medically appropriate levels of health and support services, continuity of care, ongoing assessment of the client's and other family members' needs and personal support systems, and ongoing case management to prevent unnecessary hospitalization and attain medication.	$51,000	$34,000	$85,000

ATTACHMENT H1

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

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

- **Total Number of Ending the HIV Epidemic: A Plan for America to be provided for this Service Category:** 4,400
- **Total Ending the HIV Epidemic: A Plan for America (Column B) Divided by Total Ending the HIV Epidemic: A Plan for America Units to be provided:** $91.35

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

[2] **List Other Payers Associated with funding in Column A:** Medi-Cal, HRSA 330 Grant, Commercial insurance, Medicare.

ATTACHMENT H2

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

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

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

ATTACHMENT H2

PA, Nosovitsky, G. – Provider on project ~ Annual Salary $185,000 x 0.20 FTE = $37,000. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.	$148,000	$37,000	$185,000
DNP, Schine, P. Provider on project ~ Annual Salary $160,000 x 0.12 FTE = $19,200. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.	$140,800	$19,200	$160,000
P.A. Hinton, B. - Provider on project ~ Annual Salary $155,000 x 0.30 FTE = $46,500. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.	$108,500	$46,500	$155,000
Case Managers (TBD) - CM with annual salaries of $85,000 ~ @ 0.40 FTE = $34,000. CM's are part of the clinic team providing a range of client-centered services that links clients with health care, psychosocial and other services. To insure timely, coordinated access to medically appropriate levels of health and support services, continuity of care, ongoing assessment of the client's and other family members' needs and personal support systems, and ongoing case management to prevent unnecessary hospitalization and attain medication.	$51,000	$34,000	$85,000

ATTACHMENT H2

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

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

- **Total Number of Ending the HIV Epidemic: A Plan for America to be provided for this Service Category:** 4,400
- **Total Ending the HIV Epidemic: A Plan for America (Column B) Divided by Total Ending the HIV Epidemic: A Plan for America Units to be provided:** $91.35

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

[2] **List Other Payers Associated with funding in Column A:** Medi-Cal, HRSA 330 Grant, Commercial Insurance, Medicare.

ATTACHMENT H3

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

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

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

ATTACHMENT H3

PA, Nosovitsky, G. – Provider on project ~ Annual Salary $185,000 x 0.20 FTE = $37,000. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.	$148,000	$37,000	$185,000
DNP, Schine, P. Provider on project ~ Annual Salary $160,000 x 0.12 FTE = $19,200. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.	$140,800	$19,200	$160,000
P.A. Hinton, B. - Provider on project ~ Annual Salary $155,000 x 0.30 FTE = $46,500. To provide clinical care, diagnose and treat acute health problems, treat and manage chronic diseases; Order, perform and interpret diagnostic studies, developing appropriate plans of care and monitoring effectiveness; Prescribe medications and other treatments as necessary. Conduct comprehensive medical and social histories and provide health maintenance including comprehensive physical examinations; Promote positive health behaviors by providing instruction and counseling on health maintenance, health promotion, social problems, illness prevention, illness management and medication use.	$108,500	$46,500	$155,000
Case Managers (TBD) - CM with annual salaries of $85,000 ~ @ 0.40 FTE = $34,000. CM's are part of the clinic team providing a range of client-centered services that links clients with health care, psychosocial and other services. To insure timely, coordinated access to medically appropriate levels of health and support services, continuity of care, ongoing assessment of the client's and other family members' needs and personal support systems, and ongoing case management to prevent unnecessary hospitalization and attain medication.	$51,000	$34,000	$85,000

ATTACHMENT H3

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

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

- **Total Number of Ending the HIV Epidemic: A Plan for America to be provided for this Service Category: 4,400**
- **Total Ending the HIV Epidemic: A Plan for America (Column B) Divided by Total Ending the HIV Epidemic: A Plan for America Units to be provided: $91.35**

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

[2] **List Other Payers Associated with funding in Column A:** Medi-Cal, HRSA 330 Grant, Commercial insurance, Medicare.