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



Contract Number

20-1067 A-1

SAP Number 4400015583

Department of Public Health

Department Contract Representative Telephone Number

Lisa Ordaz, HS Contracts (909) 388-0222

Desert AIDS Project

Contractor
Contractor Representative
Telephone Number
Contract Term
Original Contract Amount
Amendment Amount
Total Contract Amount
Cost Center

William Van Hemert (760) 323-2118 10/28/2020 through 02/28/2025 \$500,000 \$1,417,000 \$1,917,000 9300371000

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

It is hereby agreed to amend Contract No. 20-1067, effective July 27, 2021, as follows:

SECTION II. CONTRACTOR PROGRAM RESPONSIBILITIES

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

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

SECTION V. FISCAL PROVISIONS

Paragraph A is amended to read as follows:

A. The maximum amount of payment under this Contract shall not exceed \$1,917,000, of which \$1,917,000 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

\$500,000

October 28, 2020 through February 28, 2022

Amendment No. 1 Amendment No. 1

\$1,250,250

\$166,750 increase March 1, 2021 through February 28, 2022 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	\$250,000
March 1, 2021 through February 28, 2022	\$416,750*
March 1, 2022 through February 28, 2023	\$416,750
March 1, 2023 through February 29, 2024	\$416,750
March 1, 2024 through February 28, 2025	\$416,750
Total	\$1,917,000

^{*}This amount includes an increase of \$166,750.

Paragraph B is amended to read as follows:

Payment to the Contractor shall be contingent upon the submission by the Contractor, and B. 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

SAN BERNARDING COUNTY

All other terms and conditions of Contract No. 20-1067 remains in full force and effect.

Curt Hagman, Chairman, Board of Supe	risors	(Authorized signature - sign in blue ink)
Dated: JUL 2.7.2021 SIGNED AND CERTIFIED THAT A COF	Name OF THIS	David J. Brinkman (Print or type name of person signing contract)
DOCUMENT HAS BEEN DELIVERED T CHAIRMAN OF THE BOARD		Chief Executive Officer
Lynna Monell Clerk of the Board of San Bernarding Cou		(Print or Type)
By Deputy.	Dated:	July 15, 2021
ARDINO CO	Addres	1695 N. Sunrise Way
THE REAL PROPERTY.		Palm Springs, CA 92262
FOR COUNTY USE ONLY	Down Qirmani I Ive	DesiGlased but
Approved as to Legal Form. I dam Ebright	Reviewed for Compliance	Reviewed/Approved by Department
Adam Ebright, County Counsel	Becky Giroux, HS Contracts	Andrew Goldfrach, Interim Director
July 13, 2021	July 19, 2021 Date	July 16, 2021

Desert AIDS Project

(Print or type name of conformation, company, contractor, etc.)

David Brindman

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

ATTACHMENT A

	USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY
Contract Number:	Leave Blank
Contractor:	Desert AIDS Project
Grant Period:	March 01, 2021 - February 28, 2022
Service Category:	Service Category: Early Intervention Services
Service Goal:	Quickly link HIV infected individuals to testing services, core medical services, and support services necessary to support

Improve retention in care (at least 1 medical visit within 90 days and each 6-month period); Improve viral suppression rate. Service Health Outcomes: Maintain 1% positivity rate or higher (targeted testing); Link newly diagnosed HIV+ to medical care in 30 days or less;

decrease instances of out-of-care to facilitate access to medications, decrease transmission rates, and improve health outcomes. treatment adherence and maintenance in medical care. Decrease the time between acquisition of HIV and entry into care and

		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	I/A
Teasures	Outcome Measures	一	Group Duration	Sessions per Week	Session Length (hours)	Expected Avg. Attend. per Session	Open/ Closed	Targeted Population	Service Area of Service Delivery	oup Name and scription ust be HIV+ related)
5,002	л	500			92	4,502			of Units encounters	Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)
4,528	4	453			75	4,075			of Visits of transactions or	Proposed Number of Visits = Regardless of number of transactions or number of units
4,528	4	453			75	4,075			of Clients	Proposed Number of Clients
FY 20/21 TOTAL	FY TC	SA6 San B Desert	SA5 San B East	SA4 San B West		SA2 SA3 MidRiv EastRiv	400	SA1 West Riv		

Revised July 2021

			support groups; chent weitness services.
 110 re-engaging in care will complete a second medical visit within 6 months. 			4. Referrals to medical care, behavioral health, dental care, and support services to include housing placement assistance; grocery voucher and food distribution; medical transportation; job placement assistance; psychosocial
 38 newly diagnosed will complete a second medical visit within 6 months. 			patients' colleagues. 3. Assess needs; identify and problem-solve barriers to care; treatment
 105 re-engaging in care will complete a second medical visit within 90 days. 			health records (EHR) 2. Communication with patients who miss appointments to include phone calls, home visits, contacting emergency contacts and assistance from
 37 newly diagnosed will complete a second medical visit within 90 days. 	03/01/21- 02/28/22	3,6	Element #3: Retention in Care Activities: 1. Track missed appointments and other indicators of poor treatment adherence such as behavioral health concerns in shared electronic
			 Central Registration client intake services to include client eligibility and other sources of funding for services; schedules clinician appointment. Data collection
 Link 101 newly diagnosed HIV+ and re-engaging to medical care in 30 days or less. 			enrollment services; assess clients' readiness for rapid start ART; provide warm-hand off to DAP Central Registration for client intake; warm-hand off to clinician for same day appointments.
 Link 15 re-engaging in care to care within 1-4 days. 			counseling about diagnosis; conducts needs assessment; determines insurance and medical assistance needs, provides benefits navigation and
 Link 32 newly diagnosed and re-to care within 1-4 days. 	03/01/21- 02/28/22	3,6	Element #2: Linkage to Care Activities: 1. EIS receives referrals from Testing Counselors. 2. EIS meets with newly diagnosed and re-engaging in care, provides
			race/ethnicity/gender/sexual orientation, risk group, immigration status, homeless, substance use. 4. Testing data collection. Client surveys. Testing outcomes assessments
			3. Conducting advertising and promotion to targeted populations to make them aware of HIV testing services and HIV educational information
 Identify 40 re-engaging in care. 			disorder recovery centers; and establishments catering to at-risk populations.
 Identify 40 newly HIV positive people. 			accessible to target populations to include neighborhoods, homeless shelters, homeless encampments; community centers; substance use
Administer 4,000 HIV tests.	03/01/21- 02/28/22	ა _, 6	Element #1: HIV Diagnosis. Activities: 1. Conduct HIV testing on-site. 2. Deploy HIV testing mobile unit in Service Areas 3 & 6 to venues
PROCESS OUTCOMES	TIMELINE	AREA	PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:
ATTACHMENTA	Photograph of the pass	GERUICE	

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:	Leave Blank
Contractor:	Desert AIDS Project
Grant Period:	March 01, 2021 - February 28, 2022
Service Category:	1111
Service Goal:	To maintain and/or improve the health status of persons living with HIV/AIDS.

Service Health Outcomes: Link newly diagnosed HIV+ to medical care in 30 days or less; Improve retention in care (at least 1 medical visit within 90 days and each 6-month period); Engagement of ART and/or increase rate of ART adherence; Improve viral suppression rate.

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 V San B West	φ ω ·	SAS San B East	SA6 San B Desert	FY 20/21 TOTAL	
Proposed Number of Clients			72				00	80	
Proposed Number of Visits - Regardless of number of transactions or number of units			72				00	80	
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)			144				16	160	
LANNED SERVICE DELIVERY AND INPLEMENTATION ACTIVITIES	N ACTIVITIES		SERVICE ,	TIMELINE			PROCESS OUTCOMES	TCOMES	THE PERSON NAMED IN
lement #4: Receipt of ART ctivities: 1. clinicians maintain open appointment slots.	ots.		3,6	03/01/21- 02/28/22	•	25 newly dia	gnosed receive	newly diagnosed receive same day ART.	
EIS provides warm-hand off to clinician.					•	10 re-enogoù	no in care rece	• 10 re-engaging in care receive same day ART	

3. Track lab test results in patients' EHR.	Element #5: Viral Suppression 3,6 03/01/21 Activities: 1. Clinicians provide orders for lab tests. 2. Review patients/clients EHR records for fellow up with patients/clients	5. Data collection in patients' electronic health record. 6. Client satisfaction surveys.	4. Clinicians provide ART prescription; dispense ART from stock and/or starter packs	2. EIS provides warm-hand off to clinician. 3. Clinicians reassess for readiness for rapid start ART.	Element #4: Receipt of ART 3,6 03/0 Activities: 1. clinicians maintain open appointment slots. 02/2	PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES: SERVICE TIMES
	03/01/21- 02/28/22				03/01/21- 02/28/22	TIMELINE
 85% of re-engaging in care will obtain viral load test of <200 copies/mL. 	 90% of newly diagnosed will obtain viral load test of <200 copies/mL. 	 15 re-engaging in care receive ART within 14 days. 	 30 newly diagnosed receive ART within 14 days. 	 10 re-engaging in care receive same day ART. 	 25 newly diagnosed receive same day ART. 	PROCESS OUTCOMES

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ATTACHMENT A1

がある	SCOPE OF WORK – Ending the HIV Epidemic: A Plan for America Use a separate Scope of Work for each proposed service category
Contract Number:	Leave Blank
Contractor:	Desert AIDS Project
Grant Period:	March 01, 2022 – February 28, 2023
!	

Service Category: Service Goal: Quickly link HIV infected individuals to testing services, core medical services, and support services necessary to support Early Intervention Services

decrease instances of out-of-care to facilitate access to medications, decrease transmission rates, and improve health outcomes. treatment adherence and maintenance in medical care. Decrease the time between acquisition of HIV and entry into care and

Service Health Outcomes: Maintain 1% positivity rate or higher (targeted testing); Link newly diagnosed HIV+ to medical care in 30 days or less; Improve retention in care (at least 1 medical visit within 90 days and each 6-month period); Improve viral suppression rate.

	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	[/A
Outcome Measures	Ou	Group Duration	Sessions per Week	Session Length (hours)	Expected Avg. Attend. per Session	Open/ Closed	Targeted Population	Service Area of Service Delivery	oup Name and scription ust be HIV+ related)
5,002	500)2	4,502			f Units encounters	Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)
4,528	453			75	4,075			f Visits f transactions or	Proposed Number of Visits = Regardless of number of transactions or number of units
4,528	453			75	4,075			f Clients	Proposed Number of Clients
FY 22/23 TOTAL	SA6 San B Desert	SA5 San B East	SA4 San B S West		SA2 SA3 Mid Riv East Riv		SA1 West Riv		

	Tin 20 1 Jin 1 in in	02/01/22	2 6	Flowert #3: I introduce to Comp
				4. Testing data collection. Client surveys. Testing outcomes assessments
				homeless, substance use.
				digitally and in print tailored for audience age, gender, race/ethnicity/gender/sexual orientation, risk group, immigration status.
				them aware of HIV testing services and HIV educational information
	1			populations. 3. Conducting advertising and promotion to targeted populations to make
	 Identify 40 re-engaging in care. 			disorder recovery centers; and establishments catering to at-risk
h				shelters, homeless encampments; community centers; substance use
ple.	 Identify 40 newly HIV positive people. 			accessible to target populations to include neighborhoods, homeless
				2. Deploy HIV testing mobile unit in Service Areas 3 & 6 to venues
	 Administer 4,000 HIV tests. 	02/28/23		Activities: 1. Conduct HIV testing on-site.
		03/01/22-	3,6	Element #1: HIV Diagnosis.
	PROCESS OUTCOMES	TIMELINE	SERVICE AREA	PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:
ATTACHMENT A1	ATTAC			

 110 re-engaging in care will complete a second medical visit within 6 months. 			4. Referrals to medical care, behavioral health, dental care, and support services to include housing placement assistance; grocery voucher and food distribution; medical transportation; job placement assistance; psychosocial support groups; client wellness services.
 38 newly diagnosed will complete a second medical visit within 6 months. 			patients' colleagues. 3. Assess needs; identify and problem-solve barriers to care; treatment adherence counseling.
 105 re-engaging in care will complete a second medical visit within 90 days. 			health records (EHR) 2. Communication with patients who miss appointments to include phone calls, home visits, contacting emergency contacts and assistance from
 37 newly diagnosed will complete a second medical visit within 90 days. 	03/01/22- 02/28/23	3,6	Element #3: Retention in Care Activities: 1. Track missed appointments and other indicators of poor treatment adherence such as behavioral health concerns in shared electronic
			3. Central Registration client intake services to include client eligibility and other sources of funding for services; schedules clinician appointment. 4. Data collection
 Link 101 newly diagnosed HIV+ and re-engaging to medical care in 30 days or less. 			enrollment services; assess clients' readiness for rapid start ART; provide warm-hand off to DAP Central Registration for client intake; warm-hand off to clinician for same day appointments.
 Link 15 re-engaging in care to care within 1-4 days 			counseling about diagnosis; conducts needs assessment; determines insurance and medical assistance needs, provides benefits navigation and
 Link 32 newly diagnosed and re-to care within 1-4 days. 	03/01/22- 02/28/23	3,6	Element #2: Linkage to Care Activities: 1. EIS receives referrals from Testing Counselors. 2. EIS meets with newly diagnosed and re-engaging in care, provides
			homeless, substance use. 4. Testing data collection. Client surveys. Testing outcomes assessments
			digitally and in print tailored for audience age, gender, race/ethnicity/gender/sexual orientation, risk group, immigration status,
			3. Conducting advertising and promotion to targeted populations to make
 Identify 40 re-engaging in care. 			disorder recovery centers; and establishments catering to at-risk
 Identify 40 newly HIV positive people. 			shelters, homeless encampments; community centers; substance use
A MALLEMANYA 13000 AAA 8 80000			2. Deploy HIV testing mobile unit in Service Areas 3 & 6 to venues
Administer 4,000 HTV tests.	02/28/23		Acuvities: 1. Conduct HIV testing on-site.

ATTACHMENT A1

SCOPE OF WORK – Ending the HIV Epidemic: A Plan for America USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Service Goal: Service Category: **Grant Period:** Contractor: Contract Number: To maintain and/or improve the health status of persons living with HIV/AIDS. Outpatient/Ambulatory Health Services March 01, 2022 - February 28, 2023 Desert AIDS Project Leave Blank

days and each 6-month period); Engagement of ART and/or increase rate of ART adherence; Improve viral suppression rate. Service Health Outcomes: Link newly diagnosed HIV+ to medical care in 30 days or less; Improve retention in care (at least 1 medical visit within 90

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SA1 SA2 West Riv Mid Riv	Proposed Number of Clients	Proposed Number of Visits = Regardless of number of transactions or number of units	Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	Element #4: Receipt of ART	2. EIS provides warm-hand off to clinician. 3. Clinicians reassess for readiness for rapid start ART.	4. Clinicians provide ART prescription; dispense ART from stock and/or starter nacks.	5. Data collection in patients' electronic health record. 6. Client satisfaction surveys.	Element #5: Viral Suppression Activities: 1. Clinicians provide orders for lab tests.	2. Keylew patients/chems Erik records for follow up with patients/chems. 3. Track lab test results in patients' EHR.
— 円 a	72	72	144	SERVICE AREA	3,6				3,6	
	2	2	4	TIMELINE	03/01/22-	04,104,10			03/01/22- 02/28/23	
San B West				ਲ	•	•	•	•	•	•
San B East					25 newly di	10 re-engag	30 newly di	15 re-engag	90% of newly di <200 copies/mL.	85% of re-engag
SA6 San B Desert	80	00	16	PROCESS OUTCOMES	agnosed receiv	ing in care rece	agnosed receiv	ing in care rece	⁷ ly diagnosed w √mL.	ngaging in care
FY 22/23 TOTAL 80	80	80	160	JTCOMES	25 newly diagnosed receive same day ART.	10 re-engaging in care receive same day ART.	30 newly diagnosed receive ART within 14 days.	15 re-engaging in care receive ART within 14 days.	90% of newly diagnosed will obtain viral load test of <200 copies/mL.	85% of re-engaging in care will obtain viral load test of

SCOPE OF WORK – Ending the HIV Epidemic: A Plan for America USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY		
	_	ng the HIV Epidemic

Contract Number:	Leave Blank
Contractor:	Desert AIDS Project
Grant Period:	March 01, 2023 - February 29, 2024
Service Category:	Service Category: Early Intervention Services
Service Goal:	Quickly link HIV infected individuals to testing services, core medical services, and support services necessary to support
	treatment adherence and maintenance in medical care. Decrease the time between acquisition of HIV and entry into care and

Improve retention in care (at least 1 medical visit within 90 days and each 6-month period); Improve viral suppression rate. Service Health Outcomes: Maintain 1% positivity rate or higher (targeted testing); Link newly diagnosed HIV+ to medical care in 30 days or less;

decrease instances of out-of-care to facilitate access to medications, decrease transmission rates, and improve health outcomes.

	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	• N/A
Outcome Measures		Group Duration	Sessions per Week	Session Length (hours)	Expected Avg. Attend. per Session	Open/ Closed	Targeted Population	Group Name and Area of Description (must be HIV+ related) Service Delivery	Group Name and Description (must be HIV+ re
5,002	500)2	4,502			Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	Prop = Tran (See.
4,528	453			75	4,075			Proposed Number of Visits = Regardless of number of transactions or number of units	Prop = Rega numbe
4,528	453			75	4,075			Proposed Number of Clients	Prop
FY 23/24 TOTAL	SA6 San B Desert	SAS San B East	SA4 San B S		SA2 SA3 Mid Riv East Riv		SAI West Riv		

Activities: 1. Track missed appointments and other indicators of poor treatment adherence such as behavioral health concerns in shared electronic health records (EHR) 2. Communication with patients who miss appointments to include phone calls, home visits, contacting emergency contacts and assistance from patients' colleagues. 3. Assess needs; identify and problem-solve barriers to care; treatment adherence counseling. 4. Referrals to medical care, behavioral health, dental care, and support services to include housing placement assistance; grocery voucher and food distribution; medical transportation; job placement assistance; psychosocial

SCOPE OF WORK – Ending the HIV Epidemic: A Plan for America USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Service Goal: Service Category: **Grant Period:** Contractor: Contract Number: To maintain and/or improve the health status of persons living with HIV/AIDS. Outpatient/Ambulatory Health Services March 01, 2023 - February 29, 2024 Desert AIDS Project Leave Blank

days and each 6-month period); Engagement of ART and/or increase rate of ART adherence; Improve viral suppression rate. Service Health Outcomes: Link newly diagnosed HIV+ to medical care in 30 days or less; Improve retention in care (at least 1 medical visit within 90

	-	2 1 H	100	PLANN	Eleme.	2. EIS I	4. Clinician	5. Data surveys.	Eleme	Activit 2. Revi
	Proposed Number of Clients	Proposed Number of Visits = Regardless of number of transactions or number of units	Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	Element #4: Receipt of ART Activities: 1 clinicians maintain onen annointment slots	2. EIS provides warm-hand off to clinician. 3. Clinicians reassess for readiness for rapid start ART	 Chimicians reassess for reaumess for reput start ANT: Clinicians provide ART prescription; dispense ART from stock and/or starter packs 	5. Data collection in patients' electronic health record. 6. Client satisfaction surveys.	Element #5: Viral Suppression Activities: 1. Clinicians provide orders for lab tests.	Review patients/clients FHR records for follow iin with patients/clients
SAI West Riv				TON ACTIVITIES	slots		RT from stock as	rd. 6. Client satis		L Lunderson
SA2 Mid Riv						-	nd/or	sfaction		ilents
SA3 East Riv	72	72	144	SERVICE AREA	3,6				3,6	
			-	TIMELINE	03/01/23-				03/01/23- 02/29/24	
San B West				(4)	•	•	•	•	•	
San B East					25 newly d	10 re-engag	30 newly di	15 re-engaş	90% of newly di <200 copies/mL.	
San B Desert	00	00	16	PROCESS OUTCOMES	25 newly diagnosed receive same day ART.	ging in care recei	iagnosed receive	ging in care recei	wly diagnosed wis/mL.	
FY 23/24 TOTAL	80	80	160	TCOMES	e same day ART.	10 re-engaging in care receive same day ART.	30 newly diagnosed receive ART within 14 days.	15 re-engaging in care receive ART within 14 days.	90% of newly diagnosed will obtain viral load test of <200 copies/mL.	
					·	í.	days.	14 days.	ad test of	85% of re-engaging in care will obtain viral load test of

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Contract Number:				SC	
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Service Goal: Service Category: **Grant Period:** Contractor: Early Intervention Services March 01, 2024 - February 28, 2025 Desert AIDS Project

treatment adherence and maintenance in medical care. Decrease the time between acquisition of HIV and entry into care and Quickly link HIV infected individuals to testing services, core medical services, and support services necessary to support

decrease instances of out-of-care to facilitate access to medications, decrease transmission rates, and improve health outcomes.

Service Health Outcomes: Maintain 1% positivity rate or higher (targeted testing); Link newly diagnosed HIV+ to medical care in 30 days or less; Improve retention in care (at least 1 medical visit within 90 days and each 6-month period); Improve viral suppression rate.

/A	oup Nan scription ast be Hi	Proj = Tra (Sec	Proj = Reg numb	Prop	1
	oup Name and scription 1st be HIV+ related)	Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	Proposed Number of Visits = Regardless of number of transactions or number of units	Proposed Number of Clients	
N/A	Service Area of Service Delivery	Units counters	Visits ransactions or	Clients	
N/A	Targeted Population				West R
N/A	Open/ Closed				ΙV
N/A	Expected Avg. Attend. per Session				Mid Riv E
N/A	d Session nd. Length on (hours)	4,502	4,075	4,075	East Riv
N/A	Sessions per Week				West
N/A	Group Duration				East
N/A		500	453	453	Desert
	Outcome Measures	5,002	4,528	4,528	TOTAL

care, behavioral health, dental care, and support sing placement assistance; grocery voucher and food ransportation; job placement assistance; psychosocial wellness services.		•	Element #3: Retention in Care Activities: 1. Track missed appointments and other indicators of poor visit within 90 days reatment adherence such as behavioral health concerns in shared electronic	warm-hand off to DAP Central Registration for client intake; warm-hand off to clinician for same day appointments. 3. Central Registration client intake services to include client eligibility and other sources of funding for services; schedules clinician appointment. 4. Data collection	•	Element #2: Linkage to Care 3,6 03/01/24- • Link 32 ne Activities: 1. EIS receives referrals from Testing Counselors. 02/28/25 days. 2. EIS meets with newly diagnosed and re-engaging in care, provides	3. Conducting advertising and promotion to targeted populations to make them aware of HIV testing services and HIV educational information digitally and in print tailored for audience age, gender, race/ethnicity/gender/sexual orientation, risk group, immigration status, homeless, substance use. 4. Testing data collection. Client surveys. Testing outcomes assessments	•	•	Activities: 1. Conduct HIV testing on-site. 2. Deploy HIV testing mobile unit in Service Areas 3 & 6 to venues 3,6 03/01/24 02/28/25 • Administe	Y AND IMPLEMENTATION ACTIVITIES: AREA
110 re-engaging in care will complete a second medical visit within 6 months.	38 newly diagnosed will complete a second medical visit within 6 months.	105 re-engaging in care will complete a second medical visit within 90 days.	37 newly diagnosed will complete a second medical visit within 90 days.	Link 101 newly diagnosed HIV+ and re-engaging to medical care in 30 days or less.	Link 15 re-engaging in care to care within 1-4 days.	Link 32 newly diagnosed and re-to care within 1-4 days.		Identify 40 re-engaging in care.	Identify 40 newly HIV positive people.	Administer 4,000 HIV tests.	PROCESS OUTCOMES

SCOPE OF WORK - Ending the HIV Epidemic: A Plan for America USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Service Goal: Service Category: **Grant Period:** Contractor: Contract Number: To maintain and/or improve the health status of persons living with HIV/AIDS Outpatient/Ambulatory Health Services March 01, 2024 - February 28, 2025 Desert AIDS Project Leave Blank

days and each 6-month period); Engagement of ART and/or increase rate of ART adherence; Improve viral suppression rate. Service Health Outcomes: Link newly diagnosed HIV+ to medical care in 30 days or less; Improve retention in care (at least 1 medical visit within 90

Proposed Number of Clients Proposed Number of Visits	SA1 SA2 West Riv Mid Riv	2 SA3 Riv East Riv 72	SA4 San B West	SAS San B East	SA6 San B Desert 8	FY 24/25 TOTAL 80
Proposed Number of Visits = Regardless of number of transactions or number of units		72			00	80
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)		144			16	160
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	TION ACTIVITIES:	SERVICE .	TIMELINE		PROCESS OUTCOMES	COMES
Element #4: Receipt of ART Activities: 1. clinicians maintain open appointment slots.	it slots.	_	03/01/24- 02/28/25	 25 newly dia 	25 newly diagnosed receive same day ART	same day ART.
EIS provides warm-hand off to clinician. Clinicians reassess for readiness for rapid start ART	RT			 10 re-engagi 	ing in care receiv	10 re-engaging in care receive same day ART.
4. Clinicians provide ART prescription; dispense ART from stock and/or starter packs.	RT from stock and/or			 30 newly dia 	agnosed receive	30 newly diagnosed receive ART within14 days.
5. Data collection in patients' electronic health record. 6. Client satisfaction surveys.	ord. 6. Client satisfactio	n		• 15 re-engagi	ing in care receiv	15 re-engaging in care receive ART within 14 days.
Element #5: Viral Suppression Activities: 1. Clinicians provide orders for lab tests.	S.	3,6	03/01/24- 02/28/25	90% of newly di <200 copies/mL	ly diagnosed wil /mL.	90% of newly diagnosed will obtain viral load test of <200 copies/mL.
3. Track lab test results in patients' EHR.	д міш рапополенств			85% of re-engag <200 copies/mL	ngaging in care w	85% of re-engaging in care will obtain viral load test of <200 copies/mL.

ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA BUDGET AND ALLOCATION PLAN Fiscal Year March 01, 2021 – February 28, 2022

AGENCY NAME: Desert AIDS Project SERVICE: Early Intervention Services

	Α	В	C
Budget Category	Non- Ending the HIV Epidemic: A Plan for America Cost (Other Payers) ²	Ending the HIV Epidemic: A Plan for America Cost	Total Cost ¹
Personnel			
Community Health Educator/Testing	123,987	41,330	165,31
Counselors(s): (DeLaCruz, J. \$53,153 x 0.25 FTE=\$13,288); (Diaz De Leon, R \$40,384 x 0.25 FTE=\$10,096); (Gonzalez, A \$35,890 x 0.25 FTE=\$8,973; (Ruiz, N \$35,890 x 0.25 FTE=\$8,973)): Delivers comprehensive, innovative on-site and offsite HIV testing activities to identify unaware populations and link them to care. Develops strategies and educational programs to encourage regular testing and support early intervention among unaware, out-of-care, newly diagnosed and other populations at high risk of poor health outcomes and transmitting the disease. Conducts pre- and post-test counseling on risk and risk reduction strategies. Makes referrals for linkage to additional testing and medical care as needed. Conducts preliminary assessment of program eligibility. Provides care coordination with clinical services staff and case managers as needed.			
Community Health Educator/Early Intervention Services Counselor(s): (Franco, Y., \$47,175 x 0.25 FTE=\$11,794); (Moore, J., I \$46,104 x 0.25 FTE=\$11,526); (Herrera, J., \$40,000 x 0.25 FTE=\$10,000); (Ward, J \$42,640 x 0.25 FTE=\$10,660); Delivers early intervention activities including outreach and support to current clients who have fallen out of care, testing among unaware, out-of-care, newly diagnosed and other populations at high risk of poor health outcomes and transmitting the disease. Provides health literacy assessments for high risk populations. Directly provides early intervention services including counseling unaware and unmet need individuals with respect to HIV/AIDS risk, testing and care, links clients to testing to confirm HIV and the extent of immune deficiency, intensive support and work to assess need, reduce barriers and link HIV positive to medical care. Provides care coordination with clinical services staff and case managers. Assists clients with referrals to community agencies, government entities and homeless shelters and other programs to reduce barriers to linkage.	131,939	43,980	175,91

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Community Health Testing and Outreach Manager / CH Early Intervention Manager: (Cruz, A \$55,827 x 0.10 FTE=\$5,583); (Ramos, G \$55,827 x 0.10 FTE=\$5,583) Provides HIV Care Continuum for HIV Testing and EIS service delivery oversight to/for HIV newly diagnosed, unaware and out of care clients. Develops and directs the delivery of EIS targeted at populations for the agency. Identifies and arranges testing locations within the communities of the Coachella Valley, coordinates with community organizations to have a presence at community programs, health fairs, walks, concerts, etc. for the purposes of linking unaware and out of care to testing and services. Establishes and maintains relationship with community entities and organizations such as other clinic settings who may have contact with demographic populations who have been identified to be at a disproportionate risk for HIV infection to ensure continuity of care.	100,488	11,166	111,654
Community Health Events & Partnership Manager: (Allen, J \$58,240 x 0.10 FTE=\$5,824) Establishes and strengthens relationships with Community Partners to expand participation and contributions for EIS program service delivery. Provides outreach and access to/for HIV high-risk populations who may be unaware or out of care. Recruits, trains and manages community outreach volunteers. Attends and oversight at/of community outreach, testing and EIS events.	52,416	5,824	58,240
Director of Community Health: (Tobe, CJ, \$115,003 X 0.10 FTE=\$11,500). Establishes and maintains relationship with community entities and organizations for integration and/or coordination with community partners, service providers. Participation in community-wide HIV/AIDS continuum of HIV prevention and care. As needed, attends and provides HIV Care Continuum of Care EIS program service delivery activities. Provides professional oversight and directs the delivery of EIS program. Oversees the coordination and certification of staff to ensure compliance with state and federal requirements.	103,503	11,500	115,003
Administrative Support Coordinator & Data Management Specialist: (Roman, F \$42,163 x 0.10 FTE=\$4,216); (Mullen, M \$35,874 x 0.10 FTE=\$3,587): Assists with coordination of EIS program service delivery. Provides data enter into ARIES, LEO and EHR. Maintains program department files and records. Assists with policy and procedure updates.	70,234	7,803	78,037

Senior Data Analyst: (Avina, R \$61,800 x 0.10 FTE=\$6,180). Performs client level data entry in electronic health record(s) directly related to delivery	55,620	6,180	61,800
of EIS to support and improve ongoing care and treatment of patient. Analyzes client level data used by program staff to improve the quality of Ryan White service delivery in alignment with clinical quality			
management plans. Performs as the Ryan White Program ARIES Technical Lead (TL).			
Eligibility/ Registration Specialist: (Nicasio, Y \$35,360 x 0.0 FTE=\$0); (Pichardo, A \$37,113 x 0.0 FTE=\$0); (Zahn, V \$47,220 x 0.0 FTE=\$0). Serves as the first point of contact for new clients to review, update and assist in establishing eligibility for Ryan White-funded services and other available state, county and local programs to assess payer of last resort, reviews income and residency eligibility and other general issues of compliance with the Standards of Care. Perform bi-annual eligibility recertification with clients. Performs data entry related to client eligibility recertification.	119,693	-0-	119,693
Social Media Specialist: (Lowes, S \$66,950 x 0.10 FTE = \$6,695). Under the supervision of the Director of Brand Marketing, creates content and updates for DAP websites and social media channels; works with Marketing Manager to manage and execute marketing-related projects and campaigns. Will create content publicizing Ending the HIV Epidemic (EHE) HIV Care Continuum on social media platforms (FB, Instagram, Twitter) and track social media metrics.	60,255	6,695	66,950
Quality & Program Monitor: (Terramagra, J \$63,000 x 0.05 FTE=\$3,150). Develops and directs Clinical Quality Improvement/Management program in compliance with Ryan White National Monitoring Standards, federal, state and local regulatory bodies, Ryan White Local Policies & Procedures and IEHPC Standards of Care. Assists with the Ryan White Program Quality Management and QM Technical Lead mechanisms.	59,850	3,150	63,000
Total Personnel (w/o Benefits)		137,628	
Fringe Benefits: 25% of Total Personnel Costs		34,407	
TOTAL PERSONNEL	\$0	\$172,035	\$0
Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)		7.1.81000	90
Office Supplies/Small Tools & Equipment: Standard office supplies, tools and minor equipment (i.e.: paper, related copy supplies, pens, pencils, tablets, paper clips, desk/office supplies, and misc. items), calculators, printers, scanners, keyboards, mouse, etc. No item cost exceeds \$4,999.	6,000	•	6,000

Computer Software & Hardware: Medical record and health information systems computer software and hardware costs necessary to document treatment plans, services provided, track compliance with treatment, health outcomes, test results and other information necessary to provide medical services. Includes the annual software license renewals and maintenance contracts. No item cost exceeds \$4,999.	15,000	5,000	20,000
Medical Supplies: Projected costs for medical supplies (such as band aids, gloves, gauze, portable scales, alcohol, tongue depressors) and other HIV diagnostic/confirmatory testing supplies required to provide care services to the unaware and unmet need populations for EIS Linkage to Care, as well as serving current patient population. No item cost exceeds \$4,999.	42,000	8,000	50,000
Outreach and Stigma Reduction: Costs for communications and advertising related to reaching the unaware and unmet need populations and linking them to EIS as well as serving current patients.	53,500	10,000	63,500
Travel/: mileage and/or gas reimbursement for staff travel and/or agency mobile unit for the delivery or improvement of EIS at IRS determined mileage rates. (current IRS rate is applicable)	10,000	5,000	15,000
Incentives: Items purchased such as gas gift cards/vouchers and/or Lyft/Uber to motivate unaware individuals to engage in HIV testing, EIS Linkage to Care and Retention in Care.	14,444	5,556	20,000
TOTAL OTHER	\$0	\$33,556	\$0
SUBTOTAL (Total Personnel and Total Other)	\$0	\$205,591	\$0
Administration (limited to 10% of total service budget)		20,559	•
TOTAL BUDGET (Subtotal & Administration)	\$0	\$226,150	\$0

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

²List Other Payers Associated with funding in Column A: Billable Insurances, Grants and Foundations.

[•] Total Number of Ending the HIV Epidemic: A Plan for America Units to be Provided for this Service Category: 5,002

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: 45.21
 (This is your agency's Ending the HIV Epidemic: A Plan for America cost for care per unit)

ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA BUDGET AND ALLOCATION PLAN Fiscal Year March 01, 2021 — February 28, 2022

AGENCY NAME: Desert AIDS Project

SERVICE: Outpatient Ambulatory Health Care

	A	В	С
Budget Category	Non- Ending the HIV Epidemic: A Plan for America Cost (Other Payers) ²	Ending the HIV Epidemic: A Plan for America Cost	Total Cost ¹
Personnel		S page Front	
HIV Certified Physician: (Singh, T-MD \$199,300 x 0.0 FTE=\$0); Provides HIV/AIDS specialty medical care, including diagnostic and therapeutic services such as diagnostic testing, preventive care and screening, medical examination, medical history taking, diagnosis and treatment to include that of current and opportunistic infections, prescribing and managing medication to include antiretroviral and other drug therapies, education and counseling on health issues, continuing care and management of chronic conditions, and referral to necessary care and services in an outpatient setting. Provides afterhours call coverage for patients with urgent needs. Provides hospital round coverage, including afterhour admission/discharges as needed.	199,300	-0-	199,300
Nurse Practitioner/Physician Assistant (Broadus, T-NP \$159,822 x 0.30 FTE=\$47,947); In compliance with state licensing guidelines and under appropriate supervision and collaboration from Medical Director, provides HIV/AIDS specialty medical care, including diagnostic and therapeutic services such as diagnostic testing, preventive care and screening, medical examination, medical history taking, diagnosis and treatment to include that of current and opportunistic infections, prescribing and managing medication to include antiretroviral and other drug therapies, education and counseling on health issues, continuing care and management of chronic conditions, and referral to necessary care and services in an outpatient setting.	111,875	47,947	159,822
Nurse Practitioner/Physician Assistant: (Lopez, N PA \$162,168 x 0.0 FTE=\$0); In compliance with state licensing guidelines and under appropriate supervision and collaboration from Medical Director, provides HIV/AIDS specialty medical care, including diagnostic and therapeutic services such as diagnostic testing, preventive care and screening, medical examination, medical history taking,	162,168	-0-	162,168

Clinical Services RN: (Lee, D \$94,466 x 0.30 FTE=\$28,340); (De Jamett, M \$92,700 x 0.50 FTE=\$46,350); Provides support to clinic physicians in the provision of patient care. Performs permitted examinations, procedures and other medical care under the direction of physicians and Medical Director. Works with patients to ensure coordinated services with pharmacies regarding prescription orders and refills. Performs triage and clinical assessments for urgent care patients. Prepares patients for physician examinations and follow-up as necessary. Lialson with patients to ensure test and consult reports are received prior to client follow-up appointments. Works with patients to ensure linkage with case managers and home care staff as needed for continuity of care.	112,476	74,690	187,166
Clinical Services LVN: (Burdett, T \$53,270 x 0.30=\$15,981). Provides support to clinic physicians in the provision of patient care. Performs permitted examinations, procedures and other medical care under the direction of physicians and Medical Director. Prepares patients for physician examinations and follow-up as necessary. Works with patients to ensure coordinated services with pharmacies regarding prescription orders and refills. Liaison with patients to ensure test and consult reports are received prior to client follow-up appointments. Works with patients to ensure linkage with case managers and home care staff as needed for continuity of care.	37,289	15,981	53,270
Total Personnel (w/o Benefits)		138,618	
Fringe Benefits: 25% of Total Personnel Costs		34,655	
TOTAL PERSONNEL	\$0	\$173,273	\$0
Other (Other items related to service provision)	40	ψ110,213	ΨU
N/A		-0-	
TOTAL OTHER	\$0	\$0	\$0
SUBTOTAL (Total Personnel and Total Other)	\$0	\$173,273	\$0
Administration (limited to 10% of total service budget)		17,327	40
TOTAL BUDGET (Subtotal & Administration)	\$0	\$190,600	\$0

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 Units to be Provided for this Service Category: 160
- 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: 1,191.25
 (This is your agency's Ending the HIV Epidemic: A Plan for America cost for care per unit)

²List Other Payers Associated with funding in Column A: Billable insurances, grants and foundations.

ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA BUDGET AND ALLOCATION PLAN Fiscal Year March 01, 2022 – February 28, 2023

AGENCY NAME: Desert AIDS Project SERVICE: Early Intervention Services

	A	В	C
Budget Category	Non- Ending the HIV Epidemic: A Plan for America Cost (Other Payers) ²	Ending the HIV Epidemic: A Plan for America Cost	Total Cost ¹
Personnel			
Community Health Educator/Testing	123,987	41,330	165,31
Counselors(s): (DeLaCruz, J. \$53,153 x 0.25 FTE=\$13,288); (Diaz De Leon, R \$40,384 x 0.25 FTE=\$10,096); (Gonzalez, A \$35,890 x 0.25 FTE=\$8,973; (Ruiz, N \$35,890 x 0.25 FTE=\$8,973)): Delivers comprehensive, innovative on-site and offsite HIV testing activities to identify unaware populations and link them to care. Develops strategies and educational programs to encourage regular testing and support early intervention among unaware, out-of-care, newly diagnosed and other populations at high risk of poor health outcomes and transmitting the disease. Conducts pre- and post-test counseling on risk and risk reduction strategies. Makes referrals for linkage to additional testing and medical care as needed. Conducts preliminary assessment of program eligibility. Provides care coordination with clinical services staff and case managers as needed.			
Community Health Educator/Early Intervention Services Counselor(s): (Franco, Y., \$47,175 x 0.25 FTE=\$11,794); (Moore, J., I \$46,104 x 0.25 FTE=\$11,526); (Herrera, J., \$40,000 x 0.25 FTE=\$10,000); (Ward, J \$42,640 x 0.25 FTE=\$10,660); Delivers early intervention activities including outreach and support to current clients who have fallen out of care, testing among unaware, out-of-care, newly diagnosed and other populations at high risk of poor health outcomes and transmitting the disease. Provides health literacy assessments for high risk populations. Directly provides early intervention services including counseling unaware and unmet need individuals with respect to HIV/AIDS rlsk, testing and care, links clients to testing to confirm HIV and the extent of immune deficiency, intensive support and work to assess need, reduce barriers and link HIV positive to medical care. Provides care coordination with clinical services staff and case managers. Assists clients with referrals to community agencies, government entities and homeless shelters and other programs to reduce barriers to linkage.	131,939	43,980	175,91

Community Health Testing and Outreach Manager	100,488	11,166	111,654
CH Early Intervention Manager: (Cruz, A \$55,827 x 0.10 FTE=\$5,583); (Ramos, G \$55,827 x 0.10 FTE=\$5,583) Provides HIV Care Continuum for HIV Testing and EIS service delivery oversight to/for HIV newly diagnosed, unaware and out of care clients. Develops and directs the delivery of EIS targeted at populations for the agency. Identifies and arranges testing locations within the communities of the Coachella Valley, coordinates with community organizations to have a presence at community programs, health fairs, walks, concerts, etc. for the purposes of linking unaware and out of care to testing and services. Establishes and maintains relationship with community entities and organizations such as other clinic settings who may have contact with demographic populations who have been identified to be at a disproportionate risk for HIV infection to ensure continuity of care.	,		
Community Health Events & Partnership Manager: (Allen, J \$58,240 x 0.10 FTE=\$5,824) Establishes and strengthens relationships with Community Partners to expand participation and contributions for EIS program service delivery. Provides outreach and access to/for HIV high-risk populations who may be unaware or out of care. Recruits, trains and manages community outreach volunteers. Attends and oversight at/of community outreach, testing and EIS events.		5,824	58,240
Director of Community Health: (Tobe, CJ, \$115,003 X 0.10 FTE=\$11,500). Establishes and maintains relationship with community entities and organizations for integration and/or coordination with community partners, service providers. Participation in community-wide HIV/AIDS continuum of HIV prevention and care. As needed, attends and provides HIV Care Continuum of Care EIS program service delivery activities. Provides professional oversight and directs the delivery of EIS program. Oversees the coordination and certification of staff to ensure compliance with state and federal requirements.	103,50 3	11,500	115,003
Administrative Support Coordinator & Data Management Specialist: (Roman, F \$42,163 x 0.10 FTE=\$4,216); (Mullen, M \$35,874 x 0.10 FTE=\$3,587): Assists with coordination of EIS program service delivery. Provides data enter into ARIES, LEO and EHR. Maintains program department files and records. Assists with policy and procedure updates.	70,234	7,803	78,037

Senior Data Analyst: (Avina, R \$61,800 x 0.10 FTE=\$6,180). Performs client level data entry in electronic health record(s) directly related to delivery of EIS to support and improve ongoing care and treatment of patient. Analyzes client level data used by program staff to improve the quality of Ryan White service delivery in alignment with clinical quality management plans. Performs as the Ryan White Program ARIES Technical Lead (TL).	55,620	6,180	61,800
Eligibility/ Registration Specialist: (Nicasio, Y \$35,360 x 0.0 FTE=\$0); (Pichardo, A \$37,113 x 0.0 FTE=\$0); (Zahn, V \$47,220 x 0.0 FTE=\$0). Serves as the first point of contact for new clients to review, update and assist in establishing eligibility for Ryan White-funded services and other available state, county and local programs to assess payer of last resort, reviews income and residency eligibility and other general issues of compliance with the Standards of Care. Perform bi-annual eligibility recertification with clients. Performs data entry related to client eligibility recertification.	119,693	-0-	119,693
Social Media Specialist: (Lowes, S \$66,950 x 0.10 FTE = \$6,695). Under the supervision of the Director of Brand Marketing, creates content and updates for DAP websites and social media channels; works with Marketing Manager to manage and execute marketing-related projects and campaigns. Will create content publicizing Ending the HIV Epidemic (EHE) HIV Care Continuum on social media platforms (FB, Instagram, Twitter) and track social media metrics.	60,255	6,695	66,950
Quality & Program Monitor: (Terramagra, J \$63,000 x 0.05 FTE=\$3,150). Develops and directs Clinical Quality Improvement/Management program in compliance with Ryan White National Monitoring Standards, federal, state and local regulatory bodies, Ryan White Local Policies & Procedures and IEHPC Standards of Care. Assists with the Ryan White Program Quality Management and QM Technical Lead mechanisms.	59,850	3,150	63,000
Total Personnel (w/o Benefits)		137,628	
Fringe Benefits: 25% of Total Personnel Costs		34,407	
TOTAL PERSONNEL	\$0	\$172,035	\$0
Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)			
Office Supplies/Small Tools & Equipment: Standard office supplies, tools and minor equipment (i.e.: paper, related copy supplies, pens, pencils, tablets, paper clips, desk/office supplies, and misc. items), calculators, printers, scanners, keyboards, mouse, etc. No item cost exceeds \$4,999.	6,000	-	6,000

Computer Software & Hardware: Medical record and health information systems computer software and hardware costs necessary to document treatment plans, services provided, track compliance with treatment, health outcomes, test results and other information necessary to provide medical services. Includes the annual software license renewals and maintenance contracts. No item cost exceeds \$4,999.	15,000	5,000	20,000
Medical Supplies: Projected costs for medical supplies (such as band aids, gloves, gauze, portable scales, alcohol, tongue depressors) and other HIV diagnostic/confirmatory testing supplies required to provide care services to the unaware and unmet need populations for EIS Linkage to Care, as well as serving current patient population. No item cost exceeds \$4,999.	42,000	8,000	50,000
Outreach and Stigma Reduction: Costs for communications and advertising related to reaching the unaware and unmet need populations and linking them to EIS as well as serving current patients.	53,500	10,000	63,500
Travel/: mileage and/or gas reimbursement for staff travel and/or agency mobile unit for the delivery or improvement of EIS at IRS determined mileage rates. (current IRS rate is applicable)	10,000	5,000	15,000
Incentives: Items purchased such as gas gift cards/vouchers and/or Lyft/Uber to motivate unaware individuals to engage in HIV testing, EIS Linkage to Care and Retention in Care.	14,444	5,556	20,000
TOTAL OTHER	\$0	\$33,556	\$0
SUBTOTAL (Total Personnel and Total Other)	\$0	\$205,591	\$0
Administration (limited to 10% of total service budget)		20,559	
TOTAL BUDGET (Subtotal & Administration)	\$0	\$226,150	\$0

¹Total 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 Units to be Provided for this Service Category: <u>5,002</u>
- 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: 45.21 (This is your agency's Ending the HIV Epidemic: A Plan for America cost for care per unit)

²List Other Payers Associated with funding in Column A: Billable Insurances, Grants and Foundations.

ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA BUDGET AND ALLOCATION PLAN Fiscal Year March 01, 2022 – February 28, 2023

AGENCY NAME: Desert AIDS Project SEF

SERVICE: Outpatient Ambulatory Health Care

	A	В	С
Budget Category	Non- Ending the HIV Epidemic: A Plan for America Cost (Other Payers) ²	Ending the HIV Epidemic: A Plan for America Cost	Total Cost ¹
Personnel			
HIV Certified Physician: (Singh, T-MD \$199,300 x 0.0 FTE=\$0); Provides HIV/AIDS specialty medical care, including diagnostic and therapeutic services such as diagnostic testing, preventive care and screening, medical examination, medical history taking, diagnosis and treatment to include that of current and opportunistic infections, prescribing and managing medication to include antiretroviral and other drug therapies, education and counseling on health issues, continuing care and management of chronic conditions, and referral to necessary care and services in an outpatient setting. Provides afterhours call coverage for patients with urgent needs. Provides hospital round coverage, including afterhour admission/discharges as needed.	199,300	-0-	199,300
Nurse Practitioner/Physician Assistant (Broadus, T-NP \$159,822 x 0.30 FTE=\$47,947); In compliance with state licensing guidelines and under appropriate supervision and collaboration from Medical Director, provides HIV/AIDS specialty medical care, including diagnostic and therapeutic services such as diagnostic testing, preventive care and screening, medical examination, medical history taking, diagnosis and treatment to include that of current and opportunistic infections, prescribing and managing medication to include antiretroviral and other drug therapies, education and counseling on health issues, continuing care and management of chronic conditions, and referral to necessary care and services in an outpatient setting.	111,875	47,947	159,822
Nurse Practitioner/Physician Assistant: (Lopez, N PA \$162,168 x 0.0 FTE=\$0); In compliance with state licensing guidelines and under appropriate supervision and collaboration from Medical Director, provides HIV/AIDS specialty medical care, including diagnostic and therapeutic services such as diagnostic testing, preventive care and screening, medical examination, medical history taking,	162,168	-0-	162,168

Clinical Services RN: (Lee, D \$94,466 x 0.30 FTE=\$28,340); (De Jamett, M \$92,700 x 0.50 FTE=\$46,350); Provides support to clinic physicians in the provision of patient care. Performs permitted examinations, procedures and other medical care under the direction of physicians and Medical Director. Works with patients to ensure coordinated services with pharmacies regarding prescription orders and refills. Performs triage and clinical assessments for urgent care patients. Prepares patients for physician examinations and follow-up as necessary. Liaison with patients to ensure test and consult reports are received prior to client follow-up appointments. Works with patients to ensure linkage with case managers and home care staff as needed for continuity of care.	112,476	74,690	187,166
Clinical Services LVN: (Burdett, T \$53,270 x 0.30=\$15,981). Provides support to clinic physicians in the provision of patient care. Performs permitted examinations, procedures and other medical care under the direction of physicians and Medical Director. Prepares patients for physician examinations and follow-up as necessary. Works with patients to ensure coordinated services with pharmacies regarding prescription orders and refills. Liaison with patients to ensure test and consult reports are received prior to client follow-up appointments. Works with patients to ensure linkage with case managers and home care staff as needed for continuity of care.	37,289	15,981	53,270
Total Personnel (w/o Benefits)		138,618	
Fringe Benefits: 25% of Total Personnel Costs		34,655	-
TOTAL PERSONNEL	\$0	\$173,273	\$0
Other (Other items related to service provision)		Ψ110,Z10	40
N/A		-0-	
TOTAL OTHER	\$0	\$0	\$0
SUBTOTAL (Total Personnel and Total Other)	\$0	\$173,273	\$0
Administration (limited to 10% of total service budget)	7.0	17,327	
TOTAL BUDGET (Subtotal & Administration)	\$0	\$190,600	\$0

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 Units to be Provided for this Service Category: 160
- 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: 1.191.25
 (This is your agency's Ending the HIV Epidemic: A Plan for America cost for care per unit)

²List Other Payers Associated with funding in Column A: Billable insurances, grants and foundations.

ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA BUDGET AND ALLOCATION PLAN Fiscal Year March 01, 2023 — February 29, 2024

AGENCY NAME: Desert AIDS Project SERVICE: Early Intervention Services

	Α	В	C
Budget Category	Non- Ending the HIV Epidemic: A Plan for America Cost (Other Payers) ²	Ending the HIV Epidemic: A Plan for America Cost	Total Cost ¹
Personnel			
Counselors(s): (DeLaCruz, J. \$53,153 x 0.25 FTE=\$13,288); (Diaz De Leon, R \$40,384 x 0.25 FTE=\$10,096); (Gonzalez, A \$35,890 x 0.25 FTE=\$8,973; (Ruiz, N \$35,890 x 0.25 FTE=\$8,973; (Ruiz, N \$35,890 x 0.25 FTE=\$8,973)): Delivers comprehensive, innovative on-site and offsite HIV testing activities to identify unaware populations and link them to care. Develops strategies and educational programs to encourage regular testing and support early intervention among unaware, out-of-care, newly diagnosed and other populations at high risk of poor health outcomes and transmitting the disease. Conducts pre- and post-test counseling on risk and risk reduction strategies. Makes referrals for linkage to additional testing and medical care as needed. Conducts preliminary assessment of program eligibility. Provides care coordination with clinical services staff and case	123,987	41,330	165,31
Community Health Educator/Early Intervention Services Counselor(s): (Franco, Y., \$47,175 x 0.25 FTE=\$11,794); (Moore, J., I \$46,104 x 0.25 FTE=\$11,526); (Herrera, J., \$40,000 x 0.25 FTE=\$10,000); (Ward, J \$42,640 x 0.25 FTE=\$10,660); Delivers early intervention activities including outreach and support to current clients who have fallen out of care, testing among unaware, out-of-care, newly diagnosed and other populations at high risk of poor health outcomes and transmitting the disease. Provides health literacy assessments for high risk populations. Directly provides early intervention services including counseling unaware and unmet need individuals with respect to HIV/AIDS risk, testing and care, links clients to testing to confirm HIV and the extent of immune deficiency, intensive support and work to assess need, reduce barriers and link HIV positive to medical care. Provides care coordination with clinical services staff and case managers. Assists clients with referrals to community agencies, government entities and homeless shelters and other programs to reduce barriers to linkage.		43,980	175,91

Community Health Testing and Outreach Manager	100,488	11,166	
/ CH Early Intervention Manager: (Cruz, A \$55,827 x 0.10 FTE=\$5,583); (Ramos, G \$55,827 x 0.10 FTE=\$5,583) Provides HIV Care Continuum for HIV Testing and EIS service delivery oversight to/for HIV newly diagnosed, unaware and out of care clients. Develops and directs the delivery of EIS targeted at populations for the agency. Identifies and arranges testing locations within the communities of the Coachella Valley, coordinates with community organizations to have a presence at community programs, health fairs, walks, concerts, etc. for the purposes of linking unaware and out of care to testing and services. Establishes and maintains relationship with community entities and organizations such as other clinic settings who may have contact with demographic populations who have been identified to be at a disproportionate risk for HIV infection to ensure continuity of care.		11,100	111,654
Community Health Events & Partnership Manager: (Allen, J \$58,240 x 0.10 FTE=\$5,824) Establishes and strengthens relationships with Community Partners to expand participation and contributions for EIS program service delivery. Provides outreach and access to/for HIV high-risk populations who may be unaware or out of care. Recruits, trains and manages community outreach volunteers. Attends and oversight at/of community outreach, testing and EIS events.	52,416	5,824	58,240
Director of Community Health: (Tobe, CJ, \$115,003 X 0.10 FTE=\$11,500). Establishes and maintains relationship with community entities and organizations for integration and/or coordination with community partners, service providers. Participation in community-wide HIV/AIDS continuum of HIV prevention and care. As needed, attends and provides HIV Care Continuum of Care EIS program service delivery activities. Provides professional oversight and directs the delivery of EIS program. Oversees the coordination and certification of staff to ensure compliance with state and federal requirements.	103,503	11,500	115,003
Administrative Support Coordinator & Data Management Specialist: (Roman, F \$42,163 x 0.10 FTE=\$4,216); (Mullen, M \$35,874 x 0.10 FTE=\$3,587): Assists with coordination of EIS program service delivery. Provides data enter into ARIES, LEO and EHR. Maintains program department files and records. Assists with policy and procedure updates.	70,234	7,803	78,037

61,80	6,180	55,620	Senior Data Analyst: (Avina, R \$61,800 x 0.10 FTE=\$6,180). Performs client level data entry in
			electronic health record(s) directly related to delivery
			of EIS to support and improve ongoing care and treatment of patient. Analyzes client level data used
			by program staff to improve the quality of Ryan White
			service delivery in alignment with clinical quality
			management plans. Performs as the Ryan White Program ARIES Technical Lead (TL).
119,693	-0-	119,693	Eligibility/ Registration Specialist: (Nicasio, Y \$35,360 x 0.0 FTE=\$0); (Pichardo, A \$37,113 x 0.0 FTE=\$0); (Zahn, V \$47,220 x 0.0 FTE=\$0). Serves
			as the first point of contact for new clients to review, update and assist in establishing eligibility for Ryan
			White-funded services and other available state, county and local programs to assess payer of last
			resort, reviews income and residency eligibility and
			other general issues of compliance with the
			Standards of Care. Perform bi-annual eligibility recertification with clients. Performs data entry
			related to client eligibility recertification.
66,950	6,695	60,255	Social Media Specialist: (Lowes, S \$66,950 x 0.10
			FTE = \$6,695). Under the supervision of the Director of Brand Marketing, creates content and updates for
			DAP websites and social media channels; works with
			Marketing Manager to manage and execute
			marketing-related projects and campaigns. Will create
			content publicizing Ending the HIV Epidemic (EHE) HIV Care Continuum on social media platforms (FB,
			Instagram, Twitter) and track social media metrics.
63,000	3,150	59,850	Quality & Program Monitor: (Terramagra, J \$63,000
03,000	3,130	33,333	© 0.05 FTE=\$3,150). Develops and directs Clinical
			Quality Improvement/Management program in
			compliance with Ryan White National Monitoring Standards, federal, state and local regulatory bodies,
			Ryan White Local Policies & Procedures and IEHPC
			Standards of Care. Assists with the Ryan White
			Program Quality Management and QM Technical
	137,628		Lead mechanisms. Total Personnel (w/o Benefits)
	34,407		Fringe Benefits: 25% of Total Personnel Costs
-		0.0	TOTAL PERSONNEL
\$0	\$172,035	\$0	Other (Other items related to service provision such
			as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer,
			equipment, etc. can be added below)
6,000	-	6,000	Office Supplies/Small Tools & Equipment:
-,			Standard office supplies, tools and minor equipment
			(i.e.: paper, related copy supplies, pens, pencils, tablets, paper clips, desk/office supplies, and misc.
			items), calculators, printers, scanners, keyboards.
			mouse, etc. No item cost exceeds \$4,999.

computer Software & Hardware: Medical record and health information systems computer software and hardware costs necessary to document treatment plans, services provided, track compliance with treatment, health outcomes, test results and other information necessary to provide medical services. Includes the annual software license renewals and maintenance contracts. No item cost exceeds \$4,999.	15,000	5,000	20,000
Medical Supplies: Projected costs for medical supplies (such as band aids, gloves, gauze, portable scales, alcohol, tongue depressors) and other HIV diagnostic/confirmatory testing supplies required to provide care services to the unaware and unmet need populations for EIS Linkage to Care, as well as serving current patient population. No item cost exceeds \$4,999.	42,000	8,000	50,000
Outreach and Stigma Reduction: Costs for communications and advertising related to reaching the unaware and unmet need populations and linking them to EIS as well as serving current patients.	53,500	10,000	63,500
Travel/: mileage and/or gas reimbursement for staff travel and/or agency mobile unit for the delivery or improvement of EIS at IRS determined mileage rates. (current IRS rate is applicable)	10,000	5,000	15,000
Incentives: Items purchased such as gas gift cards/vouchers and/or Lyft/Uber to motivate unaware individuals to engage in HIV testing, EIS Linkage to Care and Retention in Care.	14,444	5,556	20,000
TOTAL OTHER	\$0	\$33,556	\$0
SUBTOTAL (Total Personnel and Total Other)	\$0	\$205,591	\$0
Administration (limited to 10% of total service budget)		20,559	
TOTAL BUDGET (Subtotal & Administration)	\$0	\$226,150	\$0

¹Total 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 Units to be Provided for this Service Category: <u>5,002</u>
- 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: 45.21 (This is your agency's Ending the HIV Epidemic: A Plan for America cost for care per unit)

²List Other Payers Associated with funding in Column A: Billable Insurances, Grants and Foundations.

ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA BUDGET AND ALLOCATION PLAN Fiscal Year March 01, 2023 — February 29, 2024

AGENCY NAME: Desert AIDS Project

SERVICE: Outpatient Ambulatory Health Care

	Α	В	C
Budget Category	Non- Ending the HIV Epidemic: A Plan for America Cost (Other Payers) ²	Ending the HIV Epidemic: A Plan for America Cost	Total Cost ¹
Personnel	TARTE A TARE		
HIV Certified Physician: (Singh, T-MD \$199,300 x 0.0 FTE=\$0); Provides HIV/AIDS specialty medical care, including diagnostic and therapeutic services such as diagnostic testing, preventive care and screening, medical examination, medical history taking, diagnosis and treatment to include that of current and opportunistic infections, prescribing and managing medication to include antiretroviral and other drug therapies, education and counseling on health issues, continuing care and management of chronic conditions, and referral to necessary care and services in an outpatient setting. Provides afterhours call coverage for patients with urgent needs. Provides hospital round coverage, including afterhour admission/discharges as needed.	199,300	-0-	199,300
Nurse Practitioner/Physician Assistant (Broadus, T-NP \$159,822 x 0.30 FTE=\$47,947); In compliance with state licensing guidelines and under appropriate supervision and collaboration from Medical Director, provides HIV/AIDS specialty medical care, including diagnostic and therapeutic services such as diagnostic testing, preventive care and screening, medical examination, medical history taking, diagnosis and treatment to include that of current and opportunistic infections, prescribing and managing medication to include antiretroviral and other drug therapies, education and counseling on health issues, continuing care and management of chronic conditions, and referral to necessary care and services in an outpatient setting.	111,875	47,947	159,822
Nurse Practitioner/Physician Assistant: (Lopez, N PA \$162,168 x 0.0 FTE=\$0); In compliance with state licensing guidelines and under appropriate supervision and collaboration from Medical Director, provides HIV/AIDS specialty medical care, including diagnostic and therapeutic services such as diagnostic testing, preventive care and screening, medical examination, medical history taking,	162,168	-0-	162,168

Clinical Services RN: (Lee, D \$94,466 x 0.30 FTE=\$28,340); (De Jamett, M \$92,700 x 0.50 FTE=\$46,350); Provides support to clinic physicians in the provision of patient care. Performs permitted examinations, procedures and other medical care under the direction of physicians and Medical Director. Works with patients to ensure coordinated services with pharmacies regarding prescription orders and refills. Performs triage and clinical assessments for urgent care patients. Prepares patients for physician examinations and follow-up as necessary. Liaison with patients to ensure test and consult reports are received prior to client follow-up appointments. Works with patients to ensure linkage with case managers and home care staff as needed	112,476	74,690	187,160
Clinical Services LVN: (Burdett, T \$53,270 x 0.30=\$15,981). Provides support to clinic physicians in the provision of patient care. Performs permitted examinations, procedures and other medical care under the direction of physicians and Medical Director. Prepares patients for physician examinations and follow-up as necessary. Works with patients to ensure coordinated services with pharmacies regarding prescription orders and refills. Liaison with patients to ensure test and consult reports are received prior to client follow-up appointments. Works with patients to ensure linkage with case managers and home care staff as needed for continuity of care.	37,289	15,981	53,27(
Total Personnel (w/o Benefits)		138,618	
Fringe Benefits: 25% of Total Personnel Costs		34,655	
TOTAL PERSONNEL	\$0	\$173,273	\$0
Other (Other items related to service provision)		¥110,270	40
N/A		-0-	
TOTAL OTHER	\$0	\$0	\$0
SUBTOTAL (Total Personnel and Total Other)	\$0	\$173,273	\$0
Administration (limited to 10% of total service budget)	70	17,327	φυ
TOTAL BUDGET (Subtotal & Administration)	\$0	\$190,600	\$0

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 Units to be Provided for this Service Category: <u>160</u>
- 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: 1,191.25 (This is your agency's Ending the HIV Epidemic: A Plan for America cost for care per unit)

²List Other Payers Associated with funding in Column A: Billable insurances, grants and foundations.

ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA BUDGET AND ALLOCATION PLAN Fiscal Year March 01, 2024 – February 28, 2025

AGENCY NAME: Desert AIDS Project SERVICE: Early Intervention Services

	Α	В	C
Budget Category	Non- Ending the HIV Epidemic: A Plan for America Cost (Other Payers) ²	Ending the HIV Epidemic: A Plan for America Cost	Total Cost ¹
Personnel			STATE SELECTION
Community Health Educator/Testing	123,987	41,330	165,317
Counselors(s): (DeLaCruz, J. \$53,153 x 0.25 FTE=\$13,288); (Diaz De Leon, R \$40,384 x 0.25 FTE=\$10,096); (Gonzalez, A \$35,890 x 0.25 FTE=\$8,973; (Ruiz, N \$35,890 x 0.25 FTE=\$8,973)): Delivers comprehensive, innovative on-site and offsite HIV testing activities to identify unaware populations and link them to care. Develops strategies and educational programs to encourage regular testing and support early intervention among unaware, out-of-care, newly diagnosed and other populations at high risk of poor health outcomes and transmitting the disease. Conducts pre- and post-test counseling on risk and risk reduction strategies. Makes referrals for linkage to additional testing and medical care as needed. Conducts preliminary assessment of program eligibility. Provides care coordination with clinical services staff and case managers as needed.			
Community Health Educator/Early Intervention Services Counselor(s): (Franco, Y., \$47,175 x 0.25 FTE=\$11,794); (Moore, J., I \$46,104 x 0.25 FTE=\$11,526); (Herrera, J., \$40,000 x 0.25 FTE=\$10,000); (Ward, J \$42,640 x 0.25 FTE=\$10,660); Delivers early intervention activities including outreach and support to current clients who have fallen out of care, testing among unaware, out-of-care, newly diagnosed and other populations at high risk of poor health outcomes and transmitting the disease. Provides health literacy assessments for high risk populations. Directly provides early intervention services including counseling unaware and unmet need individuals with respect to HIV/AIDS risk, testing and care, links clients to testing to confirm HIV and the extent of immune deficiency, intensive support and work to assess need, reduce barriers and link HIV positive to medical care. Provides care coordination with clinical services staff and case managers. Assists clients with referrals to community agencies, government entities and homeless shelters and other programs to reduce barriers to linkage.		43,980	175,91

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Community Health Testing and Outreach Manager / CH Early Intervention Manager: (Cruz, A \$55,827 x 0.10 FTE=\$5,583); (Ramos, G \$55,827 x 0.10 FTE=\$5,583) Provides HIV Care Continuum for HIV Testing and EIS service delivery oversight to/for HIV newly diagnosed, unaware and out of care clients. Develops and directs the delivery of EIS targeted at populations for the agency. Identifies and arranges testing locations within the communities of the Coachella Valley, coordinates with community organizations to have a presence at community programs, health fairs, walks, concerts, etc. for the purposes of linking unaware and out of care to testing and services. Establishes and maintains relationship with community entities and organizations such as other clinic settings who may have contact with demographic populations who have been identified to be at a disproportionate risk for HIV infection to ensure continuity of care.	100,488	11,166	111,654
Community Health Events & Partnership Manager: (Allen, J \$58,240 x 0.10 FTE=\$5,824) Establishes and strengthens relationships with Community Partners to expand participation and contributions for EIS program service delivery. Provides outreach and access to/for HIV high-risk populations who may be unaware or out of care. Recruits, trains and manages community outreach volunteers. Attends and oversight at/of community outreach, testing and EIS events.	52,416	5,824	58,240
Director of Community Health: (Tobe, CJ, \$115,003 X 0.10 FTE=\$11,500). Establishes and maintains relationship with community entities and organizations for integration and/or coordination with community partners, service providers. Participation in community-wide HIV/AIDS continuum of HIV prevention and care. As needed, attends and provides HIV Care Continuum of Care EIS program service delivery activities. Provides professional oversight and directs the delivery of EIS program. Oversees the coordination and certification of staff to ensure compliance with state and federal requirements.	103,503	11,500	115,003
Administrative Support Coordinator & Data Management Specialist: (Roman, F \$42,163 x 0.10 FTE=\$4,216); (Mullen, M \$35,874 x 0.10 FTE=\$3,587): Assists with coordination of EIS program service delivery. Provides data enter into ARIES, LEO and EHR. Maintains program department files and records. Assists with policy and procedure updates.	70,234	7,80 3	78,037

Senior Data Analyst: (Avina, R \$61,800 x 0.10 FTE=\$6,180). Performs client level data entry in electronic health record(s) directly related to delivery of EIS to support and improve ongoing care and treatment of patient. Analyzes client level data used by program staff to improve the quality of Ryan White service delivery in alignment with clinical quality management plans. Performs as the Ryan White	55,620	6,180	61,800
Program ARIES Technical Lead (TL).			
Eligibility/ Registration Specialist: (Nicasio, Y \$35,360 x 0.0 FTE=\$0); (Pichardo, A \$37,113 x 0.0 FTE=\$0); (Zahn, V \$47,220 x 0.0 FTE=\$0). Serves as the first point of contact for new clients to review, update and assist in establishing eligibility for Ryan White-funded services and other available state, county and local programs to assess payer of last resort, reviews income and residency eligibility and other general issues of compliance with the Standards of Care. Perform bi-annual eligibility recertification with clients. Performs data entry related to client eligibility recertification.	119,693	-0-	119,693
Social Media Specialist: (Lowes, S \$66,950 x 0.10 FTE = \$6,695). Under the supervision of the Director of Brand Marketing, creates content and updates for DAP websites and social media channels; works with Marketing Manager to manage and execute marketing-related projects and campaigns. Will create content publicizing Ending the HIV Epidemic (EHE) HIV Care Continuum on social media platforms (FB, Instagram, Twitter) and track social media metrics.	60,255	6,695	66,950
Quality & Program Monitor: (Terramagra, J \$63,000 x 0.05 FTE=\$3,150). Develops and directs Clinical Quality Improvement/Management program in compliance with Ryan White National Monitoring Standards, federal, state and local regulatory bodies, Ryan White Local Policies & Procedures and IEHPC Standards of Care. Assists with the Ryan White Program Quality Management and QM Technical Lead mechanisms.	59,850	3,150	63,000
Total Personnel (w/o Benefits)		137,628	
Fringe Benefits: 25% of Total Personnel Costs		34,407	
TOTAL PERSONNEL	\$0	\$172,035	\$0
Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)			
Office Supplies/Small Tools & Equipment: Standard office supplies, tools and minor equipment (i.e.: paper, related copy supplies, pens, pencils, tablets, paper clips, desk/office supplies, and misc. items), calculators, printers, scanners, keyboards, mouse, etc. No item cost exceeds \$4,999.	6,000	-	6,000

Computer Software & Hardware: Medical record	15,000	5,000	20,000
and health information systems computer software and hardware costs necessary to document	10,000	3,000	20,000
treatment plans, services provided, track compliance with treatment, health outcomes, test results and			
other information necessary to provide medical			
services. Includes the annual software license renewals and maintenance contracts. No item cost exceeds \$4,999.			
Medical Supplies: Projected costs for medical supplies (such as band aids, gloves, gauze, portable scales, alcohol, tongue depressors) and other HIV diagnostic/confirmatory testing supplies required to	42,000	8,000	50,000
provide care services to the unaware and unmet need populations for EIS Linkage to Care, as well as serving current patient population. No item cost exceeds \$4,999.			
Outreach and Stigma Reduction: Costs for	53,500	10,000	63,500
communications and advertising related to reaching the unaware and unmet need populations and linking them to EIS as well as serving current patients.			
Travel/: mileage and/or gas reimbursement for staff travel and/or agency mobile unit for the delivery or improvement of EIS at IRS determined mileage rates. (current IRS rate is applicable)	10,000	5,000	15,000
Incentives: Items purchased such as gas gift cards/vouchers and/or Lyft/Uber to motivate unaware individuals to engage in HIV testing, EIS Linkage to Care and Retention in Care.	14,444	5,556	20,000
TOTAL OTHER	\$0	\$33,556	\$0
SUBTOTAL (Total Personnel and Total Other)	\$0	\$205,591	\$0
Administration (limited to 10% of total service budget)		20,559	
TOTAL BUDGET (Subtotal & Administration)	\$0	\$226,150	\$0

¹Total 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 Units to be Provided for this Service Category: <u>5,002</u>
- 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: 45.21
 (This is your agency's Ending the HIV Epidemic: A Plan for America cost for care per unit)

²List Other Payers Associated with funding in Column A: Billable Insurances, Grants and Foundations.

ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA BUDGET AND ALLOCATION PLAN Fiscal Year March 01, 2024 — February 28, 2025

AGENCY NAME: Desert AIDS Project

SERVICE: Outpatient Ambulatory Health Care

	Α	В	C
Budget Category	Non- Ending the HIV Epidemic: A Plan for America Cost (Other Payers) ²	Ending the HIV Epidemic: A Plan for America Cost	Total Cost ¹
Personnel			PART FOR
HIV Certified Physician: (Singh, T-MD \$199,300 x 0.0 FTE=\$0); Provides HIV/AIDS specialty medical care, including diagnostic and therapeutic services such as diagnostic testing, preventive care and screening, medical examination, medical history taking, diagnosis and treatment to include that of current and opportunistic infections, prescribing and managing medication to include antiretroviral and other drug therapies, education and counseling on health issues, continuing care and management of chronic conditions, and referral to necessary care and services in an outpatient setting. Provides afterhours call coverage for patients with urgent needs. Provides hospital round coverage, including afterhour admission/discharges as needed.	199,300	-0-	199,300
Nurse Practitioner/Physician Assistant (Broadus, T-NP \$159,822 x 0.30 FTE=\$47,947); In compliance with state licensing guidelines and under appropriate supervision and collaboration from Medical Director, provides HIV/AIDS specialty medical care, including diagnostic and therapeutic services such as diagnostic testing, preventive care and screening, medical examination, medical history taking, diagnosis and treatment to include that of current and opportunistic infections, prescribing and managing medication to include antiretroviral and other drug therapies, education and counseling on health issues, continuing care and management of chronic conditions, and referral to necessary care and services in an outpatient setting.	111,875	47,947	159,822
Nurse Practitioner/Physician Assistant: (Lopez, N PA \$162,168 x 0.0 FTE=\$0); In compliance with state licensing guidelines and under appropriate supervision and collaboration from Medical Director, provides HIV/AIDS specialty medical care, including diagnostic and therapeutic services such as diagnostic testing, preventive care and screening, medical examination, medical history taking,	162,168	-0-	162,168

Clinical Services RN: (Lee, D \$94,466 x 0.30 FTE=\$28,340); (De Jamett, M \$92,700 x 0.50 FTE=\$46,350); Provides support to clinic physicians in the provision of patient care. Performs permitted examinations, procedures and other medical care under the direction of physicians and Medical Director. Works with patients to ensure coordinated services with pharmacies regarding prescription orders and refills. Performs triage and clinical assessments for urgent care patients. Prepares patients for physician examinations and follow-up as necessary. Liaison with patients to ensure test and consult reports are received prior to client follow-up appointments. Works with patients to ensure linkage with case managers and home care staff as needed for continuity of care.	112,476	74,690	187,166
Clinical Services LVN: (Burdett, T \$53,270 x 0.30=\$15,981). Provides support to clinic physicians in the provision of patient care. Performs permitted examinations, procedures and other medical care under the direction of physicians and Medical Director. Prepares patients for physician examinations and follow-up as necessary. Works with patients to ensure coordinated services with pharmacies regarding prescription orders and refills. Liaison with patients to ensure test and consult reports are received prior to client follow-up appointments. Works with patients to ensure linkage with case managers and home care staff as needed for continuity of care.	37,289	15,981	53,270
Total Personnel (w/o Benefits)		138,618	
Fringe Benefits: 25% of Total Personnel Costs		34,655	
TOTAL PERSONNEL	\$0	\$173,273	\$0
Other (Other items related to service provision)			
N/A		-0-	
TOTAL OTHER	\$0	\$0	\$0
SUBTOTAL (Total Personnel and Total Other)	\$0	\$173,273	\$0
Administration (limited to 10% of total service budget)		17,327	
TOTAL BUDGET (Subtotal & Administration)	\$0	\$190,600	\$0

¹Total 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 Units to be Provided for this Service Category: <u>160</u>
- 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: 1,191.25 (This is your agency's Ending the HIV Epidemic: A Plan for America cost for care per unit)

²List Other Payers Associated with funding in Column A: Billable insurances, grants and foundations.