

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

815



**FROM:** Community Health Agency/Department of Public Health

**SUBMITTAL DATE:**  
January 31, 2012

**SUBJECT:** Ratify the Amendments between, San Bernardino County, Department of Public Health and the County of Riverside, Community Health Agency, Department of HIV/AIDS for HIV Medical Care, Medical Case Management, Mental Health, Pharmacy Services and Oral Health Services (Contract 11-103, A-1) and Early Intervention Services, Minority AIDS Initiative (MAI) (Contract 11-108, A-1).

**RECOMMENDED MOTION:** That the Board of Supervisors:

- 1) Ratify the Amendment (11-103, A-1) between San Bernardino County, Department of Public Health and the County of Riverside Department of Public Health, HIV/AIDS Program for a reduction of (\$1,640) for a new total of \$1,045,520 for the period of March 1, 2011 - February 29, 2012.

**RECOMMENDED MOTION:** (Continued on page 2)

**BACKGROUND:** (On page 2)

VJB/al/ys	Susan Harrington, Director of Public Health		
<b>FINANCIAL DATA</b>	Current F.Y. Total Cost: 11/12	\$7,653	In Current Year Budget: YES
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment: NO
	Annual Net County Cost:	\$ 0	For Fiscal Year: 11/12

<b>SOURCE OF FUNDS:</b> 100% funded by the Ryan White CARE and Minority AIDS Initiative Acts through San Bernardino County	<b>Positions To Be Deleted Per A-30</b>	<input checked="" type="checkbox"/>
	<b>Requires 4/5 Vote</b>	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:**

APPROVE

**County Executive Office Signature**

BY: *Debra Cournoyer*  
Debra Cournoyer

**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Tavaglione, seconded by Supervisor Buster and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Tavaglione, Stone and Benoit  
Nays: None  
Absent: Ashley  
Date: February 28, 2012  
xc: CHA-Public Health, Auditor

Kecia Harper-Ihem  
Clerk of the Board  
By: *Kecia Harper-Ihem*  
Deputy

Prev. Agn. Ref.: 5/3/11 Item 3.4

District: All | Agenda Number: **3.23**

FISCAL PROCEDURES APPROVED  
 PAUL ANGULO, CPA, AUDITOR-CONTROLLER  
 BY: *Samuel Wong* 2/7/12  
 Departmental SAMUEL WONG  
 FORM APPROVED BY COUNTY COUNSEL  
 BY: *Neil R. Kipnis* DATE: *2/7/12*  
 Policy  Policy   
 Consent  Consent   
 Dep't Recomm.:  
 Per Exec. Ofc.:

**SUBJECT:** Ratify the Amendments between, San Bernardino County, Department of Public Health and the County of Riverside, Community Health Agency, Department of HIV/AIDS for HIV Medical Care, Medical Case Management, Mental Health, Pharmacy Services and Oral Health Services (Contract 11-103, A-1) and Early Intervention Services, Minority AIDS Initiative (MAI) (Contract 11-108, A-1).

**RECOMMENDED MOTION: (Continued)**

- 2) Authorize the Chairperson to sign Six (6) originals of said Amendment, Contract 11-103, A-1 on behalf of the County.
- 3) Ratify the Amendment (11-108, A-1) between San Bernardino County, Department of Public Health and the County of Riverside Department of Public Health, HIV/AIDS Program for an increase of \$9,293 for a new total of \$66,844 for the period of March 1, 2011 - February 29, 2012.
- 4) Authorize the Chairperson to sign Six (6) originals of said Amendment, Contract 11-108, A-1 on behalf of the County.

**BACKGROUND:**

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, oral and mental health care and treatment and HIV medications enabling people living with HIV to live a longer and healthier life. Funds from this agreement will be used to continue HIV medical, oral, mental and pharmacy services at the Riverside Neighborhood Health Clinic, the Perris Family Care Center and the Indio Family Care Center for the HIV/AIDS patients currently under care.

This amendment will increase the overall award by \$7,653. The funding increase is a result of an increase in the final federal award to the San Bernardino County and Riverside County region and will not affect the current level of service provision. This increase is a result of changes to service categories made by the Inland Empire HIV Planning Council.

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

11/12 Original Award 11-103	Amendment 1 11-103, A-1
\$1,047,160	(\$ 1,640)
5/3/11; Item 3.4	
11/12 Original Award 11-108	Amendment 1 11-108, A-1
\$57,551	\$9,293
5/3/11; Item 3.4	



FOR COUNTY USE ONLY

County of San Bernardino

F A S

STANDARD CONTRACT

<input type="checkbox"/> New	Vendor Code	SC	Dept.	A	Contract Number			
<input checked="" type="checkbox"/> Change	COUNTYO930				11-108 A-1			
<input type="checkbox"/> Cancel								
County Department			Dept.	Orgn.	Contractor's License No.			
Department of Public Health								
County Department Contract Representative			Telephone		Total Contract Amount			
Jeri Quick			(909)388-0255		\$ 66,844			
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:								
Commodity Code		Contract Start Date	Contract End Date	Original Amount	Amendment Amount			
95200		03/01/2011	02/29/2012	\$57,551	\$ 9,293			
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No	Amount		
						\$ 9,293		
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					
Ryan White Program			FY	Amount	I/D	FY	Amount	I/D
Minority Aids Initiative			11/12	\$9,293	I			
(MAI)								

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

Name

County of Riverside, Department of Public Health

hereinafter called

Contractor

Address

P.O. Box 7600

Riverside, CA 92503

Phone

Birth Date

(951) 358-5307

Federal ID No. or Social Security No.

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

It is hereby agreed to amend Contract No. 11-108 between the County and Contractor as follows:

SECTION II. CONTRACTOR SERVICE RESPONSIBILITIES

Paragraph C. CLINICAL QUALITY IMPROVEMENT (CQI), Item 3 is amended to read as follows:

- The Contractor shall collect and maintain information utilizing the AIDS Regional Information Evaluation System (ARIES) Management Information System (MIS), as required by the TGA. Contractor shall comply with applicable State ARIES policies. ARIES may be utilized by the County to conduct preliminary, offsite, program compliance monitoring. The Contractor shall input ARIES data within twenty (20) calendar days following the month in which services were provided. The County reserves the right to modify or add to the core data elements, provided that the Contractor shall not be required to collect and maintain information related to such core data elements until (30) thirty calendar days following notice of the modification or addition. If Contractor fails to utilize the ARIES MIS and comply with County requirements, this Contract may be terminated as set forth below.

Auditor/Controller-Recorder Use Only

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

FEB 28 2012 3.23

Paragraph C. CLINICAL QUALITY IMPROVEMENT (CQI), Item 9 is amended to read as follows:

9. Contractor shall classify and document new clients according to the categories below:
  - a. HIV+ in last 12 months – Newly diagnosed, never in care before
  - b. New Link-Unmet Need – Medical Care Services Only, HIV+ for more than 12 months, but never linked to care
  - c. Re-Linked-Unmet Need – Medical Care Services Only, Fell out of care and now re-linked to care
  - d. New to Riv/SB Counties – Migrated into TGA, diagnosed outside of the TGA, not diagnosed in TGA Counties – no time limitations or constraints
  - e. New to RW Funded Services – Can be newly diagnosed or eligibility could have changed. Both can be recorded.
  - f. New to Agency – Includes those that come to the agency from another agency within the TGA

Paragraph D. COMPLIANCE WITH LAWS AND REGULATIONS, Item 5 is added to read as follows:

5. The Contractor shall comply with the HRSA/HAB (HIV/AIDS Bureau) National Monitoring Standards pertaining to Part A as indicated at the following website:  
<http://hab.hrsa.gov/manageyourgrant/granteebasics.html>.

Paragraph E. LIMITS ON PROGRAM EXPENDITURES, Item 8 is added to read as follows:

8. Effective with this amendment, Rent must be claimed under Administrative Costs, which cannot exceed 10% of the overall budget amount.

### **SECTION III. CONTRACTOR GENERAL RESPONSIBILITIES**

Paragraph FF is added to read as follows:

- FF. IRAN CONTRACTING ACT OF 2010, Public Contract Code sections 2200 et seq. (Applicable for all Contracts of one million dollars (\$1,000,000) or more). In accordance with Public Contract Code section 2204(a), the Contractor certifies that at the time the Contract is signed, the Contractor signing the Contract is not identified on a list created pursuant to subdivision (b) of Public Contract Code section 2203 as a person (as defined in Public Contract Code section 2202(e)) engaging in investment activities in Iran described in subdivision (a) of Public Contract Code section 2202.5, or as a person described in subdivision (b) of Public Contract Code section 2202.5, as applicable.

Contractors are cautioned that making a false certification may subject the Contractor to civil penalties, termination of existing contract, and ineligibility to bid on a contract for a period of three (3) years in accordance with Public Contract Code section 2205.

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

Paragraph A is revised to read as follows:

- A. The total amount of this Contract is \$66,844, 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 reduced. The County will notify the Contractor in writing of its determination. The consideration to be paid to the Contractor as provided herein shall be in full payment for all of the Contractor's services and expenses incurred in the performance hereof, including travel and per diem. The maximum is a total dollar amount; it includes the original contract amount and all subsequent amendments, and is broken down as follows:

Original Contract	\$ 57,551	March 1, 2011 through February 29, 2012
Amendment No. 1	\$ 9,293 increase	March 1, 2011 through February 29, 2012

Paragraph C is amended to read as follows:

- C. The Contractor shall provide monthly invoices to the County within (30) thirty calendar days or earlier following the month in which services were provided in the format designated as Attachment H - Invoice attached hereto and incorporated herein by this reference. Progress and utilization reports must be entered into ARIES at the time the invoice is submitted for payment. Contractor will submit all supporting documentation for all line items and clearly identify the supporting data/information of the submitted invoice, including monthly utilization reports printed from ARIES. Invoices submitted after the required due date will be paid at the sole discretion of the County. Any invoice submitted after the thirty calendar day deadline may be penalized for late submission. DPH may deduct 5% of the total amount claimed from the invoice prior to payment if invoice is either submitted late or is incomplete upon submission. Invoices submitted without corresponding utilization, bi-annual narrative reports and supporting documentation will be returned to Contractor for completion and will be considered as a late submission. The County reserves the right to revise invoice formats to meet updated program requirements.

Invoices shall be submitted to:

RWP Program Office  
San Bernardino County Public Health Department  
120 Carousel Mall  
San Bernardino, CA 92415-0475  
Main Line: (909) 388-0400  
FAX: (909) 388-0401

**ATTACHMENT A – SCOPE OF WORK:** Replace with revised Attachment A.

**ATTACHMENT G – BUDGET:** Replace with revised Attachment G.

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

FORM APPROVED COUNTY COUNSEL  
BY: [Signature] DATE: 11/29/11  
NEAL R. KIPNIS

ATTEST:

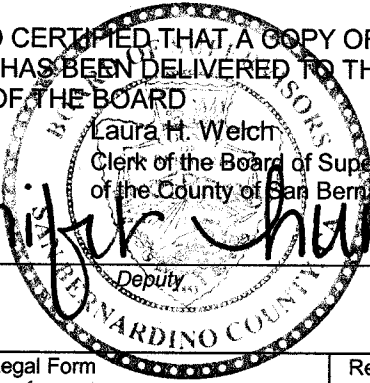
[Signature]  
Kecia Harper-Ihem  
Clerk of the Board  
Riverside County

COUNTY OF SAN BERNARDINO

[Signature]  
Jose Gonzales, Chair, Board of Supervisors

Dated DEC 13 2011

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



[Signature]  
Laura H. Welch  
Clerk of the Board of Supervisors  
of the County of San Bernardino.  
Deputy

County of Riverside, Department of Public Health  
(Print or type name of corporation, company, contractor, etc.)

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

Name John Tavaglione  
(Print or type name of person signing contract)

Title Chairman, Board of Supervisors  
(Print or Type)

Dated FEB 28 2012

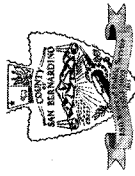
Address P.O. Box 7600  
Riverside, CA 92503

Approved as to Legal Form  
[Signature]  
Kristina Robb, Deputy County Counsel  
Date 11/29/11

Reviewed by Contract Compliance  
[Signature]  
Lory Klopfer HS Contracts Unit  
Date 11/29/11

Presented to BOS for Signature  
[Signature]  
Trudy Raymundo, Assistant Director  
Date 11/29/11





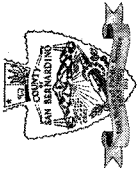
RYAN WHITE PROGRAM  
SCOPE OF WORK

Planned Client Visits by service area of residence:	1 Riv W		2 Riv C		3 Riv E		4 SB WW		5 SB EV		6 SB D		Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care
	Current	New	Current	New	Current	New	Current	New	Current	New	Current	New				
Infants	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
Youth	0	44	0	28	0	8	0	0	0	0	0	80	8	4	20	
<b>Total # of Client Visits to be delivered</b>	<b>0</b>	<b>220</b>	<b>0</b>	<b>140</b>	<b>0</b>	<b>40</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>400</b>	<b>40</b>	<b>20</b>	<b>100</b>	
Cauc./White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
African Amer.	0	44	0	28	0	8	0	0	0	0	0	80	8	4	20	
Latino/a	0	88	0	56	0	16	0	0	0	0	0	160	16	8	40	
Women	0	55	0	35	0	10	0	0	0	0	0	100	10	5	25	
Infants	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
Youth	0	22	0	14	0	4	0	0	0	0	0	40	4	2	10	

**\*\* Newly Diagnosed and HIV Unaware Numbers do not include Current Client Numbers only New Client Numbers.**

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>The DOPH-HIV/AIDS MAI Early Intervention Services Staff will provide the following <b>service delivery elements</b> to PLWHA receiving MAI EIS at Riverside Neighborhood Center, Perris Family Care Center, and at the Indio Family Care Center.</p> <ul style="list-style-type: none"> <li>• Outreach activities to bring unaware and unmet need communities of color to HIV services</li> <li>• Linking unaware communities to HIV Counseling &amp; Testing Services</li> <li>• Referrals to systems of care (RW &amp; non-RW)</li> <li>• Linking unmet need communities of color to treatment and care</li> <li>• Services are provided based on established Cultural and Linguistic Competency Standards.</li> <li>• Integrate and utilize ARIES to incorporate core data elements.</li> </ul>	1, 2, & 3	March 1, 2011 – February 28, 2012	<ul style="list-style-type: none"> <li>• Outreach schedules and logs</li> <li>• Outreach Encounter Log</li> <li>• Tracking Log</li> <li>• Case Conferencing Documentation</li> <li>• Referral Logs</li> <li>• Progress Notes</li> <li>• Cultural Competency Plan</li> <li>• ARIES Reports</li> </ul>





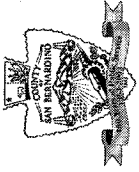
**RYAN WHITE PROGRAM  
SCOPE OF WORK**

**PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES**

**SERVICE AREA**      **TIMELINE**      **PROCESS OUTCOME**

**Implementation Activities:**

1. The HIV Clinic Manager and Senior CDS are responsible for ensuring MAI EIS are delivered according to the IEHPC Standards of Care and Scope of Work activities.
2. MAI EIS staff will work with community agencies, faith-based agencies and local churches and other non-traditional venues to provide outreach activities targeted to communities of color with an emphasis on African American and Latino communities to bring unaware population from communities of color into HIV Testing and Counseling Services at DOPH-HIV/AIDS.
3. MAI EIS staff will work with HIV Testing & Counseling Services to bring newly diagnosed individuals from communities of color into HIV treatment and care at DOPH-HIV/AIDS.
4. MAI EIS staff will work with treatment team staff to identify PLWH/A that have fallen out-of-care and unmet need population to provide the necessary support to bring back into care and maintain into treatment and care.
5. Senior CDS will coordinate with local HIV prevention /outreach programs to identify target outreach locations and identify individuals not in care and avoid duplication of outreach activities.
6. MAI EIS staff will maintain documentation on all outreach encounters/activities including demographics, client contacts, referrals, and follow-up in a separate record/chart for each client.
7. HIV Clinic Manager and Senior CDS will ensure that clinic staff at all levels and across all disciplines receive ongoing education and training in C&L service delivery to ensure that clients receive quality care that is respectful, compatible with client's cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the race/ethnicity, gender, sexual orientation, and religious preference of community served.
8. HIV Clinic Manager and Senior CDS will review and update on an ongoing basis the written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide C&L appropriate services.



**RYAN WHITE PROGRAM  
SCOPE OF WORK**

**ATTACHMENT A**

**PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES**

**SERVICE AREA**      **TIMELINE**      **PROCESS OUTCOME**

9. 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."

**Ryan White CARE Act MAI**  
**Provider: County of Riverside - DOPH, HIV/AIDS Program**  
**Service Category: Early Intervention Services (EIS) - MAI**  
**Riverside/San Bernardino, California TGA**  
**March 01, 2011- February 29, 2012**

Budget Category	Budget Amount
<b>Personnel</b>	
<b>Program Director:</b> (C. Lieber)(\$83,000 x .10 FTE) Provides program management oversight for the Ryan White MAI contract and budget.	<b>\$8,000</b>
<b>Sr. Communicable Disease Specialist:</b> (J. Lopez, Vacant)(\$56,160 x .50 FTE) Provides MAI Outreach Services to the unaware and unmet need population and link HIV+ clients into care at service areas 1, 2, and 3.	<b>\$32,000</b>
<b>Fringe Benefits</b>	
44% of Total Personnel Costs	<b>\$16,535</b>
<b>TOTAL PERSONNEL</b>	<b>\$56,535</b>
<b>Other</b>	
<b>Travel:</b> Travel to required meetings associated with MAI outreach services and performing outreach activities in service areas 1, 2, and 3 to unaware and unmet opulation of color.	<b>\$2,000</b>
<b>Supplies:</b> Office and equipment to support daily outreach activities in services areas 1, 2, and	<b>\$2,000</b>
<b>Telephone:</b> Telephone to support patient follow-up calls associated with MAI outreach services as well as collaborating with community agencies.	<b>\$300</b>
<b>Training(s)/Workshops:</b> MAI outreach services training as required by the Ryan White program as wekk as trainings that will enhance knowledge regarding reaching communities of color who are unaware and who are from unmet need population.	<b>\$500</b>
<b>Educational Training &amp; Reference Materials:</b> Educational materials to support the education of the community on HIV testing and HIV risk reduction activities.	<b>\$0</b>
<b>Postage:</b> Postage to mail reminder letters & resource information to clients receiving MAI outreach services.	<b>\$100</b>
<b>TOTAL OTHER</b>	<b>\$4,900</b>
<b>SUBTOTAL (Personnel and Other)</b>	<b>\$61,435</b>
<b>Administration</b> (limited to 10% of Total Service Budget = Personnel and Other)	<b>\$5,409</b>
<b>TOTAL BUDGET (Subtotal and Administration)</b>	<b>\$66,844</b>



FOR COUNTY USE ONLY

County of San Bernardino

F A S

STANDARD CONTRACT

<input type="checkbox"/> New	Vendor Code	SC	Dept.	A	Contract Number
<input checked="" type="checkbox"/> Change	COUNTYO930		PHL		11-103 A-1
<input type="checkbox"/> Cancel					
County Department			Dept.	Orgn.	Contractor's License No.
Department of Public Health					
County Department Contract Representative			Telephone		Total Contract Amount
Jeri Quick			(909)388-0255		\$ 1,045,520
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:					
Commodity Code		Contract Start Date	Contract End Date	Original Amount	Amendment Amount
95200		03/01/2011	02/29/2012	\$ 1,047,160	(\$1,640)
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No
AAA	PHL	3715	200	2445	
					Amount
					(\$1,640)
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		
Ryan White Program			FY	Amount	I/D
Part A Medical Care and			11/12	\$ 1,640	D
Support Services					

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

Name  
County of Riverside, Department of Public Health  
Address  
P.O. Box 7600  
Riverside, CA 92503  
Phone (951) 358-5307 Birth Date  
Federal ID No. or Social Security No.

hereinafter called Contractor

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO. 1

It is hereby agreed to amend Contract No. 11-103 between the County and Contractor as follows:

SECTION II. CONTRACTOR SERVICE RESPONSIBILITIES

Paragraph C. CLINICAL QUALITY IMPROVEMENT (CQI), Item 3 is amended to read as follows:

- The Contractor shall collect and maintain information utilizing the AIDS Regional Information Evaluation System (ARIES) Management Information System (MIS), as required by the TGA. Contractor shall comply with applicable State ARIES policies. ARIES may be utilized by the County to conduct preliminary, offsite, program compliance monitoring. The Contractor shall input ARIES data within twenty (20) calendar days following the month in which services were provided. The County reserves the right to modify or add to the core data elements, provided that the Contractor shall not be required to collect and maintain information related to such core data elements until (30) thirty calendar days following notice of the modification or addition. If Contractor fails to utilize the ARIES MIS and comply with County requirements, this Contract may be terminated as set forth below.

Auditor/Controller-Recorder Use Only

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

FEB 28 2012 3.23

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  - a. HIV+ in last 12 months – Newly diagnosed, never in care before
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Paragraph D. COMPLIANCE WITH LAWS AND REGULATIONS, Item 5 is added to read as follows:

5. The Contractor shall comply with the HRSA/HAB (HIV/AIDS Bureau) National Monitoring Standards pertaining to Part A as indicated at the following website:  
<http://hab.hrsa.gov/manageyourgrant/granteebasics.html>.

Paragraph E. LIMITS ON PROGRAM EXPENDITURES, Item 8 is added to read as follows:

8. Effective with this amendment, Rent must be claimed under Administrative Costs, which cannot exceed 10% of the overall budget amount.

### **SECTION III. CONTRACTOR GENERAL RESPONSIBILITIES**

Paragraph FF is added to read as follows:

- FF. IRAN CONTRACTING ACT OF 2010, Public Contract Code sections 2200 et seq. (Applicable for all Contracts of one million dollars (\$1,000,000) or more). In accordance with Public Contract Code section 2204(a), the Contractor certifies that at the time the Contract is signed, the Contractor signing the Contract is not identified on a list created pursuant to subdivision (b) of Public Contract Code section 2203 as a person (as defined in Public Contract Code section 2202(e)) engaging in investment activities in Iran described in subdivision (a) of Public Contract Code section 2202.5, or as a person described in subdivision (b) of Public Contract Code section 2202.5, as applicable.

Contractors are cautioned that making a false certification may subject the Contractor to civil penalties, termination of existing contract, and ineligibility to bid on a contract for a period of three (3) years in accordance with Public Contract Code section 2205.

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

Paragraph A is revised to read as follows:

- A. The total amount of this Contract is \$1,045,520, 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 reduced. The County will notify the Contractor in writing of its determination. The consideration to be paid to the Contractor as provided herein shall be in full payment for all of the Contractor's services and expenses incurred in the performance hereof, including travel and per diem. The maximum is a total dollar amount; it includes the original contract amount and all subsequent amendments, and is broken down as follows:

Original Contract	\$1,047,160	March 1, 2011 through February 29, 2012
Amendment No. 1	\$ 1,640 decrease	March 1, 2011 through February 29, 2012

Paragraph C is amended to read as follows:

- C. The Contractor shall provide monthly invoices to the County within (30) thirty calendar days or earlier following the month in which services were provided in the format designated as Attachment H - Invoice attached hereto and incorporated herein by this reference. Progress and utilization reports must be entered into ARIES at the time the invoice is submitted for payment. Contractor will submit all supporting documentation for all line items and clearly identify the supporting data/information of the submitted invoice, including monthly utilization reports printed from ARIES. Invoices submitted after the required due date will be paid at the sole discretion of the County. Any invoice submitted after the thirty calendar day deadline may be penalized for late submission. DPH may deduct 5% of the total amount claimed from the invoice prior to payment if invoice is either submitted late or is incomplete upon submission. Invoices submitted without corresponding utilization, bi-annual narrative reports and supporting documentation will be returned to Contractor for completion and will be considered as a late submission. The County reserves the right to revise invoice formats to meet updated program requirements.

Invoices shall be submitted to:

RWP Program Office  
San Bernardino County Public Health Department  
120 Carousel Mall  
San Bernardino, CA 92415-0475  
Main Line: (909) 388-0400  
FAX: (909) 388-0401

**ATTACHMENT A – SCOPE OF WORK:** Replace with revised Attachment A.

**ATTACHMENT G – BUDGET:** Replace with revised Attachment G.

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

FORM APPROVED COUNTY COUNSEL  
BY: [Signature] DATE: 11/26/11  
NEAL R. KIPNIS

ATTEST:  
[Signature]  
Kecia Harper-Ihem  
Clerk of the Board  
Riverside County

COUNTY OF SAN BERNARDINO  
[Signature]  
Josie Gonzales, Chair, Board of Supervisors  
Dated DEC 13 2011

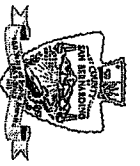
County of Riverside, Department of Public Health  
*(Print or type name of corporation, company, contractor, etc.)*  
By [Signature]  
*(Authorized signature - sign in blue ink)*  
Name John Tavaglione  
*(Print or type name of person signing contract)*  
Title Chairman, Board of Supervisors  
*(Print or Type)*  
Dated FEB 28 2012  
Address P.O. Box 7600  
Riverside, CA 92503

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD  
[Signature]  
Laura H. Welch  
Clerk of the Board of Supervisors  
of the County of San Bernardino  
By [Signature]  
Deputy  
SAN BERNARDINO COUNTY

Approved as to Legal Form  
[Signature]  
Kristina Robb, Deputy County Counsel  
Date 11/29/11

Reviewed by Contract Compliance  
[Signature]  
Lory Klopfer-HS Contracts Unit  
Date 11/29/11

Presented to BOS for Signature  
[Signature]  
Trudy Raymundo, Assistant Director  
Date 11/29/11

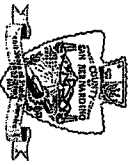


**RYAN WHITE PROGRAM  
SCOPE OF WORK**

**ATTACHMENT A**

RYAN WHITE PROGRAM PART A: MAR 1, 2011 - FEB 29, 2012		11-103								
CONTRACT NUMBER:		County of Riverside Department of Public Health, HIV/AIDS Program								
CONTRACTOR:		OUTPATIENT/AMBULATORY HEALTH SERVICES								
SERVICE CATEGORY:		To maintain or improve the health status of persons living with HIV/AIDS in the TGA. NOTE: 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, American Academy of HIV Medicine (AAHIVM).								
SERVICE GOAL:		Improved or maintained CD4 cell count; Improved or maintained CD4 cell count, as a % of total lymphocyte cell count; and Improved or maintained viral load								
SERVICE HEALTH OUTCOME(S):		Improved or maintained viral load								
Planned Services to Clients by service area of residence:	1	2	3	4	5	6	Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care
	Riv W	Riv C	Riv E	SB WV	SB E V	SB D				
Total # Undup Clients to be Served	116	25	74	15	21	5	255	5	2	11
Cauc./White	35	7	22	5	6	1	77	1	1	3
African Amer.	23	5	15	3	4	1	51	1	0	2
Latino/a	46	10	29	6	8	2	102	2	1	5
Women	29	6	18	4	5	1	64	1	1	3
Infants	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0
Youth	12	2	7	2	2	0	26	0	0	1
Planned Client Utilization by service area of residence:	1	2	3	4	5	6	Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care
Riv W	Riv C	Riv E	SB WV	SB E V	SB D					
Total # of Service UNITS to be delivered	1179	336	750	214	214	60	2754	61	31	153
Cauc./White	354	101	225	64	64	18	827	18	9	46
African Amer.	236	67	150	43	43	12	551	12	6	31
Latino/a	472	134	300	85	86	24	1102	24	12	61
Women	295	84	188	53	54	15	689	15	8	38
Infants	0	0	0	0	0	0	0	0	0	0
Children	0	0	0	0	0	0	0	0	0	0
Youth	118	34	75	21	21	6	275	6	3	15





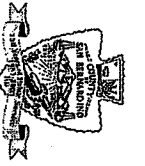
**RYAN WHITE PROGRAM  
SCOPE OF WORK**

**ATTACHMENT A**

Planned Client Visits by service area of residence :	1 RIV W		2 RIV C		3 RIV E		4 SB W V		5 SB E V		6 SB D		Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care
	Current	New	Current	New	Current	New	Current	New	Current	New	Current	New				
Total # of Client Visits to be delivered	447	112	285	71	81	20	0	0	0	0	0	0	858	20	10	51
Cauc./White	134	34	85	21	24	6	0	0	0	0	0	0	257	6	3	15
African Amer.	89	22	57	14	16	4	0	0	0	0	0	0	172	4	2	10
Latino/a	179	45	114	28	33	8	0	0	0	0	0	0	343	8	4	20
Women	112	28	71	18	20	5	0	0	0	0	0	0	215	5	3	13
Infants	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
Youth	45	11	28	7	8	1	0	0	0	0	0	0	86	12	1	5

**\*\* Newly Diagnosed and HIV Unaware Numbers do not include Current Client Numbers only New Client Numbers.**

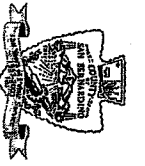
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>The DOPH-HIV/AIDS health services treatment team will provide the following <i>service delivery elements</i> to PLWHA receiving * HIV Outpatient/Ambulatory Health Services at Riverside Neighborhood Health Center, Perris Family Care Center, Indio Family Care Center, and Blythe Family Health Clinic.</p> <ul style="list-style-type: none"> <li>• Development of Treatment Plan</li> <li>• Diagnostic Testing</li> <li>• Early Intervention and Risk Assessment</li> <li>• Preventive Care and Screening</li> <li>• Practitioner Examination</li> <li>• Medical History Taking</li> <li>• Diagnosis and Treatment of Common Physical and Mental Conditions</li> <li>• Prescribing and Managing Medication Therapy</li> <li>• Education and Counseling on Health Issues</li> <li>• Continuing Care and Management of Chronic Conditions</li> <li>• Referral to and Provision of Specialty Care</li> <li>• Treatment Adherence Counseling/Education</li> <li>• Services are provided based on established Cultural and Linguistic Competency Standards</li> <li>• Integrate and utilize ARIES to incorporate core data elements.</li> </ul>	1, 2, & 3	March 1, 2011 – February 28, 2012	<ul style="list-style-type: none"> <li>▪ Client Health Assessment</li> <li>▪ Lab Results</li> <li>▪ Treatment Plan</li> <li>▪ Psychosocial Assessments</li> <li>▪ Treatment Adherence Documentation</li> <li>▪ Case Conferencing</li> <li>▪ Progress Notes</li> <li>▪ Cultural Competency Plan</li> <li>▪ ARIES Reports</li> </ul>



**RYAN WHITE PROGRAM  
SCOPE OF WORK**

**ATTACHMENT A**

<b>PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES</b>	<b>SERVICE AREA</b>	<b>TIMELINE</b>	<b>PROCESS OUTCOME</b>
<p><b>Implementation Activities:</b></p> <ol style="list-style-type: none"> <li>1. The HIV/AIDS Branch Chief, Medical Director, and HIV Clinic Manager are responsible for ensuring Outpatient/Ambulatory Health Services are delivered according to the IEHPC Standards of Care and Scope of Work activities.</li> <li>2. Clinic staff will conduct assessments including evaluation health history and presenting problems. Those on HIV medications are evaluated for treatment adherence. Assessments will consist of:               <ol style="list-style-type: none"> <li>a) Completing a medical history</li> <li>b) Conducting a physical examination including an assessment for oral health care</li> <li>c) Reviewing lab test results</li> <li>d) Assessing the need for medication therapy</li> <li>e) Development of a Treatment Plan.</li> </ol> </li> <li>3. Clinicians will complete a medical history on clients 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.               <ol style="list-style-type: none"> <li>a) Conducting a physical examination</li> <li>b) Reviewing lab test results</li> <li>c) Assessing the need for medication therapy</li> <li>d) Development of a Treatment Plan.</li> </ol> </li> <li>4. An assessment of the clients' current knowledge of HIV and treatment options is conducted by the health education and the treatment team. 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.</li> <li>5. 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: candidiasis, cervical cancer, herpes simplex, Kaposi's Sarcoma, tuberculosis.</li> </ol>			

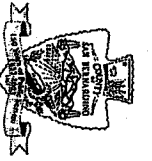


**RYAN WHITE PROGRAM  
SCOPE OF WORK**

**ATTACHMENT A**

<b>PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES</b>	<b>SERVICE AREA</b>	<b>TIMELINE</b>	<b>PROCESS OUTCOME</b>
<p>6. Health Care Social Worker will interview client and their families to assess the nature of their social and financial problems and the need for social service intervention as it relates to HIV.</p>			
<p>7. HIV Clinic Manager and Senior CDS will ensure that clinic staff at all levels and across all disciplines receive ongoing education and training in C&amp;L service delivery to ensure that clients receive quality care that is respectful, compatible with client's cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the race/ethnicity, gender, sexual orientation, and religious preference of community served.</p>			
<p>8. HIV Clinic Manager and Senior CDS will review and update on an ongoing basis the written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide C&amp;L appropriate services.</p>			
<p>9. 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>			

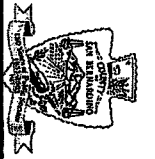
*\*Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, and American Academy of HIV Medicine (AA-HIVM).*



**RYAN WHITE PROGRAM  
SCOPE OF WORK**

ATTACHMENT A

RYAN WHITE PROGRAM PART A: MAR 1, 2011 - FEB 29, 2012																
CONTRACT NUMBER:		11-103														
CONTRACTOR:		County of Riverside Department of Public Health, HIV/AIDS Program														
SERVICE CATEGORY:		ORAL HEALTH CARE														
SERVICE GOAL:		Improve or maintain the oral health of HIV+ clients throughout the TGA to sustain proper nutrition.														
SERVICE HEALTH OUTCOME(S):		Improved or maintained CD4 cell count; Improved or maintained CD4 cell count, as a % of total lymphocyte cell count; Improved or maintained viral load; and Improved or maintained oral health.														
Planned Services to service area of residence:	1 Riv W		2 Riv C		3 Riv E		4 SB WV		5 SB E V		6 SB D		Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care
	Current	New	Current	New	Current	New	Current	New	Current	New	Current	New				
Total # Undup Clients to be Served	0	30	0	19	0	6	0	0	0	0	0	0	55	6	3	14
Cauc./White	0	9	0	6	0	2	0	0	0	0	0	0	17	2	1	4
African Amer.	0	6	0	4	0	1	0	0	0	0	0	0	11	1	1	3
Latino/a	0	12	0	8	0	2	0	0	0	0	0	0	22	2	1	6
Women	0	8	0	5	0	1	0	0	0	0	0	0	14	1	1	3
Infants	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
Youth	0	3	0	2	0	1	0	0	0	0	0	0	6	1	0	1
Planned Client Utilization by service area of residence :	1 Riv W	2 Riv C	3 Riv E	4 SB WV	5 SB E V	6 SB D	Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care						
Total # of Service UNITS to be delivered	0	363	0	231	0	66	0	0	0	0	0	660	66	33	165	
Cauc./White	0	110	0	70	0	20	0	0	0	0	0	199	20	10	50	
African Amer.	0	73	0	46	0	13	0	0	0	0	0	132	13	7	33	
Latino/a	0	145	0	92	0	26	0	0	0	0	0	264	26	13	66	
Women	0	91	0	58	0	17	0	0	0	0	0	165	17	8	41	
Infants	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	
Youth	0	36	0	23	0	7	0	0	0	0	0	66	7	3	17	



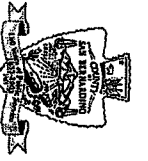
**RYAN WHITE PROGRAM  
SCOPE OF WORK**

**ATTACHMENT A**

Planned Client Visits by service area of residence :	1 RIV W		2 RIV C		3 RIV E		4 SB WW		5 SB E V		6 SB D		Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care
	Current	New	Current	New	Current	New	Current	New	Current	New	Current	New				
Total # of Client Visits to be delivered	0	61	0	39	0	11	0	0	0	0	0	0	110	11	6	28
Cauc./White	0	18	0	12	0	3	0	0	0	0	0	0	33	3	2	8
African Amer.	0	12	0	8	0	2	0	0	0	0	0	0	22	2	1	6
Latino/a	0	24	0	15	0	4	0	0	0	0	0	0	44	4	2	11
Women	0	15	0	10	0	3	0	0	0	0	0	0	28	3	1	7
Infants	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
Youth	0	6	0	4	0	1	0	0	0	0	0	0	11	1	1	3

**\*\* Newly Diagnosed and HIV Unaware Numbers do not include Current Client Numbers only New Client Numbers.**

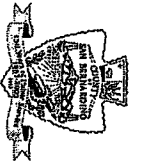
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>The DOPH-HIV/AIDS oral health practitioner will provide the following <i>service delivery elements</i> to PLWHA receiving Oral Health Care at the Rubidoux Family Care Center.</p> <ul style="list-style-type: none"> <li>• Comprehensive Oral Exam</li> <li>• Development of Treatment Plan in Collaboration with Client</li> <li>• Treatment Visit(s)</li> <li>• Development of Oral Hygiene Plan in Collaboration with Client</li> <li>• Ongoing Treatment Visits</li> <li>• Ongoing Preventive Visits</li> <li>• Follow-up prophylactic visit within 6 months of initial visit.</li> <li>• Emergency Care Visit if necessary</li> <li>• Services are provided based on established Cultural and Linguistic Competency Standards</li> <li>• Integrate and utilize ARIES to incorporate core data elements.</li> </ul> <p><b>Implementation Activities:</b></p> <ol style="list-style-type: none"> <li>1. The HIV/AIDS Branch Chief and HIV Clinic Manager are responsible for ensuring Oral Health Care Services are delivered according to the IEHPC Standards of Care and Scope of Work activities.</li> </ol>	1	March 1, 2011 – February 28, 2012	<ul style="list-style-type: none"> <li>■ Complete oral examination documented within 60 days of initial visit</li> <li>■ Treatment plan in chart based on their oral examination and documentation that the plan was discussed with the client</li> <li>■ Documentation of prophylactic visit within 6 months of initial visit</li> <li>■ Documentation clients received necessary follow up appointment after preventive care visit</li> </ul>



**RYAN WHITE PROGRAM  
SCOPE OF WORK**

**ATTACHMENT A**

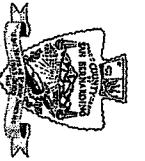
<ol style="list-style-type: none"><li>2. Upon first referral or contact by client, will schedule dental appointment with oral health provider and treat dental problem within 24 hours of initial client contact. Needed dental follow-up visits will be scheduled according to dental treatment plan as prescribed by dentist.</li><li>3. PLWHA accessing Oral Health Care will receive a comprehensive initial assessment that will include:<ul style="list-style-type: none"><li>▪ a complete medical and</li><li>▪ a social history and a comprehensive oral exam.</li></ul></li><li>4. The oral health practitioner will develop a comprehensive treatment plan that will include preventive care and maintenance, signed by client and provider.</li><li>5. The oral health practitioner will develop an oral hygiene plan in collaboration with client.</li><li>6. Follow-up prophylactic visits will be scheduled within six months of initial visit and PLWHA will be encouraged to follow-up with their oral health treatment plan.</li><li>7. Treatment and oral hygiene plans will be communicated with medical case managers for inclusion to care plans.</li><li>8. HIV Clinic Manager and Senior CDS will ensure that clinic staff at all levels and across all disciplines receive ongoing education and training in C&amp;L service delivery to ensure that clients receive quality care that is respectful, compatible with client's cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the race/ethnicity, gender, sexual orientation, and religious preference of community served.</li><li>9. HIV Clinic Manager and Senior CDS will review and update on an ongoing basis the written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide C&amp;L appropriate services.</li><li>10. 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."</li></ol>			<ul style="list-style-type: none"><li>▪ Cultural Competency Plan</li><li>▪ ARIES Reports</li></ul>
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**RYAN WHITE PROGRAM  
SCOPE OF WORK**

**ATTACHMENT A**

RYAN WHITE PROGRAM PART A: MAR 1, 2011 - FEB 29, 2012																
CONTRACT NUMBER: 11-103											County of Riverside Department of Public Health, HIV/AIDS Program					
CONTRACTOR: AIDS PHARMACEUTICAL ASSISTANCE (Local)																
SERVICE CATEGORY: SERVICE GOAL: SERVICE HEALTH OUTCOME(S):											To maintain or improve health outcomes of persons living with HIV/AIDS by making available needed HIV/AIDS medications. Improved or maintained CD4 cell count; Improved or maintained CD4 cell count, as a % of total lymphocyte cell count; and Improved or maintained viral load.					
Planned Services to Clients by service area of residence:	1 Riv W		2 Riv C		3 Riv E		4 SB WV		5 SB E V		6 SB D		Total	Newly Diagnosed	HIV Unaware	Aware/ Not In Care
	Current	New	Current	New	Current	New	Current	New	Current	New	Current	New				
Total # Undup Clients to be Served	5	8	4	5	1	2	0	0	0	0	0	0	25	2	1	4
Cauc./White	2	2	1	2	0	0	0	0	0	0	0	0	7	0	0	1
African Amer.	1	2	1	1	0	0	0	0	0	0	0	0	5	0	0	1
Latino/a	2	3	1	2	0	1	0	0	0	0	0	0	9	1	0	2
Women	1	2	1	1	0	0	0	0	0	0	0	0	5	0	0	1
Infants	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
Youth	1	1	0	1	0	0	0	0	0	0	0	0	3	0	0	1
Planned Client Utilization by service area of residence:	1 Riv W		2 Riv C		3 Riv E		4 SB WV		5 SB E V		6 SB D		Total	Newly Diagnosed	HIV Unaware	Aware/ Not In Care
Total # of Service UNITS to be delivered	5	8	4	5	1	2	0	0	0	0	0	25				
Cauc./White	2	2	1	2	0	0	0	0	0	0	0	0	7	0	0	1
African Amer.	1	2	1	1	0	0	0	0	0	0	0	0	5	0	0	1
Latino/a	2	3	1	2	0	1	0	0	0	0	0	0	9	1	0	2
Women	1	2	1	1	0	0	0	0	0	0	0	0	5	0	0	1
Infants	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
Youth	1	1	0	1	0	0	0	0	0	0	0	0	3	0	0	0



**RYAN WHITE PROGRAM  
SCOPE OF WORK**

**ATTACHMENT A**

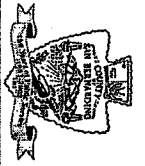
Planned Client Visits by service area of residence :	1 RIV W		2 RIV C		3 RIV E		4 SB W V		5 SB E V		6 SB D		Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care
	Current	New	Current	New	Current	New	Current	New	Current	New	Current	New				
Total # of Client Visits to be delivered	5	8	4	5	1	2	0	0	0	0	0	0	25	2	1	4
Cauc./White	2	2	1	2	0	0	0	0	0	0	0	0	7	0	0	1
African American	1	2	1	1	0	0	0	0	0	0	0	0	5	0	0	1
Latino/a	2	3	1	2	0	1	0	0	0	0	0	0	9	1	0	2
Women	1	2	1	1	0	0	0	0	0	0	0	0	5	0	0	1
Infants	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
Youth	1	1	0	1	0	0	0	0	0	0	0	0	3	0	0	0

**\*\* Newly Diagnosed and HIV Unaware Numbers do not include Current Client Numbers only New Client Numbers.**

**Please Note: As per the RW Standard of Care; Clients are only provided with one UOS per year and one Client Visit per year.**

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>The DOPH-HIV/AIDS health services treatment team will provide the following <i>service delivery elements</i> to PLWHA receiving AIDS Pharmaceutical Assistance at Riverside Neighborhood Health Center, Perris Family Care Center, Indio Family Care Center, and Blythe Family Health Clinic.</p> <ul style="list-style-type: none"> <li>• Antiretroviral medication (HIV/AIDS)</li> <li>• Services are provided based on established Cultural and Linguistic Competency Standards</li> <li>• Integrate and utilize ARIES to incorporate core data elements.</li> </ul> <p><b>Implementation Activities:</b></p> <ol style="list-style-type: none"> <li>1. The HIV Clinic Manager and R.N. Supervisor are responsible for ensuring AIDS Pharmaceutical Assistance Services are delivered according to the IEHPC Standards of Care and Scope of Work activities.</li> <li>2. Clients will be screened by an Insurance Billing Clerk from the Riverside HIV Care Program to link with insurance programs (MISP/ADAP), with the goal of obtaining a long-term insurance plan.</li> </ol>	1, 2, & 3	March 1, 2011 -- February 28, 2012	<ul style="list-style-type: none"> <li>• Medication Logs</li> <li>• Documentation in Client's Chart - Progress Notes</li> <li>• Cultural Competency Plan</li> <li>• ARIES Reports</li> </ul>

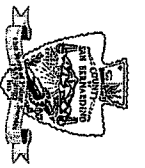




**RYAN WHITE PROGRAM  
SCOPE OF WORK**

**ATTACHMENT A**

<ol style="list-style-type: none"><li>3. After screening, if client is identified in need of pharmaceutical assistance, the RN or LVN will check with the Billing Clerk to confirm that the client is eligible for RW services.</li><li>4. 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.</li><li>5. 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.</li><li>6. 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.</li><li>7. Client will be provided with physician's prescription of one 30 day or less supply of antiretroviral medication</li><li>8. HIV Clinic Manager and Senior CDS will ensure that clinic staff at all levels and across all disciplines receive ongoing education and training in C&amp;L service delivery to ensure that clients receive quality care that is respectful, compatible with client's cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the race/ethnicity, gender, sexual orientation, and religious preference of community served.</li><li>9. HIV Clinic Manager and Senior CDS will review and update on an ongoing basis the written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide C&amp;L appropriate services.</li><li>10. 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."</li></ol>			
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**RYAN WHITE PROGRAM  
SCOPE OF WORK**

**ATTACHMENT A**

RYAN WHITE PROGRAM PART A: MAR 1, 2011 - FEB 29, 2012		11-103		County of Riverside Department of Public Health, HIV/AIDS Program												MENTAL HEALTH SERVICES	
CONTRACT NUMBER:		11-103		County of Riverside Department of Public Health, HIV/AIDS Program												MENTAL HEALTH SERVICES	
SERVICE CATEGORY:		11-103		County of Riverside Department of Public Health, HIV/AIDS Program												MENTAL HEALTH SERVICES	
SERVICE GOAL:		11-103		County of Riverside Department of Public Health, HIV/AIDS Program												MENTAL HEALTH SERVICES	
SERVICE HEALTH OUTCOME(S):		11-103		County of Riverside Department of Public Health, HIV/AIDS Program												MENTAL HEALTH SERVICES	
Planned Services to Clients by SA of residence:		11-103		County of Riverside Department of Public Health, HIV/AIDS Program												MENTAL HEALTH SERVICES	
Planned Services to Clients by SA of residence:	1	Riv W	2	Riv C	3	Riv E	4	SB WV	5	SB E V	6	SB D	Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care	
																	Current
Total # Undup Clients to be Served	18	8	12	5	3	2	0	0	0	0	0	0	0	48	2	1	4
Cauc./White	5	2	3	2	1	0	0	0	0	0	0	0	0	13	0	0	1
African Amer.	4	2	2	1	1	0	0	0	0	0	0	0	0	10	0	0	1
Latino/a	7	3	5	2	1	1	0	0	0	0	0	0	19	1	0	2	
Women	5	2	3	1	1	0	0	0	0	0	0	0	12	0	0	1	
Infants	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	
Youth	2	1	1	1	0	0	0	0	0	0	0	0	5	0	0	0	
Planned Client UOS by SA of residence:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Total # of UOS to be delivered	268	89	171	57	49	16	0	0	0	0	0	0	0	650	16	8	41
Cauc./White	81	27	51	17	15	5	0	0	0	0	0	0	0	196	5	2	12
African Amer.	54	18	34	11	10	3	0	0	0	0	0	0	0	130	3	2	8
Latino/a	107	36	68	23	20	6	0	0	0	0	0	0	0	260	6	3	16
Women	67	22	43	14	12	4	0	0	0	0	0	0	0	162	4	2	10
Infants	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
Youth	27	9	17	6	5	2	0	0	0	0	0	0	0	66	2	1	4



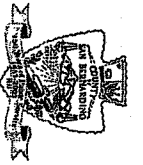
**RYAN WHITE PROGRAM  
SCOPE OF WORK**

**ATTACHMENT A**

Planned Client Visits by service area of residence :	1 Riv W		2 Riv C		3 Riv E		4 SB WV		5 SB E V		6 SB D		Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care
	Current	New	Current	New	Current	New	Current	New	Current	New	Current	New				
Total # of Client Visits to be delivered	135	45	85	28	24	8	0	0	0	0	0	0	325	8	4	20
Cauc./White	41	13	26	9	7	2	0	0	0	0	0	0	98	2	1	6
African Amer.	27	9	17	6	5	2	0	0	0	0	0	0	65	2	1	4
Latino/a	54	18	34	11	10	3	0	0	0	0	0	0	130	3	2	8
Women	34	11	21	7	6	2	0	0	0	0	0	0	81	2	1	5
Infants	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
Youth	14	4	9	3	2	1	0	0	0	0	0	0	33	1	0	2

**\*\* Newly Diagnosed and HIV Unaware Numbers do not include Current Client Numbers only New Client Numbers.**

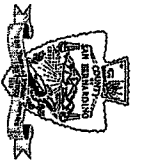
PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>The DOPH-HIV/AIDS Mental Health staff will provide the following <i>service delivery elements</i> to PLWHA receiving Mental Health Services at Riverside Neighborhood Center, Perris Family Care Center, and Indio Family Care Center.</p> <ul style="list-style-type: none"> <li>• Initial Individual Mental Health Assessment</li> <li>• Development of Care/Treatment Plan</li> <li>• Individual Counseling Session</li> <li>• Group Counseling Session</li> <li>• Case Conferencing Session</li> <li>• Psychiatric Assessment/Evaluation Session</li> <li>• Psychiatric Medications Management Session</li> <li>• Referral to other Mental Health Professionals</li> <li>• Services are provided based on established Cultural and Linguistic Competency Standards</li> <li>• Integrate and utilize ARIES to incorporate core data elements.</li> </ul>	1, 2, & 3	March 1, 2011 – February 28, 2012	<ul style="list-style-type: none"> <li>• Psychosocial Assessment Form with DSM IV Diagnosis Goals &amp; Treatment Plan</li> <li>• Progress Notes</li> <li>• Case conferencing documentation</li> <li>• Referral Logs</li> <li>• Outcome Measurement Form</li> <li>• Cultural Competency Plan</li> <li>• ARIES Reports</li> </ul>



**RYAN WHITE PROGRAM  
SCOPE OF WORK**

**Implementation Activities:**

<ol style="list-style-type: none"> <li>1. The HIV Clinic Manager is responsible for ensuring Mental Health Services are delivered according to the IEHPC Standards of Care and Scope of Work activities.</li> <li>2. 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 Health Services.</li> <li>3. The clinical therapist will conduct an initial psychosocial assessment during the intake process. The 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.</li> <li>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.</li> <li>5. Based on clinical assessment, the clinical therapist will determine a DSM-IV-TR Diagnosis and develop a goals and treatment plan signed by both therapist and client, which will include individual and/or group counseling sessions.</li> <li>6. Clinical team will meet weekly to discuss client's treatment plans and how to further assist the client in reaching their goals and objectives during case conferencing.</li> <li>7. 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). 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.</li> <li>8. 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.</li> <li>9. 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.</li> <li>10. HIV Clinic Manager and Senior CDS will ensure that clinic staff at all levels and across all disciplines receive ongoing education and training in C&amp;L service delivery to ensure that clients receive quality care that is respectful, compatible with client's cultural, health beliefs,</li> </ol>			
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**RYAN WHITE PROGRAM  
SCOPE OF WORK**

**ATTACHMENT A**

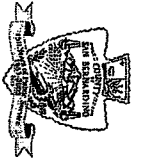
practices, preferred language and in a manner that reflects and respects the race/ethnicity, gender, sexual orientation, and religious preference of community served.

11. HIV Clinic Manager and Senior CDS will review and update on an ongoing basis the written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide C&L appropriate services.

12. 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."

**PLANNED GROUP SERVICE UTILIZATION (FOR ANY ACTIVITIES PROVIDED IN GROUP SETTINGS)**

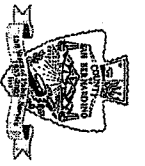
Group Name/Description	SA of Service Delivery	Targeted Population	Open/Closed	Expected Avg. Attend Per Session	Session Length	Sessions Per Week	Group Duration	Outcome Measures
Women's Support Group		Women	Closed	Six-Eight	2 Hours	One Session every month	Ongoing	75% of clients will demonstrate a clinically significant increase in their Global Assessment Functioning as measured by the Axis V.



**RYAN WHITE PROGRAM  
SCOPE OF WORK**

**ATTACHMENT A**

<b>RYAN WHITE PROGRAM PART A: MAR 1, 2011 - FEB 29, 2012</b>																
<b>CONTRACT NUMBER:</b>		<b>11-103</b>														
<b>CONTRACTOR:</b>		County of Riverside Department of Public Health, HIV/AIDS Program														
<b>SERVICE CATEGORY:</b>		<b>MEDICAL CASE MANAGEMENT SERVICES</b>														
<b>SERVICE GOAL:</b>		The goal of providing medical case management services is 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 client's participation in HIV medical care. MCM services are to be located and delivered in Ryan White Program funded Outpatient/Ambulatory Medical Care clinics.														
<b>SERVICE HEALTH OUTCOME(S):</b>		Improved or maintained CD4 cell count; Improved or maintained CD4 cell count, as a % of total lymphocyte cell count; Improved or maintained viral load; and ability to self-manage healthcare and support services.														
Planned Services to Clients by SA of residence:	1 Riv W		2 Riv C		3 Riv E		4 SB WV		5 SB EV		6 SB D		Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care
	Current	New	Current	New	Current	New	Current	New	Current	New	Current	New				
Total # Undup Clients to be Served	64	21	40	13	12	4	0	0	0	0	0	0	154	4	2	10
Cauc./White	19	6	12	4	3	1	0	0	0	0	0	0	45	1	1	3
African Amer.	13	4	8	3	2	1	0	0	0	0	0	0	31	1	0	2
Latino/a	26	8	16	5	5	2	0	0	0	0	0	0	62	2	1	4
Women	16	5	10	3	3	1	0	0	0	0	0	0	38	1	0	2
Infants	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
Youth	6	2	4	1	1	0	0	0	0	0	0	0	14	0	0	1
Planned Client Utilization by SA of residence:	1 Riv W		2 Riv C		3 Riv E		4 SB WV		5 SB EV		6 SB D		Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care
Total # of Service UNITS to be delivered	1004	336	638	214	183	60	0	0	0	0	0	2435				
Cauc./White	301	101	192	64	55	18	0	0	0	0	0	0	731	18	9	46
African Amer.	201	67	128	43	37	12	0	0	0	0	0	0	488	12	6	31
Latino/a	402	134	256	85	73	24	0	0	0	0	0	0	974	24	12	61
Women	251	84	160	53	46	15	0	0	0	0	0	0	609	15	8	38
Infants	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



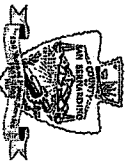
**RYAN WHITE PROGRAM  
SCOPE OF WORK**

**ATTACHMENT A**

Planned Client Visits by service area of residence :	1		2		3		4		5		6		Total	Newly Diagnosed	HIV Unaware	Aware/ Not in Care
	Riv W	New	Riv C	New	Riv E	New	SB WW	New	SB E V	New	SB D	New				
Young	100	34	64	21	18	6	0	0	0	0	0	0	243	6	3	15
<b>Total # of Client Visits delivered</b>	<b>502</b>	<b>168</b>	<b>319</b>	<b>107</b>	<b>91</b>	<b>30</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1217</b>	<b>31</b>	<b>15</b>	<b>76</b>
Cauc./White	150	51	96	32	27	9	0	0	0	0	0	0	366	9	5	23
African Amer.	100	34	64	21	18	6	0	0	0	0	0	0	243	6	3	15
Latino/a	201	67	128	43	36	12	0	0	0	0	0	0	487	12	6	31
Women	125	42	80	27	23	8	0	0	0	0	0	0	304	8	4	19
Infants	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
Youth	50	17	32	11	9	3	0	0	0	0	0	0	122	3	2	8

**\*\* Newly Diagnosed and HIV Unaware Numbers do not include Current Client Numbers only New Client Numbers.**

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
<p>The DOPH-HIV/AIDS Medical Case Management Staff will provide the following <i>service delivery elements</i> to PLWHA receiving Medical Case Management Services at Riverside Neighborhood Center, Perris Family Care Center, Indio Family Care Center, and Blythe Family Health Clinic.</p> <ul style="list-style-type: none"> <li>• Initial and ongoing assessment of the client's service needs</li> <li>• Development of a comprehensive care plan in collaboration with the client</li> <li>• Coordination of services required to implement the plan</li> <li>• Client monitoring to assess the efficacy of the plan</li> <li>• Periodic re-evaluation and adaptation of the plan as necessary</li> <li>• Client-specific advocacy and/or review of utilization of services</li> <li>• Coordination and follow-up of medical treatments</li> <li>• 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</li> <li>• Includes all types of case management including face-to-face, phone contact and any other forms of communication.</li> </ul>	1, 2, & 3	March 1, 2011 – February 28, 2012	<ul style="list-style-type: none"> <li>• Medical Case Management Needs Assessment Tool</li> <li>• Comprehensive Care Plan</li> <li>• Case Conferencing</li> <li>• Documentation</li> <li>• Referral Logs</li> <li>• Progress Notes</li> <li>• Cultural Competency Plan</li> <li>• ARIES Reports</li> </ul>



**RYAN WHITE PROGRAM  
SCOPE OF WORK**

**ATTACHMENT A**

- Services are provided based on established Cultural and Linguistic Competency Standards.
- Integrate and utilize ARIES to incorporate core data elements.

**Implementation Activities:**

1. The HIV Clinic Manager is responsible for ensuring MCM services are delivered according to the IEHPC Standards of Care and Scope of Work activities.
2. Medical Case Managers will provide Medical Case Management Services to clients that meet the following criteria:
  - Need one or more of the following services: home health, home and community-based services, mental health, substance abuse, housing assistance, and/or
  - Clients that exhibit the following: CDC <500 and any viral load, including "undetectable," CD4 <350 and any reportable viral load or viral load >100,000 and any CD4 Count.
3. Medical Case Managers will conduct an initial needs assessment to identify which HIV clients meet the criteria to receive medical case management services. Re-assessments will be conducted at a minimum of every four months by the MCM staff to determine service needs.
4. The MCM staff will develop a comprehensive care plan in collaboration with client, primary care physician/provider and other health care/support staff to maximize client's care and facilitate cost-effective outcomes. The plan will include the following elements:
  - problem/presenting issue(s), service need, goals, action plan, responsibility and timeframes.
5. The MCM staff will discuss and document treatment adherence issues the HIV client is experiencing and work with treatment team staff to provide additional education and counseling for client.
6. The MCM staff will work with the HIV client to become more self-managers in their care.
7. MCM staff will share the care plan with the treatment team during case conferencing.
8. The MCM staff will maintain ongoing coordination with Internal programs and external agencies to which clients are referred for medical and support services.
9. HIV Clinic Manager and Senior CDS will ensure that clinic staff at all levels and across all disciplines receive ongoing education and training in C&L service delivery to ensure that clients receive quality care that is respectful, compatible with client's cultural, health beliefs, practices, preferred language and in a manner that reflects and respects the race/ethnicity, gender, sexual orientation, and religious preference of community served.





**RYAN WHITE PROGRAM  
SCOPE OF WORK**

**ATTACHMENT A**

<p>10. HIV Clinic Manager and Senior CDS will review and update on an ongoing basis the written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide C&amp;L appropriate services.</p> <p>11. 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>			
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**Ryan White CARE Act Part A**  
**Provider: County of Riverside - DOPH, HIV/AIDS Program**  
**Service Category: Outpatient/Ambulatory Health Services**  
**Riverside/San Bernardino, California TGA**  
**March 01, 2011- February 29, 2012**

ATTACHMENT G

Budget Category	Budget Amount
<b>Personnel</b>	
<b>Program Chief II:</b> (V. Jauregui Burns)(109,907 x .12 FTE) Provides program management oversight for the Ryan White Program Part A contract and budget.	<b>\$13,486</b>
<b>Physician IV:</b> (D. Pierce, M. Peterson, A. Dew, R. Zane, S. Yoshino, D. Persichino)(\$132,313 x 1.07 FTE) Provides medical support, medical care, psychiatry and treatment adherence/management for four health care centers.	<b>\$141,247</b>
<b>Health Care Social Services Supervisor:</b> (D. Huntsman)(\$80,000 x .68 FTE) Provides direct supervision to clinical staff, and social services for HIV clients at four health care centers.	<b>\$54,472</b>
<b>Health Services Assistant:</b> (G. Ramirez)(\$34,000 x 1.0 FTE) Provides patient work up, front office support and assists nursing staff at four health care centers.	<b>\$34,000</b>
<b>Registered Nurse IV:</b> (D. Hexum)(\$71,300 x 1.0 FTE) Provides supervision of nursing staff. Provides nursing support and case management at four health care centers.	<b>\$71,300</b>
<b>Licensed Vocational Nurse II:</b> (K. Huggins, A. Swoboda)(\$43,000 x 1.32 FTE) Provides nursing support for three health care centers.	<b>\$57,000</b>
<b>Office Assistant III:</b> (B. Nolan, K. English, Vacant)(27,500 x 1.3 FTE) Provide front office support at four health care centers. Performs ARIES data entry.	<b>\$36,108</b>
<b>Health Care Social Worker:</b> (Vacant)(\$45,715 x .07 FTE) Provides psychosocial assessments, crisis intervention and community referrals to clients at four health care centers.	<b>\$3,325</b>
<b>Fringe Benefits</b>	
43% of Total Personnel Costs	<b>\$176,703</b>
<b>TOTAL PERSONNEL</b>	<b>\$587,641</b>
<b>Other</b>	
<b>Travel:</b> Travel to required meetings and to provide HIV health services at four health care centers.	<b>\$12,000</b>
<b>Supplies:</b> Office and medical supplies/equipment to support daily activities at four health care centers.	<b>\$11,000</b>
<b>Telephone:</b> Telephone equipment and service to support HIV patient care at four health care centers.	<b>\$2,500</b>
<b>Training(s)/Workshops:</b> Physician and nursing staff training as required by RWP & State of California Medical Board.	<b>\$5,000</b>
<b>Epi and EAM</b>	<b>\$17,500</b>
<b>Printing/Reproduction:</b> Printing of clinic documents, client intake forms, and records.	<b>\$500</b>
<b>Postage:</b> Postage to mail reminder letters & resource information to clients receiving Outpatient/Ambulatory Health svcs.	<b>\$500</b>
<b>Laboratory:</b> Laboratory services to support medical care of HIV clients at three health care centers.	<b>\$100,000</b>
<b>TOTAL OTHER</b>	<b>\$149,000</b>
<b>SUBTOTAL (Personnel and Other)</b>	<b>\$736,641</b>
<b>Administration (limited to 10% of Total Service Budget = Personnel and Other)</b>	<b>\$81,593</b>
<b>TOTAL BUDGET (Subtotal and Administration)</b>	<b>\$818,234</b>

**Ryan White CARE Act Part A**

**ATTACHMENT G**

**Provider: County of Riverside - DOPH, HIV/AIDS Program**

**Service Category: Oral Health Services**

**Riverside/San Bernardino, California TGA**

**March 01, 2011- February 29, 2012**

Budget Category	Budget Amount
<b>Personnel</b>	
<b>Program Chief II:</b> (V. Jauregui Burns) Provides program management oversight for the Ryan White Program Part A and MAI contracts and budgets.	In Kind
<b>Dentist:</b> (Huynh) Provides oral health care to HIV clients at the Rubidoux Family Care Center.	\$3,000
<b>Dental Assistant:</b> (Ramirez, Ubryan) Provides dental assistant services to HIV clients at the Rubidoux Family Care Center.	\$2,000
<b>Office Assistant:</b> (B. Nolan) Provides front office support for dental services at the Rubidoux Family Care Center.	\$2,000
<b>Fringe Benefits</b>	
43% of Total Personnel Costs	\$3,010
<b>TOTAL PERSONNEL</b>	<b>\$10,010</b>
<b>Other</b>	
<b>Travel:</b> Travel to oral health meetings/education seminars as related to Ryan White services.	\$50
<b>Supplies:</b> Office and equipment to support daily oral health activities.	\$1,500
<b>Telephone:</b> Telephone equipment and service to support patient care receiving oral health services at Rubidoux Family Care Center/Dental office.	\$0
<b>Training(s)/Workshops:</b> Oral Health training as required by Ryan White Program and State of California Medical Board.	\$0
<b>Dues/Subscriptions:</b> Dues and subscriptions to medical and oral health journals as they relate to the oral health care of HIV clients.	\$0
<b>Educational Training &amp; Reference Materials:</b> Educational materials to support the education of HIV clients on the importance of oral hygiene.	\$0
<b>Medical Supplies:</b> Dental supplies to provide oral health care for HIV clients.	\$10,040
<b>TOTAL OTHER</b>	<b>\$11,590</b>
<b>SUBTOTAL (Personnel and Other)</b>	<b>\$21,600</b>
<b>Administration</b> (limited to 10% of Total Service Budget = Personnel and Other)	\$2,400
<b>TOTAL BUDGET (Subtotal and Administration)</b>	<b>\$24,000</b>

**Ryan White CARE Act Part A**  
**Provider: County of Riverside - DOPH, HIV/AIDS Program**  
**Service Category: AIDS Pharmaceutical Assistance (Local)**  
**Riverside/San Bernardino, California TGA**  
**March 01, 2011- February 29, 2012**

ATTACHMENT G

Budget Category	Budget Amount
<b>Personnel</b>	
<b>Program Chief II:</b> (V. Jauregui Burns)(109,907 x .05 FTE) Provides program management oversight for the Ryan White Program Part A and MAI contracts and budgets.	In Kind
<b>Pharmacist:</b> (Vacant)(\$97,358 x .15 FTE) Provides pharmacy services/treatment adherence for HIV clients at four health care centers.	In Kind
<b>Pharmacy Technician:</b> (Vacant)(\$29,494 x .20 FTE) Provides direct pharmacy services for four health care centers.	In Kind
<b>Fringe Benefits:</b>	
44% of Total Personnel Costs	\$0
<b>TOTAL PERSONNEL</b>	<b>\$0</b>
<b>Other</b>	
<b>Travel:</b> Travel to required meetings and to provide AIDS Pharmaceutical Assistance at four health care centers.	\$0
<b>Supplies:</b> Supplies to support pharmaceutical and treatment adherence for HIV clients at four health care centers.	\$0
<b>Telephone:</b> Telephone equipment and service to support HIV patient care at four health care centers.	\$0
<b>Dues/Subscriptions:</b> Dues and subscriptions to medical journals as they relate to HIV care and treatment adherence.	\$0
<b>Postage:</b> Postage to mail reminder letters & resource information to clients receiving AIDS Pharmaceutical Assistance	\$0
<b>Medical Supplies:</b> Provide pharmaceuticals to HIV clients receiving medical care at four health care centers.	\$9,347
<b>TOTAL OTHER</b>	<b>\$9,347</b>
<b>SUBTOTAL (Personnel and Other)</b>	<b>\$9,347</b>
<b>Administration (limited to 10% of Total Service Budget = Personnel and Other)</b>	<b>\$1,038</b>
<b>TOTAL BUDGET (Subtotal and Administration)</b>	<b>\$10,385</b>

**Ryan White CARE Act Part A**  
**Provider: County of Riverside - DOPH, HIV/AIDS Program**  
**Service Category: Mental Health**  
**Riverside/San Bernardino, California TGA**  
**March 01, 2011- February 29, 2012**

ATTACHMENT G

Budget Category	Budget Amount
<b>Personnel</b>	
<b>Health Care Social Services Supervisor:</b> (D. Huntsman)(\$80,000 x .15 FTE) Provides direct supervision to clinical staff, and social services for HIV clients at four health care centers.	\$12,420
<b>Licensed Clinical Therapist II:</b> (V. Kao)(\$68,000 x .44 FTE) Provides individual and group psychotherapy, implementing an individual treatment plan, assessment and crisis intervention at three health care centers.	\$30,000
<b>Fringe Benefits</b>	
44% of Total Personnel Costs	\$18,664
<b>TOTAL PERSONNEL</b>	
	<b>\$61,084</b>
<b>Other</b>	
<b>Travel:</b> Travel to required meetings and to provide MH services to HIV clients at three health care centers.	\$2,000
<b>Supplies:</b> Office and medical supplies/equipment to support daily MH activities at three health care centers.	\$2,000
<b>Telephone:</b> Telephone to support staff in making appointments, follow-up calls and contacting community resources to coordinate care for client's receiving mental health services at three health care centers.	\$300
<b>Training(s)/Workshops:</b> Mental Health training as required by Ryan White Program and State of California Medical Board and State of California Board of Behavioral Science.	\$3,000
<b>Dues/Subscriptions:</b> Dues and subscriptions to MH journals and Board of Behavioral Science license dues.	\$300
<b>Postage:</b> Postage to mail reminder letters & resource information to clients receiving Mental Health services.	\$200
<b>TOTAL OTHER</b>	
	<b>\$7,800</b>
<b>SUBTOTAL (Personnel and Other)</b>	
	<b>\$68,884</b>
<b>Administration (limited to 10% of Total Service Budget = Personnel and Other)</b>	<b>\$7,653</b>
<b>TOTAL BUDGET (Subtotal and Administration)</b>	
	<b>\$76,537</b>

**Ryan White CARE Act Part A**  
**Provider: County of Riverside - DOPH, HIV/AIDS Program**  
**Service Category: Medical Case Management (MCM)**  
**Riverside/San Bernardino, California TGA**  
**March 01, 2011- February 29, 2012**

ATTACHMENT G

Budget Category	Budget Amount
<b>Personnel</b>	
<b>Health Care Social Services Supervisor:</b> (D. Huntsman)(\$80,000 x .16 FTE) Provides direct supervision to clinical staff, and social services for HIV clients at four health care centers.	<b>\$13,108</b>
<b>Health Care Social Worker:</b> (D. DeBayona)(\$53,500 x .70 FTE) Provides medical case management at three health care centers.	<b>\$40,000</b>
<b>LVN II:</b> (E. Gichuhi, A. Swoboda)(\$33,300 x .60 FTE) Primary nurse providing direct nursing services and Medical Case Management to HIV clients.	<b>\$20,000</b>
<b>Fringe Benefits:</b> 44% of Total Personnel Costs	<b>\$27,720</b>
<b>TOTAL PERSONNEL</b>	<b>\$100,828</b>
<b>Other</b>	
<b>Travel:</b> Travel to required meetings and to provide MCM services to HIV clients at four health care centers.	<b>\$2,000</b>
<b>Supplies:</b> Office and medical supplies/equipment to support daily MCM activities at four health care centers.	<b>\$2,000</b>
<b>Telephone:</b> Telephone to support staff in making follow-up calls and contacting community resources to provide Medical Case Management services at four health care centers.	<b>\$300</b>
<b>Training(s)/Workshops:</b> Medical Case Management training as required by Ryan White Program as well as trainings that will enhance knowledge regarding Medical Case Management.	<b>\$1,000</b>
<b>Dues/Subscriptions:</b> Dues and subscriptions to Medical Case Management journals as they relate to HIV sciences.	<b>\$200</b>
<b>Postage:</b> Postage to mail reminder letters & resource information to clients receiving MCM services.	<b>\$200</b>
<b>TOTAL OTHER</b>	<b>\$5,700</b>
<b>SUBTOTAL (Personnel and Other)</b>	<b>\$106,528</b>
<b>Administration (limited to 10% of Total Service Budget = Personnel and Other)</b>	<b>\$11,836</b>
<b>TOTAL BUDGET (Subtotal and Administration)</b>	<b>\$118,364</b>