

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

810



FROM: Department of Public Health

SUBMITTAL DATE:
January 21, 2010

SUBJECT: Ratify the Amendment between San Bernardino County, Department of Public Health and the County of Riverside Department of Public Health HIV Program for HIV Medical Care, Medical Case Management, Mental Health, Outreach, and Pharmacy Services (Contract 08-438, A-3).

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify the Amendment (08-438, A-3) between San Bernardino County, Department of Public Health and the County of Riverside Department of Public Health, HIV/AIDS Program for a reduction of \$54,624 for a new total of \$1,188,503 for the period of March 1, 2009 - February 28, 2010.
2. Authorize the Chairperson to sign Five (5) originals of said Amendment, Contract 08-438, A-3, on behalf of the County.

BACKGROUND:

Continues on page 2

Susan D. Harrington

Susan Harrington, Director of Public Health

VJB/vjb

FINANCIAL DATA	Current F.Y. Total Cost: 09/10	\$1,188,503	In Current Year Budget:	YES
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	NO
	Annual Net County Cost:	\$ 0	For Fiscal Year:	09/10
SOURCE OF FUNDS: 100% funded by the Ryan White CARE Act through San Bernardino County				Positions To Be Deleted Per A-30 <input checked="" type="checkbox"/>
				Requires 4/5 Vote

C.E.O. RECOMMENDATION:

APPROVE

BY: *Debra Cournoyer*
Debra Cournoyer

County Executive Office Signature

- Policy
- Policy
- Consent
- Consent

Dep't Recomm.:
Per Exec. Ofc.:

Prev. Agn. Ref.: 5/19/09 Item 3.15
ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

District:
All

Agenda Number: **3.14**

FORM APPROVED COUNTY COUNSEL
BY: NEAL R. KIPINS DATE

Departmental Concurrence

SUBJECT: Ratify the Amendment between San Bernardino County, Department of Public Health and the County of Riverside Department of Public Health, HIV/AIDS Program for HIV Medical Care, Medical Case Management, Mental Health, Outreach, and Pharmacy Services (Contract 08-438,A-3).

BACKGROUND: (Continued)

The Ryan White Comprehensive AIDS Resource Act (RWCA) was enacted in 1990 to provide federal funding for comprehensive health and social services for persons living with the Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS).

As the payer of last resort, the RWCA is invaluable in filling the gaps in health care and social services for people living with HIV/AIDS. Funds from the RWCA are used to provide HIV care services, including medical and dental care, mental health care and treatment and HIV medications enabling people living with HIV/AIDS to live a longer and healthier life. The funds from amendments will be used to continue HIV medical, mental health and pharmacy services at the Riverside Neighborhood Health Clinic, the Perris Family Care Center and the Indio Family Care Center.

The funding reduction is a result of a decrease in the final federal award to the San Bernardino County and Riverside County region and will not affect the current level of service provision.

FINANCIAL DATA: This agreement has no financial impact on the County of Riverside.

08/09 Original Award 08-438	Amendment 1 08-438, A-1	09/10 Award Amendment 2 08-438, A-2	Amendment 3 08-438, A-3	Current Award
\$1,302,458	(\$ 243,229)	\$1,243,127	(\$ 54,624)	\$1,188,503
7/29/08; Item 3.22	2/3/09; Item 3.11	5/19/09; Item 3.15		

JUSTIFICATION FOR DELAY: The Riverside County Department of Public Health received this amendment from San Bernardino County on December 22, 2009. This Form 11 and attachments were subsequently submitted through the County's approval process as soon as possible after receipt.

**REPORT/RECOMMENDATION TO THE BOARD OF SUPERVISORS
OF SAN BERNARDINO COUNTY, CALIFORNIA
AND RECORD OF ACTION**

October 20, 2009

**FROM: JIM LINDLEY, Director
Department of Public Health**

**SUBJECT: AMENDMENTS TO CONTRACTS WITH RYAN WHITE HIV/AIDS TREATMENT
MODERNIZATION ACT UNDER PART A**

RECOMMENDATION(S)

Approve amendments to contracts under Part A of the Ryan White HIV/AIDS Treatment Modernization Act with the agencies as detailed in the Financial Impact section, increasing the total contracted amount by \$840,624 from \$8,418,763 to \$9,259,387, for the provision of medical care and support services for the period June 1, 2008 through February 28, 2010.

(Affected Districts: All)

(Presenter: Jim Lindley, Director, 387-9146)

BACKGROUND INFORMATION

Approval of this item will allow the Department of Public Health (Department) to amend contracts with agencies, as detailed in the Financial Impact section, to ensure that medical care and support services are provided to approximately 4,000 persons living with HIV/AIDS in San Bernardino and Riverside counties for the contract period June 1, 2008 through February 28, 2010 for Part A under the Ryan White HIV/AIDS Treatment Modernization Act (Ryan White Act).

The Department has been receiving Part A funds, formerly known as Title I, since 1994. Part A funds are awarded by United States Department of Health and Human Services, Health Resources and Services Administration (HRSA), through competitive grant applications. The changes in the contract amounts being presented this day are based on the actual grant award and the priorities and allocations set by the Inland Empire HIV Planning Council (IEHPC). The IEHPC determines priorities and allocates awarded funds to service categories for San Bernardino and Riverside Counties.

The Board approved the submission of the application for Part A funding in the amount of \$9,611,296 on September 16, 2008 (Item No. 49) for the period of March 1, 2009 through February 28, 2010. On April 14, 2009 (Item No. 38), the Board accepted grant funds in the amount of \$2,533,556 under Part A of the Ryan White Act for the period March 1, 2009 through February 28, 2010. On June 2, 2009 (Item No. 67), the Board accepted amended grant funds in

Page 1 of 3

cc: PH-Epperson w/ agrees
Contractor c/o PH w/ agree
Auditor-Accts Pay Mgr w/ agrees
EBIX-BPO c/o Risk Mgmt w/ agrees
PH-Perez;Lindley
County Counsel-Robb
CAO-Raymundo;Valdez
File - w/ agree
jll 11/19/09

ITEM 43

Record of Action of the Board of Supervisors
APPROVED (CONSENT CALENDAR)
COUNTY OF SAN BERNARDINO
Board of Supervisors

MOTION	<u>MOVE</u>	<u>AYE</u>	<u>SECOND</u>	<u>AYE</u>	<u>AYE</u>
	1	2	3	4	5

LAURA H. WELCH, CLERK OF THE BOARD

BY _____

DATED: October 20, 2009

**BOARD OF SUPERVISORS
AMENDMENTS TO CONTRACTS WITH RYAN WHITE HIV/AIDS
TREATMENT MODERNIZATION ACT UNDER PART A
OCTOBER 20, 2009
PAGE 3 OF 3**

The total sum of the two grant awards is \$13,837,422 (\$6,684,229 for March 1, 2008 through February 28, 2009 approved on April 8, 2008 (Item No. 50) and \$7,153,193 for March 1, 2009 through February 28, 2010 as referenced above).

FINANCIAL IMPACT

Approval of this item will result in no additional local cost to the County and will allow the Department to amend contracts with the agencies listed, increasing the amount by \$840,624 from \$8,418,763 to \$9,259,387 for the period June 1, 2008 through February 28, 2010 for Part A. Expenditures of \$840,624 under Part A are expected to be fully reimbursed by HRSA. Appropriation and revenue in the amount of \$840,624 has been included in the Department's Fiscal Year 2009-10 budget.

Part A Agencies	Contract Number	Original Amount (6/3/08)	Amended 8/26/08	Amended 12/9/08	Amended 2/24/09	Amended 10/20/09	Total Amount
AIDS Hlthcare	08-433	\$190,311	A-1 (\$53,821)	A-2 \$31,000	A-3 \$241,747	A-4 \$94,355	\$503,592
Bienestar	08-434	\$118,009	A-1 (\$74,425)	n/a	A-2 \$102,916	A-3 \$15,176	\$161,676
Desert AIDS Proj	08-435	\$3,397,710	A-1 (\$1,352,591)	n/a	A-2 \$2,410,615	A-3 \$495,248	\$4,950,982
Foothill AIDS Proj	08-436	\$544,314	A-1 (\$284,723)	A-2 \$11,385	A-3 \$455,301	A-4 \$293,591	\$1,019,868
Inland AIDS Proj	08-437	\$732,034	A-1 (\$423,749)	n/a	n/a	n/a	\$308,285
Riverside Co	08-438	\$1,302,458	A-1 (\$243,229)	n/a	A-2 \$1,243,127	A-3 (\$54,624)	\$2,247,732
Social Action	08-439	\$289,906	A-1 (\$126,145)	n/a	A-2 \$214,898	A-3 (\$3,122)	\$375,537
Total		\$6,574,742	(\$2,558,683)	\$42,385	\$4,668,604	\$840,624	\$9,567,672

REVIEW BY OTHERS

This item has been reviewed by County Counsel (Kristina Robb, Deputy County Counsel, 387-5436) on September 22, 2009; County Administrative Office (Trudy Raymundo, Administrative Analyst, 387-3986) on September 17, 2009. This item has been coordinated with the Grants Coordinator (Beatriz Valdez, 387-5301).



County of San Bernardino
F A S
STANDARD CONTRACT

FOR COUNTY USE ONLY

<input type="checkbox"/> New	Vendor Code		SC	Dept.	Contract Number	
<input checked="" type="checkbox"/> Change	COUNTYO930		PHL	A	08-438 A3	
<input type="checkbox"/> Cancel						
County Department			Dept.	Orgn.	Contractor's License No.	
Department of Public Health			PHL	PHL		
County Department Contract Representative			Telephone		Total Contract Amount	
Daniel Perez, MSW			(909388-0408)		\$2,247,732	
Contract Type						
<input type="checkbox"/> Revenue <input checked="" type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:						
If not encumbered or revenue contract type, provide reason: N/A						
Commodity Code		Contract Start Date	Contract End Date	Original Amount	Amendment Amount	
95200		6/1/08	2/28/10	\$1,302,458	(\$54,624)	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount
AAA	PHL	3715	200	2445		(\$54,624)
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount
						\$
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount
						\$
Project Name			Estimated Payment Total by Fiscal Year			
Part A Medical Care			FY	Amount	I/D	
And Support Services			FY09-10	54,624	D	

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and

Name County of Riverside, Department of Public Health	hereinafter called <u>Contractor</u>
Address P.O. Box 7600	
Riverside, CA 92503	
Telephone (951)358-5307	Federal ID No. or Social Security No.

IT IS HEREBY AGREED AS FOLLOWS:

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

AMENDMENT NO. 3

SECTION I. DEFINITIONS

Add Paragraph M – Program Income – Program income is gross income earned by the recipient that is directly generated by a supported activity or earned as a result of the award. Program income includes, but is not limited to, income from fees for services performed, the use or rental of real or personal property acquired under federally-funded projects, the sale of commodities or items fabricated under an award, license fees and royalties on patents and copyrights, and interest on loans made with award funds. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal awarding agency regulations or the terms and conditions of the award, program income does not include the receipt of principal on loans, rebates, credits,

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

discounts, etc., or interest earned on any of them. (OMB Circular A110, Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations)

SECTION II. CONTRACTOR SERVICE RESPONSIBILITIES

Paragraph B is deleted and replaced with the following: All documentation pertaining to the following client eligibility criteria and requirements shall be maintained in one of the following formats;

1. A separate Part A case record documenting only Part A related information,
2. Easily identifiable Part A section in case record,
3. Easily identifiable Part A documentation in case record.

The Contractor shall verify and maintain proof of each client's HIV status, residential, and financial eligibility prior to providing client services under this Contract, and on an annual basis thereafter, in accordance with Attachment C - Financial Eligibility Criteria and the Standards of Care adopted by the IEHPC. The Contractor shall keep a copy of each client's proof of eligibility in the client's case file. "

Paragraph E Section 3 is deleted and replaced with the following: "Ryan White Program funds may not be used to provide items or services for which payment already has been made, or can reasonably be expected to be made, by any third party, including without limitation other federal, state, local programs or private insurance programs, including Medicaid and Medicare. The costs of any items that are otherwise reimbursable by any such third party are not reimbursable under this Contract. The Contractor shall fully exhaust its ability to claim and receive any third party reimbursement for its costs before claiming reimbursement under this Contract. Additionally, contractors must abide by Program Income regulations as required under OMB circular A110, Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-profit Organizations.

Contractor shall develop and maintain a system to track and report program income to the County. Contractor shall have a system to bill and collect from eligible third party payors; identify other potential funding sources for each client and services to be provided; and to refer clients and assist when necessary for third party eligibility determination.

While eligibility for other funding is pending, contractor may utilize Ryan White funds to deliver gap services."

SECTION V. FISCAL PROVISIONS

Paragraph A is deleted and replaced it with the following: "The total contract amount is \$2,247,732 which is available for expenditure in accordance with the service provided, unless changed by the budget/Contract amendment process, and is 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 is reduced. The County will notify the Contractor in writing of its determination. The consideration to be paid to the Contactor as provided herein shall be in full payment for all of the Contractor's services and expenses in the performance hereof, including travel and per diem."

Program Year	Program Year Date	Amount
2008-2009	June 1, 2008 – February 28, 2009	\$1,059,229
2009-2010	March 1, 2009 – February 28, 2010	\$1,188,503
Total		\$2,247,732

SECTION VIII. TERM is deleted and replaces with the following

"This Contract is effective as of June 1, 2008 and expires February 28, 2010 but may be terminated earlier in accordance with provisions of Section IX of the Contract and may be renewed in accordance with the following paragraph.

This Contract may be automatically renewed at the end of the 2010 Program Year, for up to one (1) additional year. Each renewal will commence at the dollar value of the most recently approved contract amount. This provision maybe exercised by the Department of Public Health upon written notification to the Contractor and without further approval from the County Board of Supervisors."

SECTION IX. EARLY TERMINATION

Paragraph A is deleted and replaced with the following "The County may terminate the Contract immediately under the applicable provisions of the Contract. In addition, the Contract may be terminated without cause by the County by serving a written notice to the Contractor thirty (30) days in advance of termination. The Public Health Director is authorized to exercise the County's rights with respect to any termination of this Contract."

SECTION X. GENERAL PROVISIONS

Add Paragraph L - "This Contract may be funded in whole or in part with funds provided by the American Recovery and Reinvestment Act of 2009 ("ARRA"), signed into law on February 17, 2009. Section 1605 of ARRA prohibits the use of recovery funds for a project for the construction, alteration, maintenance or repair of a public building or public work (both as defined in 2 CFR 176.140) unless all of the iron, steel and manufactured goods (as defined in 2 CFR 176.140) used in the project are produced in the United States. A waiver is available under three limited circumstances: (i) Iron, steel or relevant manufactured goods are not produced in the United States in sufficient and reasonable quantities and of a satisfactory quality; (ii) Inclusion of iron, steel or manufactured goods produced in the United States will increase the cost of the overall project by more than 25 percent; or (iii) Applying the domestic preference would be inconsistent with the public interest. This is referred to as the "Buy American" requirement. Request for a waiver must be made to the County for an appropriate determination.

Section 1606 of ARRA requires that laborers and mechanics employed by contractors and subcontractors on projects funded directly by or assisted in whole or in part by and through the Federal Government pursuant to ARRA shall be paid wages at rates not less than those prevailing on projects of a character similar in the locality as determined by the Secretary of Labor in accordance with the Davis-Bacon Act (40 U.S.C. 31). This is referred to as the "wage rate" requirement.

The above described provisions constitute notice under ARRA of the Buy American and wage rate requirements. Contractor must contact the County contact if it has any questions regarding the applicability or implementation of the ARRA Buy American and wage rate requirements. Contractor will also be required to provide detailed information regarding compliance with the Buy American requirements, expenditure of funds and wages paid to employees so that the County may fulfill any reporting requirements it has under ARRA. The information may be required as frequently as monthly or quarterly. Contractor agrees to fully cooperate in providing information or documents as requested by the County pursuant to this provision. Failure to do so will be deemed a default and may result in the withholding of payments and termination of this Contract.

Contractor may also be required to register in the Central Contractor Registration (CCR) database at <http://www.ccr.gov> and may be required to have its subcontractors also register in the same database. Contractor must contact the County with any questions regarding registration requirements."

Add Paragraph M - "In addition to the requirements described in "Use of ARRA Funds and Requirements," proper accounting and reporting of ARRA expenditures in single audits is required. Contractor agrees to separately identify the expenditures for each grant award funded under ARRA on the Schedule of Expenditures

of Federal Awards (SEFA) and the Data Collection Form (SF-SAC) required by the Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Nonprofit Organizations." This identification on the SEFA and SF-SAC shall include the Federal award number, the Catalog of Federal Domestic Assistance (CFDA) number, and amount such that separate accountability and disclosure is provided for ARRA funds by Federal award number consistent with the recipient reports required by ARRA Section 1512 (c).

In addition, Contractor agrees to separately identify to each subcontractor and document at the time of sub-contract and at the time of disbursement of funds, the Federal award number, any special CFDA number assigned for ARRA purposes, and amount of ARRA funds.

Contractor may be required to provide detailed information regarding expenditures so that the County may fulfill any reporting requirements under ARRA described in this section. The information may be required as frequently as monthly or quarterly. Contractor agrees to fully cooperate in providing information or documents as requested by the County pursuant to this provision. Failure to do so will be deemed a default and may result in the withholding of payments and termination of this Contract."

SECTION XI. CONCLUSION

Paragraph A is deleted and replaced with the following: "This Contract, consisting of all original contract pages and Attachments A through J, along with the amendments and additional Attachments K through Q is the full and complete document describing services to be rendered by Contractor to County including all covenants, conditions, and benefits."

Remove and Replace **Attachment A1** – Scope of Work dated August 2009

Remove and Replace **Attachment B1** – Budget dated August 2009

All other terms and conditions remain in full force and effect.

COUNTY OF SAN BERNARDINO

[Handwritten Signature: Gary C. Ovitt]

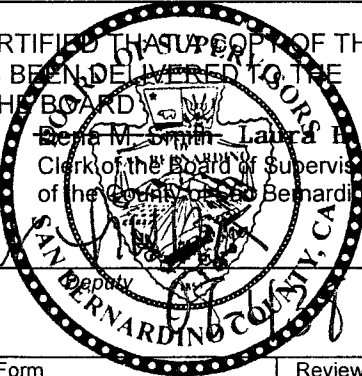
Gary C. Ovitt, Chairman, Board of Supervisors

Dated: **OCT 20 2009**

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

[Handwritten Signature: Jennifer Welch]
Laura E. Welch
Clerk of the Board of Supervisors
of the County of San Bernardino

By *[Handwritten Signature: Jennifer Welch]*



[Handwritten Mark: A3]

County of Riverside

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

By

[Handwritten Signature]
(Authorized signature - sign in blue ink)

Name:

(Print or type name of person signing contract)

Title: Chairman, Board of Supervisors

(Print or Type)

Dated:

Address: P.O. Box 7600

Riverside, CA 92503

FORM APPROVED COUNTY COUNSEL
[Handwritten Signature]
BY: NEAL R. KIPNIS DATE

Approved as to Legal Form

[Handwritten Signature: Kristina Robb]
Kristina Robb, Deputy County Counsel

Date 10/5/09

Reviewed by Contract Compliance

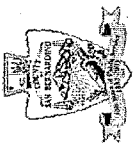
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Date

Presented to BOS for Signature

[Handwritten Signature: Jim Lindley]
Jim Lindley, Director

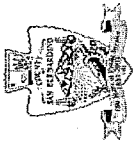
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**RYAN WHITE PROGRAM
Scope of Work**

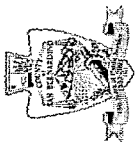
RW PART A: MARCH 1, 2009 – FEBRUARY 28, 2010	
CONTRACT NUMBER:	08-438 A3
CONTRACTOR:	Riverside County Department of Public Health –HIV/AIDS Program
SERVICE CATEGORY:	Medical Case Management Services (including treatment adherence)
SERVICE GOAL:	To ensure a continuum of high quality care which is client focused, client collaborative, and culturally appropriate, cost-effective, efficient and accessible to all eligible persons with HIV/AIDS throughout the TGA as required to support the clients participation in HIV medical care.
SERVICE HEALTH OUTCOME(S):	<ul style="list-style-type: none"> • Improved or maintained CD4 Cell count for consumers • Improved or maintained CD4 cell count as a % of total lymphocyte cell count • Improved or maintained viral load • Ability to self-manage healthcare and support services

Planned Services to Clients by service area of residence	1		2		3		4		5		6		Total
	Riv W	Riv C	Riv E	SB WV	SB EV	SB D	Total						
Total # Unduplicated CLIENTS to be Served	161	80	27	0	0	0	268						
Caucasian/White	48	24	8	0	0	0	80						
African American/Black	32	16	5	0	0	0	53						
Latino/a	64	32	11	0	0	0	107						
Women	40	20	7	0	0	0	67						
Infants	0	0	0	0	0	0	0						
Children	0	0	0	0	0	0	0						
Youth	16	8	3	0	0	0	27						
Planned Client Utilization by service area of residence : (15 Min Units)	1	2	3	4	5	6	Total						
Total # Service UNITS to be delivered	2570	1285	428	0	0	0	4283						
Caucasian/White	771	386	128	0	0	0	1285						
African American/Black	514	257	86	0	0	0	857						
Latino/a	1028	514	171	0	0	0	1713						
Women	643	321	107	0	0	0	1071						
Infants	0	0	0	0	0	0	0						
Children	0	0	0	0	0	0	0						
Youth	257	129	43	0	0	0	429						



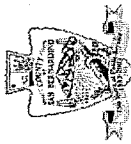
**RYAN WHITE PROGRAM
Scope of Work**

Planned Client Utilization by service area of residence: (Visit Per day)	1						2						3						4						5						6						Total
	Riv W		Riv C		Riv E		SBWV		SBEV		SBD		Riv W		Riv C		Riv E		SBWV		SBEV		SBD		Riv W		Riv C		Riv E		SBWV		SBEV		SBD		
Total # Of VISITS to be delivered	963		482		160		0		0		0		160		482		160		0		0		0		160		482		160		0		0		0		1605
Caucasian/White	289		145		48		0		0		0		289		145		48		0		0		0		289		145		48		0		0		0		482
African American	192		96		32		0		0		0		192		96		32		0		0		0		192		96		32		0		0		0		320
Latino/a	385		193		64		0		0		0		385		193		64		0		0		0		385		193		64		0		0		0		642
Women	241		121		40		0		0		0		241		121		40		0		0		0		241		121		40		0		0		0		402
Infants	0		0		0		0		0		0		0		0		0		0		0		0		0		0		0		0		0		0		0
Children	0		0		0		0		0		0		0		0		0		0		0		0		0		0		0		0		0		0		0
Youth	96		48		16		0		0		0		96		48		16		0		0		0		96		48		16		0		0		0		160



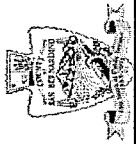
**RYAN WHITE PROGRAM
Scope of Work**

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Service Delivery Element #1: Initial and ongoing assessment of the client's service needs Implementation Activity 1-1 The HIV/AIDS Branch Chief and Clinic Manager will hire a full-time Medical Case Manager (MCM) to provide Medical Case Management Services to clients at risk of falling out of care (e.g., active substance use, mental health issues, homelessness, and/or lack of support), African American and post-incarcerated clients..</p> <p>Implementation Activity 1-2 The MCM will be trained based on RW Standards of Care and Services for Medical Case Management Services.</p> <p>Implementation Activity 1-3 The MCM will conduct an initial assessment during the client's intake process. The assessment will include gathering information on demographics, disease process, health history, medical, psycho-social, mental health issues, substance use/abuse history, financial management capabilities; income medical and dental health insurance coverage; long term/short-term benefits needed/available, support systems, employment history and eligibility for enrollment in medical case management services.</p> <p>Implementation Activity 1-4 The assessment includes the client's individual needs, inclusive of the assessment of the client's awareness or perceived need of the HIV/AIDS disease spectrum, safe/safer sex activities, HIV/AIDS treatment modalities, medication adherence, wellness options, proper nutrition and self-management techniques.</p>	<p>1, 2, & 3</p>	<p>March 1, 2009 -- February 28, 2010</p>	<ul style="list-style-type: none"> ▪ Assessment form ▪ Documentation in client's chart ▪ Documentation in ARIES
<p>Service Delivery Element #2: Development of a comprehensive, individualized service plan in collaboration with the client. Implementation Activity 2-1 Based on client's intake and assessment, the MCM will determine specific objectives, goals, and actions designed to meet the client's individual needs.</p>	<p>1, 2, & 3</p>	<p>March 1, 2009 -- February 28, 2010</p>	<ul style="list-style-type: none"> ▪ Comprehensive Individualized Service Plan ▪ Documentation in client's chart



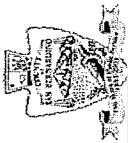
RYAN WHITE PROGRAM
Scope of Work

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Implementation Activity 2-2 The MCM will develop a comprehensive individualized service plan that will be action-oriented, time specific, appropriate to the level of medical case management service, and involve the active participation and collaboration of the client.</p> <p>Implementation Activity 2-3 A signed comprehensive individualized service plan by both the MCM and the client will be maintained in client's chart.</p>			
<p>Service Delivery Element #3: Coordination of services required to implement the plan Implementation Activity 3-1</p> <p>Utilizing the comprehensive individualized service plan the MCM will identify, secure, and tailor the resources necessary to accomplish the goals and objectives identified in the plan.</p>	1, 2, & 3	March 1, 2009 – February 28, 2010	<ul style="list-style-type: none"> ▪ Referral forms ▪ Documentation in client's chart
<p>Implementation Activity 3-2 The MCM will follow-up on referrals and ensure client is receiving ongoing medical care and support services.</p> <p>Service Delivery Element #4: Client monitoring to assess the efficacy of the plan Implementation Activity 4-1</p> <p>The MCM on an ongoing basis will gather sufficient information from all relevant sources about the implementation and appropriateness of the Plan and its resulting activities which will enable the MCM to determine the comprehensive service plan's effectiveness.</p>	1, 2, & 3	March 1, 2009 – February 28, 2010	<ul style="list-style-type: none"> ▪ Comprehensive Individualized Service Plan ▪ Documentation in client's chart.
<p>Service Delivery Element #5: Periodic re-evaluation and adaptation of the plan as necessary Implementation Activity 5-1</p> <p>The MCM will review the comprehensive individualized service plan on a quarterly basis to determine the Plan's effectiveness in enabling achievement of desired goals and outcomes.</p> <p>Implementation Activity 5-2 Based on information gathered, the MCM may modify or change the comprehensive individualized service plan, in its entirety or in any of its component parts. Both MCM and client will sign revised plan.</p>	1, 2, & 3	March 1, 2009 – February 28, 2010	<ul style="list-style-type: none"> ▪ Comprehensive Individualized Service Plan ▪ Documentation in client's chart.



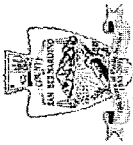
RYAN WHITE PROGRAM
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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Service Delivery Element #6: Client-specific advocacy and/or review of utilization of services</p> <p>Implementation Activity 6-1 The MCM will have the major function of an advocate for services for the client with particular emphasis on self-sufficiency in the community and avoidance of premature or unnecessary hospitalization.</p> <p>Implementation Activity 6-2 The MCM may participate in the development of the continuum of care and in community efforts to bring attention to the problems associated with the lack of services.</p>	1, 2, & 3	March 1, 2009 – February 28, 2010	<ul style="list-style-type: none"> ▪ Documentation in client's chart
<p>Service Delivery Element #7: Coordination and follow-up of medical treatments</p> <p>Implementation Activity 7-1 The MCM on an ongoing basis will coordinate health care services and support services for the client. As the client's needs changes, the MCM will access or refer additional or new resources that may be more appropriate for the client at a particular point in the disease process.</p>	1, 2, & 3	March 1, 2009 – February 28, 2010	<ul style="list-style-type: none"> ▪ Comprehensive Individualized Service Plan ▪ Documentation in client's chart.
<p>Service Delivery Element #8: Provide or refer clients for advice, support, counseling on topics surrounding HIV disease, treatments, medications, treatment adherence education, caregiver bereavement support, dietary/nutrition advice and education, and terms and information needed by the client to effectively participate in his/her medical care</p> <p>Implementation Activity 8-1 The MCM based on intake information and assessment outcomes, will provide referrals to support services and other community resources. MCM will also follow-up on referrals and document in client's chart.</p> <p>Implementation Activity 8-2 The MCM will attend monthly State Parole Board Meetings to increase awareness and access to care for post-incarcerated population.</p> <p>Implementation Activity 8-3 The MCM will participate with the Outreach Community Care Van to link newly diagnosed HIV + individuals with care.</p>	1, 2, & 3	March 1, 2009 – February 28, 2010	<ul style="list-style-type: none"> ▪ Comprehensive Individualized Service Plan ▪ Referral forms ▪ Documentation in client's chart.



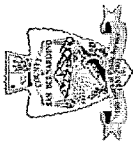
RYAN WHITE PROGRAM
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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Implementation Activity 8-4 The MCM will provide treatment adherence education and counseling and assist and support the client in establishing self-management goals.</p> <p>Service Delivery Element #9: Includes all types of case management including face-to-face, phone contact and any other forms of communication.</p> <p>Implementation Activity 9-1 MCM will contact clients during medical care visits involving face-to-face contact, follow- with phone and/or other forms of communication to maintain ongoing contact with clients.</p> <p>Implementation Activity 9-2 All contacts with client will be documented in client's chart and ARIES</p> <p>Service Delivery Element #10: Services are provided based on established Cultural and Linguistic Competency Standards.</p> <p>Implementation Activity 10-1 Clinic Manager, Lead Nurse and Senior CDS will ensure that clinical staff at all levels and across all disciplines receive ongoing education and training in C&L service delivery to ensure that clients receive effective, respectful care compatible with client's cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the gender and sexual diversity of community served.</p> <p>Implementation Activity 10-2 HIV Branch Chief and Clinic Manager will implement strategies to recruit, retain, and promote at all levels of organization who are representative of the demographic characteristics of the service area.</p> <p>Implementation Activity 10-3 Clinic Manager and Senior CDS will conduct cultural competency organizational self-assessment and develop a plan to address deficiencies.</p> <p>Implementation Activity 10-4 HIV Branch Chief, Clinic Manager, RN Supervisor, and Senior CDS will develop and implement a written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide C&L appropriate services.</p>	<p>1, 2, & 3</p>	<p>March 1, 2009 – February 28, 2010</p>	<ul style="list-style-type: none"> ▪ Documentation in client's chart.
<p>Implementation Activity 10-1 Clinic Manager, Lead Nurse and Senior CDS will ensure that clinical staff at all levels and across all disciplines receive ongoing education and training in C&L service delivery to ensure that clients receive effective, respectful care compatible with client's cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the gender and sexual diversity of community served.</p> <p>Implementation Activity 10-2 HIV Branch Chief and Clinic Manager will implement strategies to recruit, retain, and promote at all levels of organization who are representative of the demographic characteristics of the service area.</p> <p>Implementation Activity 10-3 Clinic Manager and Senior CDS will conduct cultural competency organizational self-assessment and develop a plan to address deficiencies.</p> <p>Implementation Activity 10-4 HIV Branch Chief, Clinic Manager, RN Supervisor, and Senior CDS will develop and implement a written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide C&L appropriate services.</p>	<p>1, 2, & 3</p>	<p>March 1, 2009 – February 28, 2010</p>	<ul style="list-style-type: none"> ▪ Training Agenda ▪ Sign-in Sheets ▪ Assessment Plan ▪ Client Materials in Spanish



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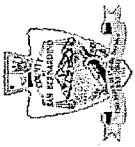
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Implementation Activity 10-5 Clients receiving services are provided with language assistance with existing bilingual and bi-cultural staff.</p> <p>Implementation Activity 10-6 All client-related materials and posted signage are provided in languages of commonly encountered groups (monolingual Spanish speaking community).</p> <p>Service Delivery Element #11: Integrate and utilize ARIES to incorporate core data elements.</p>	1, 2, & 3	March 1, 2009 -- February 28, 2010	<ul style="list-style-type: none"> ▪ ARIES Reports
<p>Implementation Activity 11-1 Information will be entered into ARIES. The ARIES reports will be used by the Quality Management team to identify quality service indicators and provide opportunities for improvement in care and services, improve desired patient outcomes and results can be used to develop and recommend "best practices."</p>			
<p>Implementation Activity 11-2 ARIES Technical Lead (TL) will:</p> <ul style="list-style-type: none"> ▪ provide and facilitate technical support for agency staff. ▪ participate on the TGA ARIES TL Collaborative to provide input, ▪ participate in training provided by the State Office of AIDS, and will ▪ provide ARIES-specific training to new and existing agency staff. 			
<p>Service Delivery Element #12: Ensure clients are informed of the availability of HIV Partner Counseling and Referral Services (PCRS)</p> <p>Implementation Activity 12-1 Clinical staff will provide all clients seeking services with information packets that will include PCRS information and where to access this service.</p> <p>Implementation Activity 12-2 Clinical staff will have client sign an acknowledgement form that PCRS was offered.</p>	1, 2, & 3	March 1, 2009 -- February 28, 2010	<ul style="list-style-type: none"> ▪ PCRS Brochure ▪ Acknowledgement Sheet



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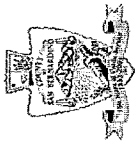
RW PART A: MARCH 1, 2009 – FEBRUARY 28, 2010	
CONTRACT NUMBER:	08-438 A3
CONTRACTOR:	Riverside County Department of Public Health –HIV/AIDS Program
SERVICE CATEGORY:	Mental Health
SERVICE GOAL:	To have services available throughout the TGA to minimize crisis situations and stabilize clients; mental health status, in order to maintain in the care system.
SERVICE HEALTH OUTCOME(S):	<ul style="list-style-type: none"> • Improved or maintained CD4 cell count for consumers • Improved or maintained CD4 cell count as a % of total lymphocyte cell count • Improved or maintained viral load • Decreased level of depression post 12 individual sessions • Decreased level of anxiety post 12 individual sessions • Clinically significant increase in their Global Assessment of Functioning score post 12 individual sessions.

Planned Services to Clients by service area of residence	1		2		3		4		5		6		Total
	Riv W	Riv C	Riv W	Riv C	Riv E	SB WW	SB W	SB W	SB EV	SB D	SB D	Total	
Total # Unduplicated CLIENTS to be Served	29	14	14	14	5	0	0	0	0	0	0	0	48
Caucasian/White	9	4	4	4	2	0	0	0	0	0	0	0	15
African American/Black	6	3	3	3	1	0	0	0	0	0	0	0	10
Latino/a	12	6	6	6	2	0	0	0	0	0	0	0	20
Women	7	4	4	4	2	0	0	0	0	0	0	0	13
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	3	1	1	1	1	0	0	0	0	0	0	0	5
Planned Client Utilization by service area of residence : (15 Min Units)	1	2	2	2	3	4	4	4	5	6	6	6	Total
Total # Service UNITS to be delivered	461	230	230	230	78	0	0	0	0	0	0	0	769
Caucasian/White	138	69	69	69	23	0	0	0	0	0	0	0	230
African American/Black	92	46	46	46	16	0	0	0	0	0	0	0	154
Latino/a	184	92	92	92	31	0	0	0	0	0	0	0	307
Women	115	58	58	58	20	0	0	0	0	0	0	0	193
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	46	23	23	23	8	0	0	0	0	0	0	0	77



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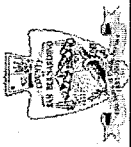
Planned Client Utilization by service area of residence: (Visit Per day)		1	2	3	4	5	6	Total
Total # Of VISITS to be delivered		Riv W	Riv C	Riv E	SB W V	SB E V	SB D	
		171	85	29	0	0	0	285
	Caucasian/White	51	26	9	0	0	0	86
	African American	34	17	6	0	0	0	57
	Latino/a	68	34	12	0	0	0	114
	Women	43	21	7	0	0	0	71
	Infants	0	0	0	0	0	0	0
	Children	0	0	0	0	0	0	0
	Youth	17	8	3	0	0	0	28



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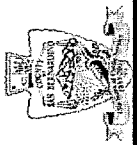
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES

SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>1, 2, & 3</p> <p>Service Delivery Element #1: Initial Individual Mental Health Assessment Implementation Activity 1-1 Clinically driven Mental Health Services will be staffed by a full-time Clinical Therapist licensed or certified by the Board of Behavioral Services (Licensed MFT or a Licensed Clinical Social Worker and part-time Psychiatrist to expand on-site mental health services for clients receiving Outpatient/Ambulatory Medical Care.</p> <p>Implementation Activity 1-2 Clinical therapists will provide services based on RW Standards of Care and Service for Mental Health Services.</p> <p>Implementation Activity 1-3 The clinical therapist will conduct an initial clinical assessment during the intake process. The clinical assessment will involve the gathering of information from the client on the presenting problem, current living environment, mental health and substance abuse history, mental status exam, current mental health needs, support system, history or current abuse and clients goals related to mental health treatment.</p> <p>Implementation Activity 1-4 The clinical therapist will have the client complete all necessary forms that inform the patient regarding the mental health services they are to receive, confidentiality, and their commitment to treatment.</p>	<p>March 1, 2009 – February 28, 2010</p>	<ul style="list-style-type: none"> ▪ Client Assessment ▪ Documentation in Client's Chart ▪ Documentation in ARIES
<p>1, 2, & 3</p> <p>Service Delivery Element #2: Development of Care/Treatment Plan Implementation Activity 2-1 Based on the clients' psycho-social assessment, the clinical therapist will develop a Treatment Plan in collaboration with the client.</p> <p>Implementation Activity 2-2 Licensed Clinical Therapists will determine a DSM-IV-TR Diagnosis and develop a treatment plan signed by both therapist and client.</p>	<p>March 1, 2009 – February 28, 2010</p>	<ul style="list-style-type: none"> ▪ Client Assessment ▪ Treatment Plan
<p>1, 2, & 3</p> <p>Service Delivery Element #3: Individual Counseling Session Implementation Activity 3-1 The clinical therapist will conduct an initial clinical assessment during the intake process. The clinical assessment will involve the gathering of information from the client on the presenting problem, current living environment, mental health and substance abuse history, mental status exam, current mental health needs, support system, history or current abuse and clients goals related to mental health treatment.</p>	<p>March 1, 2009 – February 28, 2010</p>	<ul style="list-style-type: none"> ▪ Client Assessment ▪ Treatment Plan ▪ Documentation in Client's Chart



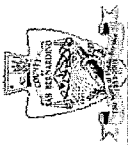
RYAN WHITE PROGRAM
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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Implementation Activity 3-2 The clinical therapist will have the patient complete all necessary forms that inform the client regarding the mental health services they are to receive, confidentiality, and their commitment to treatment.</p> <p>Implementation Activity 3-3 Based on clinical assessment, the clinical therapist will determine a DSM-IV-TR Diagnosis and develop a treatment plan signed by both therapist and client, which will include individual and/or group counseling sessions.</p> <p>Implementation Activity 3-4 The clinical therapist will have the client complete all necessary forms that inform the client regarding the mental health services they are to receive, confidentiality, and their commitment to treatment.</p>			
<p>Service Delivery Element #4: Group Counseling Session</p> <p>Implementation Activity 4-1 The clinical therapist will conduct an initial clinical assessment during the intake process. The clinical assessment will involve the gathering of information from the client on the presenting problem, current living environment, mental health and substance abuse history, mental status exam, current mental health needs, support system, history or current abuse and clients goals related to mental health treatment.</p> <p>Implementation Activity 4-2 The clinical therapist will have the client complete all necessary forms that inform the client regarding the mental health services they are to receive, confidentiality, and their commitment to treatment.</p> <p>Implementation Activity 4-3 Based on clinical assessment, the clinical therapist will determine a DSM-IV-TR Diagnosis and develop a treatment plan signed by both therapist and client, which will include individual and/or group counseling sessions.</p> <p>Implementation Activity 4-4 The clinical therapist will have the client complete all necessary forms that inform the patient regarding the mental health services they are to receive, confidentiality, and their commitment to treatment.</p>	1, 2, & 3	March 1, 2009 – February 28, 2010	<ul style="list-style-type: none"> ▪ Client Assessment ▪ Treatment Plan ▪ Documentation in Client's Chart



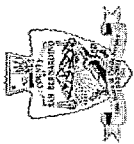
**RYAN WHITE PROGRAM
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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES		SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Service Delivery Element #5: Case Conferencing Session Implementation Activity 5-1 Clinical team will meet weekly to discuss client's treatment plans and how to further assist the client in reaching their goals and objectives.</p>	1, 2, & 3	March 1, 2009 – February 28, 2010	<ul style="list-style-type: none"> Documentation in Client's Chart on case conferencing 	
<p>Service Delivery Element #6: Psychiatric Assessment/Evaluation Session Implementation Activity 6-1 Clients are referred by the physician or clinical therapist for Psychiatric assessment and evaluation if clients' present with a mental health issue that may require psychiatric evaluation and medication, (e.g., bi-polar, schizophrenia, depression, etc).</p>	1, 2, & 3	March 1, 2009 – February 28, 2010	<ul style="list-style-type: none"> Client Assessment Treatment Plan Documentation in Client's Chart 	
<p>Service Delivery Element #7: Psychiatric Medications Management Session Implementation Activity 7-1 The psychiatrist will prescribe a medication regimen based on the psychiatric assessment and manage the client's psychiatric diagnosis and in conjunction with the multi-disciplinary team.</p>	1, 2, & 3	March 1, 2009 – February 28, 2010	<ul style="list-style-type: none"> Client Assessment Treatment Plan Documentation in Client's Chart 	
<p>Service Delivery Element #8: Referral to other Mental Health Professionals Implementation Activity 8-1 The mental health counseling process will include referrals from clinical staff which may include, but is not limited to medical providers, psychiatrist, nurses, social workers, nutritionist, medical case manager, health education and health service assistants.</p>	1, 2, & 3	March 1, 2009 – February 28, 2010	<ul style="list-style-type: none"> Client Assessment Treatment Plan Referrals Documentation in Client's Chart 	
<p>Implementation Activity 8-2 A thorough crisis assessment will be completed identifying the level of severity of the crisis and providing interventions such as a 5150 to stabilize the client.</p>				
<p>Service Delivery Element #9: Services are provided based on established Cultural and Linguistic Competency Standards Implementation Activity 9-1 Clinic Manager, RN Supervisor and Senior CDS will ensure that clinical staff at all levels and across all disciplines receive ongoing education and training in C&L service delivery to ensure that clients receive effective, respectful care compatible with client's cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the gender and sexual diversity of community served.</p>	1, 2, & 3	March 1, 2009 – February 28, 2010	<ul style="list-style-type: none"> Training Agenda Sign-in Sheets Assessment Plan Client Materials in Spanish 	
<p>Implementation Activity 9-2 HIV Branch Chief and Clinic Manager will implement strategies to recruit, retain, and promote at all levels of organization who are representative of the demographic characteristics of the service area.</p>				



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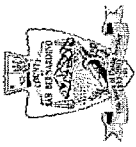
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Implementation Activity 9-3 Clinic Manager and Senior CDS will conduct cultural competency organizational self-assessment and develop a plan to address deficiencies.</p> <p>Implementation Activity 9-4 HIV Branch Chief, Supervisor, RN Supervisor, and Senior CDS will develop and implement a written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide C&L appropriate services.</p> <p>Implementation Activity 9-5 Clients receiving services are provided with language assistance with existing bilingual and bi-cultural staff.</p> <p>Implementation Activity 9-6 All client-related materials and posted signage are provided in languages of commonly encountered groups (monolingual Spanish speaking community).</p>			
<p>Service Delivery Element #10: Integrate and utilize ARIES to incorporate core data elements.</p> <p>Implementation Activity 10-1 Information will be entered into ARIES. The ARIES reports will be used by the Quality Management team to identify quality service indicators and provide opportunities for improvement in care and services, improve desired patient outcomes and results can be used to develop and recommend "best practices."</p>	1, 2, & 3	March 1, 2009 – February 28, 2010	<ul style="list-style-type: none"> ▪ ARIES Reports
<p>Implementation Activity 10-2 ARIES Technical Lead (TL) will:</p> <ul style="list-style-type: none"> ▪ provide and facilitate technical support for agency staff. ▪ participate on the TGA ARIES TL Collaborative to provide input, ▪ participate in training provided by the State Office of AIDS, and will ▪ provide ARIES-specific training to new and existing agency staff. <p>Service Delivery Element #11: Ensure clients are informed of the availability of HIV Partner Counseling and Referral Services (PCRS)</p> <p>Implementation Activity 11-1 Clinical staff will provide all clients seeking services with information packets that will include PCRS information and where to access this service.</p> <p>Implementation Activity 11-2 Clinical staff will have client sign an acknowledgement form that PCRS was offered.</p>	1, 2, & 3	March 1, 2009 – February 28, 2010	<ul style="list-style-type: none"> ▪ PCRS Brochure ▪ Acknowledgement Sheet



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PLANNED GROUP SERVICE UTILIZATION (FOR ANY ACTIVITIES PROVIDED IN GROUP SETTINGS)									
Group Name/Description	SA of Service Delivery	Targeted Population	Open/Closed	Expected Avg. Attend Per Session	Session Length	Sessions Per Week	Group Duration	Outcome Measures	
Group Name #1 *Women's Support Group	1	Women	Closed	Six	2 Hours	One Session every other week.	Ongoing	75% of clients will demonstrate a clinically significant increase in their Global Assessment Functioning as measured by the Axis V.	

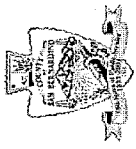
* All support groups are facilitated by a licensed clinical therapist. A DSM-IV-TR Diagnosis is determined and a treatment plan is developed prior to participation in support groups..



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RW PART A: MARCH 1, 2009 -- FEBRUARY 28, 2010	
CONTRACT NUMBER:	08-438 A3
CONTRACTOR:	Riverside County Department of Public Health -HIV/AIDS Program
SERVICE CATEGORY:	Outreach Services
SERVICE GOAL:	To ensure persons living with HIV/AIDS or members of high-risk communities in the TGA are linked to HIV testing and medical services, including follow-up and support to ensure maintenance in HIV medical care.
SERVICE HEALTH OUTCOME(S):	<ul style="list-style-type: none"> • Improved or maintained CD4 Cell count for consumers • Improved or maintained CD4 cell count as a % of total lymphocyte cell count • Improved or maintained viral load • Entry and maintenance in HIV medical care system

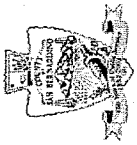
Planned Services to Clients by service area of residence	1	2	3	4	5	6	Total
	Riv W	Riv C	Riv E	SB WW	SB EV	SB D	
Total # Unduplicated CLIENTS to be Served	43	21	8	0	0	0	72
Caucasian/White	13	6	2	0	0	0	21
African American/Black	9	4	2	0	0	0	15
Latino/a	17	9	3	0	0	0	29
Women	11	6	2	0	0	0	19
Infants	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0
Youth	4	2	1	0	0	0	7
Planned Client Utilization by service area of residence : (15 Min Units)	1	2	3	4	5	6	Total
Total # Service UNITS to be delivered	131	65	22	0	0	0	218
Caucasian/White	39	20	7	0	0	0	66
African American/Black	26	13	4	0	0	0	43
Latino/a	52	26	9	0	0	0	87
Women	33	16	6	0	0	0	55
Infants	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0
Youth	13	7	1	0	0	0	21



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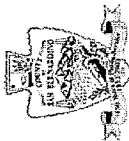
Planned Client Utilization by service area of residence:
(Visit Per day)

	1	2	3	4	5	6	Total
	Riv W	Riv C	Riv E	SB W V	SBE V	SBD	
Total # Of VISITS to be delivered	131	65	22				218
Caucasian/White	39	20	7				66
African American	13	7	2				22
Latino/a	79	39	13				131
Women	26	13	4				43
Infants	0	0	0				0
Children	0	0	0				0
Youth	13	7	2				22



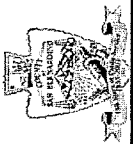
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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Service Delivery Element #1: Outreach Encounter Implementation Activity 1-1 Outreach workers will be trained based on the RW Standards of Care and Service for Outreach Services.</p> <p>Implementation Activity 1-2 Training will be provided to Outreach Workers on RW determination eligibility requirements and ARIES.</p> <p>Implementation Activity 1-3 Outreach Workers will coordinate activities among identified PLWH/A that are out-of-care and to provide HIV/AIDS disease education, education about the medical and support service system, referrals and linkages into testing and system of care</p> <p>Implementation Activity 1-4 Outreach workers will work with prevention education at County of Riverside to identify target outreach locations and identify individuals not in care from targeted communities of color with an emphasis on African Americans.</p>	<p>1, 2, & 3</p>	<p>March 1, 2009 – February 28, 2010</p>	<ul style="list-style-type: none"> ▪ Outreach schedules and logs ▪ Outreach Forms ▪ ARIES and Outreach Tracking Log
<p>Service Delivery Element #2: Coordination with Local HIV Prevention Programs Implementation Activity 2-1 Outreach workers will work with and coordinate with local HIV prevention programs to identify target outreach locations and identify individuals not in care.</p> <p>Service Delivery Element #3: Services are provided based on established Cultural and Linguistic Competency Standards Implementation Activity 3-1 Clinic Manager, RN Supervisor and Senior CDS will ensure that clinical staff at all levels and across all disciplines receive ongoing education and training in C&L service delivery to ensure that clients receive effective, respectful care compatible with client's cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the gender and sexual diversity of community served.</p> <p>Implementation Activity 3-2</p>	<p>1, 2, & 3</p>	<p>March 1, 2009 – February 28, 2010</p>	<ul style="list-style-type: none"> ▪ ARIES and Outreach Tracking Log ▪ Training Agenda ▪ Sign-in Sheets ▪ Assessment Plan ▪ Client Materials in Spanish



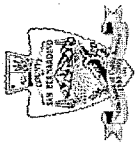
RYAN WHITE PROGRAM
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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>HIV Branch Chief and Clinic Manager will implement strategies to recruit, retain, and promote at all levels of organization who are representative of the demographic characteristics of the service area.</p> <p>Implementation Activity 3-3 Clinic Manager and Senior CDS will conduct cultural competency organizational self-assessment and develop a plan to address deficiencies.</p> <p>Implementation Activity 3-4 HIV Branch Chief, Clinic Manager, RN Supervisor, and Senior CDS will develop and implement a written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide C&L appropriate services.</p> <p>Implementation Activity 3-5 Clients receiving services are provided with language assistance with existing bilingual and bi-cultural staff.</p> <p>Implementation Activity 3-6 All client-related materials and posted signage are provided in languages of commonly encountered groups (monolingual Spanish speaking community).</p>			
<p>Service Delivery Element #4: Integrate and utilize ARIES to incorporate core data elements.</p> <p>Implementation Activity 4-1 Information will be entered into ARIES. The ARIES reports will be used by the Quality Management team to identify quality service indicators and provide opportunities for improvement in care and services, improve desired patient outcomes and results can be used to develop and recommend "best practices."</p> <p>Implementation Activity 4-2 ARIES Technical Lead (TL) will:</p> <ul style="list-style-type: none"> ▪ provide and facilitate technical support for agency staff. ▪ participate on the TGA ARIES TL Collaborative to provide input, ▪ participate in training provided by the State Office of AIDS, and will ▪ provide ARIES-specific training to new and existing agency staff. 	1, 2, & 3	March 1, 2009 – February 28, 2010	<ul style="list-style-type: none"> ▪ ARIES Reports
<p>Service Delivery Element #5: Ensure clients are informed of the availability of HIV Partner Counseling and Referral Services (PCRS) Implementation Activity 5-1 Clinical staff will provide all clients seeking services with information packets that</p>	1, 2, & 3	March 1, 2009 – February 28, 2010	<ul style="list-style-type: none"> ▪ PCRS Brochure ▪ Acknowledgement Sheet



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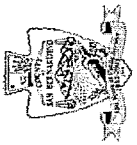
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>will include PCRS information and where to access this service.</p> <p>Implementation Activity 5-2 Clinical staff will have client sign an acknowledgement form that PCRS was offered.</p>			



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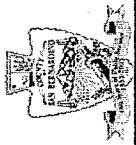
RW PART A: MARCH 1, 2009 – FEBRUARY 28, 2010	
CONTRACT NUMBER:	08-438 A3
CONTRACTOR:	Riverside County Department of Public Health –HIV/AIDS Program
SERVICE CATEGORY:	AIDS Pharmacy Assistance (Local)
SERVICE GOAL:	To maintain or improve health outcomes of persons living with HIV/AIDS by making available needed HIV/AIDS medications.
SERVICE HEALTH OUTCOME(S):	<ul style="list-style-type: none"> • Improved or maintained CD4 cell count for consumers • Improved or maintained CD4 cell count as a % of total lymphocyte cell count • Improved or maintained viral load

Planned Services to Clients by service area of residence	1		2		3		4		5		6	
	Riv W	Riv C	Riv W	Riv C	Riv E	SB WV	SB D	SBEV	SB D	Total		
Total # Unduplicated CLIENTS to be Served	73	36	12	4	0	0	0	0	0	121		
Caucasian/White	22	11	4	0	0	0	0	0	0	37		
African American/Black	15	7	2	0	0	0	0	0	0	24		
Latino/a	29	14	5	0	0	0	0	0	0	48		
Women	18	9	3	0	0	0	0	0	0	30		
Infants	0	0	0	0	0	0	0	0	0	0		
Children	0	0	0	0	0	0	0	0	0	0		
Youth	7	4	1	0	0	0	0	0	0	12		
Planned Client Utilization by service area of residence : (Up to a 30 day supply regardless of \$ amount))	1	2	3	4	5	6	Total					
Total # Service UNITS to be delivered	1296	648	216	0	0	0	2160					
Caucasian/White	389	194	65	0	0	0	648					
African American/Black	259	130	43	0	0	0	432					
Latino/a	518	259	86	0	0	0	863					
Women	324	162	54	0	0	0	540					
Infants	0	0	0	0	0	0	0					
Children	0	0	0	0	0	0	0					
Youth	130	65	22	0	0	0	217					



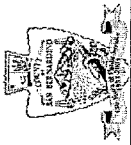
**RYAN WHITE PROGRAM
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Planned Client Utilization by service area of residence: (Utilization per day)	1		2		3		4		5		6		Total
	Riv W	Riv C	Riv E	SBWV	SBWV	SBWV	SBWV	SBWV	SBWV	SBWV	SBWV	SBWV	
Total # Of VISITS to be delivered	436	218	72	0	0	0	0	0	0	0	0	0	726
Caucasian/White	131	65	22	0	0	0	0	0	0	0	0	0	218
African American	87	44	14	0	0	0	0	0	0	0	0	0	145
Latino/a	174	87	29	0	0	0	0	0	0	0	0	0	290
Women	109	55	18	0	0	0	0	0	0	0	0	0	182
Infants	0	0	0	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0	0	0	0
Youth	44	22	7	0	0	0	0	0	0	0	0	0	73



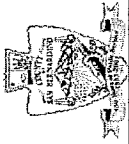
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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Service Delivery Element #1: Antiretroviral medication (HIV/AIDS) Implementation Activity 1-1 If client is uninsured, client will be screened by an Insurance Billing Clerk from the Riverside HIV Care Program along with a social worker, to link them to insurance programs, with the goal of obtaining a long-term insurance plan so that the Ryan White Pharmaceutical Assistance Program does not become the permanent fix, but a program of last resort to assist clients in obtaining assistance with medications.</p> <p>Implementation Activity 1-2 After screening, if client is identified in need of pharmaceutical assistance, the RN or LVN will check with the Insurance Billing Clerk to confirm that the client qualifies for Ryan White funds.</p> <p>Implementation Activity 1-3 Once verified that the client has no other means to pay for their HIV medications, the RN and/or LVN obtains verbal consent from the Clinic Supervisor or RN Supervisor to provide medications paid for with Ryan White funds.</p> <p>Implementation Activity 1-4 The RN or LVN will insert one copy of the medication order into the patients chart indicating in the progress note that clients' medications were paid for by Ryan White. The RN documents in the <i>Ryan White Log</i> the patient who received Ryan White Pharmaceutical Assistance, the name of the medication, the cost and the date it was ordered.</p> <p>Implementation Activity 1-5 Client will then be provided with physician's prescription of one 30 day or less supply of antiretroviral medication</p> <p>Service Delivery Element #2: Services are provided based on established Cultural and Linguistic Competency Standards Implementation Activity 2-1 Clinic Manager, Lead Nurse and Senior CDS will ensure that clinical staff at all levels and across all disciplines receive ongoing education and training in C&L service delivery to ensure that clients receive effective, respectful care compatible with client's cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the gender and sexual diversity of community served.</p>	<p>1, 2, & 3</p>	<p>March 1, 2009 – February 28, 2010</p>	<ul style="list-style-type: none"> ▪ Medication Logs ▪ Client's Chart - Progress Notes
	<p>1, 2, & 3</p>	<p>March 1, 2009 – February 28, 2010</p>	<ul style="list-style-type: none"> ▪ Training Agenda ▪ Sign-in Sheets ▪ Assessment Plan ▪ Client Materials in Spanish



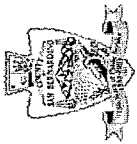
RYAN WHITE PROGRAM
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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Implementation Activity 2-2 HIV Branch Chief and Clinic Manager will implement strategies to recruit, retain, and promote at all levels of organization who are representative of the demographic characteristics of the service area.</p> <p>Implementation Activity 2-3 Clinic Manager and Senior CDS will conduct cultural competency organizational self-assessment and develop a plan to address deficiencies.</p> <p>Implementation Activity 2-4 HIV Branch Chief, Supervisor, Lead Nurse, and Senior CDS will develop and implement a written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide C&L appropriate services.</p> <p>Implementation Activity 2-5 Clients receiving services are provided with language assistance with existing bilingual and bi-cultural staff.</p> <p>Implementation Activity 2-6 All client-related materials and post signage are provided in languages of commonly encountered groups (monolingual Spanish speaking community).</p>	<p>1, 2, & 3</p>	<p>March 1, 2009 – February 28, 2010</p>	<ul style="list-style-type: none"> ▪ ARIES Reports
<p>Service Delivery Element #3: Integrate and utilize ARIES to incorporate core data elements.</p> <p>Implementation Activity 3-1 Information will be entered into ARIES. The ARIES reports will be used by the Quality Management team to identify quality service indicators and provide opportunities for improvement in care and services, improve desired patient outcomes and results can be used to develop and recommend "best practices."</p> <p>Implementation Activity 3-2 ARIES Technical Lead (TL) will:</p> <ul style="list-style-type: none"> ▪ provide and facilitate technical support for agency staff. ▪ participate on the TGA ARIES TL Collaborative to provide input, ▪ participate in training provided by the State Office of AIDS, and will ▪ provide ARIES-specific training to new and existing agency staff. 			



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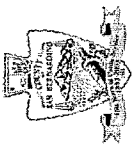
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Service Delivery Element #4: Ensure clients are informed of the availability of HIV Partner Counseling and Referral Services (PCRS)</p> <p>Implementation Activity 4-1 Clinical staff will provide all clients seeking services with information packets that will include PCRS information and where to access this service.</p> <p>Implementation Activity 4-2 Clinical staff will have client sign an acknowledgement form that PCRS was offered.</p>	1, 2, & 3	March 1, 2009 – February 28, 2010	<ul style="list-style-type: none">▪ PCRS Brochure▪ Acknowledgement Sheet



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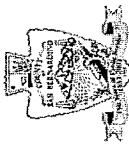
RW PART A: MARCH 1, 2009 – FEBRUARY 28, 2010	
CONTRACT NUMBER:	08-438 A3
CONTRACTOR:	Riverside County Department of Public Health --HIV/AIDS Program
SERVICE CATEGORY:	Outpatient/Ambulatory Medical Care
SERVICE GOAL:	To Maintain or improve the health status of persons living with HIV/AIDS in the TGA. Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institute of Health, American Academy of HIV Medicine (AAHIVM).
SERVICE HEALTH OUTCOME(S):	<ul style="list-style-type: none"> Improved or maintained CD4 cell count for consumers Improved or maintained CD4 cell count as a % of total lymphocyte cell count Improved or maintained viral load

Planned Services to Clients by service area of residence	1						2						3						4						5						6																		
	Riv W	Riv C	Riv E	SB WW	SB EV	SB D	Riv W	Riv C	Riv E	SB WW	SB EV	SB D	Riv W	Riv C	Riv E	SB WW	SB EV	SB D	Riv W	Riv C	Riv E	SB WW	SB EV	SB D	Riv W	Riv C	Riv E	SB WW	SB EV	SB D	Riv W	Riv C	Riv E	SB WW	SB EV	SB D	Total												
Total # Unduplicated CLIENTS to be Served	262	131	43	0	0	0	77	39	13	0	0	0	52	26	9	0	0	0	43	52	17	0	0	0	66	33	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	26	13	4	0	0	0	436
Caucasian/White																																					129												
African American/Black																																					87												
Latino/a																																					131												
Women																																					110												
Infants																																					0												
Children																																					0												
Youth																																					43												
Planned Client Utilization by service area of residence :																																																	
Total # Service UNITS to be delivered (15 Min Units)	5238	2619	873	0	0	0	1571	786	262	0	0	0	1048	524	175	0	0	0	2095	1048	349	0	0	0	1310	655	218	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	524	262	87	0	0	0	8730
Caucasian/White																																					2619												
African American/Black																																					1747												
Latino/a																																					3492												
Women																																					2183												
Infants																																					0												
Children																																					0												
Youth																																					873												



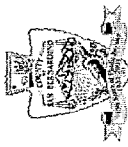
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Planned Client Utilization by service area of residence: (Visit Per day)		1	2	3	4	5	6	Total
Total # Of VISITS to be delivered		Riv W	Riv C	Riv E	SB W V	SB EV	SB D	
		1569	785	262	0	0	0	2616
	Caucasian/White	471	236	79	0	0	0	786
	African American	314	157	52	0	0	0	523
	Latino/a	628	314	105	0	0	0	1047
	Women	392	196	66	0	0	0	654
	Infants	0	0	0	0	0	0	0
	Children	0	0	0	0	0	0	0
	Youth	157	79	26	0	0	0	262



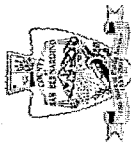
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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Service Delivery Element #1: Development of Treatment Plan Implementation Activity 1-1 <u>Based on RW Standard of Care continue current intake process including:</u></p> <ul style="list-style-type: none"> a) Nursing assessment including evaluation health history and presenting problems. Those on HIV medications are evaluated for treatment adherence. b) Collection of blood samples for CD4 Viral load, Hepatitis and other testing c) Perform TB skin test and chest x-ray <p>Implementation Activity 1-2 <u>Based on RW Standard of Care continue current practice of providing initial medical evaluation by physician including:</u></p> <ul style="list-style-type: none"> a) Completing a medical history b) Conducting a physical examination c) Reviewing lab test results d) Assessing the need for medication therapy e) Development of a Treatment Plan. <p><i>*Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AAHIVM).</i></p>	<p>1, 2, & 3</p>	<p>March 1, 2009 – February 28, 2010</p>	<ul style="list-style-type: none"> ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ Documentation in Client's Chart
<p>Service Delivery Element #2: Diagnostic Testing Implementation Activity 2-1 <u>Based on RW Standard of Care continue current intake process including:</u></p> <ul style="list-style-type: none"> a) Nursing assessment including evaluation health history and presenting problems. Those on HIV medications are evaluated for treatment adherence. b) Collection of blood samples for CD4 Viral load, Hepatitis and other testing c) Perform TB skin test and chest x-ray <p>Implementation Activity 2-2 <u>Based on RW Standard of Care continue current practice of providing initial medical evaluation by physician including:</u></p> <ul style="list-style-type: none"> Completing a medical history Conducting a physical examination Reviewing lab test results Assessing the need for medication therapy Development of a Treatment Plan. <p><i>*Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health,</i></p>	<p>1, 2, & 3</p>	<p>March 1, 2009 – February 28, 2010</p>	<ul style="list-style-type: none"> ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ Documentation in Client's Chart



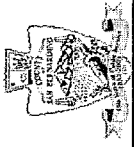
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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p><i>and American Academy of HIV Medicine (AAHIVM).</i></p> <p>Service Delivery Element #3: Early Intervention and Risk Assessment Implementation Activity 3-1 An assessment of the clients of the current knowledge of HIV and treatment options is conducted by the health education and the clinical team.</p> <p>Implementation Activity 3-2 Health education and counseling is provided to the client in choosing an appropriate health education plan that will include education regarding the reduction of transmission of HIV and to reduce their transmission risk behaviors.</p> <p><i>*Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AAHIVM).</i></p>	1, 2, & 3	March 1, 2009 – February 28, 2010	<ul style="list-style-type: none"> ▪ Risk Assessment ▪ Education Plan ▪ Documentation in Client's Chart
<p>Service Delivery Element #4: Preventive Care and Screening Implementation Activity 4-1 Based on RW Standard of Care continue current intake process including:</p> <ul style="list-style-type: none"> a) Nursing assessment including evaluation health history and presenting problems. Those on HIV medications are evaluated for treatment adherence. b) Collection of blood samples for CD4 Viral load, Hepatitis and other testing c) Perform TB skin test and chest x-ray <p>Implementation Activity 4-2 Based on RW Standard of Care continue current practice of providing initial medical evaluation by physician including: Completing a medical history Conducting a physical examination Reviewing lab test results Assessing the need for medication therapy Development of a Treatment Plan.</p> <p><i>*Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AAHIVM).</i></p>	1, 2, & 3	March 1, 2009 – February 28, 2010	<ul style="list-style-type: none"> ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ Documentation in Client's Chart
<p>Service Delivery Element #5: Practitioner Examination Implementation Activity 5-1 Based on RW Standard of Care continue current practice of providing initial medical evaluation by physician including:</p>	1, 2, & 3	March 1, 2009 – February 28, 2010	<ul style="list-style-type: none"> ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan



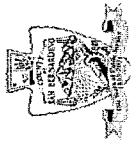
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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Completing a medical history Conducting a physical examination which includes another component of a client's periodic health care assessment through a comprehensive gender appropriate physical examinations and laboratory evaluations. Medical Monitoring is required and follow-up will be provided with a comprehensive physical assessment every six months. Reviewing lab test results Assessing the need for medication therapy Development of a Treatment Plan.</p> <p><i>*Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AAHIVM).</i></p>			<ul style="list-style-type: none"> ▪ Documentation in Client's Chart
<p>Service Delivery Element #6: Medical History Taking Implementation Activity 6-1 <u>Based on RW Standard of Care continue current practice of providing initial medical evaluation by physician including:</u> Completing a medical history which will include but are not limited to: family medical history, psycho-social history, current medications, and environmental assessment. Diabetes, cardiovascular diseases, renal disease, GI abnormalities, pancreatitis, liver disease, or hepatitis. Conducting a physical examination Reviewing lab test results Assessing the need for medication therapy Development of a Treatment Plan.</p> <p><i>*Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AAHIVM).</i></p>	<p>1, 2, & 3</p>	<p>March 1, 2009 – February 28, 2010</p>	<ul style="list-style-type: none"> ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ Documentation in Client's Chart
<p>Service Delivery Element #7: Diagnosis and Treatment of Common Physical and Mental Conditions Implementation Activity 7-1 Based on medical history, physical examination and lab-test results, clinician will develop a treatment plan with diagnosis and treatment for common physical conditions such as opportunistic infections related to HIV which may include but are not limited to: candidacies, cervical cancer, herpes simplex, Kaposi Sarcoma, tuberculosis.</p>	<p>1, 2, & 3</p>	<p>March 1, 2009 – February 28, 2010</p>	<ul style="list-style-type: none"> ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ Documentation in Client's Chart



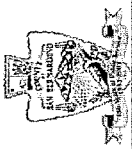
**RYAN WHITE PROGRAM
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PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Implementation Activity 7-2 Based on psycho-social assessment, the Social Worker (therapist) will develop a treatment plan of common mental conditions such as depression, anxiety, etc.</p> <p><i>*Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AAHIVM).</i></p> <p>Service Delivery Element #8: Prescribing and Managing Medication Therapy Implementation Activity 8-1 Based on client's individual treatment and therapy needs, clinician will prescribed accordingly an HIV regimen that will be managed by the physician and multi-disciplinary medical team.</p> <p>Implementation Activity 8-2 Medical services include prescribing and monitoring prophylactic and anti-retroviral therapies when appropriate as well as minor outpatient preventive and therapeutic medical services related to HIV infection.</p> <p><i>*Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AAHIVM).</i></p>	<p>1, 2, & 3</p>	<p>March 1, 2009 – February 28, 2010</p>	<ul style="list-style-type: none"> ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ Documentation in Client's Chart
<p>Service Delivery Element #9: Education and Counseling on Health Issues Implementation Activity 9-1 An assessment of each client's transmission risk behavior is conducted by the Health Educator or Medical Case Manager and based the identified risk behaviors, education about the transmission risk associated with the behaviors and appropriate behavior change support including referrals, specialized interventions are provided. One-on-one education and counseling will be provided to client based on assessment.</p> <p>Implementation Activity 9-2 Nutritionist will conduct a nutrition assessment of clients every six months at a minimum to determine if client has possible wasting, digestive reaction to medications, or other complications and provide clients with a nutrition plan addressing these health issues.</p> <p>Implementation Activity 9-3 Quarterly community forums will be provided to clients on specific health topics related to treatment.</p> <p><i>*Medical care for the treatment of HIV infection includes the provision of care that is</i></p>	<p>1, 2, & 3</p>	<p>March 1, 2009 – February 28, 2010</p>	<ul style="list-style-type: none"> ▪ Risk Assessment ▪ Education Plan ▪ Nutrition Assessment ▪ Nutrition Plan ▪ Documentation in Client's Chart ▪ Schedule on Community Forums



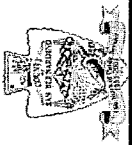
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Scope of Work**

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p><i>consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AAHIVM).</i></p> <p>Service Delivery Element #10: Continuing Care and Management of Chronic Conditions Implementation Activity 10-1 Medical care follow-up visits are scheduled for clients a minimum of six months by clinic staff.</p> <p>Implementation Activity 10-2 Clinician will provide treatment and management of chronic conditions as needed based on client's comprehensive health assessment.</p> <p><i>*Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AAHIVM).</i></p> <p>Service Delivery Element #11: Referral to and Provision of Specialty Care Implementation Activity 11-1 Based on client's health assessment, clinician will refer clients to specialty care such as Oncology, Dermatology, and Gastrointestinal Specialist.</p> <p><i>*Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AAHIVM).</i></p> <p>Service Delivery Element #12: Treatment Adherence Counseling/Education Implementation Activity 12-1 Health Educator or Medical Case Manager will conduct a formal assessment of client's knowledge base on HIV and treatment.</p> <p>Implementation Activity 12-2 Health Educator or Medical Case Manager will provide counseling and education on the client's specific treatment regimen and support activities to continue treatment adherence.</p> <p>Implementation Activity 12-3 Quarterly community forums are provided to clients on specific health topics related to treatment. Other health education topics covered will also include but will not be limited to stress-reduction, nutrition/diet, exercise, and spirituality.</p> <p><i>*Medical care for the treatment of HIV infection includes the provision of care that is</i></p>	<p>1, 2, & 3</p>	<p>March 1, 2009 – February 28, 2010</p>	<ul style="list-style-type: none"> ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ Documentation in Client's Chart
<p>Service Delivery Element #11: Referral to and Provision of Specialty Care Implementation Activity 11-1 Based on client's health assessment, clinician will refer clients to specialty care such as Oncology, Dermatology, and Gastrointestinal Specialist.</p> <p><i>*Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AAHIVM).</i></p> <p>Service Delivery Element #12: Treatment Adherence Counseling/Education Implementation Activity 12-1 Health Educator or Medical Case Manager will conduct a formal assessment of client's knowledge base on HIV and treatment.</p> <p>Implementation Activity 12-2 Health Educator or Medical Case Manager will provide counseling and education on the client's specific treatment regimen and support activities to continue treatment adherence.</p> <p>Implementation Activity 12-3 Quarterly community forums are provided to clients on specific health topics related to treatment. Other health education topics covered will also include but will not be limited to stress-reduction, nutrition/diet, exercise, and spirituality.</p> <p><i>*Medical care for the treatment of HIV infection includes the provision of care that is</i></p>	<p>1, 2, & 3</p>	<p>March 1, 2009 – February 28, 2010</p>	<ul style="list-style-type: none"> ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ Referrals ▪ Documentation in Client's Chart
<p>Service Delivery Element #12: Treatment Adherence Counseling/Education Implementation Activity 12-1 Health Educator or Medical Case Manager will conduct a formal assessment of client's knowledge base on HIV and treatment.</p> <p>Implementation Activity 12-2 Health Educator or Medical Case Manager will provide counseling and education on the client's specific treatment regimen and support activities to continue treatment adherence.</p> <p>Implementation Activity 12-3 Quarterly community forums are provided to clients on specific health topics related to treatment. Other health education topics covered will also include but will not be limited to stress-reduction, nutrition/diet, exercise, and spirituality.</p> <p><i>*Medical care for the treatment of HIV infection includes the provision of care that is</i></p>	<p>1, 2, & 3</p>	<p>March 1, 2009 – February 28, 2010</p>	<ul style="list-style-type: none"> ▪ Client Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ Counseling/Education Provided ▪ Documentation in Client's Chart



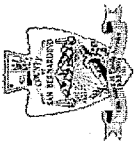
**RYAN WHITE PROGRAM
Scope of Work**

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p><i>consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AAHIVM).</i></p> <p>Service Delivery Element #13: Services are provided based on established Cultural and Linguistic Competency Standards</p> <p>Implementation Activity 13-1 Clinic Manager, Lead Nurse and Senior CDS will ensure that clinical staff at all levels and across all disciplines receive ongoing education and training in C&L service delivery to ensure that clients receive effective, respectful care compatible with client's cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the gender and sexual diversity of community served.</p> <p>Implementation Activity 13-2 HIV Branch Chief and Clinic Manager will implement strategies to recruit, retain, and promote at all levels of organization who are representative of the demographic characteristics of the service area.</p> <p>Implementation Activity 13-3 Clinic Manager and Senior CDS will conduct cultural competency organizational self-assessment and develop a plan to address deficiencies.</p> <p>Implementation Activity 13-4 HIV Branch Chief, Supervisor, Lead Nurse, and Senior CDS will develop and implement a written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide C&L appropriate services.</p> <p>Implementation Activity 13-5 Clients receiving services are provided with language assistance with existing bilingual and bi-cultural staff.</p> <p>Implementation Activity 13-6 All client-related materials and posted signage are provided in languages of commonly encountered groups (monolingual Spanish speaking community).</p> <p>Service Delivery Element #14: Integrate and utilize ARIES to incorporate core data elements.</p> <p>Implementation Activity 14-1 Information will be entered into ARIES. The ARIES reports will be used by the Quality Management team to identify quality service indicators and provide opportunities for improvement in care and services. Improve desired patient outcomes and results can be used to develop and recommend "best practices."</p>	<p>1, 2, & 3</p>	<p>March 1, 2009 – February 28, 2010</p>	<ul style="list-style-type: none"> ▪ Training Agenda ▪ Sign-in Sheets ▪ Assessment Plan ▪ Client Materials in Spanish
<p>Service Delivery Element #14: Integrate and utilize ARIES to incorporate core data elements.</p> <p>Implementation Activity 14-1 Information will be entered into ARIES. The ARIES reports will be used by the Quality Management team to identify quality service indicators and provide opportunities for improvement in care and services. Improve desired patient outcomes and results can be used to develop and recommend "best practices."</p>	<p>1, 2, & 3</p>	<p>March 1, 2009 – February 28, 2010</p>	<ul style="list-style-type: none"> ▪ ARIES Reports



**RYAN WHITE PROGRAM
Scope of Work**

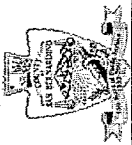
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>Implementation Activity 14-2 ARIES Technical Lead (TL) will:</p> <ul style="list-style-type: none"> ▪ provide and facilitate technical support for agency staff. ▪ participate on the TGA ARIES TL Collaborative to provide input. ▪ participate in training provided by the State Office of AIDS, and will ▪ provide ARIES-specific training to new and existing agency staff. 			
<p>Service Delivery Element #15: Ensure clients are informed of the availability of HIV Partner Counseling and Referral Services (PCRS) Implementation Activity 15-1 Clinical staff will provide all clients seeking services with information packets that will include PCRS information and where to access this service.</p> <p>Implementation Activity 15-2 Clinical staff will have client sign an acknowledgement that PCRS was offered.</p>	<p>1, 2, & 3</p>	<p>March 1, 2009 – February 28, 2010</p>	<ul style="list-style-type: none"> ▪ PCRS Brochure ▪ Acknowledgement Sheet



**RYAN WHITE PROGRAM
Scope of Work**

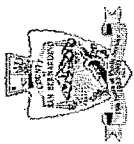
CONTRACT NUMBER:	RW PART A: MARCH 1, 2009 – FEBRUARY 28, 2010
CONTRACTOR:	08-438 A3
SERVICE CATEGORY:	Riverside County Department of Public Health –HIV/AIDS Program Planning Council Support
SERVICE GOAL:	T Provide guidance, administrative and professional support to the Inland Empire HIV Planning Council (PC) in order to assist the PC in complying with their CARE Act mandates.

Item #	PC Activities that will require Support Services	Timeline	PC Support Staff Activities/Deliverables
1	Needs Assessment: Conduct or update an assessment of HIV/AIDS service needs in Riverside/San Bernardino TGA.	March 1, 2009 – February 28, 2010	<ol style="list-style-type: none"> 1. Identify areas of focus. 2. Collaborate with Part A funded agencies and the Grantee in conducting a needs assessment. 3. Prepare reports and share findings to the Planning Council in a timely manner. 4. Review and update the community's needs assessment and comprehensive care plan annually.
2	Comprehensive Plan: Develop a comprehensive plan for the establishment of a health care and support services system that: <ol style="list-style-type: none"> 1. addresses the full spectrum of HIV disease; 2. assures 100% access and 0% disparity; and 3. reduces local morbidity and mortality rates relating to HIV infection and is client-centered. 	March 1, 2009 – February 28, 2010	<ol style="list-style-type: none"> 1. Manage the process and work plans. 2. Analyze systems of care. <ol style="list-style-type: none"> a. Generate results of analysis. 3. Collaborate with the Planning Council in developing strategies and writing a plan to provide services. 4. Review and update the comprehensive care plan quarterly.
3	Service Priorities/Resource Allocation (PSRA): Establish service priorities for service allocations.	March 1, 2009 – February 28, 2010	<ol style="list-style-type: none"> 1. Work with the PC to establish Data Sets to be used for PSRA process. 2. Ensure gathering of PC-identified Data Sets. 3. Analyze and synthesize various Data Sets to provide the PC the necessary data to conduct PSRA process. 4. Present findings to the PC to inform PSRA process. 5. Coordinate all aspects of PSRA Data Summit/Meetings. 6. Ensure that Grantee receives PSRA outcomes.
4	Reallocation: Ensure the timely reallocation of funds to ensure continued service delivery and services to emerging data-based needs.	March 1, 2009 – February 28, 2010	<ol style="list-style-type: none"> 1. Ensure that reports are available to Planning Council as needed.



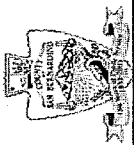
**RYAN WHITE PROGRAM
Scope of Work**

5	<p>Evaluation of the Administrative Mechanism:</p> <ol style="list-style-type: none">1. for the rapid allocation of Title I funds and2. assuring awards are consistent with Planning Council established allocations.	March 1, 2009 – February 28, 2010	<ol style="list-style-type: none">1. Work with the Planning Council in developing and administering the evaluation process.2. Identify a 3rd (neutral) party to conduct the EAM.3. Ensure a report is drafted and submitted to the Grantee regarding recommendations and timelines.
6	<p>Statewide Coordinated Statement of Need: Participate in its development under the direction of the State of California Department of Health Services, Office of AIDS.</p>	March 1, 2009 – February 28, 2010	<ol style="list-style-type: none">1. Ensure PC has access to the necessary resources to participate in the process.2. Collaborate with the Grantee in gathering input.



**RYAN WHITE PROGRAM
Scope of Work**

Item #	PC Activities that will require Support Services	Timeline	PC Support Staff Activities/Deliverables
7	<p>Guidance to PC: As experts on HRSA, State, and County policies that relate to Council processes and work products, provide guidance to the Council to ensure achievement of PC mandates.</p>	<p>March 1, 2009 – February 28, 2010</p>	<ol style="list-style-type: none"> 1. Develop expertise on applicable policies & source documents affecting PC business 2. Attend all PC meetings. 3. Provide the PC guidance on relevant policies including PC ByLaws, PC Policies and Procedures, and Brown Act requirements to ensure that PC processes remain in compliance with applicable requirements.
8	<p>Annual Work Timeline: Prior to the beginning of each grant year (i.e., January and February) meet with all the TGA stakeholders in the Ryan White Part A process.</p>	<p>March 1, 2009 – February 28, 2010</p>	<ol style="list-style-type: none"> 1. Provide guidance and leadership in the Council's development and implementation of a timeline for all required Council work products that is consistent with published deadlines. 2. Inform and advise the Council on multi-year and/or recurring processes such as needs assessment and comprehensive planning in order that the Council is appropriately informed of its deadlines and expected work products.
9	<p>PC Member Training: Ensure that new and continuing Planning Council members receive adequate training to assist them in carrying out their mandates.</p>	<p>March 1, 2009 – February 28, 2010</p>	<ol style="list-style-type: none"> 1. Develop and implement and orientation and comprehensive training for <u>new</u> PC members minimally including the following components: <ol style="list-style-type: none"> a. PC ByLaws b. PC Policies and procedures c. PC Mandates/CARE Act Overview d. County Processes that affect PC's work 2. Develop and implement annual training plan for Planning Council members that provides comprehensive training and leadership development for Council members including the following components: <ol style="list-style-type: none"> 3. Develop an annual retreat for PC members. 4. Evaluate training and submit findings to PC and Grantee
10	<p>Travel & Reimbursement: Ensure necessary travel arrangements are made and ensure that PC have access to timely reimbursement for PC business-related expenses.</p>	<p>March 1, 2009 – February 28, 2010</p>	<ol style="list-style-type: none"> 1. Secure travel arrangements for Planning Council members. <ol style="list-style-type: none"> a. Arranging air travel and hotel accommodations after approval of Executive Committee; work with Riv. Co DOH-Fiscal Services to secure payments prior to travel. b. Informing travelers of secured arrangements within required time frames. 2. Process out-of-pocket expense reimbursements for members.



**RYAN WHITE PROGRAM
Scope of Work**

Item #	PC Activities that will require Support Services	Timeline	PC Support Staff Activities/Deliverables
11	Planning Council Website & publication of most recent versions of documents:	March 1, 2009 – February 28, 2010	1. Maintain the Planning Council website.
12	<p>Information to be Provided by the Planning Council to the Administrative Agency: Ensure the timely provision of requested documentation to the RW Program Office (Grantee).</p>	<p>Information to be provided:</p> <ol style="list-style-type: none"> 1. On a monthly basis, a dated list of PC members and their terms of office, with primary affiliations as appropriate. 2. Notification of the PC's monthly meetings, retreats, orientation and training sessions, and other PC events, at the same time notification goes to PC members. 3. The meeting notice, agenda, and information package for each PC meeting, to be provided at the same time they are provided to PC members. 4. The annual list of service priorities and allocations, along with the process to establish them and directives to the Administrative Agency or edits to existing directives on how best to meet these priorities – the same information that is submitted to HRSA/HAB as part of the annual Part A application. This information will be provided within two weeks after the PC has approved the priorities, allocations, and directives. 5. Copies of final planning documents prepared by the PC, such as needs assessment reports and the Comprehensive Plan, within two weeks after their completion. 6. Information or documents needed by the Administrative Agent to complete the sections of the annual application related to the PC and its functions. 7. For new PC members, within 2 weeks of their PC recommendation for appointment to the San Bernardino County Board of Supervisors, submit the following to the RW Program Office (Grantee) <ol style="list-style-type: none"> a. a completed application and resume, b. completed board transmittal form, c. primary affiliations as appropriate, d. and identified Conflicts of Interest 	

County of Riverside- DOPH, HIV/AIDS Program
 OUTPATIENT AMBULATORY MEDICAL CARE
 Riverside/San Bernardino, California TGA
 March 1, 2009 - February 28, 2010
BUDGET

Budget Category	Budgeted Amount
Personnel	
HEALTH CARE SOCIAL SERVICES SUPERVISOR: (DANIELLE HUNTSMAN) (0.75 FTE X \$75,858 Annual Salary) Provides direct supervision to clinical staff for three health care centers.	\$56,893
REGISTERED NURSE IV: (D. Hexum) (0.90 FTE X \$68,390 Annual Salary) Provides nursing support, medical care, and case management for three health care centers.	\$61,551
PHYSICIAN IV: (Nguyen,) (.80 FTE X \$154,357 Annual Salary) Provides medical support, medical care and management for three health care centers.	\$123,485
HEALTH SERVICES ASSISTANT: (G. Ramirez,) (1.0 FTE X \$33,925 Annual Salary) Provides patient work up, front office and assist nursing staff for three health care centers.	\$33,925
LICENSE VOCATIONAL NURSE II: (Huggins) (1.0 FTE X \$43,846 Annual Salary) Provides nursing support for three health care centers.	\$43,846
HEALTH CARE SOCIAL WORKER: (Vacant) (1.0 FTE X \$50,731 Annual Salary) Provides patient services and case management for three health care centers.	\$50,731
OFFICE ASSISTANT III: (V. Arreola) (1.0 FTE X \$32,988 Annual Salary) Provides clerical support to clinic staff for three health care centers.	\$32,989
Fringe Benefits (46% of Total Personnel Costs)	\$185,573
TOTAL PERSONNEL	\$588,993
Other	
Travel: Travel to required meetings, associated with providing medical care at three health care centers, Indio, Perris and Riverside facilities.	\$10,000
Supplies: Office supplies and equipment to support daily activities of three health care centers.	\$10,000
Rent: Allocated cost for three health care centers	\$9,560
Utilities:	
Telephone Telephone equipment and service to support patient care at three health care centers.	\$5,000
Insurance: Cost of liability insurance for staff	\$2,000
Training(s)/Workshops: Physician staff training as required by Ryan White Program to the University of San Francisco annually.	\$5,591
Educational Training & Reference Materials: Materials to support the education and client awareness of HIV.	\$5,000
Printing/Reproduction:	
Postage:	
Recruiting:	
Laboratory Services: Services to support medical care of HIV clients at three health care centers.	\$85,423
TOTAL OTHER	\$132,574
SUBTOTAL (Personnel and Other)	\$721,567
Administration (limited to 10% of total service budget)	\$72,397
TOTAL BUDGET (Subtotal and Administration)	\$793,964

County of Riverside- DOPH, HIV/AIDS Program
 MEDICAL CASE MANAGEMENT
 Riverside/San Bernardino, California TGA
 March 1, 2009 - February 28, 2010
BUDGET

Budget Category	Budgeted Amount
Personnel	
HEALTH CARE SOCIAL WORKER: (Darlene Debayona, vacant) (1.45 FTE X \$53,581 Annual Salary) Provides patient services and case management for three health care centers.	\$77,692
HEALTH CARE SOCIAL SERVICES SUPERVISOR: (Danielle Huntsman) (.10 FTE X \$75,858 Annual Salary) Provides direct supervision to clinical staff.	\$7,586
Fringe Benefits (46% of Total Personnel Costs)	\$39,228
TOTAL PERSONNEL	\$124,506
Other	
Travel: Travel to support staff in attending training, conferences, and providing medical case management services at three health care centers. (1,818 miles X 0.55)	\$1,000
Supplies: Office supplies and equipment to facilitate provision of new medical case management services to PLWH/A at three medical health centers	\$1,500
Rent: Allocated cost service space	\$1,000
Utilities:	
Telephone: lease of equipment and monthly service charge to support patient care needs.	\$2,000
Repair/Maintenance:	
Insurance: Cost of liability insurance for staff	\$1,000
Training(s)/Workshops: Training and conferences attended by HIV medical case management staff to support the provision of services and as required by the Ryan White program	\$1,619
Dues/Subscriptions:	
Educational Training & Reference Materials: Materials to support the provision of HIV medical case management services	\$0
Printing/Reproduction:	
Postage:	
Recruiting:	
Contractual	
TOTAL OTHER	\$8,119
SUBTOTAL (Personnel and Other)	\$132,625
Administration (limited to 10% of total service budget)	\$14,736
TOTAL BUDGET (Subtotal and Administration)	\$147,361

County of Riverside- DOPH, HIV/AIDS Program
 MENTAL HEALTH SERVICES
 Riverside/San Bernardino, California TGA
 March 1, 2009 - February 28, 2010
BUDGET

Budget Category	Budgeted Amount
Personnel	
LIC. CLINICAL THERAPIST II: (VILAYPHONE KAO) (0.45FTE X \$ 66,040 Annual Salary) perform therapeutic assignments related to the field of mental or behavioral health services and psychiatric social work, including the design and implementation of personalized treatment plans, individual and group psychotherapy, evaluations and investigations, and professional counseling.	\$29,718
Fringe Benefits (44.8% of Total Personnel Costs)	\$13,313
TOTAL PERSONNEL	\$43,031
Other	
Travel:	
Supplies:	
Rent:	
Utilities:	
Telephone:	
Repair/Maintenance:	
Insurance:	
Training(s)/Workshops:	
Dues/Subscriptions:	
Educational Training & Reference Materials:	
Printing/Reproduction:	
Postage:	
Recruiting:	
Contractual	
TOTAL OTHER	\$0
SUBTOTAL (Personnel and Other)	\$43,031
Administration (limited to 10% of total service budget)	\$4,781
TOTAL BUDGET (Subtotal and Administration)	\$47,812

County of Riverside- DOPH, HIV/AIDS Program
 OUTREACH
 Riverside/San Bernardino, California TGA
 March 1, 2009 - February 28, 2010
BUDGET

Budget Category	Budgeted Amount
Personnel	
SENIOR COMMUNICABLE DISEASE SPECIALIST: (MANESSAH NWAIGWE) (.25 FTE X \$53,893 Annual Salary) Provides support for HIV infected patients to ensure entry into the HIV medical care system and provide ongoing support to patients to ensure retention into care. Responsible for coordinating Ryan White funded Outreach Services for communities of color.	\$13,473
Fringe Benefits (46% of Total Personnel Costs)	\$6,197
TOTAL PERSONNEL	\$19,670
Other	
<u>Travel:</u>	
<u>Supplies:</u>	
<u>Rent:</u>	
<u>Utilities:</u>	
<u>Telephone:</u>	
<u>Repair/Maintenance:</u>	
<u>Insurance:</u>	
<u>Training(s)/Workshops:</u>	
<u>Dues/Subscriptions:</u>	
<u>Educational Training & Reference Materials:</u>	
<u>Printing/Reproduction:</u>	
<u>Postage:</u>	
<u>Recruiting:</u>	
<u>Contractual:</u>	
TOTAL OTHER	\$0
SUBTOTAL (Personnel and Other)	\$19,670
Administration (limited to 10% of total service budget)	\$1,592
TOTAL BUDGET (Subtotal and Administration)	\$21,262

County of Riverside- DOPH, HIV/AIDS Program
 Planning Council
 Riverside/San Bernardino, California TGA
 March 1, 2009 - February 28, 2010
BUDGET

Budget Category	Budgeted Amount
Personnel	
PROGRAM DIRECTOR: (C. Lieber) (0.11438 FTE X \$78,686 Annual Salary) Provides direct supervision to support staff. Acts as primary liaison to Planning Council in the coordination of their legislatively mandated functions. Defines immediate and long-range goals; establishes and revises program policies and procedures according to program guidelines.	\$9,000
Epi Staff (Name): (0.10 FTE X \$80,000)	\$8,000
Administrative Services Assistant: (N.Brown) (0.5 FTE X \$41,600 Annual Salary) The primary responsibility is to perform a variety of administrative duties including taking and transcribing dictation for Planning Council meetings. Under direction of PC chairs/co-chairs, develops meeting agendas; takes meeting minutes; prepares and mails materials for meetings; sets up for meetings. Is responsive to the Planning Council needs as they relate to their legislatively mandated functions.	\$20,800
Fringe benefits@20.69%	\$7,820
TOTAL PERSONNEL	\$45,620
Other	
Maintenance - Copiers: This represents the annual lease and maintenance cost of copy machine.	\$500
Supplies: Office supplies to support daily IEHPC functions to facilitate provision of new medical case management services to PLWH/A at three medical health centers.	\$3,000
Rent: Allocated cost service space.	\$1,000
Utilities:	
Telephone: Lease of equipment and monthly service charge to support IEHPC needs.	\$1,000
Repair/Maintenance:	
Travel: Travel to support IEHPC activities	\$1,000
Training(s)/Workshops:	
Food: This represents the cost associated with the food consumed during various IEHPC meetings by consumers	\$500
Consultant: This represents special projects on as needed basis to carry out scopes of work related to Planning Council's legislatively mandated functions.	\$0
Translator: This represents the cost of translation for monolingual PC Members.	\$2,000
PSRA: Costs for room rental, set-up, AV support and food.	\$3,000
Postage: Cost of mailing out meeting packets.	\$1,000
<i>Total Other</i>	\$13,000
SUBTOTAL (Personnel and Other)	\$58,620
Administration (limited to 10% of total service budget)	\$4,562
TOTAL BUDGET (Subtotal and Administration)	\$63,182

