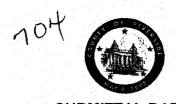
### SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



FROM: Department of Public Health - HIV/STD Program

SUBMITTAL DATE: May 8, 2014

Kecia Harper-Ihem

SUBJECT: Ratify Agreement #14-66 with County of San Bernardino, Department of Health for HIV Medical Care, Medical & Non-Medical Case Management, Mental Health, Pharmacy Services, Early Intervention Services, and MAI/Early Intervention Services for a three year period March 1, 2014 -February 28, 2017; and Amend Ordinance 440 pursuant to Resolution No. 440-8966 . All Districts [\$3,311,850] 100% Federal funded by San Bernardino County

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

1. Ratify the Ryan White Agreement between the County of San Bernardino and the County of Riverside Department of Public Health (Agreement 14-66) for the total amount of \$3,311,850, for the period of performance March 1, 2014 - Febuary 28, 2017 and;

2. Authorize the Chairperson to sign and execute (3) originals of Agreement and; Departmental 3. Amend Ordinance 440 pursuant to Resolution 440- 8966 as submitted herewith; and RECOMMENDED MOTION: (Continued on Page 2) Approved by Michael T. Stock FISCAL PROCEDURES APPROVED Asst. County Executive Officer Susan Harrington. **Human Resources Director** Director of Public Health Esteban Hernandez POLICY/CONSENT FINANCIAL DATA Current Fiscal Year: Next Fiscal Year: **Total Cost:** Ongoing Cost: (per Exec. Office) COST 367,983 \$ 1.103.950 \$ 3,311,850 \$ 0 \$ Consent D Policy D **NET COUNTY COST** 0 \$ 0 \$ 0 \$ SOURCE OF FUNDS: 100% Federal funded by the County of San **Budget Adjustment: No** Bernardino. For Fiscal Year: 13/14-16/17 C.E.O. RECOMMENDATION: Purchasing **County Executive Office Signature** MINUTES OF THE BOARD OF SUPERVISORS

> On motion of Supervisor Benoit, seconded by Supervisor Ashley and duly carried, IT WAS ORDERED that the above matter is approved as recommended and that Resolution 440-8966 is adopted as recommended.

Ayes:

Jeffries, Stone, Benoit and Ashley

Nays:

None

Absent:

Prev. Agn. Ref.:

Tavaglione 5 June 3, 2014

Date: XC:

Public Health, Purchasing

District: All/All Agenda Number:

Positions Added Change Order 

4/5 Vote

SUBJECT: Ratify Agreement #14-66 with County of San Bernardino Department of Public Health for HIV Medical Care, Medical & Non-Medical Intervention Services and MAI/Early Intervention Services; and Amend Ordinance 440 pursuant to Resolution No. 440- 8766. All Districts. [\$3,311,850] 100% Federal funded by San Bernardino County.

**DATE:** May 8, 2014

**PAGE: 2 of 3** 

#### **RECOMMENDED MOTION:** (continued)

4. Authorize the Purchasing Agent to sign subsequent amendments not to exceed authorized amount.

## BACKGROUND: Summary

The Ryan White HIV/AIDS Treatment Modernization Act of 2009 provides financial relief to geographic areas significantly impacted by AIDS and HIV. These funds are given to Transitional Grant Areas (TGA) that have reported 1,000 to 1,999 AIDS cases in the most recent 5 years. Since 1993, the counties of Riverside and San Bernardino became eligible to receive Ryan White funds.

The Riverside County Department of Public Health received this contract from the County of San Bernardino Department of Public Health on March 11, 2014. This Form 11 and attachments were subsequently submitted through the County's approval process as soon as possible after receipt.

#### **Impact on Citizens and Businesses**

Approval of this contract will allow persons living with HIV/AIDS to receive comprehensive medical care and support services within Riverside County. As the payer of last resort, the Ryan White Care Act (RWCA) is invaluable in filling the gaps in health care and social services for people living with HIV/ADIS. Funds from the RWCA are used to provide HIV care services, including Medical & non-medical case management, mental health, pharmacy services, early intervention services, and MAI/Early intervention services enabling people living with HIV to live a longer and healthier life. Funds from this agreement will be used to continue HIV Medical, medical & non-medical case management, mental health, pharmacy services, early intervention services, and MAI/Early intervention services at the Riverside Neighborhood Health Clinic, the Perris Family Care Center and the Indio Family Care Center for the HIV/AIDS patients currently in care.

## SUPPLEMENTAL: Additional Fiscal Information

This grant does not require any County funds. The entire amount awarded based on the Comprehensive agreement is \$3,311,850. 100% Federal funded by the County of San Bernardino.

<u>FY</u>	Amount						
13/14	\$	367,983					
14/15	\$	1,103,950					
15/16	\$	1,103,950					
16/17	\$	735,967					
Total Amount	\$	3,311,850					

**SUBJECT:** Ratify Agreement #14-66 with County of San Bernardino Department of Public Health for HIV Medical Care, Medical & Non-Medical Intervention Services and MAI/Early Intervention Services; and Amend Ordinance 440 pursuant to Resolution No. 440-8966 ... All Districts. [\$3,311,850] 100% Federal funded by San Bernardino County.

**DATE:** May 8, 2014

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#### ATTACHMENTS:

#### A. PERSONNEL CHANGE and ORDINANCE 440 REPORT

With the new services we are requesting two new positions (Health Care Social Worker). This position will perform benefit counseling for HIV patients at three health care centers and conduct eligibility screening for medical insurance for HIV Care and various other duties. Pursuant to ordinance A30 upon the termination of grant or contract funding; these position shall be deleted.

Class Code	Class Title	Salary Plan	Grade	Salary	# of New Positions
79824	Healthcare Social Worker	SEU	325	\$39,643.14 - \$56,131.92	1
79832	Medical Social Worker II	SEU	418	\$45,493.55 - \$64,453.58	1

#### RESOLUTION NO. 440-8966

regular session assembled on June 3, 2014, that pursuant to Section 4(a)(ii) of Ordinance No. 440,

the Director of Public Health is authorized to make the following listed change(s), operative on the date of

BE IT RESOLVED by the Board of Supervisors of the County of Riverside, State of California, in

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Job

Code

79824

79832

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+/- Department ID	Class Title
+ 1 4200101600	Healthcare Social Worker
± 1 4200101600	Medical Social Worker II

ROLL CALL:

approval, as follows:

Ayes:

Jeffries, Stone, Benoit and Ashley

Nays:

None

Absent: Tavaglione

The foregoing is certified to be a true copy of a resolution duly adopted by said Board of Supervisors on the date therein set forth.

KECIA HARPER-IHEM, Clerk of said Board

) Den

FOR COL		



County of San Bernardino

FAS

STANDARD CONTRACT

X New FAS Vendor Code Dept Contract No.	umber •
Change County0930 SC PHL A	66
ePro Vendor Number ePro Contract 00009692 1495	
County Department Dept. Orgn. Contractor's Lie	icense No.
Department of Public Health PHL PHL	
County Department Contract Representative Telephone Total Contract Lisa Ordaz (909) 388-0222 \$3,311,	7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
Contract Type  Revenue X Encumbered Unencumbered Other:	
If not encumbered or revenue contract type, provide reason:	
Commodity Code   Contract Start Date   Contract End Date   Original Amount   Ar 95200   03/01/2014   02/28/2017   \$3,311,850	mendment Amount
Fund Dept. Organization Appr. Obj/Rev Source GRC/PROJ/JOB No.	Amount
AAA PHL 3715 200 2445	\$338,451
AAA PHL 3765 200 2445	\$29,532
Project Name Estimated Payment Total by Fiscal Ye Ryan White Program - FY Amount I/D FY	ear Amount I/D
	\$735,967 I
<u>Support Services/ 14/15 \$1.103.950  </u>	
Minority AIDS Initiative (MAI) 15/16 \$1.103.950	

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		
Telephone Federal ID No./Social Security No.		

#### IT IS HEREBY AGREED AS FOLLOWS:

WHEREAS, The County desires to provide medical care and support services for individuals living with Human Immunodeficiency Virus (HIV); and

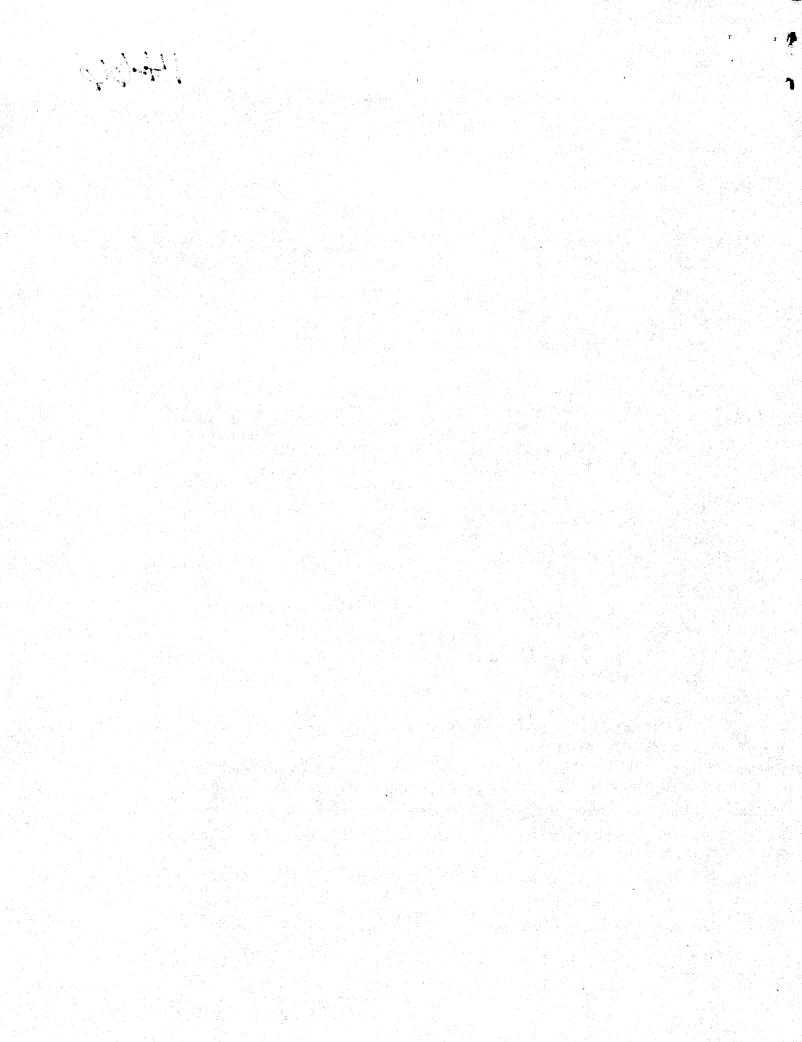
WHEREAS, County has been allocated funds by the Federal Health Resources and Services Administration to provide such services under the Ryan White HIV/AIDS Treatment Extension Act of 2009; and

WHEREAS, County finds Contractor qualified to provide medical care and support services; and

WHEREAS, County desires that such services be provided by Contractor and Contractor agrees to perform these services as set forth below;

NOW THEREFORE, County and Contractor mutually agree to the following terms and conditions:

Auditor/Controller/Treasurer	Tax Collector Use Only
☐ Contract Database	□ FAS
Input Date	Keyed By



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#### DEFINITIONS

. I.

- A. <u>Acquired Immunodeficiency Syndrome (AIDS)</u> A disease of the body's immune system caused by the Human Immunodeficiency Virus (HIV). AIDS is characterized by the death of CD4 cells, which leaves the body vulnerable to life-threatening conditions, such as infections and cancers.
- B. <u>AIDS Regional Information and Evaluation System (ARIES)</u> The Management Information System currently utilized throughout the Transitional Grant Area (TGA) and that all selected contractors will be required to use.
- C. Continuum of Care A comprehensive range of services required by individuals or families with HIV/AIDS in order to meet their health care and psychosocial service needs throughout the course of their illness. The organization of services responds to the individual's changing needs in a coordinated, timely, and uninterrupted manner, increasing access to and maintenance in care.
- D. <u>Cost Effectiveness</u> Cost effective programs do not necessarily lead to cost savings, although they do provide good value for the money. Cost effectiveness can be described in several ways:
  - A service or program is considered cost effective when the unit cost is reasonable and acceptable relative to the benefits and outcomes received/produced.
  - A service may be considered cost effective if it provides an additional benefit worth the additional cost.

As the bulk of services are "human services" and understanding that "cost effectiveness", as it relates to Ryan White Program services, cannot be measured precisely due to regional differences, cost variances, variances among specific population needs, and the varying impacts of the costs and complexities of care associated with co-morbidities usually associated with HIV disease, the cost to provide services will be only one consideration in evaluating proposals. Quality of service and actual health outcomes are also factors in determining cost effectiveness. Services with better outcomes may be more costly, but nonetheless more cost effective when outcomes are considered.

- E. <u>Department of Public Health (DPH)</u> The Department that provides health and educational services to the residents of San Bernardino County.
- F. Grant Period The Ryan White Program grant period is March 1 to February 28 of the next year.
- G. <u>Human Immunodeficiency Virus (HIV)</u> The causative agent of AIDS. It includes the entire spectrum of the natural history of the Human Immunodeficiency Virus, from post infection through the clinical definition of AIDS.
- H. <u>Health Resources Services Administration (HRSA)</u> An arm of Health and Human Services, HRSA is a Federal agency with the responsibility/authority for awarding Part A and Minority AIDS Initiative grants.
- I. <u>Human Services (HS)</u> A County of San Bernardino Agency that provides oversight of DPH functions and services.
- J. <u>Inland Empire HIV Planning Council (IEHPC)</u> The planning body appointed by the County Board of Supervisors and mandated by Federal law to set service priorities for funding allocations for the expenditures of Ryan White Program funds.
- K. <u>Minority AIDS Initiative (MAI)</u> MAI, a Ryan White funding stream, funds target programs to enhance effective HIV/AIDS efforts that directly benefit racial and ethnic minority communities.

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- L. <u>Memorandum of Understanding (MOU)</u> An agreement between specified parties for the purpose of linking services, for the enhancement of services to People Living With HIV/AIDS (PLWHA) in the Riverside/San Bernardino TGA.
- M. Office of Management and Budget (OMB) The office within the executive branch of the Federal government, which prepares the annual budget, develops the Federal government's fiscal program, oversees administration of the budget, and reviews government regulations.
- N. Part A The Federally funded portion of the Ryan White Program (formerly Title I of the CARE Act) that provides assistance to localities (TGAs) disproportionately affected by the HIV/AIDS epidemic.
- O. Payer of Last Resort Services that can be reimbursed by any private or public payers should be determined and used before Ryan White Program funds are used to pay for care making Ryan White funding the "payer of last resort." Ryan White may pay for services that fill the gaps in coverage of these other private or public health care programs, but the funds cannot be used for services that should be reimbursed or paid by other payers.
- P. Program Income Gross income earned by the recipient that is directly generated by a supported activity or earned as a result of the award (see exclusions in 45 C.F.R. part 74.24, subdivisions (e) and (h)). 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, and interest on loans made with award funds. The Ryan White Program Manual states that income resulting from fees for services performed (e.g., direct payment or reimbursements received from Medicare and third-party insurance) can be considered program income. [45 C.F.R. part 74.2]

All program income is to be used by the contractor to provide Ryan White-eligible services to Ryan White-eligible clients and it is to be tracked and reported to the County.

- Q. Ryan White Program (RWP) The federal law enacted in 1990 as the Ryan White CARE Act to address the health care and service needs of people living with HIV/AIDS and their families. The program was reauthorized in 1996, 2000, 2006 and was extended in 2009. The legislation funding the program is currently known as the Ryan White HIV/AIDS Treatment Extension Act of 2009.
- R. <u>Supplanting of Ryan White Program funds</u> Ryan White Program funds cannot be used to replace or substitute other federal, state, or other funds in the payment of services to clients.
- S. <u>Transitional Grant Area (TGA)</u> A Ryan White Program Part A-funded jurisdiction that has reported at least 1,800 AIDS cases during the previous five (5) years and has a population of at least 500,000. The TGA referred to in this Contract is the combined counties of Riverside and San Bernardino.

#### II. CONTRACTOR SERVICE RESPONSIBILITIES

#### A. SERVICES

- 1. Contractor shall provide services as set forth in the Scope of Work (Attachment A) and Program Service Units & Financial Eligibility Criteria (Attachment B).
- Contractor shall develop and deliver program services in accordance with the most current standards of care approved by the IEHPC. Copies of these standards are available on www.IEHPC.org.

#### B. CLIENT ELIGIBLITY

 Contractor shall verify and maintain proof of each client's HIV status, residential, financial, and other eligibility prior to providing client services under this Contract, and every six months, thereafter, in accordance with Financial Eligibility and Residential criteria as adopted by the IEHPC. For a complete description of client eligibility criteria, see the IEHPC Common Standards at www.IEHPC.org.

Clients must have an HIV-positive serostatus to be eligible to receive goods or services provided under this Contract. Proof of eligibility shall consist of either:

- a. A statement of diagnosis of AIDS or positive HIV serostatus signed by a licensed physician, licensed Nurse Practitioner, or licensed physician's assistant; or
- b. A medical laboratory's statement of test results clearly indicating positive HIV serostatus and identifying the patient tested.

Anonymous HIV test results will not be accepted as proof of HIV positive serostatus and should not be included in a client's confidential case file. Possession of HIV specific prescription medications is not proof of HIV positive serostatus for purposes of this Contract.

- Contractor shall keep a copy of each client's proof of eligibility in the client's case file. For clients receiving MAI-funded services, all documentation pertaining to the client eligibility criteria and requirements should be maintained in one the following formats;
  - a. A separate MAI case record documenting only MAI related information.
  - b. Easily identifiable MAI section in case record.
  - c. Easily identifiable MAI documentation in case record.

#### C. CLINICAL QUALITY IMRPOVEMENT (CQI)

- Contractor shall conduct client satisfaction surveys. The client satisfaction survey is to be completed as designated by the County during each Contract year. Additional surveys may be conducted if the Contractor so desires.
- 2. Contractor shall ensure that appropriate staff participates in the County's continuous quality improvement activities through mandatory regular attendance at meetings and other training functions or activities as specified by the County. "Mandatory regular attendance" means attendance at all of the scheduled meetings. In the event that Contractor cannot be represented at a meeting, Contractor shall communicate the situation to the Program contact as noted in Section X, Paragraph A.
- 3. Contractor shall develop and implement an agency-specific Clinical Quality Management Plan (CQM) that delineates provider specific goals that address the TGA-wide goals delineated in the TGA CQM Plan as well as goals that are unique to the agency. The Contractor is required to submit a copy of their agency's CQM plan to the Ryan White Program Office, 351 N. Mt. View Ave., 2<sup>nd</sup> Floor Suite 200, San Bernardino, CA 92415-0010, within sixty (60) days of the start of the contract period.
- 4. 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 and local 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 in Section IX.

- 5. Contractor shall provide various progress reports and have complete and full data entered into ARIES per the timeline indicated on the Reporting Requirements (Attachment C). The County reserves the right to revise report formats and/or reporting schedules to meet updated program requirements. Failure to submit reports or data as required may result in the delay of payment to the Contractor or termination of the Contract as set forth in Section IX.
- 6. Outpatient/Ambulatory Medical Care Contractors will provide services that conform to the current "U.S. Public Health Services Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection"; "U.S. Public Health Service Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents"; and "Public Health Service Task Force Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1-Transmission in the United States.
- 7. Outpatient/Ambulatory Medical Care Contractors shall conduct an annual peer review of its practices including at least one (1) external physician to determine whether care provided has been consistent with the U.S. Public Health Service treatment guidelines and general standards of practice and utilization for HIV/AIDS patients. Contractor shall make the resultant report available to the County upon request.
- 8. Outpatient/Ambulatory Medical Care personnel must be board certified and/or meet all credentialing requirements for their specialty/medical degree. Certification by the American Academy of HIV Medicine (AAHIVM), Association of Nurses in AIDS care (ANAC), and/or other comparable organizations is strongly encouraged. The Contractor shall keep copies of membership documents on file for staff and make them available to the County for review upon request.
- Contractor shall be required to collect Client Level Data (CLD) and report such data in the required format to the County and to HRSA within the required timeframes. The County will communicate the specific data elements to be collected and the reporting formats and timeframes within the contract year.
- 10. Contractor shall classify and document (in ARIES) new clients according to the categories below (more than one could apply):
  - a. HIV+ in last 12 months Newly Diagnosed
  - b. New Link-Unmet Need Medical Care Services Only, HIV+ for more than 12 months, but never previously linked to care
  - c. Re-Linked-Unmet Need Medical Care Services Only, Fell out of care for 12+ months and now re-linked to care
  - d. New to Riverside/San Bernardino Counties Recently migrated into TGA, diagnosed outside of the TGA, not diagnosed in TGA Counties no time limits 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
- 11. When providing Part A or MAI services, Contractor will adhere to the standards as set forth in the TGA Cultural and Linguistic Competency Standards (Attachment D). Contractor will conduct activities to ensure that targets, as set forth in the standards, are achieved. The County will provide the required formats for various Cultural Competency tools to be used in the measurement of progress toward achieving targets including, but limited to, Cultural

Competency Organizational Self-Assessment and Cultural/Linguistic Competency Client Satisfaction Survey.

#### D. COMPLIANCE WITH LAWS AND REGULATIONS

#### Contractor shall:

- 1. Comply with all requirements of the Ryan White Program.
- 2. Comply with all applicable laws, statutes, ordinances, administrative orders, rules or regulations relating to its duties, obligations and performance under the terms of this Contract and shall procure all licenses and pay all fees and other charges required thereby. The Contractor shall maintain all required licenses during the term of this Contract. Failure to comply with the provisions of this Section may result in immediate termination of this Contract.
- 3. Assume responsibility for full compliance with all applicable laws, statutes, ordinances, administrative orders, rules or regulations and agrees to fully reimburse the County for any loss of funds or resources resulting from non-compliance by the Contractor, its staff, agents or subcontractors as may be revealed by subsequent audit or otherwise.
- 4. Comply with the Ryan White Payer of Last Resort requirement. Services that can be reimbursed by any private or public payers must be determined and used before Ryan White Program funds are used to pay for care making Ryan White funding the "payer of last resort." Ryan White may pay for services that fill the gaps in coverage of these other private or public health care programs, but the funds cannot be used for services that should be reimbursed or paid by other payers. Reasonable, vigorous efforts must be made to utilize and otherwise connect clients with other private or public programs.
- 5. Comply with Ryan White Program Policy Letters (Program and ARIES) that will be generated by the Ryan White Program Office. These may reflect existing or emerging County contractual requirements, Ryan White Program requirements, HRSA requirements and expectations, and IEHPC Directives and policy changes. Contractor shall ensure that its internal policies and procedures are congruent and integrated with the emerging policies of HRSA and the County.
- 6. Comply with the most recently approved IEHPC Standards of Care.
- 7. Comply with the HRSA/HAB (HIV/AIDS Bureau) National Monitoring Standards pertaining to Part A as indicated at the following website: <a href="http://hab.hrsa.gov/manageyourgrant/granteebasics.html">http://hab.hrsa.gov/manageyourgrant/granteebasics.html</a>.
- 8. Comply with the Pilot Program for Enhancement of Employee Whistleblower Protection, Statute (41 U.S.C. §4712).

#### E. LIMITS ON PROGRAM EXPENDITURES.

The Contractor shall comply with all funding restrictions specified in the Ryan White Program. The following limitations and regulations also apply:

- 1. Ryan White Program funds may not be used to purchase or improve land, or to purchase, construct, or make permanent improvements to any building except for minor remodeling.
- 2. Ryan White Program funds may not be used to make payments to recipients of services provided under this Contract.
- 3. 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. Reasonable attempts to obtain funding from other sources must be documented in clients' records (i.e., justification for the use of Ryan White funds). Failure to comply may require the return of associated funds.

- 4. If an agency receiving Ryan White Program funds charges for services, it shall do so on a sliding fee schedule that is readily available to the public. Cumulative charges to individual clients receiving Ryan White Program services must conform to statutory limitations. No client shall be denied services solely because of an inability to pay. Contractors are required to have a written Sliding Fee Policy and are required to submit their agency's Sliding Fee Policy to the Ryan White Program Office, 351 N. Mt. View Ave., 2nd Floor 200, San Bernardino, CA 92415-0010, within 60 days of the start of the contract period.
- 5. A percentage of the funds (as indicated by the Centers for Disease Control) made available to the Contractor under this Contract shall be used to provide services to women, infants, children, and youth with HIV disease. For the purposes of this provision, the following definitions shall apply:

Women ~~ Females aged 25 and older

Infants ~~ Ages birth to less than 2 years

Children ~~ Ages 2 to 12 years

Youth ~~ Ages 13 to 24 years

- 6. To the extent possible, equipment and products purchased with Ryan White Program funds shall be American made.
- 7. Travel expenses for employees working on Ryan White Program funded activities are reimbursable under this Contract when such travel is pre-approved and directly furthers the provision of HIV related services. Expenditures may include mileage and other travel related costs. Travel costs are limited to those allowed by formal organizational travel policy which must include mileage reimbursement rates and maximum per diem and subsistence rates.
- 8. Rent must be claimed under Administrative Costs, which cannot exceed 10% of the overall budget amount. Expense items considered "Administrative Cost" are detailed in Attachment F, Ryan White Program Budget and Allocation Plan.

#### III. CONTRACTOR GENERAL RESPONSIBILITIES

- A. In the performance of this Contract, Contractor, its agents and employees, shall act in an independent capacity and not as officers, employees, or agents of the County of San Bernardino. Contractor certifies that neither it nor its principals is presently disbarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- B. Without the prior written consent of the Assistant Executive Officer for Human Services, this Contract is not assignable by Contractor either in whole or in part.
- C. Contractor agrees to provide or has already provided information on former County of San Bernardino administrative officials (as defined below) who are employed by or represent Contractor. The information provided includes a list of former County administrative officials who terminated County employment within the last five years and who are now officers, principals, partners, associates or members of the business. The information also includes the employment with or representation of Contractor. For purposes of this provision, "County administrative official" is defined as a member of the Board of Supervisors or such officer's staff, Chief Executive Officer of the County or member of

사용 등에 가는 물론 가장 보고 있는데, 사용 이용에 보고 하는 보고 하는 것은 함께 보고 있다면 하는 것이다. 생활하는 것은 사용 보고 하는 것이 되었는데 보고 있는데 사용하는데 보고 있는데 사용하는데 하는데 보고 사용하는데 되었다. 500 전에 하는데 보고 있는데 하는데 하는데 보고 있는데 보고 하는데 하는데 보고 있는데 하는데 되었다. 그런데 보고 있는데 보고 있는데 보고 있다. 500 전에 하는데 되었다.

의 가능하는 사용에 하는 지는 것이 되었다. 그 생활에 되었는 것이 되었습니다. 그 전에 가는 것이 되었습니다. 그는 것이 되었습니다. 그리고 있는 사용에 되었습니다. 그는 것이 없는 것이 없는 것이 없었습니다. 그는 사용에 가능하는 것이 되었습니다. 그는 것이 없는 것이 되었습니다. 그는 사용이 되었습니다. 그는 것이 되었습니다. 등을 보았습니다. 그런 것을 했습니다. 그는 것이 되었습니다. 그는 것이 되었습니다. 그렇게 없는 것이라고 있습니다.

such officer's staff, County department or group head, assistant department or group head, or any employee in the Exempt Group, Management Unit or Safety Management Unit.

- D. If during the course of the administration of this Contract, the County determines that the Contractor has made a material misstatement or misrepresentation or that materially inaccurate information has been provided to the County, this Contract may be immediately terminated. If this Contract is terminated according to this provision, the County is entitled to pursue any available legal remedies.
- E. Contractor agrees not to enter into any subcontracts for work contemplated under this Contract without first obtaining written approval from the Assistant Executive Officer for Human Services. Any subcontractor shall be subject to the same provisions as Contractor. Contractor shall be fully responsible for the performance of any subcontractor.
- F. Contractor shall maintain all records and books pertaining to the delivery of services under this Contract and demonstrate accountability for contract performance. Said records shall be kept and maintained within the County of San Bernardino. County shall have the right upon reasonable notice and at reasonable hours of business to examine and inspect such records and books.

Records, should include, but are not limited to, monthly summary sheets, sign-in sheets, and other primary source documents. Fiscal records shall be kept in accordance with Generally Accepted Accounting Principles and must account for all funds, tangible assets, revenue and expenditures. Fiscal records must also comply with the appropriate Office of Management and Budget (OMB) Circulars that state the administrative requirements, cost principles and other standards for accountancy.

All records shall be complete and current and comply with all Contract requirements. Failure to maintain acceptable records per the preceding requirements shall be considered grounds for withholding of payments for billings submitted, requiring the return of associated funds, and/or for termination of the Contract.

- G. Contractor shall notify County in writing of any change in mailing address and/or physical location within ten (10) days of the change, and shall immediately notify County of changes in telephone or fax numbers.
- H. Contractor shall notify County of any continuing vacancies and any positions that become vacant during the term of this Contract that will result in reduction of services to be provided under this Contract. Upon notice of vacancies, the Contractor shall apprise County of the steps being taken to provide the services and to fill the position as expeditiously as possible. Vacancies and associated problems shall be reported to County on each periodically required report for the duration of said vacancies and/or problems.
- Contractor shall designate an individual to serve as the primary point of contact for the Contract.
  Contractor shall notify the County when the primary contact will be unavailable/out of the office for one
  (1) or more workdays. Contractor or designee must respond to County inquiries within two (2) County business days.
- J. Contractor shall utilize the Document Transmittal Form (Attachment E), incorporated herein, for the purpose of transmitting any information or documentation to Program Staff.
- K. Contractor shall develop an agency-specific grievance policy and procedure, approved by the County, through which recipients of service shall have the opportunity to express and have considered their views and complaints regarding the delivery of services. The procedure must be in writing and posted in clear view of all recipients. The County further requires the Contractor to notify every recipient of services of the grievance procedure and to explain the procedure so that clients may be aware of their rights and responsibilities including that from within 30 days of the date of the filing of the grievance,

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the Contractor must have processed the grievance and must have provided the recipient with an outcome/resolution. Additionally, documentation signed by the client demonstrating that the Contractor has complied with this requirement must be filed in the recipient's case file and made available to the County upon request.

1. Unresolved Grievance at Contractor Level:

If a grievance is unresolved within the parameters of the internal agency process, the County requires the Contractor to notify every recipient that they have ten business days to take their grievance to the Ryan White Program Office.

To submit an unresolved grievance, the client shall be instructed to submit the following to the Department of Public Health Ryan White Program Office, 351 N. Mt. View Ave., 2nd Floor – Suite 200, San Bernardino, CA 92415-0010: 1) A completed Grievance Form (standardized) stating the issue and desired resolution, and 2) A copy of all documentation related to the grievance, including a copy of the agency's response with which the client was not satisfied.

2. Grievance Documentation Log:

Contractor shall create, utilize, and make available to the County a Grievance Documentation Log. Grievance Documentation log should document the following information: date of log entry, name of client, date grievance was filed, nature of grievance, outcome, and follow-up. All entries noted on the Grievance Documentation Log shall be documented sequentially. The log will be made available to Ryan White Program upon request.

- L. Contractor shall notify the County of all upcoming meetings of the Board of Directors or other governing party and shall keep the County apprised of any and all actions taken by its Board of Directors which may impact on the Contract. All Board of Directors' minutes shall be made available to the County upon request. Further, a County representative shall have the option of attending Board meetings during the term of this Contract.
- M. Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act, regulations have been promulgated governing the privacy of individually identifiable health information. Contractor acknowledges that it is a covered entity and subject to the requirements of HIPAA and HITECH, and their implementing regulations. Contractor agrees to fully comply with the terms of HIPAA and HITECH, and regulations promulgated thereunder, and to ensure any subcontractors utilized to fulfill services pursuant to this Contract comply with said provisions. Contractor further agrees to comply with the requirements of other federal and state law that applies to the information collected and maintained by Contractor for services performed pursuant to agreement.
- N. Contractor shall protect from unauthorized use or disclosure names and other identifying information concerning persons receiving services pursuant to this Contract, except for statistical information not identifying any participant. The Contractor shall not use or disclose any identifying information for any other purpose other than carrying out the Contractor's obligations under this Contract, except as may be otherwise required by law. This provision will remain in force even after the termination of the Contract.
- O. Contractor shall ensure that all known or suspected instances of child abuse or neglect are reported to the appropriate law enforcement agency or to the appropriate Child Protective Services agency. This responsibility shall include:
  - 1. Assurance that all employees, agents, consultants or volunteers who perform services under this Contract and are mandated by Penal Code Sections 11164 et seq. to report child abuse or neglect, sign a statement, upon the commencement of their employment, acknowledging their reporting requirements and their compliance with them.

- 2. Development and implementation of procedures for employees, agents, consultants, or volunteers who are not subject to the mandatory reporting laws for child abuse to report any observed or suspected incidents of child abuse to a mandated reporting party, within the program, who will ensure that the incident is reported to the appropriate agency.
- 3. Provision for or arrangement of training in child abuse reporting laws (Penal Code section 11164 et seq.) for all employees, agents, consultants, and volunteers, or verification that such persons have received training in the law within thirty (30) days of employment/volunteer activity.
- P. Contractor shall obtain from the Department of Justice (DOJ) records of all convictions involving any sex crimes, drug crimes, or crimes of violence of a person who is offered employment or volunteers for all positions in which he or she would have contact with a minor, the aged, the blind, the disabled or a domestic violence client, as provided for in Penal Code section 11105.3 prior to providing any services. This includes licensed personnel who are not able to provide documentation of prior DOJ clearance. A copy of a license from the State of California, which requires a DOJ clearance, is sufficient proof. The County must be immediately notified of any records showing a conviction. The County may instruct Contractor to take action to deny/terminate employment or terminate internship and/or volunteer services where the records show the person is unsuitable for employment, internship, or volunteer services.
- Q. Contractor shall notify the County of any staff member, paid intern or volunteer who is knowingly or negligently employed who has been convicted of any crime of violence or of any sexual crime. Contractor shall investigate all incidents where an applicant, employee, intern or volunteer has been arrested and/or convicted for any crime listed in Penal Code Section 11105.3 and shall notify the County. In the County's discretion, the County may instruct Contractor to take action to either deny/terminate employment or terminate internship and/or volunteer services where the investigation shows that the underlying conduct renders the person unsuitable for employment, internship, or volunteer services.

Contractor shall immediately notify the County concerning the arrest and/or conviction, for other than minor traffic offenses, of any paid employee, agent, consultant, intern, or volunteer staff, when such information becomes known to Contractor.

- R. Contractor shall make every reasonable effort to prevent employees, consultants or members of its governing bodies from using their positions for purposes that are or give the appearance of being motivated by a desire for private gain for themselves or others, such as those with whom they have family, business, or other ties. In the event County determines a conflict of interest exists, any increase in costs associated with the conflict of interest may be disallowed by County and such conflict may constitute grounds for termination of the Contract. This provision shall not be construed to prohibit employment of persons with whom Contractor's officers, agents, or employees have family, business or other ties so long as the employment of such persons does not result in increased costs over those associated with the employment of any other equally qualified applicants and such persons have successfully competed for employment with other applicants on a merit basis.
- S. Contractor agrees to and shall comply with the following indemnification and insurance requirements:
  - Indemnification The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The

Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782.

- 2. Additional Insured All policies, except for the Workers' Compensation, Errors and Omissions and Professional Liability policies, shall contain endorsements naming the County and its officers, employees, agents and volunteers as additional insureds with respect to liabilities arising out of the performance of services hereunder. The additional insured endorsements shall not limit the scope of coverage for the County to vicarious liability but shall allow coverage for the County to the full extent provided by the policy. Such additional insured coverage shall be at least as broad as Additional Insured (Form B) endorsement form ISO, CG 2010.11 85.
- 3. Waiver of Subrogation Rights The Contractor shall require the carriers of required coverages to waive all rights of subrogation against the County, its officers, employees, agents, volunteers, contractors and subcontractors. All general or auto liability insurance coverage provided shall not prohibit the Contractor and Contractor's employees or agents from waiving the right of subrogation prior to a loss or claim. The Contractor hereby waives all rights of subrogation against the County.
- 4. <u>Policies Primary and Non-Contributory</u> All policies required herein are to be primary and non-contributory with any insurance or self-insurance programs carried or administered by the County.
- 5. Severability of Interests The Contractor agrees to ensure that coverage provided to meet these requirements is applicable separately to each insured and there will be no cross liability exclusions that preclude coverage for suits between the Contractor and the County or between the County and any other insured or additional insured under the policy.
- 6. Proof of Coverage The Contractor shall furnish Certificates of Insurance to the County Department administering the contract evidencing the insurance coverage, including endorsements, as required, prior to the commencement of performance of services hereunder, which certificates shall provide that such insurance shall not be terminated or expire without thirty (30) days written notice to the Department, and Contractor shall maintain such insurance from the time Contractor commences performance of services hereunder until the completion of such services. Within fifteen (15) days of the commencement of this contract, the Contractor shall furnish a copy of the Declaration page for all applicable policies and will provide complete certified copies of the policies and endorsements immediately upon request.
- 7. <u>Acceptability of Insurance Carrier</u> Unless otherwise approved by Risk Management, insurance shall be written by insurers authorized to do business in the State of California and with a minimum "Best" Insurance Guide rating of "A- VII".
- 8. <u>Deductibles and Self-Insured Retention</u> Any and all deductibles or self-insured retentions in excess of \$10,000 shall be declared to and approved by Risk Management.
- 9. <u>Failure to Procure Coverage</u> In the event that any policy of insurance required under this contract does not comply with the requirements, is not procured, or is canceled and not replaced, the County has the right but not the obligation or duty to cancel the contract or obtain insurance if it deems necessary and any premiums paid by the County will be promptly reimbursed by the Contractor or County payments to the Contractor will be reduced to pay for County purchased insurance.

10. <u>Insurance Review</u> – Insurance requirements are subject to periodic review by the County. The Director of Risk Management or designee is authorized, but not required, to reduce, waive or suspend any insurance requirements whenever Risk Management determines that any of the required insurance is not available, is unreasonably priced, or is not needed to protect the interests of the County. In addition, if the Department of Risk Management determines that heretofore unreasonably priced or unavailable types of insurance coverage or coverage limits become reasonably priced or available, the Director of Risk Management or designee is authorized, but not required, to change the above insurance requirements to require additional types of insurance coverage or higher coverage limits, provided that any such change is reasonable in light of past claims against the County, inflation, or any other item reasonably related to the County's risk.

Any change requiring additional types of insurance coverage or higher coverage limits must be made by amendment to this contract. Contractor agrees to execute any such amendment within thirty (30) days of receipt.

Any failure, actual or alleged, on the part of the County to monitor or enforce compliance with any of the insurance and indemnification requirements will not be deemed as a waiver of any rights on the part of the County.

11. The Contractor agrees to provide insurance set forth in accordance with the requirements herein. If the Contractor uses existing coverage to comply with these requirements and that coverage does not meet the specified requirements, the Contractor agrees to amend, supplement or endorse the existing coverage to do so. The type(s) of insurance required is determined by the scope of the contract services.

Without in anyway affecting the indemnity herein provided and in addition thereto, the Contractor shall secure and maintain throughout the contract term the following types of insurance with limits as shown:

a. Workers' Compensation/Employers Liability – A program of Workers' Compensation insurance or a state-approved, self-insurance program in an amount and form to meet all applicable requirements of the Labor Code of the State of California, including Employer's Liability with \$250,000 limits covering all persons including volunteers providing services on behalf of the Contractor and all risks to such persons under this contract.

If Contractor has no employees, it may certify or warrant to the County that it does not currently have any employees or individuals who are defined as "employees" under the Labor Code and the requirement for Workers' Compensation coverage will be waived by the County's Director of Risk Management.

With respect to Contractors that are non-profit corporations organized under California or Federal law, volunteers for such entities are required to be covered by Workers' Compensation insurance.

- b. <u>Commercial/General Liability Insurance</u> The Contractor shall carry General Liability Insurance covering all operations performed by or on behalf of the Contractor providing coverage for bodily injury and property damage with a combined single limit of not less than one million dollars (\$1,000,000), per occurrence. The policy coverage shall include:
  - 1) Premises operations and mobile equipment.
  - 2) Products and completed operations.

- 3) Broad form property damage (including completed operations).
- 4) Explosion, collapse and underground hazards.
- 5) Personal injury
- 6) Contractual liability.
- 7) \$2,000,000 general aggregate limit.
- c. <u>Automobile Liability Insurance</u> Primary insurance coverage shall be written on ISO Business Auto coverage form for all owned, hired and non-owned automobiles or symbol 1 (any auto). The policy shall have a combined single limit of not less than one million dollars (\$1,000,000) for bodily injury and property damage, per occurrence.

If the Contractor is transporting one or more non-employee passengers in performance of contract services, the automobile liability policy shall have a combined single limit of two million dollars (\$2,000,000) for bodily injury and property damage per occurrence.

If the Contractor owns no autos, a non-owned auto endorsement to the General Liability policy described above is acceptable.

- d. <u>Umbrella Liability Insurance</u> An umbrella (over primary) or excess policy may be used to comply with limits or other primary coverage requirements. When used, the umbrella policy shall apply to bodily injury/property damage, personal injury/advertising injury and shall include a "dropdown" provision providing primary coverage for any liability not covered by the primary policy. The coverage shall also apply to automobile liability.
- e. <u>Professional Liability</u> Professional Liability Insurance with limits of not less than one million (\$1,000,000) per claim or occurrence and two million (\$2,000,000) aggregate limits

or

<u>Errors and Omissions Liability Insurance</u> with limits of not less than one million (\$1,000,000) and two million (\$2,000,000) aggregate limits

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<u>Directors and Officers Insurance</u> coverage with limits of not less than one million (\$1,000,000) shall be required for Contracts with charter labor committees or other not-for-profit organizations advising or acting on behalf of the County.

If insurance coverage is provided on a "claims made" policy, the "retroactive date" shall be shown and must be before the date of the start of the contract work. The claims made insurance shall be maintained or "tail" coverage provided for a minimum of five (5) years after contract completion.

T. Contractor shall comply with all applicable laws, statutes, ordinances, administrative orders, rules or regulations relating to its duties, obligations and performance under the terms of the Contract and shall procure all licenses and pay all fees and other charges required thereby. Contractor shall maintain all

- required licenses during the term of this Contract. Failure to comply with the provisions of this section may result in immediate termination of this Contract.
- U. Contractor shall comply with all applicable local health and safety clearances, including fire clearances, for each site where services are provided under the terms of this Contract.
- V. Contractor agrees to and shall comply with the County's Equal Employment Opportunity Program and Civil Rights Compliance requirements:
  - 1. Equal Employment Opportunity Program: The Contractor agrees to comply with the provisions of the Equal Employment Opportunity Program of the County of San Bernardino and all rules and regulations adopted pursuant thereto: Executive Orders 11246, as amended by Executive Order 11375, 11625, 12138, 12432, 12250; Title VII of the Civil Rights Act of 1964; Division 21 of the California Department of Social Services Manual of Policies and Procedures; California Welfare and Institutions Code section 10000), the California Fair Employment and Housing Act; and other applicable federal, state, and county laws, regulations and policies relating to equal employment or social services to welfare recipients, including laws and regulations hereafter enacted.

The Contractor shall not unlawfully discriminate against any employee, applicant for employment, or service recipient on the basis of race, color, national origin or ancestry, religion, gender, marital status, sexual orientation, age, political affiliation or disability. Information on the above rules and regulations may be obtained from the County Human Services Contracts Unit.

- Civil Rights Compliance: The Contractor shall develop and maintain internal policies and procedures to assure compliance with each factor outlined by state regulation. These policies must be developed into a Civil Rights Plan, which is to be on file with the County Human Services Contracts Unit within 30 days of awarding of the Contract. The Plan must address prohibition of discriminatory practices, accessibility, language services, staff development and training, dissemination of information, compliance review, and duties of the Civil Rights Liaison. Upon request, the County shall supply a sample of the Plan format. The Contractor shall be monitored by the County for compliance with provisions of its Civil Rights Plan. Additionally, the Contractor shall submit to County an Assurance of Compliance with the California Department of Social Services Nondiscrimination in State and Federally Assisted Programs Statement annually.
- W. Contractor agrees to comply with all applicable provisions of the Americans with Disabilities Act (ADA).
- X. Contractor shall observe the mandatory standards and policies relating to energy efficiency in the State Energy Conservation Plan (California Code of Regulations title 20, section 1401 et seq.).
- Y. If the amount available to Contractor under this Contract, as specified in Section V, Paragraph A, exceeds \$100,000, Contractor agrees to comply with the Clean Air Act (42 U.S.C. Section 7606), section 508 of the Clean Water Act (33 U.S.C. section 1368), Executive Order 11738 and Environmental Protection Agency regulations (40 C.F.R. section 1.1 et seq.).
- Z. Contractor shall use recycled and recyclable products, whenever practicable, in fulfilling the terms of this Contract. Recycled printed products shall include a symbol identifying the recycled material.
- AA. Contractor understands and agrees that any and all legal fees or costs associated with lawsuits concerning this Contract against the County shall be the Contractor's sole expense and shall not be charged as a cost under this Contract. In the event of any Contract dispute hereunder, each Party to this Contract shall bear its own attorney's fees and costs regardless of who prevails in the outcome of the dispute.

- BB. Contractor shall register with 211 San Bernardino County Inland Empire United Way and/or 2-1-1 Riverside County Community Connect within 30 days of contract effective date and follow necessary procedures to be included in the 211 database. The contractor shall notify the 211 of any changes in program services, location or contact information within ten (10) days of any change. Services performed as a result of being included in the 211 database, are separate and apart from the services being performed under this Contract and payment for such services will not be the responsibility of the County.
- CC. Contractor agrees that any news releases, advertisements, public announcements or photographs arising out of the Agreement or Vendor's relationship with County shall not be made or used without prior written approval of the Public Health Director or their designee.
- DD. Contractor will notify the County of any financial hardship, including inability to meet payroll obligations, inability to pay vendors, a revenue shortfall, or any other event that may impair the Contractor's ability to continue standard operations.
- EE. Contractor will aid in the transition of clients to other agencies throughout the TGA in the event of Contractor closure.
- FF. Contractor shall maintain a written plan that addresses client needs after an emergency event, such as a natural or man-made disaster.
- GG. 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.

#### IV. COUNTY RESPONSIBILITIES

- A. The County agrees to compensate the Contractor in accordance with the provisions of Section V of the Contract. The process may take up to eight weeks from the date of receipt of the invoices as described in Section V. Paragraphs B and C.
- B. The County will monitor and evaluate the performance of the Contractor in meeting terms of the Contract and the quality and effectiveness of services provided based on criteria determined by the County. County staff shall monitor the performance of the Ryan White Contractors at least annually, or as deemed necessary by the County.
- C. The County will provide consultation and technical assistance to the Contractor in carrying out the terms of this Contract.

#### V. FISCAL PROVISIONS

A. The maximum amount of payment under this Contract shall not exceed \$3,311,850, of which \$3,311,850 may be federally funded, and shall be subject to availability of funds to the County. If the funding source notifies the County that such funding is terminated or reduced, the County shall determine whether this Contract will be terminated or the County's maximum obligation reduced. The County will notify the Contractor in writing of its determination. Additionally, the contract amount is

subject to change based upon reevaluation of funding priorities by the IEHPC and/or the outcome of pending legal disputes concerning Ryan White Part A and MAI funding. Contractor will be notified in writing of any change in funding amounts. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the performance hereof, including travel and per diem.

Program Year	Dollar Amount
March 1, 2014 through February 28, 2015	\$1,103,950
March 1, 2015 through February 29, 2016	\$1,103,950
March 1, 2016 through February 28, 2017	\$1,103,950
Total	\$3,311,850

- B. Payment to the Contractor shall be contingent upon the submission by the Contractor, and approval by the County, of the required reports and invoices. Expenditures for services submitted by the Contractor for reimbursement must be consistent with the approved Ryan White Program Budget and Allocation Plan (Attachment F), attached hereto and incorporated by this reference.
- C. Contractor shall provide monthly invoices to the County within twenty (20) calendar days or earlier following the month in which services were provided in the format designated in the Invoice (Attachment G), attached hereto and incorporated herein by this reference. Invoices submitted after the required due date will be paid at the sole discretion of the County. Progress and utilization reports must be entered into ARIES before 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 utilization reports printed from ARIES and logs (as required). Invoices submitted without corresponding utilization, narrative reports and supporting documentation will not be processed and will be returned to Contractor. Failure to submit documents as required may result in the delay of payment to the Contractor. The County reserves the right to revise invoice formats to meet updated program requirements. Invoices shall be submitted to:

Ryan White Program Office Department of Public Health 351 N. Mtn. View Ave., 2<sup>nd</sup> Floor – Suite 200 San Bernardino, CA 92415-0010 Main Line: (909) 387-6492 FAX: (909) 387-6201

- D. Contractor shall accept all payments from County via electronic funds transfer (EFT) directly deposited into the Contractor's designated checking or other bank account. Contractor shall promptly comply with directions and accurately complete forms provided by County required to process EFT payments.
- E. Costs for services under the terms of this Contract shall be incurred during the contract period except as approved by County. Contractor shall not use current year funds to pay prior or future year obligations.
- F. Funds made available under this Contract shall not supplant any federal, state or any governmental funds intended for services of the same nature as this Contract. Contractor shall not claim reimbursement or payment from County for, or apply sums received from County with respect to that portion of its obligations that have been paid by another source of revenue. Contractor agrees that it

will not use funds received pursuant to this Contract, either directly or indirectly, as a contribution or compensation for purposes of obtaining funds from another revenue source without prior written approval of the County.

- G. County is not liable for the payment of any taxes, other than applicable sales or use tax, resulting from this Contract however designated, levied or imposed, unless County would otherwise be liable for the payment of such taxes in the course of its normal business operations.
- H. Contractor shall request a budget amendment, in writing, in advance of expenditures: 1) when aggregate expenditures are expected to exceed an approved budgeted line item by more than ten (10%) percent; or 2) to add a new budget line item; or 3) expenditures are expected to exceed the budgeted amount for an object class category (e.g. personnel); or 4) requesting a transfer of funds from one line item to another line item. No budget revision may result in an increase of the maximum dollar amount stated in Paragraph A, of this Section. The written request must specify the changes requested, by line item and amount, and must include justification. Prior to implementation of a budget revision, the County shall approve (or deny) the budget revision request. DPH has the authority to approve line item budget changes to the budget herein, as long as these changes do not exceed the total contract amount. In addition, upon approval from the IEHPC, RWP staff shall have the authority to move funds between RWP Service Categories. County shall notify the Contractor in writing of the status of the budget revision request within fourteen (14) calendar days of receipt of the Contractor's written request. The County reserves the right to deny the Contractor's invoice for expenditures in excess of the approved budgeted line item amount.
- I. For every approved budget modification, the Contractor shall, within ten (10) calendar days, prepare and submit revised budgets and scopes of work to the County incorporating the effects of the approved budget modification. In addition, the County may initiate budget amendments by written or electronic communication with the Contractor specifying the required amendment. The contractor shall respond by providing revised scope(s) of work and budgets as required to accomplish the requested amendment within the timeframe specified by the County.
- J. County may, as it deems necessary, ensure that no single monthly service category payment exceeds one-twelfth (1/12) of the total service category contract allocation unless there have been payments of less than one-twelfth (1/12) of such amount for any prior month of the contract. To the extent that there have been such lesser payments, then the remaining amount(s) may be used to pay monthly claim which exceed one-twelfth (1/12) of each service category contract allocation.
- K. County may withhold payment and/or require the return of funds for Ryan White expenditures for services delivered to clients for which Ryan White eligibility was not clearly established and documented per HRSA and local policies.

#### VI. RIGHT TO MONITOR AND AUDIT

- A. County shall have the absolute right to monitor the performance of Contractor in the delivery of services provided under this Contract.
- B. County or any subdivision or appointee thereof, and the State of California or any subdivision or appointee thereof, including the Auditor General, shall have absolute right to review and audit all records, books, papers, documents, corporate minutes, and other pertinent items as requested, and shall have absolute right to monitor the performance of Contractor in the delivery of services provided under this Contract. Full cooperation shall be given by Contractor in any auditing or monitoring conducted.
- C. Contractor shall cooperate with County in the implementation, monitoring and evaluation of this Contract and comply with any and all reporting requirements established by this Contract.

- D. All records pertaining to service delivery and all fiscal, statistical and management books and records shall be available for examination and audit by county, federal and state representatives for a period of three years after final payment under the Contract or until all pending county, state, and federal audits are completed, whichever is later. Records of the Contractor which do not pertain to the services under this Contract may be subject to review or audit unless provided in this or another Contract. Technical program data shall be retained locally and made available upon the County's reasonable advance written notice or turned over to County. If said records are not made available at the scheduled monitoring visit, Contractor may, at County's option, be required to reimburse County for expenses incurred due to required rescheduling of monitoring visit(s). Such reimbursement will not exceed \$50 per hour (including travel time) and may be deducted from the following month's claim for reimbursement.
- E. Contractor shall provide all reasonable facilities and assistance for the safety and convenience of County's representatives in the performance of their duties. All inspections and evaluations shall be performed in such a manner as will not unduly delay the work of the Contractor.
- F. Upon County request, Contractor shall hire a licensed Certified Public Accountant, approved by the County, who shall prepare and file with County, within 60 days after the termination of the Contract, a certified fiscal audit of related expenditures during the term of the Contract and a program compliance audit.

Pursuant to OMB Circular A-133, Contractors expending \$500,000 or more in federal funds within the Contractor's fiscal year must have a single audit or program-specific audit performed. A copy of the audit performed in accordance with OMB Circular A-133 shall be submitted to the County within thirty (30) days of completion, but no later than nine months following the end of the Contractor's fiscal year.

G. The following closely related programs identified by the Catalog of Federal Domestic Assistance (CFDA) number are to be considered as an "Other cluster" for purposes of determining major programs or whether a program specific audit may be elected. The contractor shall communicate this information to the independent auditor conducting the organization's single audit.

US Department of Health and Human Services:

93.914 HIV Emergency Relief Project Grants - RWP Part A and MAI

#### VII. CORRECTION OF PERFORMANCE DEFICIENCIES

- A. Failure by Contractor to comply with any of the provisions, covenants, requirements or conditions of this Contract shall be a material breach of this Contract.
- B. In the event of a non-cured breach, County may, at its sole discretion and in addition to any other remedies available at law, in equity, or otherwise specified in this Contract:
  - 1. Afford Contractor thereafter a time period within which to cure the breach, which period shall be established at sole discretion of County; and/or
  - 2. Discontinue reimbursement to Contractor for and during the period in which Contractor is in breach, which reimbursement shall not be entitled to later recovery; and/or
  - 3. Withhold funds pending duration of the breach; and/or
  - 4. Offset against any monies billed by Contractor but yet unpaid by County those monies disallowed pursuant to Item "2" of this paragraph; and/or

5. Terminate this Contract immediately and be relieved of the payment of any consideration to Contractor. In event of such termination, the County may proceed with the work in any manner deemed proper by the County. The cost to the County shall be deducted from any sum due to the Contractor under this Contract and the balance, if any, shall be paid by the Contractor upon demand.

#### VIII. TERM

This Contract is effective as of March 1, 2014 and expires February 28, 2017 but may be terminated earlier in accordance with provisions of Section IX of the Contract.

#### IX. EARLY TERMINATION

- A. The County may terminate the Contract immediately under the provisions of Section VII, Paragraph B, Item 5 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 Assistant Executive Officer for Human Services is authorized to exercise the County's rights with respect to any termination of this Contract.
- B. Contractor shall only be reimbursed for costs and uncancelable obligations incurred prior to the date of termination. Contractor shall not be reimbursed for costs incurred after the date of termination.

#### X. GENERAL PROVISIONS

A. When notices are required to be given pursuant to this Contract, the notices shall be in writing and mailed to the following respective addresses listed below.

Contractor:

County of Riverside, Department of Public Health

P.O. Box 7600

Riverside, CA 92503

County:

(Program Information)

Department of Public Health
Attn: Ryan White Program Office

351 N. Mt. View Ave., 2nd Floor - Suite 200

San Bernardino, CA 92415-0010

County:

(Contract Information)

Human Services Attn: Contracts Unit 150 S. Lena Road

San Bernardino, CA 92415-0515

- B. Nothing contained in this Contract shall be construed as creating a joint venture, partnership or employment arrangement between the Parties hereto, nor shall either Party have the right, power or authority to create an obligation or duty, expressed or implied, on behalf of the other Party hereto.
- C. Contractor shall not offer (either directly or through an intermediary) any improper consideration such as, but not limited to, cash, discounts, service, the provision of travel or entertainment, or any items of value to any officer, employee or agent of the County in an attempt to secure favorable treatment regarding this Contract.

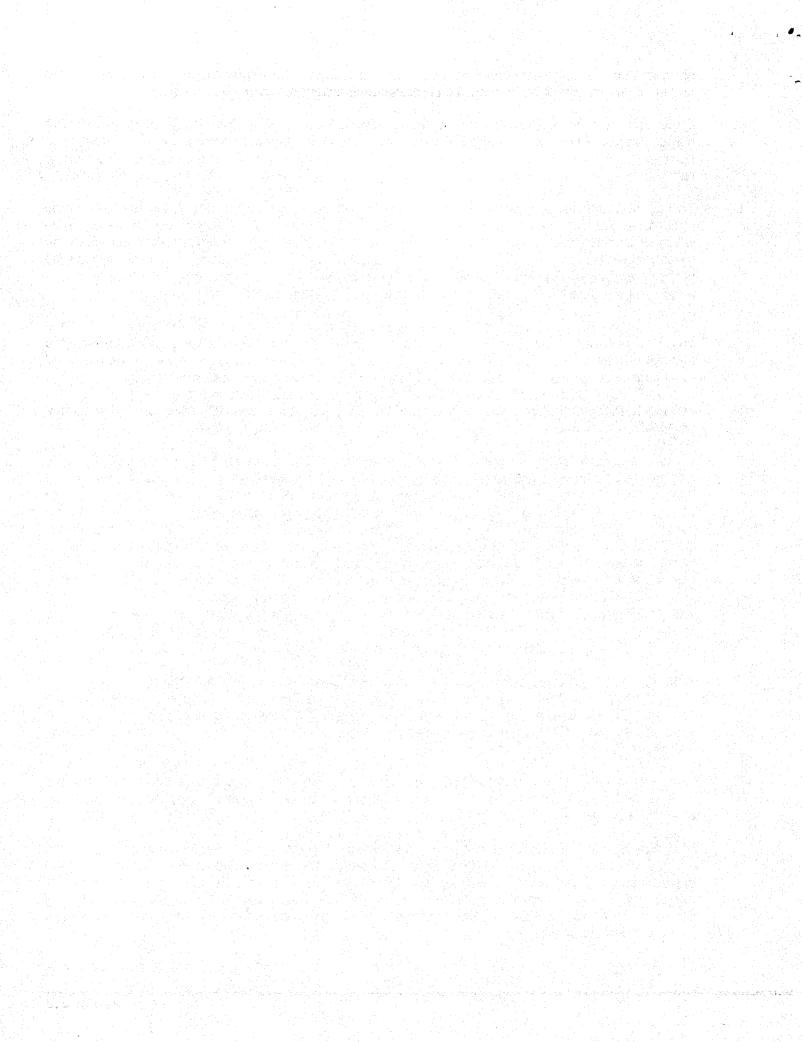
The County, by written notice, may immediately terminate any Contract if it determines that any improper consideration as described in the preceding paragraph was offered to any officer, employee

Awaliya siya bir salar 🕏

or agent of the County with respect to the proposal and award process. This prohibition shall apply to any amendment, extension or evaluation process once a Contract has been awarded.

Contractor shall immediately report any attempt by a County officer, employee or agent to solicit (either directly or through an intermediary) improper consideration from Contractor. The report shall be made to the supervisor or manager charged with supervision of the employee or to the County Administrative Office. In the event of a termination under this provision, the County is entitled to

- D. County discourages the purchase of equipment with funds received under this Contract. All equipment, materials, supplies or property of any kind (including publications and copyrights, etc.) which have a single unit cost of five hundred dollars (\$500) or more, including tax, purchased with funds received under the terms of this contract and not fully consumed in one (1) year shall be the property of County and shall be subject to the provisions of this paragraph. The disposition of equipment or property of any kind shall be determined by County upon Contract termination.
- E. The state and County shall have all ownership rights in software or modifications thereof and associated documentation designed, developed or installed with Federal financial participation. The Federal Government (Department of Health and Human Services) reserves a royalty-free, nonexclusive, and irrevocable license to reproduce, publish or otherwise use and to authorize others to use for Federal Government purposes, such software modification, and documentation. Proprietary software packages that are sold or leased to the general public are not subject to the ownership provisions.
- F. County shall have a royalty-free, non-exclusive and irrevocable license to publish, disclose, copy, translate, and otherwise use, copyright or patent, now and hereafter, all reports, studies, information, data, statistics, forms, designs, plans, procedures, systems, and any other materials or properties developed under the Contract including those covered by copyright, and reserves the right to authorize others to use or reproduce such material. All such materials developed under the terms of the Contract shall acknowledge San Bernardino County as the funding agency and Contractor as the creator of the publication. No such materials or properties produced in whole or in part under the Contract shall be subject to private use, copyright or patent right by Contractor in the United States or in any other country without the express written consent of County. Copies of all educational and training materials, curricula, audio/visual aids, printed material, and periodicals, assembled pursuant to the Contract must be filed with County prior to publication. Contractor shall receive written permission from County prior to publication of said training materials.
- G. All documents, data, products, graphics, computer programs and reports prepared by Contractor pursuant to the Contract shall be considered property of the County upon payment for services (and products, if applicable). All such items shall be delivered to County at the completion of work under the Contract, subject to the requirement of Section VIII, Term. Unless otherwise directed by County, Contractor may retain copies of such items.
- H. County shall have Power of Attorney to pay delinquent debts and unpaid wages for work provided under this Contract from accounts payable to Contractor in the event debts and wages have not been paid on a current basis.
- I. No waiver of any of the provisions of the Contract shall be effective unless it is made in a writing which refers to provisions so waived and which is executed by the Parties. No course of dealing and no delay or failure of a Party in exercising any right under the Contract shall affect any other or future exercise of that right or any exercise of any other right. A Party shall not be precluded from exercising a right by its having partially exercised that right or its having previously abandoned or discontinued steps to enforce that right.
- J. Any alterations, variations, modifications, or waivers of provisions of the Contract, unless specifically allowed in the Contract, shall be valid only when they have been reduced to writing, duly signed and



- approved by the Authorized Representatives of both parties as an amendment to this Contract. No oral understanding or agreement not incorporated herein shall be binding on any of the Parties hereto.
- K. If any provision of the Contract is held by a court of competent jurisdiction to be unenforceable or contrary to law, it shall be modified where practicable to the extent necessary so as to be enforceable (giving effect to the intention of the Parties) and the remaining provisions of the Contract shall not be affected.
- L. This Contract shall be governed by and construed in all aspects in accordance with the laws of the State of California without regard to principles of conflicts of laws. The Parties agree to the exclusive jurisdiction of the federal court located in the County of Riverside and the state court located in the County of San Bernardino, for any and all disputes arising under this Contract, to the exclusion of all other federal and state courts.

#### XI. CONCLUSION

- A. This Contract, consisting of twenty-three (23) pages and Attachments A through G, is the full and complete document describing services to be rendered by Contractor to County including all covenants, conditions and benefits.
- B. The signatures of the Parties affixed to this Contract affirm that they are duly authorized to commit and bind their respective institutions to the terms and conditions set forth in this document.

C	IN WITNESS WHERE Contract to be subscribed in its behalf	ibed to by the Clerk	k thereof, and Contr	nty of San Bernardino has caused this actor has caused this Contract to be onth and year written.
			FOR A	PPROVED COUNTY COUNSEL (
				ATTEST: KECIA HARPER HEM, Clerk By DEPUTY
COUNTY OF	SAN BERNARDINO	heulaa		le, Department of Public Health me of corporation, company, contractor, etc.)
Janice Rutherf Dated: FEB	ord Chair, Board of Supervisor		SOXX-	onzed-signature – sign in blue ink)
SIGNED AND DOCUMENT	CERTIFIED THAT A COF HAS BEEN BELLVERED TO F THE BOAR SUP Clerk of the Boar Supplies to the B	O THE		type name of person signing contract)  Board of Supervisors  (Print or Type)
**************************************	Clerking the Sounds	pain of Supervisors of San Bernardino.	Dated: 6 3	<del>   × 7600</del>
U	ARDINO COUR			le, CA 92503
Approved as to Kristina M. Robi	Legal Form  Deputy County Counsel	Regina Dalton, HS Con	Dalton htracts Unit	Presented to BOS for Signature  Trudy Raymando, Director
Date ///3	114	Date 2- \	3-14	Date

Janier Rustberford

# SCOPE OF WORK

Hispanic/Latino/a	African American/Black	Total # VISITS/TRANSACTIONS <sup>2</sup> to be Provided	Planned Service to VISITS/TRANSACTIONS by Service Area of Residence:	Hispanic/Latino/a	African American/Black	Total # of UNITS to be Delivered	Planned Service UTILIZATION¹ by Service Area of Residence:	Hispanic/Latino/a	African American/Black	Total # Unduplicated CLIENTS to be Served	Planned Number of PATIENTS by Service Area of Residence:		SERVICE HEALTH OUTCOME(S):		SERVICE GOAL:	SERVICE CATEGORY:	CONTRACTOR:	CONTRACT NUMBER:	RYAN WHITE PROGRAM PART A: MAR 1, 2014 - FEB 28, 2015
		to be Provided	NSACTIONS by				by			be Served	ĀG	Improved or maintained CD4 cell count, as a % total lymphocyte cell Improved or maintained viral toad	Improved or maintained CD4 cell count	infection includes the provision of care that is consistent with the Unit and the American Academy of HIV Medicine (AAHIVM).	To maintain or improve the health status of persons living with HIV/A	<b>OUTPATIENT/AMBULATORY HEALTH SERVICES</b>	County of Riverside Department of Public Health, HIV/STD Branch	Leave Blank	AR 1, 2014 - FEB 28, 20
43	98	252	1 West Riv	129	295	756	1 West Riv	21	49	126	1 West Riv	d CD4 cell cou d viral load	d CD4 cell cou	provision of car demy of HIV M	the health sta	ATORY HEAL	epartment of Pu		015
12	28	72	2 Mid Riv	37	84	216	2 Mid Riv	6	14	36	2 Mid Riv	nt, as a % total	2	e that is consisted that is consisted that is consisted that is consisted that it is consisted to the that is consisted that it is consisted that it is consisted that it is c	tus of persons	TH SERVICES	ublic Health, HI		
6	14	36	3 East Riv	18	42	108	3 East Riv	3	7	18	3 East Riv	lymphocyte cel		tent with the Un M).	iving with HIV/A		V/STD Branch		
0	0 >	0	3B West	0	0	0	4 SB West	0	0	0	4 SB West	Count		ited States Public Health Service, National Institutes of Health,	NDS in the TGA. NOTE: Medical care for the treatment of HIV				
0	0	0	SB East	0	0	0	5 SB East	0	0	0	5 SB East			Health Service	NOTE: Medical				
0	0	0	SB Desert	0	0	0	6 SB Desert	0	0	0	6 SB Desert			, National Instit	care for the tre				
61	140	360	Total	184	421	1080	Total	30	70	180	Total			utes of Health,	atment of HIV				

<sup>&</sup>lt;sup>1</sup> See Attachment J for descriptions of units of service for each service category.

<sup>2</sup> "Visit/Transaction": Each transaction = one (1) "visit/Transaction." Each encounter = one (1) "visit/transaction" regardless of the length of time (units). For example, \$20 of food vouchers = 2 "units" and 2 "visits/transactions." A one hour case management encounter = 4 "units" and 1 "visit/transaction."

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		<b>基本品牌品等</b>				
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	<ol> <li>Clinicians will complete a medical history on patients which is not limited to: family medical history, psycho-social history, current medications, and environmental assessment. Diabetes, cardiovascular diseases, renal</li> </ol>	<ul> <li>c) Reviewing lab test results</li> <li>d) Assessing the need for medication therapy</li> <li>e) Development of a Treatment Plan.</li> <li>a) Collection of blood samples for CD4 Viral load, Hepatitis and other testing</li> <li>b) Perform TB skin test and chest x-ray</li> </ul>	<ol><li>Clinic staff will conduct assessments including evaluation health history and presenting problems. Those on HIV medications are evaluated for treatment adherence. Assessments will consists of:</li></ol>	<ol> <li>The HIV/STD 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> </ol>	<ul> <li>Reletion to and Provision of Specially Care</li> <li>Treatment Adherence Counseling/Education</li> <li>Integrate and utilize ARIES to incorporate core data elements.</li> <li>Implementation Activities:</li> </ul>	Education and Counseling on Health Issues  Continuing Care and Management of Chronic Conditions	Medical History Taking  Diagnosis and Treatment of Common Physical and Mental Conditions  Prescribing and Managing Medication Therapy	Preventive Care and Screening Practitioner Examination	Diagnostic Testing Early Intervention and Risk Assessment	Development of Treatment Plan	Riverside Neighborhood Health Center, Perris Family Care Center and Indio	DOPH-HIV/STD medical treatment team will provide the following service delivery	PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES
												1 2 & 3	SERVICE AREA
And the second s											February 28,	March 1 2014 -	TIMELINE
							<ul> <li>Cultural Competency Plan</li> <li>ARIES Reports</li> </ul>	<ul><li>Documentation</li><li>Progress Notes</li></ul>	Documentation     Case Conferencing	Psychosocial Assessments     Treatment Adherence	Lab Results     Treatment Plan	Patient Health Assessment	PROCESS OUTCOME

	그 그렇게요 그 이 이 나는 그는 이렇게 하지만에 하고싶다. 그 그래
	그렇게 되어 보는 이 없는 그렇게 맛있다면서 그렇
	그램에 되는 그 그는 그는 사람들의 하고 있다. 중요를 됐다고 하다
	그리고 하는 그들이다. 그는 이러나 나는 회사하고 이번 목을 이 가장.
	그는 그 얼마가 되는 생기에 가고, 학자에 됐었다. 플래스에 다양
	그리는 그는 이번 사람들은 사람들이 얼굴하게 되었다. 얼굴하
	하는 그는 사람들은 이 아침은 살은 그는 사람들이 맞아 모두를 하
김 이 사용, 공항의 이렇게 되고 있는데 되었다. 이 나를 가는 것이	지민이들 역 회사의 전환 경기 내용으로 중함이 함께된 시작된다
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	그 그 그 그 이 그는 그들이 하다면 이 독대가 되다녔다면 이다.
	그는 그는 그 그는 그는 그 그 이 생물에 그 하루 바로 됐다.
· 하이슈 : 김성화 중 회기 및 경기 : 공기 : [	그는 그들은 경기를 가면 되었다면 끊은 그리고 말씀들면 모였다.
	그렇게 하는 이 사용에는 충격된 경험을 가게 하는데 하다.
어마이 회학 회에는 이 때문에 나는 사람들은 그리면 사람들이 없다.	이 용도 되는 집에 이용하는 그 이렇게 이 사이 하면 말이 되었다.
	보니하는 그리고 아래가 다시다면서 모르다는 하다 내일이다
놓이 한 시민들은 이 사람이 하나 하나 하나 하나 하는 것이 하는	여름이 소요한 어느에 살이고 폭력에 되면 걸었다. 먹니다.
네 네트 및 1927 1일 보는 그는 1일 그리는 물을 들는 그 나는 없었다.	그 사이들 그는 어느들이 있었어요? 그를 여겨야지 아름다야
최가 그러면 했다. 이 그렇다는 말이 하고 봐야 되는 이렇다. 아이	물리 그 문 이렇게 되었습니다면 살 때문에 되고 있다면서 다.
그 한 번 하다를 잃으니 건강이 됐는 생각하면 살았다면 하셨다.	이 보다 하는 것이 모든 이번 모든 강이 없는데 이 바라봤을 만난다였다.
나는 사람들이 많은 경기를 가는 사람들이 하면 하는 것이다.	보다 보
	그는 전 그는 이 사람들은 이번에 가는 살이 얼룩하는 것 같아.
	그는 이 그에 다른다. 나는 말이 다듬얼리겠다면서 되었다.
막게 되고 이 걸맞게 모든 모든 그리는 이 그를 하는 것이 하는 것이 그렇지 않다.	하게 나는 조사에 이렇게 하고 말이는 경하는 경하다 하나 하나?
원하는 문화 수는 그 수의 이 나왔다. 이 경우는 등이 되는 이 없다.	되었다는 한 호텔에 보고 들어 하면 생물일과 돼 고객에 녹였다
그는 문의 선생들의 교육하고 하고 하는 사람들은 경험을 가지 모양을 먹었다.	지정하고 있다면 그리는 사람이야 하셨다면서 가장하셨다.
그리고 사용되는 그리다 그리고 하는 것이 다른 바람이 나를 했다.	이번, 얼굴 사이를 하는데 보고 여러분이 모임들의 중요 바쁜 이다.
그 사람들 화가 되는 것들이 저는 말리는 살아왔었다. 그 그	급리 [개월도] 경상 이렇게 말을 살았다. 그렇게 하기고 다음.
이 이용 사람들이 하는 사람들이 일하는 사람이 되었다. 하나 사람이 뜻	필드웨이 전환되어 되고 있는데 이번 보고를 받았다고 말로
그는 그 그렇게 그렇는 이 동안 하는 사람들은 그 얼마를 하는데 얼마나 얼마나 다른데 다	
이 되고, 이 선생들도 이 이번 수십시간 생생님 그 네트로보다가 있다.	늦게 물 눈인 시간 사람이 되었다. 그는 그 이번 그는 그리고의 기속하고 계약하는 그
물리는 경기에서 그 말이 그리고 살아 된다는데 모르아 봐요?	에 배달한 하는 이 아이들이 그는 생각은 왜 된 이렇게 하고 한다.
인생하는 제가 그 남자를 받는 사람들은 하다가 쉬고 있었다.	
[발표] - 이렇게 그리고 하는 사람들이 하는 그리고 그리고 생각하다.	그는 어린다는 그렇게 되는 사람들이 되는 것은 얼마를 다 되었다.
하ば이 시작님이다. 사용에 흔들어 가 들을 때가 그렇게 내려워	그리는 마꾸는데 아이고난데의 테마터 불로하는 노동 보이죠?
얼마는 이렇게 뭐다. 그 이 아이에 살아가면 보다 그러워 그리고 이 유생이다.	
	그 생기에 들은 그는 맛하는 것 같아. 이 전 그는 그 그림을 하는 생활의 이 등을 깨울이 있다고 있다.
그리는 경찰에서 말을 하는데 네트리를 들어 모양이라고 있다면 하다고	그렇게 하는 살이 누워하는 이 것은 사람이 살아왔다면 하는 사람

8. Information will be entered into ARIES. The ARIES reports will be used by the Clinical Quality Management Committee 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."  *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	HIV Clinic Manager and designated 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 services based on established national <i>Cultural and Linguistic Competency Standards</i> .	HIV Clinic Manager and designated CDS will ensure that clinic staff at all levels and across all disciplines receive ongoing education and training in cultural competent service delivery to ensure that patients receive quality care that is respectful, compatible with patient'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.	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, Karposis Sarcoma, tuberculosis.	An assessment of the patients' current knowledge of HIV and treatment options is conducted by the designated staff providing patient education and risk assessment. Health education and counseling is provided to the patient 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.	Conducting a physical examination Reviewing lab test results Assessing the need for medication therapy Development of a Treatment Plan.	disease, GI abnormalities, pancreatitis, liver disease, or hepatitis.

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			경기 : 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		원래 아이라 살아 있다.
					Hari
				그리는 이 전경 어느 있는데 모	
				The second second	
					[명일 : 설명 : 10 H : 10
	그리는 그 강화는 경신 등으로 취임이			그 가까지 네트리 점점.	
				이 그 그래요 하는 나는 말을 싫었다.	
					취실 바로 하고 있는데 함
				그 교육을 쓴다고 하는 것.	
			어느 없이 되는 그 사이 가셨다.		
				보는 이렇게 눈됐게 이렇게	[19] 그렇게 되는 그를 하고 있었다.
	그렇게 불추다 하는 함께 하다.			옷이 걸었다 나라는	
					백업의 열 경상으로 보다.
		생활하다고 뭐 하지 않다.			회사회의 교회에게 되는 것들은
				어린 하는 그들은 그를 찾는데 것	
	이렇게하다 하는 생활에 하는 함께야.			이의 나는 사람들은 다음이다	
arte i Makar			이 그리 그렇게 하는 이 없다.		
					그렇게 다 가지 않다.
		기계화 전기에 되고도 기계화	그의 그리하면 뭐라면 됐으셨다.	레딩레 보겠다다 그 뭐다고?	
			불렀으러 말고 함께서 그녀가 보다고		
		점 영화가 관하는 것	보이다. 그렇게 하는데 그리는 얼마나		
		그 활동하다 하나 하나 사실.	내 하게 보다는 그의 밖에		
			그리고 소리하는 때 이번 봤다.		마이네고 아래면서 말라는데 되었다.
		grand military and a second of the second of	다음은 그리고 하는 그리아버지?		
		化原始性 化多类化异类化异	그 이번째 한 모든 100 시간 [12]	로 되고 있다는 건강하다 다.	
	그리고 그림으로 되었다. 뭐 되었어 끊다.		항공의 이용화 이 병원 동생이	현실 등 대로 있다. 경기 다리	
					승리되었다 연극했다.
		alina maniativa and Ali	사이는 사람이 가장 함께 함께 함께 다른 사람이 되었다.	살림이의 사이지 않아 하고 있는	
				회사 전혀들다 걸린 시험하다	
				그렇다 하는 얼마나 없다.	
			크게 되는 사람들이 힘 500 하는		
	그는 말하다 말하는 말하다며 많다.			가는 사람들이 하나왔다며	
다른 글로 그 기계 시간에 다	의 보는 그 사람들이 병원들이 되었다였다.				
	그림 얼마 그리는 그런 경기 계약.			그 그냥 많네 여기들까?	
		지원 연락하는 그 지나 사람			
	이 보는 아들은 아이들은 이 사람들이다.	살님이 그 얼굴하는 것 같다.			
				이번 아이 바다 나를 보다 아니다	리 개념이 되었다고요?
입 - 하이 이 됐게요~~				기가 있는 경찰을 받는 사람들이	
			기원 경험 목표 없는 그 그리다	하는 교육 전에 하는 사이다.	
	된 이번 이번 남은 그리고 있었다.				보고 항목화되었어서 되었다.
	이 그의 아래 얼마 없다는 그리는 내는 것				봤는 그림으로 하지요?
			이 벚꽃 사람이 모든 살게 하였다.		
		항상한 열 때 얼마 하나 뭐요			하시는 그녀는 물이 많다
하이 그 많은 그 싫었었는데		원보다 가게 되고 있는데			
			경찰에는 아닐 하는 이 이 이회되는		
			선생하는데 무늬하였다.	도 글러 네 네트리스 성기하다	경기 : 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			经基础 医克尔氏试验 电电流电池	어느 이 술으로 한다.	
	이 아름이 있는데 이 사람들이 되었다.				
	그런 얼마나 되었는데 바다. 그		医囊状乳腺 化二氯化乙酰基	그녀의 보기 가는 사람들	
			医精膜囊体 化二氯甲酰甲酰酚		
	이 보인이 나는 하지만 함께 걸어 먹다.	e name di Politica (No.			
	그들이 살아된 건가는 언니네이의				
	BAR 的复数 6 4 数的 1 1 4 数字的			선생님 이 살이 있다.	

Hispanic/Latino/a	African American/Black	Total # VISITS/TRANSACTIONS* to be Provided	Planned Service to VISITS/TRANSACTIONS by Service Area of Residence:	Hispanic/Latino/a	African American/Black	Total # of UNITS to be Delivered	Planned Service UTILIZATION <sup>3</sup> by Service Area of Residence:	Hispanic/Latino/a	African American/Black	Total # Unduplicated CLIENTS to be Served	Planned Number of PATIENTS by Service Area of Residence:	SERVICE HEALTH OUTCOME(S):	SERVICE GOAL:	SERVICE CATEGORY:	CONTRACTOR:	CONTRACT NUMBER:	RYAN WHITE PROGRAM PART A: MAR 1, 2014 - FEB 28, 2015
		to be Provided	SACTIONS by				У			be Served	У	Improved or maintained CD4 cell count Improved or maintained CD4 cell count, as a % of total lymphocyte cell count Improved or maintained viral load	To maintain or improve health outcomes of persons living with HIV/A	<b>AIDS Pharmacy Assistance</b>	County of Riverside Department of Public Health, HIV/STD Branch	Leave Blank	R 1, 2014 - FEB 28,
2	<b>O</b> T	14	∜ West Riv	2	5	14	1 West Riv	2	<b>O</b>	14	1 West Riv	ned CD4 cell couned CD4 cell couned CD4 cell couned wiral load	ve health outcor	sistance	Department of P		2015
1	2		2 Mid Riv		2		2 Mid Riv	1	2	4	2 Mid Riv	ınt ınt, as a % of tot	nes of persons l		ublic Health, HIN		
0	1	2	3 East Riv	0		2	3 East Riv	0	<b>1</b>	2	3 East Riv	al lymphocyte c	iving with HIV/A		//STD Branch		
0	0	0	SB West	0	0	0	4 SB West	0	0	0	4 SB West	ell count	IDS by making available needed HIV/AIDS medications				
0	0	0	5 SB East	0	0	0	5 SB East	0	0	0	5 SB East		vailable needed				
0	0	0	SB Desert	0	0	0	6 SB Desert	0	0	0	6 SB Desert		i HIV/AIDS mec				
3	8	20	Total	<b>3</b>	8	20	Total	မ	8	20	Total		lications.				

Please Note: One UOS is one per day supply for each medication; patient may have more than one medication.

See Attachment J for descriptions of units of service for each service category.
 "Visit/Transaction": Each transaction = one (1) "visit/Transaction." Each encounter = one (1) "visit/transaction" regardless of the length of time (units). For example, \$20 of food vouchers = 2 "units" and 2 "visits/transactions." A one hour case management encounter = 4 "units" and 1 "visit/transaction."

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	그는 얼굴로 그는 어떤 학화가요?			
	· 表面的特殊的 (1.15) (1.25) (1.25) (1.25)			
	다리 보이를 보는 사람들이 얼굴하다.			
불어 나 살았다.				
	그 하는 것이 되는 것이 없는 것이다.			
	병을 보냈다. 하는 이 경고들이			
	에 이렇게 꽤 가는 시청하다 아			
	내 봤다는 것은 건설하다			
4. 이 문제 네 되 함께 다른 생생님 하의 소설을 모				
통제 조계병하였다. 마음 원인 이 사람은				
그런 회 조건들이 선목 실수의 활혹의				
되면 불러하다. 하고 그리지, 바이 바로 말하던	화가하다 그 이번 때 보다			
	아내 내 있는 동요에 그리고 한다?			
보이는 사람이 살아 있는데 그 없다.				
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	1975 - 사용하는 보이일종 js			
된 그리 방화는 항상 강인 호텔을 보여야 했다.	민족화자 이름일이 말았다			
	그 아팠다는 건된 현실이			
	이 사용과 원하는 이상을 사용하는			
	유민이라일 사람들의 없는 이미라운			
	마르네이션 시민이 휴모프웨다			
	그는 교육하는 이어에게 함께 맞았다.			
		선거 됐습니다 함시.		
19 이 이 나를 하는데 하나 네 이 이 함께 다시	그런데 하는 것이 하셨다는 것 같다.			
원이 남자들이 가까졌다면 되었다.				
	그 경기를 받는다는 생님들이 되었다.			
	병생님들이 이용생태들이다.			
요하는 얼마 하는 제품 전체를 받아 모양했다.	항 되었는 다그리 목불회신			
4 - 가겠다는 'PE - YEE - 10 YEE - 12 YEE				
1. 다. 젊. 그리다는 사람이 모르아는 그로				
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	to the control of the		化二氯甲基甲基氯甲基甲基基	

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8. HIV Clinic Manager and designated CDS will ensure that clinic staff at all levels and across all disciplines receive ongoing education and training in cultural competent service delivery to ensure that patients receive quality care that is respectful, compatible with patient'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	<ol> <li>Patient will be provided with physician's prescription of one 30 day or less supply of antiretroviral medications or other medications on formulary as prescribed by clinician.</li> </ol>	<ol> <li>The RN documents in the Ryan White Log the patient who received Ryan White Pharmaceutical Assistance, the name of the medication, the cost and the date it was ordered.</li> </ol>	<ol><li>The RN or LVN will insert one copy of the medication order into the patients chart indicating in the progress note that patients' medications were paid for by Ryan White.</li></ol>	4. Once verified that the patient 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.	<ol> <li>After screening, if patient is identified in need of pharmaceutical assistance, the RN or LVN will check with the Billing Clerk to confirm that the patient is eligible for RW services.</li> </ol>	<ol> <li>Patients will be screened by an Insurance Billing Clerk from the Riverside HIV Care Program to link with insurance programs (MISP/ADAP/Medi-Cal Expansion/Medicare) with the goal of obtaining a long-term insurance plan.</li> </ol>	<ol> <li>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> </ol>	Implementation Activities:	<ul> <li>Antiretroviral medication (HIV/AIDS)</li> <li>Services are provided based on established Cultural and Linguistic Competency Standard</li> <li>Integrate and utilize ARIES to incorporate core data elements.</li> </ul>	DOPH-HIV/STD medical treatment team will provide the following service delivery elements to PLWHA receiving AIDS Pharmaceutical Assistance at Riverside Neighborhood Health Center, Perris Family Care Center and Indio Family Care Center.	PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES
28			'ng	<b>0</b> Z	2				Ġ	 	SERVICE AREA
										March 1, 2014 – February	TIMELINE
									Cultural Competency Plan ARIES Reports	Medication Logs Documentation in Patient's Chart -	PROCESS OUTCOME

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CONTRACT NUMBER:	Leave Blank			<b>,</b>				
GORY:	Mental Health Services							
	To have services available throughout the TGA to minimize crisis situ	throughout the	TGA to minimi:	ze crisis situati	ations and stabilize patient's mental health status, in order to	e patient's men	tal health status	s, in order to
	maintain in the care system	1.						
SERVICE HEALTH OUTCOME(S):	Improved or maintained CD4 cell count	04 cell count						
	Improved or maintained viral load	al load						
	Medical Visits							
	*Beck Depression Inventory (BDI)	y (BDI)						
	**Behavior Assessment Inventory (BAI)	entory (BAI)						
	***Global Assessment of Function Axis V	unction Axis V						
Diamed Number of DATIENTS by		a.	J	J.	<i>A</i>	ת	6	
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Service Area of Residence:	We	West Riv M	Mid Riv E	East Riv	SB West	SB East	Desert	
Total # Unduplicated CLIENTS to be Served		21	6	3	0	0 1	0	30
African American/Black		8	2	1	0	0	0	11
Hispanic/Latino/a		4		1	0	0	0	6
Planned Service UTILIZATION <sup>5</sup> by		A	2	ယ	4	5	6	
Service Area of Residence:		West Riv M	Mid Riv E	East Riv	SB West	SB East	Desert	Otal
Total # of UNITS to be Delivered		84	24	12	0	0	0	120
African American/Black		33	9	රා -	0	0	0	47
Hispanic/Latino/a		14	4	2	0	0	0 ~	20
Planned Service to VISITS/TRANSACTIONS by	SACTIONS by	dess	2	ယ	4	O1	6	7,407
Service Area of Residence:		West Riv M	Mid Riv E	East Riv	SB West	SB East	Desert	10101
Total # VISITS/TRANSACTIONS to be Provided		630	180 (	90	0	0	0	900
African American/Black		246	70	35	0	0	0	351
Hispanic/Latino/a		107	<u>3</u>	15	0	0	0	153

See Attachment J for descriptions of units of service for each service category.
 "Visit/Transaction": Each transaction = one (1) "visit/Transaction." Each encounter = one (1) "visit/transaction" regardless of the length of time (units). For example, \$20 of food vouchers = 2 "units" and 2 "visits/transactions." A one hour case management encounter = 4 "units" and 1 "visit/transaction."

왕이 되었습니다 이 사람이 사용된다는 사람				
그 그 그림에 다른 이번 구하는다고 한 빛을 됐다.				
할 하는 모든 가는 모든 화를 하고싶다고, 그렇다는 것				
하고 있는데 이 그런 그렇게 되는 것을 사려면 가게 하는 것 하고 있는데 이 그런 그런 말로 하고 싶어?				
인도 이번의 그리는 생각 본래 회교를 꾸는 것.				
[마련된 그렇지다] [ 꽃하면질도 되다고요.				
항공원지당인이 이 그리는 전환 [4] 프로그로 만할				
기가 들어졌다면 돈 이 목욕을 되었다고 했다.				
[[ 스타이캠드] 보고 환경 등 하는 네트워.				
사용생활이 가게 되는 것이 하셨다. 항품 안				
			경찰 교육 경찰	
그리다는 이번에 다른 경우 존개하다면				
	근하는 경기를			
생물속 그릇한 것 만든 하는 생각 생각이 없었다.				
그는 사람들은 그 이렇게 살려왔다고?				일하면 사용하게 가능한 1.1.1 전체 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
그는 함께 가는 그의 첫번째 하다다다.				
시간 사람들이 되었다. 그는 사람들이 되었다. 그렇게 되었다. 나는 사람들이 되었다. 그는 사람들이 되었다. 그렇게 되었다. 그렇게 되었다.				
하는 하는데요? 그런데요 황약하고 있다		는 기존 선택으로 가장하지 않는 그 사람들은 기술의 많은 다		
불통에 들어지는 하는 그를 찾는 이 모르는 말				
에 이야함 한국도 그는 그는 전시에 하를 살았다.				
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March 1;	patient, which will include individual and/or group counseling sessions.  Clinical therapists and Psychiatrist will meet weekly to discuss patient's treatment plans and how to further assist the patient in reaching their goals and objectives during case	Based on clinical assessment, the Clinical therapists and Psychiatrist will determine a DSM-IV-TR Diagnosis and develop a goals and treatment plan signed by both therapist and	Clinical therapists and Psychiatrist will have the patient complete all necessary forms that inform the patient regarding the mental health services they are to receive, confidentiality, and their commitment to treatment.	abuse and patients goals related to mental health treatment.	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	the intake process. The assessment will involve the gathering of information from the patient	Office Attention of The Citation of the Control of	Clinical Social Worker and part-time Psychiatrist to expand on-site mental health services for nations receiving Outpatient/Ambulatory Health Services	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	according to the IEHPC Standards of Care and Scope of Work activities.	The HIV Clinic Manager is responsible for ensuring Mental Health Services are delivered	nentation Activities:	Integrate and utilize ARIES to incorporate core data elements.	Services are provided based on established Cultural and Linguistic Competency Standards	Referral to other Mental Health Professionals	Psychiatric Assessment/Evaluation Session  Psychiatric Medications Management Session	Case Conferencing Session	Group Counseling Session	Individual Counseling Session	Development of Care/Treatment Dian		Care Center and Indio Family Care Center.	HIV/STD clinical therapists and psychiatrists will provide the following service delivery	PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES
																						1, 2, & 3		SERVICE AREA
Psychosocial Assessment Forn DSM IV Diagnos Goals & Treatme Plan Progress Notes Case conferencin documentation Referral Logs Global Assessme Functioning (GAI Outcome Measur Form Curriculum for Wormen's therap) Sign-In Sheets Cultural Compete Plan ARIES Reports														3						28, 2015	February	March 1, 2014 -		TIMELINE
Psychosocial Assessment Forr DSM IV Diagnos Goals & Treatme Plan Progress Notes Case conferencir documentation Referral Logs Global Assessme Functioning (GAI Outcome Measur Form Curriculum for Women's therap, Sign-In Sheets Cultural Compete Plan ARIES Reports											•					• •		•	•			•		q
Table Company Comp										ARIES Reports	Cultural Competency	Sign-In Sheets	Curriculum for	Outcome Measurement	Functioning (GAF)	Global Assessmen	documentation	Case conferencing	Progress Notes	Goals & Treatment	DSM IV Diagnosis	Psychosocial Assessment Form		PROCESS OUTCOME

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#### conferencing

- Patients are referred by the physician or clinical therapist for psychiatric assessment and evaluation if patients' present with a mental health issue that may require psychiatric will prescribe a medication regimen based on the psychiatric assessment and manage the evaluation and medication, (e.g., bi-polar, schizophrenia, depression, etc). The psychiatrist patient's psychiatric diagnosis and in conjunction with the multi-disciplinary team.
- œ nutritionist, medical case managers, health education and health service assistants
- ထ 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 patient
- 10. HIV Clinic Manager and designated CDS will ensure that clinic staff at all levels and across cultural, health beliefs, practices, preferred language and in a manner that reflects and to ensure that patients receive quality care that is respectful, compatible with patient's all disciplines receive ongoing education and training in cultural competent service delivery respects the race/ethnicity, gender, sexual orientation, and religious preference of

community served

- 11. HIV Clinic Manager and designated 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 services based on established national *Cultural and* Linguistic Competency Standards
- 12. Information will be entered into ARIES. The ARIES reports will be used by the Clinical opportunities for improvement in care and services, improve desired patient outcomes and Quality Management Committee to identify quality service indicators and provide results can be used to develop and recommend "best practices.

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include, but is not limited to medical providers, psychiatrist, nurses, social workers,	ळ	
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# PLANNED GROUP SERVICE UTILIZATION (FOR ANY ACTIVITIES PROVIDED IN GROUP SETTINGS

	i		<u>.</u>	- 1	-			نطق		٠	
approach to help HIV women process and develop	Art Therapy is also provided as an integrative	medications and compliance and safe sex practices.	HIV and its treatment, transmission of HIV,	empowerment education; encompasses the aspects of	Therapy Group - Fosters education, support and	Group Name #1: HIV/ AIDS Women's					Group Name/Description
									Delivery	Service	SA of
						1 Women Closed			Population	Targeted	
						Closed				Closed	Open/
		e in				Six-Eight	Session	Per	Attend	Avg.	Expected
						2 Hours				Length	Session
				every month	Session	One				Per Week	Sessions
						Ongoing				Duration	Group
r direttoring (Och ) do	Eunctioning (CAE) as	Assessment	their Global	significant increase in	demonstrate a clinically	Ongoing   75% of patients will					Outcome Measures

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				마리 발표 경향을 모르는데 가게
				아이를 하게 하는 것 같아 좋는다.
				그리 선생생님이 함께 되기 있다.
				문화 도로리에 트럭되어요.
	이 경기성 원래 입시되는 경영.			
				그림(지방) 그리지, 그림 없다
	이는 바람이 병인 전체에 되고 있다고?			
				회문 그는 학계 시간 원인
회 회문의 설문에 기계를	기가 없는 사람들이 많이 나가 있다.			
	요즘 생물이 되었다는 그리는 하다			
	그리얼 그 강택 하시셔요? 그리	경기 회문 그 아이지 않는		왕 교육에 되어 하루 이 경험
		할 뿐이 관계가 그렇지 않는		
	일요 전하다 그 원칙 보다면서	함께 살아왔다. 이 사고 회사 전		
	하는 사람이 되었지 않아야.			
	일하는 사람들은 하는 이 지수는 방송이	양성이다. 이 경우 기본으로		
		이 말씀하고 하는 본 경찰으로 다		
	그렇게 하는 사람들이 얼마를 하는데 살았다.	하는 얼마를 들었다. 경기 가지	됐다면 그 그 생각.	
	네 마침들이 얼굴 전화 전략			
	그러운 내 말에 많아 되나왔다. 말으면			조건들 마음 하는 것이 되었다.
	그렇게 하는데 가는 사람들이 나왔다.			심하라면 무슨 함께를 다 다음.
	그러면 그는데 그리 사람들은 모습이	현기 전에 가는 바람이		싫어할 통이 되었다. 그 그
				화생대 보다 왕은 동네 회사
	화면 경향 그렇게 되었다.			
		사람들이 하는 것 같습니다. 1982년 - 1일 - 1		
		일이 어떻게 됐다. 그래, 몇만요.		그는 얼마 하는 동안 한 장
	아이 생하는 사람은 살아서 얼마를			
		이 시청 중에 나는 맛이다.		
				현 임회 보호하는 현 보이다.
				明月 计编译记录 电电
	맛 없다고 되었다. 불편의			그 본다는 그 발생에 하다
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## SCOPE OF WORK TEMPLATE

CONTRACT NUMBER:	Leave Blank						
CONTRACTOR: C	County of Riverside Department of Public Health, HIV/STD Branch	oublic Health, H	WSTD Branch				
SERVICE CATEGORY: M	Medical Case Management Services (MCM) (Including Treatment	es (MCM) (Incl	uding Treatmen	t Adherence)			
SERVICE GOAL: TI	The goal of providing medical case management services is to ensure struggling with challenging barriers to care, marginally in care, and/or coordination assistance to support participation in HIV medical care.	management se to care, margina varticipation in H	rvices is to ensurally in care, and/o		are unable to s or CD4/Viral loa	elf-manage the	eir care, e intense care
SERVICE HEALTH OUTCOME(S): In	Improved or maintained CD4 cell count Improved or maintained CD4 cell count, as a % of total lymphocyte cell count Improved or maintained viral load Improved or maintained viral load Medical Visits *Reduction of Medical Case Management utilization due to patient self-sufficiency.	unt as a % of to ement utilization	otal lymphocyte c	ell count elf-sufficiency.			
Planned Number of PATIENTS by Service Area of Residence:	1 West Riv	2 Mid Riv	3 East Riv	4 SB West	5 SB East	6 SB Desert	Total
Total # Unduplicated CLIENTS to be	to be Served 178	51	26	0	0	0	255
African American/Black	70	20	10	0	0	0	100
Hispanic/Latino/a	30	9	4	0	0	) O	43
Planned Service UTILIZATION <sup>7</sup> by Service Area of Residence:	1 West Riv	2 Mid Riv	3 East Riv	4 SB West	5 SB East	6 SB Desert	Total
Total # of UNITS to be Delivered	893	255	128	0	0	0	1276
African American/Black	348	99	50	0	0	0	497
Hispanic/Latino/a	152	43	22	0	0	0	217
Planned Service to VISITS/TRANSACTIONS by	CTIONS by	2	ယ	4	5	6 6	To+2
Service Area of Residence:	West Riv	Mid Riv	East Riv	SB West	SB East	Desert	FOtal
Total # VISITS/TRANSACTIONS to be Provided	pe Provided 714	204	102	. 0	0	0	1020
African American/Black	278	80	40	0	0	0	398
Hispanic/Latino/a	121	35	17	0	<b>o</b>	0	173

See Attachment J for descriptions of units of service for each service category.
 "Visit/Transaction": Each transaction = one (1) "visit/Transaction." Each encounter = one (1) "visit/transaction" regardless of the length of time (units). For example, \$20 of food vouchers = 2 "units" and 2 "visits/transactions." A one hour case management encounter = 4 "units" and 1 "visit/transaction."

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	이 회사에게 그렇게 맞아지다.					그 일 않아 한번 있다.
						이 되면 시청하다 중
			일반 교육된 속으로 그			
	그들 말이 많은데 작은다		불빛이 하시네요.			
	그 항 없는 말통하다					
	그러는 그들의 연구를					
					그러 생각이 있다고	
	보기 5분원회 대 원칙 기병					
		机基件设施				
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Medical Case Managers will conduct initial and ongoing assessment of patient acuity level and service needs. If patient is determined to not need intensive case management services	Medical Case Managers will conduct an initial needs assessment to identify which HIV patients 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.	<ul> <li>Need one or more of the following services: home health, home and community-based services, mental health, substance abuse, housing assistance, and/or are clients that exhibit the following, according to current physician documentation:         <ul> <li>CD4 &lt;500 and any viral load, including "undetectable"</li> <li>CD4 &lt;500 and any reportable viral load</li> <li>Viral load &gt;100,000 and any CD4 Count</li> </ul> </li> </ul>	Medical Case Managers will provide Medical Case Management Services to patients that meet the following criteria:	The HIV Clinic Manager is responsible for ensuring MCM services are delivered according to the IEHPC Standards of Care and Scope of Work activities.	Implementation Activities:	Includes all types of case management including face-to-face, phone contact and any other forms of communication.  Integrate and utilize ARIES to incorporate core data elements.	dietary/nutrition advice and education, and terms and information needed by the patient to effectively participate in his/her medical care	Provide or refer patients for advice, support, counseling on topics surrounding HIV disease, treatments, medications, treatment adherence education, caregiver bereavement support,	Coordination and follow-up of medical treatments	Periodic re-evaluation and adaptation of the plan as necessary	Patient monitoring to assess the efficacy of the plan	Coordination of services required to implement the plan	Initial and ongoing assessment of the patient's service needs	DOPH-HIV/STD Medical Case Managers (Social Workers) will provide the following <b>service delivery elements</b> to PLWHA receiving Medical Case Management Services at Riverside Neighborhood Center, Perris Family Care Center and Indio Family Care Center.	PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES
														1, 2, & 3	SERVICE AREA
													28, 2015	March 1, 2014 –	TIMELINE
							<ul><li>Plan</li><li>ARIES Reports</li></ul>	<ul><li>Progress Notes</li><li>Cultural Competency</li></ul>	Referral Logs	<ul> <li>Case Conferencing</li> <li>Documentation</li> </ul>	Plan	<ul> <li>Assessments</li> <li>Comprehensive Care</li> </ul>	Patient Acuity	<ul> <li>Medical Case         Management Needs         Assessments     </li> </ul>	PROCESS OUTCOME

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- care physician/provider and other health care/support staff to maximize patient's care and problem/presenting issue(s), service need, goals, action plan, responsibility and timeframes facilitate cost-effective outcomes. The plan will include the following elements: The MCM staff will develop an individualized care plans in collaboration with patient, primary
- တ MCM staff will periodically re-evaluate and modify care plans as necessary (minimum of six
- MCM staff will advocate on the patient's behalf and provide direct provision or referrals, to treatments, medications, or other health related topics. other service providers for advice, support, counseling on topics surround HIV disease
- œ experiencing and work with treatment team staff to provide additional education and The MCM staff will discuss and document treatment adherence issues the HIV patient is counseling for patient.
- The MCM staff will work with the HIV patient to become effective self-managers of their own
- 10. MCM staff will share the care plan with the treatment team during case conferencing and MCM staff will maintain ongoing coordination with internal programs and external agencies to which patients are referred for medical and support services.
- 11. HIV Clinic Manager and designated CDS will ensure that clinic staff at all levels and across cultural, health beliefs, practices, preferred language and in a manner that reflects and to ensure that patients receive quality care that is respectful, compatible with patient's community served respects the race/ethnicity, gender, sexual orientation, and religious preference of all disciplines receive ongoing education and training in cultural competent service delivery
- 12 HIV Clinic Manager and designated CDS will review and update on an ongoing basis the management oversight to provide services based on established national Cultural and written plan that outlines goals, policies, operational plans, and mechanisms for Linguistic Competency Standards
- ಘ Information will be entered into ARIES. The ARIES reports will be used by the Clinical opportunities for improvement in care and services, improve desired patient outcomes and Quality Management Committee to identify quality service indicators and provide results can be used to develop and recommend "best practices

		내 하시아 이 보고 하다 나	
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현실, 그렇게 하는 그들 하는 것이 되는 것이 되었다.			
		하네는 나들이 그리다 하고있다.	
그리가 경기 되어 됐다. 회사를 받는 바다를 하는 것이 되었다.			
등에 있습니다. 그는 이번 사람들은 보육하게 하시었다.			
		그러워 나는 함께 가는 살이다.	
선생회에게 가는 아노 얼룩 가쁜 동네를 가운데			
		그에서 이 없는 항공하는 되었다	
기사의 가장이 있는데 아이트 시간에 있는데 하는데 아니다.			내가 여자 그리는 것
그는 이 회사 수 있었다. 그리고 한 사람이 되었다. 그는 그는 것이			
		그 하노 그러고 그 얼을 닦을까	
보고, 없는 사람이 있었다. 그는 차가 하는 이 수이다			
아이아는 다음을 만드라면 사용을 받았다. 그 경에 그 나는			
네 아들도 있다는 그 후로 없이는 이 사이를 하는 것이 어떻게 하셨다.		하다. 농물대의 원인경관원인	
걸릴 이 어린 시대에 제대를 되었는데 대통 경기 모든다.		가 없이 없는 것도 살아 있는 것이 되지 않는 것도 같이 같습니다. 그는 말이 되는 것을 보고 있는 것도 없는 것도 없는 것도 없다.	
들어가 된다. 이 이 아는 생님이 아니라 하다 가 없었다.		발매 닭으로 하는 말이 다른	
희물을 하는 것이 하면서 많은 그렇게 돌을 살이었다. 나			
이는 그리는 이번 물리로 먹는 말을 내셔요? 이렇다.			
발생되다 보다는 것이 하셨다는데, 하얗게 되었다.		이번째 사이들 병 등일이다고	
하는 물로 마시다 내가 살 하다는 해 가능했다			
아는 일반 방문이 가는 사람이 가장 그 그들이 다양하는 시작을			
보통 이름 마시다라 이번 일 등록하는 이름보다.			
그리는 일 이상으로 많아왔다 중하장 왜 가다면 이			
		경기를 하지 않는 바다 하다	
이 말이 보고 있는 그 사람 말까지 말을 만하셨다고? 뭐다			
보이다 이는 시험을 보다는 것 이 제공화이다고 휴리 첫		그리는 이번 기본을 즐겁게 되어	
그렇게 하고 있는 사람들은 그는 사람들은 그리는 것이 없는 것이다.		물림으로 그는 얼마를 보고 하네요.	
있는 경기를 가지 않는 것은 살림을 살아보고 있다.			
		고 살폈다고 없어요? 그렇다는 이번	
일어 있는 사람들은 그는 그 사람들이 없어 함께.			
	경기를 가고 있는 것		
그는 그 전 이번 가는 그리고 사용하다 의 한 이 사람들.			
병원 하이 아이들 사이 하는 하네. 승규는 생각이 하지 않을까?		조절 회사님이 살아 나는데 하네요.	
		보통 요한 경기원들은 말한다.	
·运用等等的。1967年,1967年,1964年,1964年,1964年			
		강 되는 것 같은 나는 것 같다.	
		음소 (N. ) 전 15 등 전 <sup>1</sup> 17	
반화면 하는 이 보이다는 경험 시간 호텔 하나?			
		경험, 경기계상 경원당.	
병원에 가는 사람들이 가득하는 이번들이 하다니다.		어떻게 했다고 나는 사람이다.	
일일 그렇게 하는 사람이 걸면 생활한 모습니다.			

CONTRACT NIMBER:   Leave Riank	l eave Riank	6107						
CONTRACTOR:	County of Riverside Department of Public Health, HIV/STD Branch	Department of P	ublic Health, H	IV/STD Branch				
SERVICE CATEGORY:	Early Intervention Services (Part A)	Services (Part A						
SERVICE GOAL:	Quickly link HIV infected individuals to testing services, core medical services, and support services necessary to support treatme adherence and maintain in medical care. Decreasing the time between acquisition of HIV and entry into care will facilitate access to medications, decrease transition rates, and improve health outcomes.	cted individuals to tain in medical corasse transition ra	o testing service are. Decreasinates, and improv	es, core medical g the time betwe ve health outcom	services, and support services necessary to support treatment en acquisition of HIV and entry into care will facilitate access es.	port services I	necessary to suinto care will fa	pport treatmen cilitate access
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	ned CD4 cell couned CD4 cell couned country to the cell couned wirell load	int int, as a % of to	ital lymphocyte c	ell count			
	Accessing Medical Care (at least two medical visits in a 12 month per Linkage to HIV Medical Care System	Care (at least two	medical visits i	in a 12 month pe	riod)			
Planned Number of PATIENTS by	y	Law	2	ယ	4	CT.	g တ	# -
Service Area of Residence:		West Riv	Mid Riv	East Riv	SB West	SB East	SB Desert	otal
Total # Unduplicated CLIENTS to be Served	be Served	66	19	10	0	0	0	95
African American/Black		26	7	4	0	0	0	37
Hispanic/Latino/a		11	3	2	0	0	0	16
Planned Service UTILIZATION <sup>9</sup> by Service Area of Residence:	Ÿ	1 West Riv	2 Mid Riv	3 East Riv	4 SB West	5 SB East	6 SB Desert	Total
Total # of UNITS to be Delivered		200	57	29	0	0	0	286
African American/Black		78	22	<b>-</b>	. 0	0	0	111
Hispanic/Latino/a		34	10	5	0	0	0	49
Planned Service to VISITS/TRANSACTIONS by	SACTIONS by	West Div	2	3	4	)   	6 SB	Total
Convict Plea of Residence.		West Niv	WIG NIV	EdSt NIV	Se west	SE Edsi	Desert	
Total # VISITS/TRANSACTIONS" to be Provided	to be Provided	133	38	19	0	0	0	190
African American/Black		52	15	7	0	0	0	74
Lipponio ations				The second secon	The second secon		5	3

See Attachment J for descriptions of units of service for each service category.
 "Visit/Transaction": Each transaction = one (1) "visit/Transaction." Each encounter = one (1) "visit/transaction" regardless of the length of time (units). For example, \$20 of food vouchers = 2 "units" and 2 "visits/transactions." A one hour case management encounter = 4 "units" and 1 "visit/transaction."

				그는 이 사이들밖에 되었다. 이를
				하하는 사람들이 얼마를 받는데 없다.
				근육 회사는 경기가 혹하였는
				레마크의 호텔 크리를 다르면 :
	그리아이라는 이 나를 한 불어났다.			
				또 녹, 이트 제작자 및 보험,
				기사회에 있는 생활을 이번 없다.
	보이는 이번 그는 사람이 없다면?			소리 됐다는 경험을 받고 있다.
제가 하는데, 작품 경험으로 가게				
				이 그들로 된 잘못할 수 되어 수 편
불가 그는 네고가 그림을만	가격시는 그는 일반 학생들은			
				이 노네를 통화가 봤는데 이 이야
				음악 보기 생활한 글라는 보기
		나는 그리 설계 얼마다	나를 하게 하는데 그렇	
어마시얼 환경 시네요요.				
	교회 발표하기 기계를 빨랐다.			
				H로 수가통하다 보다다
				회사 마양을 됐다고 하는 것
하시아 얼마나는 병에 살려왔다.				
and the second of the second o				
	그 원내 그는 그리를 잃다.			
	레트레이 성진 중대다 옮고			는 가능하는 것이다는 사람들이 있습니다. 이라고 하였다. 이렇게 하는 이 보고 살았다. 그런 하다
	그는 이번 사용하시다.			
		그림 홍취 교리 있었다.		
				않는 하는 하는 하를 통하는 것이 없다.
		그를 만족하다.		
				하는 이 이번째까지 말았다.
그는 어린 보인 보인 경인 그 회원을				보다면 사람들이 얼마나면 들어
				최일의 화고 성취 관계급
				로 다음 연구를 받는 것을
				사용 : 프랑스 - 1955 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1 일본 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 - 1965 -

T SAME MENTER OF STREET SECTION FERROR (MEMORY STREET STREETS OF CORRESPONDING SECTIONS).			
DOPH-HIV/STD Communicable Disease Specialists will provide the following <b>service delivery elements</b> to PLWHA receiving EIS (Part A) at Riverside Neighborhood Center, Perris Family Care Center and Indio Family Care Center.	1,2,&3	March 1, 2014 -	<ul> <li>Outreach schedules and logs</li> </ul>
<ul> <li>Outreach activities to bring to HIV services</li> <li>Linking unaware communities to HIV Counseling &amp; Testing Services</li> <li>Linking newly diagnosed and unmet need individuals to treatment and care.</li> <li>Referrals to systems of care (RW &amp; non-RW)</li> </ul>		February 28, 2015	<ul> <li>Outreach Encounter Logs</li> <li>LTC Documentation Logs</li> <li>Assessment and</li> </ul>
<ul> <li>Referrals to systems of care (RW &amp; non-RW)</li> <li>Assist HIV patients with enrollment or transition activities to other health insurance payer sources (i.e., ADAP, MISP, Medi-Cal Expansion, Insurance Marketplace, etc.)</li> </ul>			<ul> <li>Assessment and Enrollment Forms</li> <li>Reporting Forms</li> <li>Case Conferencing</li> </ul>
<ul> <li>Re-linking HIV patients that have fallen out of care.</li> <li>Integrate and utilize ARIES to incorporate core data elements.</li> </ul>			Documentation Referral Logs Progress Notes Cultural Competency
Implementation Activities:			Plan  ARIES Reports
<ol> <li>The HIV/STD Program Director is responsible for ensuring EIS (Part A) are delivered according to the IEHPC Standards of Care and Scope of Work activities.</li> </ol>			
<ol> <li>EIS staff (Communicable Disease Specialists) will work with community agencies, faith-based agencies and local churches and other non-traditional venues to provide outreach activities to link unaware to HIV Testing and Counseling and Partner Services at DOPH-HIV/STD.</li> </ol>			
<ol> <li>EIS staff will work with HIV Testing &amp; Counseling Services to link newly diagnosed individuals and unmet need individuals with Partner Services and to HIV treatment and care at DOPH-HIV/STD.</li> </ol>			
4. EIS staff will work with treatment team staff to identify PLWH/A that have fallen out- of-care to provide the necessary support to bring back into care and maintain into treatment and care.			
<ol> <li>EIS staff 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.</li> </ol>			
<ol> <li>EIS staff will maintain documentation on all outreach encounters/activities including demographics, patient contacts, referrals, and follow-up, LTC Documentation Logs, Assessment and Enrollment Forms and Reporting Forms in each patient's chart</li> </ol>			

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			나는 하는 사람들이 얼마를 하는 것이 되었다.			
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			보이다 그 이 바람이 그 그렇게 되었다.			
		아이트 그 이 것 같은 종류 하는 상태는	기가 가게 하는 사람들이 모양을 하면 하는 것 같다.			

RYAN WHITE PROGRAM PART A: MAR 1, 2014 - FEB 28, 2015  CONTRACT NUMBER: Leave Blank  CONTRACTOR: County of Riverside Departments	R 1, 2014 - FEB 28, 2015  Leave Blank  County of Riverside Department of Public Health, HIV/STD Branch	2015 Department of Pu	blic Health, HI	IV/STD Branch				
SERVICE GOAL:	Quickly link HIV infected individuals from communities of color (African American and Latinos) to testing services, core medic services, and support services necessary to support treatment adherence and maintain in medical care. Decreasing the time between acquisition of HIV and entry into care will facilitate access to medications, decrease transition rates, and improve her outcomes.	cted individuals from the services necess of HIV and entry	om communitie ary to support nto care will fa	s of color (Africate at the street adher collitate access to	an American and Latinos) to testing services, core medical ence and maintain in medical care. Decreasing the time medications, decrease transition rates, and improve health	atinos) to testi n in medical ca rease transition	ng services, core. Decreasing nates, and im	ore medical the time prove health
SERVICE HEALTH OUTCOME(S):	Improved or maintained CD4 cell count Improved or maintained CD4 cell count, as a % of total lymphocyte cell cc Improved or maintained viral load Improved or maintained viral load Accessing Medical Care (at least two medical visits in a 12 month period) Linkage to HIV Medical Care System	ined CD4 cell cour ined CD4 cell cour ined viral load Care (at least two ical Care System	nt nt, as a % of to medical visits i	tal lymphocyte c n a 12 month pe	ell count riod)			
Planned Number of PATIENTS by Service Area of Residence:	*	1 West Riv	2 Mid Riv	3 East Riv	4 SB West	5 SB East	6 SB Desert	Total
Total # Unduplicated CLIENTS to  African American/Black	to be Served	42	<b>5</b> 2	ა თ	o   6	) 6	o   e	23 60
Hispanic/Latino/a		7.74.3	2		Ŏ	0	0	10
Planned Service UTILIZATION <sup>11</sup> by Service Area of Residence:	У	1 West Riv	2 Mid Riv	3 East Riv	4 SB West	5 SB East	6 SB Desert	Total
Total # of UNITS to be Delivered African American/Black		<b>126</b> 49	36 14	18 7	0	0	0	<b>180</b> 70
Hispanic/Latino/a		21	6	3	0	0	。 0	30
Planned Service to VISITS/TRANSACTIONS by Service Area of Residence:	SACTIONS by	1 West Riv	2 Mid Riv	3 East Riv	4 SB West	5 SB East	6 SB Desert	Total
Total # VISITS/TRANSACTIONS <sup>12</sup> to be Provided African American/Black	to be Provided	33 84	<b>24</b> 9	<b>12</b> 5	0	0	0	120 47
Hispanic/Latino/a		14	4	2	0	0	0	20

<sup>11</sup> See Attachment J for descriptions of units of service for each service category.
12 "Visit/Transaction": Each transaction = one (1) "visit/Transaction." Each encounter = one (1) "visit/transaction" regardless of the length of time (units). For example, \$20 of food vouchers = 2 "units" and 2 "visits/transactions." A one hour case management encounter = 4 "units" and 1 "visit/transaction."

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		그리는 얼마를 받는데 다				
			이 취임되었다.			
		시생 방지 말이 하를				

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICEAREA		PROCESS OUTCOME
DOPH-HIV/STD Communicable Disease Specialists will provide the following <b>service delivery elements</b> to PLWHA receiving MAI EIS at Riverside Neighborhood Center, Perris Family Care Center and Indio Family Care Center.	1, 2, & 3	March 1, 2014 – February	<ul> <li>Outreach schedules and logs</li> <li>Outreach Encounter Logs</li> </ul>
<ul> <li>Outreach activities to bring to HIV services</li> <li>Linking unaware communities to HIV Counseling &amp; Testing Services</li> <li>Linking newly diagnosed and unmet need individuals to treatment and care.</li> <li>Referrals to systems of care (RW &amp; non-RW)</li> <li>Assist HIV patients with enrollment or transition activities to other health insurance payer sources (i.e., ADAP, MISP, Medi-Cal Expansion, Insurance Marketplace, etc.)</li> <li>Re-linking HIV patients that have fallen out of care.</li> <li>Integrate and utilize ARIES to incorporate core data elements.</li> </ul>		20, 2019	Logs Assessment and Enrollment Forms Reporting Forms Case Conferencing Documentation Referral Logs Progress Notes Cultural Competency Plan
Implementation Activities:			<ul><li>Plan</li><li>ARIES Reports</li></ul>
<ol> <li>The HIV/STD Program Director is responsible for ensuring MAI EIS are delivered according to the IEHPC Standards of Care and Scope of Work activities.</li> </ol>			
MAI EIS staff (Communicable Disease Specialists) will work with utilize evidence-based strategies and activities to reach African American and Hispanic/Latino HIV community. These include but are not limited to:  • Developing and using outreach materials (i.e., flyers, brochures, website) that are culturally and linguistically appropriate for African American and Hispanic/Latino communities.  • Working with grass-roots community-based and faith-based agencies, local churches and other non-traditional venues to reach targeted communities of			
<ul> <li>Working with grass-roots community-based and faith-based agencies, local churches and other non-traditional venues to reach targeted communities of color (African American and Latino communities) to link unaware populations to HIV Testing and Counseling and Partner Services and newly diagnosed and unmet need to care at DOPH-HIV/STD.</li> <li>Link high-risk HIV positive MAI populations to support services (i.e., mental health, medical case management, house, etc.) to maintain in HIV care and treatment.</li> </ul>			
Interventions will also include <b>community</b> -based outreach, patient education, intensive case management and patient navigation <b>strategies</b> to promote access to <b>care</b> .			
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			그는 사람이 얼마를 가지 않는데 다른다.
			요즘 문화의 교회 활동을 받았다. 나는 사는
	이번, 회사는 회사는 전쟁을 가는 고양을 하는 것이다.		리 붉은 그리 됐던 그렇게하는 그 그림
	그 보인 병원들은 그림은 그 모습이 그렇게 함께 없고 말이 되었다.		그리 얼마를 잃으셨는데 하는 말로.
			그 강도 선물을 가꾸면 하고 하면 되었다. 그
	이렇게 하시다는 살아보다는 사람이 되면 가고 있다.		시다. 즐겁게 하는 하실 때 이번 없는 것이다.
	나는 얼마나 나는 아니라 가장의 경기 위로 가는 모다.		원과 공보들은 하고 사람이 그릇을 살이다.
Richard David			발전용으로 하는 미국회 (1906년 2월)
	공장의 교통 교통으로 가는 경에 만들어가 그릇이 되었다.		병이 없는 이렇다고 되면 없다고 않는다.
	마이 너희 이렇게 많아 된 그 이 원들과 이렇게 그렇다.		옷 들이 들어가 들었는 밤을 맛이 먹었다.
	사이 레고 이 생활되었다. 그 이 회학 의원 보다 하다	그렇게 하하기 나는 중인을 하는	하는 사는 경기를 보았다. 그리고 한다는 하는 경기를 잃다. 하는 사람들은 경기를 보고 있다는 것 같은 사람들이 함께 하는 것이다.
			보고 있다면 하면 하는 않고 하는 없는 말했다.
	선생님은 이 사람들이 얼마다는 수익하고 있다.		
	경화에 얼마는 옷이 되어 그리는 속이지 않는 하셨다.		여행숙제 등 시대체 이 사람들은 동네를 하는데 다
	그렇게 되었는데 하는데 되었다면 얼마를 들었다고 있다.		왕이 전략화장 경화 원호 회사를 보고 있다. 네
	그렇게 그 물까지 하는데 나는 사람이 나는 게 없는 생생이		
	민준이는 이 살아왔다면서 이번 이야 하면도 어디지 않는다.		하는 보는 보통 기를 느껴가 되는 듯하다 하고 그
	교육 그는 그 그렇게 화가지 않아 있는 그리지 않는데 하다.	마루하다 출근을 가라면 하고 있다.	네마 마을 잃었다. 그리고 그리는 내가 되었다.
	불의하는 이번 경기를 가지 않는 사람들이 되었다.	그림 요마님아요 이십시간 싫었다.	회원 열 회 교회 사람들은 학교의 부분들은 것 같다.
	시시 (존중) 그렇게 살아보는 어린 맛있다. 이 나오는 것이	나라 하는 동생이는 중국을 받았다.	그리 그리 하다는 그 나를 가고 하는데 하다 하다.
	회사가 없었다. 시시 그 소문화장 중요하는 일이 없었다.	그 시작하다 개발을 보다 없다.	
	(교통) 이 다음하는 이 모양 경우는 경우 병기 없다고	하고 이 가게 앉아 없을 느름이	
	그런 그림 하면 하고 있는 그의 이동말 밝힌 모습니다.	요~ 너도 이트라면서 생릇감을 잃었다.	선생님은 이 집에 대한 유수는 어디에 가지 그게
	그레이 마음됐다. 하는 아내 학급 사람이 되는 근처 생활을 다	이 등 얼마가 나는 그렇지 않게 하셨었다.	
	그 아마 그 아이었고 있는데 얼마 바꾸다 하는데 된다.	트레모임 그의 환성의 문화	기가 고생활하면서 많이 그렇게 되었다.
	그런 마음을 내려 되다 그 그리고 하실하다였다.	그는 이 없는 아이를 받을 것 같다.	
	보이 그릇 기계 중에 이렇게 그렇게 되지 않았다.	나는 어마셨다. 이 경찰없는 편안됐다	
	그는 그들이 많이 이번 사람이 나가지 아무셨다고 어려고요?	4 [4] 이 화면 화면 사람이 되었다.	되고 하는 사람들은 얼마를 보고 있다. 그는 그 나를
	이렇게 되는데 얼마하면 사람들이 얼마나 하게 말라다	병과 보고 보고 하시면 하나 그렇다는	활용 대통화를 되다. 하면 이 기를 하고 말다.
	경찰 수 있는 그 이 그는 그림에 바쁜 네트리를 살이 된 건강하는		[레마리 발표 왕인] [요리 원 시 시 시 시 시 시 시 시 시 시 시 시 시 시 시 시 시 시
	강하고 하는 사람이 되었다. 항공했다면 바라 함께 되는 하는 날리		화 시간 이 사람들이 걸었다고 보고 된다. 살아요.
	[원발로시 : 10] : 1 (호텔등록) 1 (1. 1) : 1 (1. 1)	마이 마이트 그 사람들은 이래를 찾아보고 있다. 그렇다 당하다 아이들은 아이들은 사람들은 사람들이 되었다고 있다.	그리 사람은 생활을 존세하게 하는 것이 모함
	원생생활 가 보고 있었다면 하는 모르네요 하다	나 하고 그는 이번 생각, 이 깨끗하다	
	그렇죠!!!! 이 모르는 끝했다고 그렇게 되었으면	그는 그렇게 하는 이 없는데 살아 있다.	하는 사람들이 나르게 하게 되는 이렇게 하는데 없다.
	그렇게 어떤 사람들이 살아 있다면 하는데 얼마나 없다.		상 하는 이 기업을 받는 것이 없는 것 같다.
	그렇게 말이 그렇게 말하는 말하다는 것만 이 이 이번 때		들어도 모든데 없다면 가를 하고 했다. 그 나는
	진호, 존속적으로 함께 발생대를 고속학문의 제 집 이 조	이 기본 그는 생활하다고 있었다.	그리고 시간하다 경우를 그린다면 하다.
	보일 현지 하 학생님, 발표되었다면 살입다이라 하다	마시 - 생활화 - 인터넷스 함,	발경 하는데 전략 등록하는데 하고 있네.
			보인 한국에 가는 이 나는 중에 하다
	어떻게 되는데 이번들이 아이네. 그는 나를 다 다니다.		4일 16일급 회사 김 교회를 다고 하지?
	일보인의 및 사람들들이 많아 혹신 회에의 방에 별 없었던데		
	그 경독값이 하다 입장을 보고 하다면 그렇게 되었다.		여행부터 나는 문제 가장 등 등에게 되었다.
	그렇게 좋아 하시아나 얼마 왕도 한 사람들이 되었다. 그 그		이 되고하철도 통지하면 됐습니다.
	말하고 많이 많이 된 것이 된 이 가능하는 이 살림하다면 그게 걸		
	[폭출에 [[사] - 이 다음 후 후 어디다는 걸는 사람 모든		
	귀장 지생물들은 이번 지나가 모든데 되었다면요? 그렇게		물과 기계의 함께 있는 경제를 잃었다.
	동원들의 사이 남에는 사람들이 그는 제 중에 되었다.		
	어린 얼마는 옷에 얼마가 있다. 살아 하고 맛들었다.		당근하다 보고 환경하다 회장하다 보다.
			한 네가엘 - 이렇게 얼굴되게 이렇게 혼자
	말이 되는 사람들이 되는 아이들이 얼마를 하고 말을 다니다.	[	
	그들은 그를 마하지 않아를 하셨다면 한 경험은 전통하락이 들었다.		[발송] 영화 · [영화 중환 호리 후 영화 ·
	남편하셨다요! 좋습니다는 네고있다. 말 중하겠네다.	大大學 人名英格兰英国英格兰	주래 이 그림을 호마시다 봤을 말라면
			원하는 회사 사실 아내 사용됐는 중요요요
			하고 말하는 다양 그 생활하는 하는 그 없다. 요
			B 트롤레 - 링싱 - 종립이 크리스 스위트의
	유럽이었는데 그는 그는 이상이를 잃었다.		
		. 그 사용한 상품 있는 병원 원래 내용 함께	

	그는 그 말았다. 목욕을 하다	
		그는 일은 그만큼 그렇지 하는 것들
요. 그 하는 얼마 아이 얼마요. 지금 중국하는 함		
일이 많아보다는 이 나를 살아가 되었다고 많아보고 못		
된 하시겠죠? 얼마는 그녀는데 이번 싫어나고 하는 사람이다.		
과 이 존재하다 마리트 하다고 하네요? 그는 노는		
당시의 조교교육에 되는 중에는 이번 모든 모든 경기를 하였다.		
그리는 경우하는 그는 사람들이 밝혀졌다고 그녀들을 된 것 같		
민들이 보고 잃었다. 그를 반가 그렇게 살았다. 그 말을 먹으는 .	그 그는 그 강선 그리고 원칙 확인	요즘 이렇게 맛집다. 사람이 맛있다면 다시다.
		보다 보다 소설프로 하고 하는데? 그
눈과 이동물들이 모른 생님이 하지만 그리는 그리는 것		경기에 모습이 이렇는 그리움에 봐.
하는 어때는 종류를 하는 것이다. 그는 그들은 승리를 받는 것이었다.		보다 이번에 되었습니다.
하는 물이 젊습니다. 그는 말이 얼마나 하셨다고 말이 되었다.		
그 이상 생활 발발 사물이다. 그 사고를 하는 선택이 좀 살았다.		
이 그 나는 어디는 이번째 생기 어떻게 되어 가득하고 못		다른 내내가 얼마나 맛있다면서
하는 그 그림 편에 가면서 조심하셨습니까요? 그리는 이번		네 하늘 다른 나는 얼룩 가는 것이다.
그 그 그렇는 생기를 하시다 그렇게 챙겨 모든 얼마나 !		
공기도 어떻게 되는 것들은 사람들은 사람들을 보냈다.		
그 이번 여름으로 한 모르게 하게 가능했다. 나라는 살짝 흔들니다 요	경우에 막기 원회의 등 사람들의	
[기상] 보통하는 하는 경험 등을 사용하고 시작하다는 그릇으로		[일본] : 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
[22] 문문화기로 시민국의 시민국학 시민의 하고 있는데 [2		생 우리된 것이 살아지지 않아요 모
하는 그 얼마닷물이 그렇는데, 그 아이라는데, 왜 이 없었다고	보다는 되었는 병자 중하였다면 함께	나석이 되는 시민화와 이 녹은
그리는 불통하는 하시면도 있는데 원모하는 기록을 받았다.		생겨되다 내용 하다 살았다고 있다.
그리면 나무하게 하고 얼마 모든 뭐 살아왔지만에 살아		일시 그리고 중에 경인되어 되는 .
하는 이 없었다고 보는데 그 모나 왜 이 때문에 있는데 다	그런 물건하는 그 사람님의 경기를 받는	
임 - 여명생활으로 하는 그렇게 하는 얼굴으로 한 돈 일반됐다.	나마를 보고 하네 이 경찰 됐다.	
없이의 이 그림, 많이 이렇겠다니죠? [1] 한 없는 사고, 화작 말았다		의 이번째 바로 맞는 경기에 되었다.
경임이 가장 아이 경영이 아래면서 하시겠습니다.	원 경험 시작 내용관 사이 휴대리즘	
그림, 이번 살림을 한 다른 사람들이 되었다. 그리고 있는 사람들	게하는 이 시흥 병원이 밝혔다.	송 이번의 역사를 살림됐다. 그는 [1]
되는 아이를 가득하는 것이 얼마 하셨다는 그 말이 하는데 그 목록		
일이 되면 하셨습니다. 그는 얼마나 나를 모르는 것이 되었다.		
회사는 문제 200 이 보고 아무리로 그림을 모르는 것이라고 그렇다.		기가 계획 등하다면 있지 않는다.
민생님 끊임 얼마는 말이 하고 있으면 이 어떤 것이다.		
그리는 이 개통하였다는 그 하게 되는 그 그리고 있다는 것으로 하는 것으로 살아갔다.		
4일 이 생활이 먹는데 하하다는데 그리고 그림을 모르다		하하는 불만 살았는 그렇게 되었다.
그리고 말했다고 있는데 그는 그들은 그리는 이 그리는 어느라다.		로 하는 것 같아 된 경기를 유명하는 것으로 되었다. 그 경기 (1985년 - 1987년 -
보다 흥소를 맞게 하는 보고 하는 모든 이 나는 이번 모든 생님이		기급원 원교를 받는 네이트 육업도
그리고 선생님들이 그리고 있는 것 같아 그들이 어떻게 들어왔다.		
	상인 말로 한 이번 환경 중작품을	
그 그 그렇게 하는 이와 살아들까지, 눈덩이 됐다고 아니라	높이 하는 가고, 모든 안하지도 더 함께.	<u> 동연주의 당속하다 연구 영화 하는 이 모모</u> 다
보는 병원 경기를 보는 사람들이 가지 않는 것이다.	이 그렇게 하고 이번 얼마를 꾸다고 했다.	
하는 사람들이 되어 있는 사람들이 되는 사람들이 없었다.		- 프랑마 아니라 (Bartina)
하시 남자의 회에는 하루 된다. 그 날이 이렇게 그렇게	그 이번 역사 다음 이번 경찰자	그림 한 기름이 남은 생각이 들었다.
얼마라 이렇다 그리 시골됐지 않아 얼마면서 그래?		
이 사이 생물이 가장에 하는 것이 되어 되었다. 나를 했다.		그의 불의 방문이다고 살았다.
그는 그를 하는 사람들이 그렇게 하는 그 사람들이 살아지고 하는 것을 했다.		요한 항송이라 되었다. 있다.
우리 경화되었다. 이 이 이 아니는 그 회원에 하기다. 현		
불통합관계 이 그리는 교회는 지금 시간으로 있다.	'면 되는 '를 보면 많이 살았다.	공주하게 되는 불빛이 받는 다 돈
이 경우의 선생인 내가 되었다는 것 같아 한다는 아니다.		
소리의 마음관련 사이의 모모는 그는 하게 하는 그를 풀어져요.		
	발마리 (지방화 기업문학의) (*)	
문문이 함께 가입니다. 이 시장한 건강 문학은 경우하는		
기본, 발생님, 이 이상으로 생각하는 회사에 다 중에 된다.		

# SCOPE OF WORK

RYAN WHITE PROGRAM PART A: MAR 1, 2014 - FEB 28, 2015	R1, 2014 - FEB 28	2015						
CONTRACT NUMBER:	Leave Blank							
CONTRACTOR:	County of Riverside Department of Public Health, HIV/STD Branch	Department of P	ublic Health, HI	V/STD Branch				
SERVICE CATEGORY:	Case Management Services (Non-Medical)	t Services ( Nor	1-Medical)					
SERVICE GOAL:	The goal of Case Management (non-medical) is to ensure an avenue deemed necessary to link and maintain individuals in medical care.	anagement (non- to link and mainta	medical) is to e ain individuals in	nsure an avenue n medical care.	for eligible patients to obtain assistance in accessing services	its to obtain as	sistance in acc	essing services
SERVICE HEALTH OUTCOME(S):	Improved or maintained CD4 cell count Improved or maintained CD4 cell count, as a % of total lymphocyte cell count	ned CD4 cell couned CD4 cell cou	ınt ınt, as a % of to	ital lymphocyte ce	e count			
	Improved or maintained viral load Accessing Medical Care (at least two medical visits in a 12 month per	ined viral load Care (at least two	medical visits	in a 12 month per	rod)			
Planned Number of PATIENTS by		>	2	ယ	4	CT.	6	
Service Area of Residence:		West Riv	Mid Riv	East Riv	SB West	SB East	SB Desert	Total
Total # Unduplicated CLIENTS to	to be Served	38	11	6	0	0	0	55
African American		15	4	2	0	0	0	21
Hispanic/Latino/a		7	2	4	0	0	0	10
Planned Service UTILIZATION13 by	אַנ	end.	2	ယ	4	5	9	
Service Area of Residence:		West Riv	Mid Riv	East Riv	SB West	SB East	Desert	iOtai
Total # of UNITS to be Delivered		116	33	17	0	0	0	166
African American		45	13	6	0	0	0	64
Hispanic/Latino/a		20	6	3	0	0	0	29
Planned Service to VISITS/TRANSACTIONS by	SACTIONS by		2	ŧυ	42	5	6	
Service Area of Residence:		West Riv	Mid Riv	East Riv	SB West	SB East	os Desert	lotal
Total # VISITS/TRANSACTIONS 14 to be Provided	to be Provided	77	22	11	0	0	0	110
African American		30	9	4	0	0	0	43
Hispanic/Latino/a		13	4	2	0	0	0	19

<sup>&</sup>lt;sup>13</sup> See Attachment J for descriptions of units of service for each service category.

14 "Visit/Transaction": Each transaction = one (1) "visit/Transaction." Each encounter = one (1) "visit/transaction" regardless of the length of time (units). For example, \$20 of food vouchers = 2 "units" and 2 "visits/transactions." A one hour case management encounter = 4 "units" and 1 "visit/transaction."

함께 되어 그는 먹었다.						
						마른날호를 보고 있다.
형 이 기상, 나 하나요?						
환 보고 하는 이 얼룩하는데						
외 글 사람이 얼마나 있다.						
병기 가장 그 지수 얼마나 하						
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			그를 시작됐다	a dan kalandaran 1994. Tanggaran dan Jaja		
					<b>李</b> 克 《中意》	
기 사람들 생이 그렇게 다		기계 이 수 있는 것이 같다.				
나는 사는 사람들이 없는 것						
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TIMELINE

PROCESS OUTCOME

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES

	<ul> <li>To ensure timely access to medical, social, and other services through referrals</li> <li>Foster patient empowerment and responsibility for their own health</li> <li>Provide benefits counseling to ensure HIV patients obtain health insurance coverage for medical care.</li> <li>Referrals to systems of care and coordination of resources (RW &amp; non-RW)</li> <li>Provide opportunities to describe components of Case Management and Medical Case Management services and referrals to all HIV positive patients</li> <li>Integrate and utilize ARIES to incorporate core data elements.</li> </ul>	28, 2015	<ul> <li>Case Conferencing         Documentation     </li> <li>Referral Logs</li> <li>Progress Notes</li> <li>Cultural Competency         Plan         ARIES Reports     </li> </ul>
Imple	Implementation Activities:		
	The HIV Clinic Manager is responsible for ensuring Case Management (Non-Medical) Services are delivered according to the IEHPC Standards of Care and Scope of Work activities.		
2	Case Manager will work with patient to conduct an initial intake assessment within 15 days from referral.		
ယ			
*	Case Manager will provide initial and ongoing assessment of patient's acuity level during intake and as needed to determine Case Management or Medical Case Management needs. Initial assessment will also be used to develop patient's Care Plan.		
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- 13 3.	되어 그림으로 아이들 하는 이 그를 하는데		

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# PROGRAM SERVICE UNITS & FINANCIAL ELIGIBILITY CRITERIA

Note: Some services may not be funded / offered during a particular fiscal year.

Outpatient/Ambulatory Health Service	One 15 minute encounter
Oral Health Care	One 15 minute encounter
AIDS Pharmacy Assistance (Local)	One day supply of medication
Mental Health Services	One 15 minute encounter
Medical Case Management	One 15 minute encounter
Substance Abuse Services (Outpatient)	One 15 minute encounter
Home Health Care	One 15 minute encounter
Home/Community Based Health Svcs	One 15 minute encounter
Early Intervention Services	For Encounters     One 15 minute encounter     For Tests     One Test / Confirmatory Test
Health Insurance Premium and Cost Sharing Assistance	One transaction (payment, regardless of amount of \$)
Case Management (non-Medical)	One 15 minute encounter
Medical Transportation Services	One transaction (regardless of \$ amount)
Food Bank/Home-Delivered Meals	\$10 transaction (regardless of \$ amount)
Psychosocial Support	One 15 minute encounter
Housing Services	<ul> <li>For Housing Case Management Services         <ul> <li>One 15 minute encounter</li> </ul> </li> <li>For Housing Financial Assistance         <ul> <li>One night hotel/motel (regardless of \$ amount) = 1 unit</li> <li>One month's rent = 30 units</li> </ul> </li> </ul>
Emergency Financial Svcs	One transaction/monthly utility bill (regardless of \$ amount)     1 months gas bill = 1 unit
Outreach	One 15 minute encounter
Health Education/Risk Reduction	One 15 minute encounter
Treatment Adherence	One 15 minute encounter
Referral for Healthcare	One 15 minute encounter
Substance Abuse (Residential)	One 15 minute encounter
Legal Services	One 15 minute encounter
Linguistic Services	One 15 minute encounter
Child Care	One 15 minute encounter
Rehabilitation	One 15 minute encounter
Respite	One 15 minute encounter

#### ATTACHMENT B

#### PROGRAM SERVICE UNITS & FINANCIAL ELIGIBILITY CRITERIA

Note: Individuals must meet all other eligibility criteria, including, but not limited to, HIV+ status, reside within the Riv/SB CA TGA, and be ineligible for or otherwise unable to obtain service from another source.

SERVICE CATEGORY	FINANCIAL ELIGIBILITY CRITERIA
CORE SERVICES	
Outpatient /Ambulatory Health Services	Total income < 300% of Federal Poverty Level (FPL)
Oral Health Care	Total income < 200% of FPL
AIDS Pharmacy Assistance Local	Total income < 300% of FPL
Mental Health Services	Total income < 200% of FPL
Medical Case Management (including treatment adherence)	Total income < 300% of FPL
Substance Abuse Services (Outpatient)	Total Income < 200% of FPL
Home & Community-Based Health Services	Total income < 300% of FPL
Early Intervention Services (EIS)	Total income < 300% of FPL
Health Insurance Premium & Cost Sharing Assistance	Total income < 400% of FPL

SUPPORT SERVICES	
Case Management Services (non-Medical)	Total income < 300% of FPL
Medical Transportation Services	Total income < 200% of FPL
Food Services	Total income <150% of FPL
Psychosocial Support Services	Total income < 200% of FPL
Housing Services	Total Income <150% of FPL
Emergency Financial Assistance (Utilities)	Total income < 200% of FPL
Outreach Services	Total income < 300% of FPL

See the U.S. Department of Health & Human Services website for the most current poverty thresholds: <a href="http://aspe.hhs.gov/poverty/13poverty.cfm">http://aspe.hhs.gov/poverty/13poverty.cfm</a>

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			민준은 바람들이 가지 않는 것 같다.



# REPORTING REQUIREMENTS

San Bernardino County Department of Public Health

(The Program may make changes to the proceeding deadlines in response to local policy needs, federal reporting requirement changes, and the needs of some of its constituencies.)

Report:	Due:	Description:
Billing Invoice	By the 20 <sup>th</sup> of each month	Invoice will document cost reimbursement and/or total units of service rendered and cost per unit and supporting documentation clearly identifying all line item costs. [Policy #2]
Document Transmittal Form (report agency changes)	By the 20 <sup>th</sup> of each month with each invoice	Include with all invoices. Also submit with all other hard-copy submissions and when there are changes to report such as change in key staff, service delivery, locations, etc.
Utilization	By the 20 <sup>th</sup> of each month	All data documenting delivery of service entered into ARIES. [ARIES Policy #3]
Subcontracts Report	Within 30 days of the beginning of each program year and when subcontractor changes occur	List of contracts shall include actual contract, proof of non-profit status, and list of subcontractors and accompanying contact information.
Contractor Policies	Within 60 days of the beginning of each program year and when policy changes occur	Report includes the submission of the following policies:  Subcontract Monitoring Policy (if applicable)  Eligibility Policy Alternative Source of Funding Policy Confidentiality Policy Sliding fee Scale Policy Grievance Policy Voucher Security Policy Oral Health Cap Tracking Policy ElS/Outreach Tracking Policy Program Income Tracking Policy
Contractor Personnel Professional Licenses	Within 60 days of the beginning of each program year and when personnel changes occur	A list of RWP Part A Funded personnel and their accompanying licenses shall be reported to RWP Part A & MAI Office.
Contractor CQM Plan	Within 60 days of Contract Start Date	Contractor is required to submit a copy of their agency's CQM plan to the RWP Part A & MAI Office within 60 days of the start of the contract period.
Cultural and Linguistic Competency Organizational Assessment (1st o 3 years only)	Within 60 days of Contract Start Date (1 <sup>st</sup> year of 3-year only)	Contractor is required to complete and submit the standardized assessment tool at the beginning of the 1" year of the 3-year contract period.
Cultural and Linguistic Competence Plan	Within 90 days of Contract Start Date (annually)	Contractor is required to develop a plan for maintaining/improving cultural and linguistic competency based on the results of the organizational assessment. This plan must be updated and resubmitted annually.
Cost of Services Report	June	Contractor is required to submit a report detailing funds spent/expected to be spent to deliver each RW-allowable service Must include all funding sources:

#### ATTACHMENT C

Report:	Due:	Description:
Local Pharmacy Assistance Program Report	July	Report includes a Narrative describing the organization's drug acquisition practices, including the cost of antiretroviral medications purchased, and cost savings strategies implemented. In addition each provider is to include a copy of the most current TGA formulary.
EIS Data Reporting	Mid-Year (Sept/Oct) Final (March)	Contractor is required to submit detailed EIS service delivery and demographic data 2x a year. [Policy #6]
Self-Audits	November	Contractor must conduct at least one self-audit at mid-year (Sept/Oct) and report the results no later than November of each year. [Policy # 10]
Ryan White Services Report (RSR)	February/March	Client-level data meeting HRSA RSR requirements, including documenting delivery of service by units, number of clients served, demographics of clients served, medical data, etc.
(ARIES Data entry and reports when necessary)		
Year-End Program Income Report	March	Report includes any program income that the agency receives. Source of program income, date of program income, what Ryan White Service was the program income applied to, name of service the program income was applied is required to be tracked.
Year-End Narrative Progress Report	March	Report in narrative format that contains the following:  1. Progress made in achieving the administrative and service delivery goals and objectives outlined in the application/contract for Ryan White Part A & MAI funds.  2. Description of accomplishments and challenges  3. Identify any technical assistance needs.

All completed, signed documentation should be forwarded to the RWP Coordinator. Contractor shall identify one individual to be designated as contact for the purpose of being responsible for, responding to information requests, and ensuring timely completion of the above conditions of award and contractual requirements. Please note: The above list does not represent the extent of all contract requirements and contractors will not be held to dates falling outside the contract period.

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# TGA Cultural and Linguistic Competency Standards Riverside/San Bernardino, CA

	Domain & Standard	Indicator	Target
1.	<u>Staff Development</u> : Ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically (C&L) appropriate service delivery.	Staff development documentation and personnel files	100% of RW-funded staff
2.	Agency Infrastructure: Ensure that clients receive effective, respectful care that is provided in a manner compatible with their culture, health beliefs, practices, preferred language, and in a manner that reflects and respects the gender and sexual diversity of the community served.	Client Satisfaction	80% of clients surveyed demonstrate satisfaction with services
3.	Agency Infrastructure: Implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and management that are representative of the demographic characteristics of the service area.	Staff and Racial/Ethnic Representation	Initial assessment of representation and annual plan to improve if deficiencies are identified
4.	Agency Infrastructure: Develop and implement a written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide C&L appropriate services.	Plan & appropriate training on plan for C&L appropriate service	Completed plan 90 days after contract start date; completed training 60 days after completion of plan
5.	Agency Infrastructure: Conduct cultural competency organizational self-assessment and develop a plan to address deficiencies.	Organizational cultural competency self-assessment	Completed self –assessment after 60 days of initial contract start date (first year of 3-year contract only)
6.	Agency Infrastructure: Ensure that data on the individual client's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems (MIS), and updated.	AIDS Regional Information Evaluation System (ARIES)	Data entry by submission dates as noted in contract
7.	<u>Communication</u> : Offer and provide language assistance services, including bilingual staff/interpreter services, at no cost to each client with limited English proficiency (LEP) at all points of contact, in a timely manner. Family/friends should not be used to provide interpretation.	Client Satisfaction & inclusion of strategy to provide language services in plan (See #4)	80% of clients surveyed indicated receiving linguistically appropriate services; 100% of agencies will have plan/strategy in place within 90 days of contract start date
8.	<u>Communication</u> : Make available easily understood client-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.  rce: Adapted from the National Standards for Culturally and Linguige.	Client Satisfaction & written materials in languages of target communities	80% of clients demonstrate satisfaction with written materials; availability of materials for annual program review

Source: Adapted from the National Standards for Culturally and Linguistically Appropriate Services in Health Care, U.S. Department of Health and Human Services, Office of Public Health and Science, Office of Minority Health.



# **Document Transmittal Form**

**IMPORTANT:** This Document Transmittal form must be attached to all correspondence and invoice supporting documentation. Any item received without this form will be returned to the Provider and may result in delayed payment.

Ryan White Program Office San Bernardino County Public Health Department 351 N. Mt. View Ave, 2<sup>nd</sup> Floor – Room 200 San Bernardino, CA 92415-0010 Main Line: (909) 387-6592 FAX: (909) 387-6201

Provider Name:				
Date Documents Sent:				
Date Received by Ryan White Program Office:				
	(To be comp	Date Stamp eted by Ryan White	Program Office)	
F	REPORT		ENCLOSED	
Invoice				
Letter (Any Type)				
Other:				
(Ple	ase Describe)			
		<del> </del>		
Notes to Ryan White Prog	ram staff:			
Attention:				
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#### **CHANGE IN PROVIDER INFORMATION**

Type of Change	N/A	Effective date, reason for change, estimated date to fill, etc			
Change in Administrative & Board personnel (Director, Finance, Chair, etc)					
Number of line staff vacancies					
Change in Point of Contact					
Change in service delivery					
Change in contact info (new phone #'s, new address, etc)					
Change in service hours					
Change in locations (New site, closed down site, etc)					

Applies to all 3 years. Subject to amendment.

AGENCY NAME: Riv. Co. Dept. of Public Health, HIV/STD Branch SERVICE: Outpatient/Ambulatory Health Services

	HCP-Part B	<del></del>	Medicare	RW	-
	Α	В	C	D	E
Budget Category	Non-RW	Cost (Other	Payers)	RW COST	Total Cost
Personnel					
Physician IV Per Diem: (Dew,A, & Zane, R.) (\$93,750 x RW .30 FTE) Provides medical diagnosis, treatment, and management including the prescription of antiretroviral therapy to patients with HIV disease at three health care centers in Riverside County. Perform diagnostic testing, documentation and tracking of viral loads and CD4 counts. Early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental health needs.	\$55,187	\$28,125	\$4,688	\$28,125	<b>\$</b> 116,125
Physician IV: (Pearce, D.)(\$179,132 x RW.30 FTE) Provides medical diagnosis, treatment, and management including the prescription of antiretroviral therapy to patients with HIV disease at three health care centers in Riverside County. Perform diagnostic testing, documentation and tracking of viral loads and CD4 counts. Early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental health needs.	\$0	\$116,436	\$8,956	\$53,740	\$179,132
Health Services Assistant: (Ramirez, G.) (\$40,339 x.RW.30 FTE) Provides direct patient care and provides support duties to physicians, registered nurses and LVN's at three health care centers.	\$0	\$28,237	\$0	\$12,102	\$40,339
Health Services Assistant: (Rosado, E.) (\$35,293 x RW .30 FTE) Provides direct patient care and provides support duties to physicians, registered nurses and LVN's at three health care centers.	\$17,647	\$7,058	\$0	\$10,588	\$35,293
Health Services Assistant: (Garcia, M.) (\$40,339 x RW.30 FTE) Provides direct patient care and provides support duties to physicians, registered nurses and LVN's at three health care centers.	\$20,170	\$8,067	\$0	\$12,102	\$40,339
Assistant Nurse Manager (VACANT proposed hire date 3/1/14) (\$83,200 x RW.50 FTE) This position will be responsible to provide direct patient care and plans, organizes, directs and evaluates nursing/medical services at three health care centers.	\$0	\$37,440	\$4,160	\$41,600	\$83,200
Registered Nurse IV: (Hexum, D.) (\$81,529 x RW.15 FTE) Provides direct patient/nursing care and treatment adherence assessment and counseling to HIV patients at three health care centers.	\$0	\$61,146	\$8,154	\$12,229	\$81,529
Licensed Vocational Nurse I (2): (Malixi, E. and Barajas, V.) (Malixi \$38,023 x 1.0 FTE and Barajas \$41,475 x .5 FTE). Provides direct patient care/nursing support for HIV patients at three health care centers.	\$0	\$20,737	\$0	\$58,761	\$79,498
Licensed Vocational Nurse II: (Swoboda, A.) (\$38,023 x 1.0 FTE) Provides direct patient care/nursing support for HIV patients at three health care centers.	\$0	\$0	\$0	\$38,023	\$38,023
Communicable Disease Specialist: (Brown, D.) (\$52,460 x RW .25 FTE) Provides direct patient care support for HIV patients at three health care centers	\$39,345	\$0	\$0	<b>\$</b> 13,115	\$52,460
Office Assistant I/III (2): (Donnelly, C. & Nolan, B.) (\$26,405 x RW .45 FTE for Donnelly) (\$30,095 x RW .75 FTE for Nolan). Provide direct patient care suppport; patient intake, eligibility screening,	\$13,022	\$16,548			
Personnel Subtotal	\$145,371	\$323,794	\$25,958	\$314,839	\$809,962

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	지하는 이 생활 병원들이 되었다.	1. 이 전 5시간에 이 그 전 선택하는 것이 되었다. 다시 다시 그 사람들이 5시간에 되었다. 그 그 3시간이 되었다.	보는 이 이 시작되는 중요한 유럽이다. 그는 생각하고 있습니다. 10일 12일 전하는 것이 하는 것이다. 그는 기술 12일 다.
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		보이 마이팅 함께 주었다. 그렇다	일었다. 저 분 하라고 중점하는 말이다
		김 사람은 물건으로 가는 것으로 살아.	
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		로그리는 이 기교로 이 이 모델까지 않는데 말았다. 기계들은 기교로 가장 중요한 것이 하지만 됩니다.	
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		도 하는 것은 보고 보지 않는 모두 보인	지내가 그 작은 그들이 되고 있는 사람이다.
			역원의 경험에 불어지를 취하였다.
		그는 사람이 있는 것이 하고 생활하다. 문교화	

	A	В	C	D	
Budget Category	Non-RW	Cost (Other	Payers)	RW COST	Total Cost
46% of Total Personnel Costs	\$66,871	\$148,945	\$11,941	\$144,826	\$372,58
TOTAL PERSONNEL	\$212,242	\$472,739	\$37,899	\$459,665	\$1,182,545
Other					
Travel: Mileage for clinic and support staff to to provide Outpatient/Ambulatory Health Services to HIV patients at the Riverside, Perris and Indio health care centers (Mileage calculated at .56/mile).	<b>\$0</b>	\$4,500	\$0	\$6,500	\$11,000
Office Supplies: Office supplies/equipment to support daily activities at three health care centers. This includes paper, pens, ink, etc.	\$0	\$5,834	\$0	\$0	\$5,834
Medical Supplies: Medical supplies/equipment to support daily activities at three health care centers. This includes syringes, blood tubes, plastic gloves, etc.	\$0	\$8,000	\$0	\$11,835	\$19,83
Laboratory: Laboratory services to support medical care of HIV patients at three health care centers.	\$0	\$22,000	\$0	\$22,000	\$44,000
TOTAL OTHER	\$0	\$40,334	\$0	\$40,335	\$80,669
SUBTOTAL (Total Personnel and Total Other)	\$212,242	\$513,073	\$37,899	\$500,000	\$1,263,214
Administration (limited to 10% of Total Service Budget = Personnel and Other) Phones, Administrative Support-Direct, County Support Service, Data Processing Services, OASIS Processing-Financials, OASIS Processing-HRMS, Rent, Utilities, Professional Services, Postage/Maling, Printing, Administrative Staff Time Billed, Alarms, Licenses & Permits, Trainings, Conferences & Registration, Air Transportation.	\$21,224	\$51,307	\$3,790	\$50,000	\$126,32
TOTAL BUDGET (Subtotal & Administration)	\$233,466	\$564,381	\$41,689	\$550,000	\$1,389,535

<sup>1</sup>Total Cost = Non-RW Cost (Other Payers) Columns (A-C, etc.) + RW Cost Column (D)

\$1,389,535

Total Number of RW Units to be Provided for this Service Category:

1,080

Total RW Budget (Column D) Divided by Total RW Units to be provided:

\$509

· (This is your agency's RW cost for care per unit)

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				하네. 그런 하루 아니는 네 이 없다.
				경찰 기가 되었다. 그 그리지 않다.
				흥 불통하면 이 경영을 잃다
		이 사람이 이 많은 나를		

Applies to all 3 years. Subject to amendment.

AGENCY NAME: Riv. Co. Dept. of Public Health, HIV/STD Branch SERVICE: AIDS Pharmacy Assistance (Local)

	HCP-Part B	Medi-Cal	Medicare	RW	
	A	В	C	D	E
Budget Category	Non-RW	Cost (Other	Payers)	RWCOST	<b>Total Cos</b>
Personnel					
Pharmacist: (Apostol, N.) Provides pharmacy services/treatment adherence for HIV patients at three health care centers. (In-Kind for Staff Time.)	In-Kind	\$0	<b>\$</b> 0	\$0	
Pharmacy Technician: (Fuentes, R.) Provides direct pharmacy services for HIV patients at three health care centers. (In-Kind for Staff Time.)	ln-Kind	\$0	<b>\$</b> 0	\$0	
Personnel Subtotal	\$0	\$0	\$0	\$0	\$
Fringe Benefits					
46% of Total Personnel Costs	\$0	\$0	\$0	\$0	
TOTAL PERSONNEL	\$0	\$0	\$0	\$0	\$
Other					
Medical Supplies: Provide one-time pharmaceutical assistance to HIV patients receiving Outpatient/Ambulatory Health Services at three health care centers.		\$0	\$0	\$13,073	\$13,073
TOTAL OTHER	\$0	\$0	<b>so</b>	\$13,073	\$13,07
Administration (limited to 10% of Total Service Budget = Personnel and Other) Phones, Administrative Support-Direct, County Support Service, Data Processing Services, OASIS Processing-Financials, OASIS Processing-HRMS, Rent, Utilities, Professional Services, Postage/Maling, Printing, Administrative Staff Time Billed, Alarms, Licenses & Permits, Trainings, Conferences & Registration, Air Transportation.	<b>\$0</b>	<b>\$</b>	<b>\$0</b>	\$1,307	\$1,30
TOTAL BUDGET (Subtotal & Administration)	\$0	\$0	\$0	\$14,380	\$14,38
				\$14,380	

7.	Total Cost = Non-RW Cost (Other Payers) Columns (A-C, etc.) + RW Cost Column (D)	<b>\$14,300</b>
•	Total Number of RW Units to be Provided for this Service Category: 20	
	Total RW Budget (Column D) Divided by Total RW Units to be provided:	\$719
	∘ (This is your agency's RW cost for care per unit)	

				그는 경찰들이 보고 있을 때 하는 어린
				시골까지 하는 어떻게 되었다.
and the second of the second				
				나는 이 기가 속하면 하게 됐다
경험하게 되는 사람들은 미국 감사를	나는 모든 열대 그는 얼마 속반환하는다.			그리는 마늘이 하셨다면 있다면서
그는 항상에 가는 사람들이 속했다고 살해요.	사용이 집안하다 기술하실에 불어지요?			
	경기 시장 그런 그는 사람이 기상 중			
				하는 사람이 아이들은 얼마나 되는데
				잃었다고 아내리 그 그래프 그 나다
			때로 이 폭폭했다 이번편된	얼마는 이 그래서 그렇게 되는데?
			원 교육 경우 이렇게 되어 다	보냈다면 하다 병원하는 보다
그러지는 일반에 된 그렇지만 되었다.				아님께서 주어 취임가 물이 되었다.
	휴가 있다면서 그는 하는 유럽다.			IP 1987년 - 나라 다른 18 다리
그는 문 속 문화 수 하레우리 사물들이		선물에 된 선생님 전 그리고 함께?		그 나는데, 스크로 칼린 스타트
		프랑이 남편들이 이번째하다.		마이 하다. 1995년 - 1일 대한 1985년 - 1985년 - 1985년 - 1
	하다는 교회 그는 불리는 그들의 함께 없다.		(1) 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	[선생님 기계 시장 기계
	그 교육에게 살아 그는 실육에 그 늦잠면			
	집에 보고 말았다면 모양을 내용했다.			
				네가 보다 하는 하는데 하는데
	그 없는 경기를 가능한다면	기업으로 살아 살아가셨다. 그래		이러지 이 사용에 그 그 그 하는데
		리 - 그림은 이 나랑하게 뭐라고?	1. 1번 11시간 시간 시	
			다시 이렇게 다고 이 생활하다	이 이번 경우를 받는 말을 다고
		그 사람이 있는 이 생활하지만 기를 받는데 이렇게 있다. 		
		그렇게 가장하다 되게 다		
医魏勒氏氏征 化二氯烷基医乙基二唑				
	그리다면 그림은 스러움 각독 모모			항문 역의 성부 <del>등을 되고 있다.</del>
	그는 얼마나에서 말했다면 가장 나를 했다.			싫으로 이 가장 하는 것은 이러 없어요.
		원이 아이들이 아무리를 잃었다.		불리 아름이라는 그 것이 없다.
	하네일요 - 15 개를 보세요. 당했다고요.	그 전에 되는 것 같아 되었다.		쓰위 그림도 사람들이 그래를 받다
	그 하는 것은 가는 것은 모든 그 물에 되어		된 그는 말이 하지만 하루어로	의 살이 살아가 하는 그들을 밝혔다.
	역시 원인 시간 경기 회사가 하였다.			살았다. 그렇게 하다셔요요
		이 시간에 눈면 감독하는 것이	영화 맞춤 하는 아이를 보는 것이다.	기가의 1회 인화학자의 모여 발생님이다
	사람이 하는 돈 살을 내려가고요.			
	그는 이번 사용에게 얼굴을 다녔다.[편]			하고 있다. 그 그 사람들은 이용을
	가 있다. 한 기계를 가는 것이 되었다. 그 사람들이 되었다. 기계를 받는다.	돌아가는 전 한 경을 생활한		[ [ Tu ] [ 전 호훈( 김 호텔 - 18 플릭)
	원선 회사 경찰이 가다가 되었다.	병원 기타의 교육을 받았다.		대 회장이 인적되다 불어 그는 것이다.
	임기가 면접 보다 가장하는 그 이렇			문제가 얼마나 얼마가 하는데
				1. : 1. : 보호하는 기타이트 함께
		나라는 나는 것들이 살아왔다면 했다.	회사는 동생이 되고 있는 작	병원에 되면 하는 경에 하였다.
		이 사이 이 모든 사이 왕석을 하는 아이 이렇게		가는 항상 항송 가는 가는 것이다.
		음식적 아이트 얼굴하다 하겠다면 하시다.		
			일을 다 나는 사람이 하다	
		이는 그는 말이 하지 않아 가장 없는데요?		
		성명을 하는 사람들이 되었다.		그 날이 바람이 다음을 하는 것이다.
			는 1차를 남아진 시간을 보는	
	불발하는 하는 보니까는 것 같아 보다.			
				(1) 40 - 살으다고 하다 하는 것이다.
医囊状系统 医二十二氏试验检尿病病				어떻게 되었습니다. (전기 4일)
\$1. \$1 (1.15) (1.15) (1.15) (1.15) (1.15) (1.15) (1.15) (1.15) (1.15) (1.15) (1.15)	그는 그래요 그 그는 그리고 하나 되어	마르크 (1985년 - 1985년) (1985년) ( 1985년 - 1985년 (1985년)		
				나는 회사는 중요한 회사 기계를
	얼마 하시 아이는 생활이 시간했			
	사람이 이 나라를 목숨했다면데 다			医乳膜管的 医克尔氏检尿病原丛
	하다 가능하다 이 경험을 가는 말을 수			

Applies to all 3 years. Subject to amendment.

AGENCY NAME: Riv. Co. Dept. of Public Health, HIV/STD Branch SERVICE: Mental Health Services

	HCP-Part B	Medi-Cal	Medicare	RW	
	A	В	C	D	
Budget Category	Non-RW	Cost (Other	r Payers)	RWCOST	Total Cost1
Personnel					
Licensed Clinical Therapist II: (Kao, T.) (\$74,846 x RW.50 FTE) Provides individual and group psychotherapy to HIV patients, develops and implements individual treatment plans, conduct assessments and crisis intervention at three health care centers.	\$37,423	\$0	\$0	<b>\$37,423</b>	\$74,846
Licensed Clinical Therapist II: (Vargas, A) (\$72,858 x RW 0.0 FTE) Provides individual and group psychotherapy to HIV patients, develops and implements individual treatment plans, conduct assessments and crisis intervention at three health care centers.	\$72,858	\$0	\$0	\$0	\$72,858
Psychiatrist III: (Weigold, S. and Aryanpur, D.) (\$150,000 x RW.06 FTE). Conducts comprehensive psychiatric assessments/evaluations and mental status examinations of patients; develops and implements individualized mental health treatment planning; provides competent psychotropic medication treatment and other psychiatric treatments to meet the needs of HIV patients at three health care centers. (NO Benefits)	\$59,800	\$0	\$0	\$9,000	\$68,800
Personnel Subtotal	\$170,081	\$0	\$0	\$46,423	\$216,504
Fringe Benefits					
46% of Total Personnel Costs	\$78,237	\$0	\$0	\$21,355	\$99,592
TOTAL PERSONNEL	\$248,318	\$0	\$0	\$67,778	\$316,096
Other					
Travel: Mileage for MH staff to to provide Mental Health Services to HIV patients at the Riverside, Perris and Indio health care centers (Mileage calculated at .56/mile).	\$5,000	\$0	\$0	\$500	\$5,500
TOTAL OTHER	\$5,000	\$0	\$0	\$500	\$5,500
SUBTOTAL (Total Personnel and Total Other)	\$253,318	\$0	\$0	\$68,278	\$321,596
Administration (limited to 10% of Total Service Budget = Personnel and Other) Phones, Administrative Support-Direct, County Support Service, Data Processing Services, OASIS Processing-Financials, OASIS Processing-HRMS, Rent, Utilities, Professional Services, Postage/Maling, Printing, Administrative Staff Time Billed, Alarms, Licenses & Permits, Trainings, Conferences & Registration, Air Transportation.	\$25,332	\$0	\$0		\$32,054
TOTAL BUDGET (Subtotal & Administration)	\$278,650	\$0	\$0	\$75,000	\$353,650
				\$353,650	

¹Total Cost = Non-RW Cost (Other Payers) Columns (A-C, etc.) + RW Cost Column (D)
 \* Total Number of RW Units to be Provided for this Service Category: 120
 \* Total RW Budget (Column D) Divided by Total RW Units to be provided: \$625

· (This is your agency's RW cost for care per unit)

			4 4
			[발년 17 PA : [18 발년] #
그 호텔에 그렇게 이 마다가 되어 있다.			
			불다면 그렇게 되다.
		회사 그에 그래 됐다	

Applies to all 3 years. Subject to amendment.

AGENCY NAME: Riv. Co. Dept. of Public Health, HIV/STD Branch, SERVICE: Medical Case Management Services

	<b>HCP-Part B</b>	Medi-Cal	Medicare	RW	
	Α	В	С	D	E
Budget Category	Non-RW	Cost (Other	Payers)	RWCOST	Total Cost
Personnel					
Social Service Worker III: (Brown, A)(\$58,815 x RW 0.0 FTE) Provides Medical Case Management Services to HIV patients; conduct initial and ongoing assessment of patient service needs, assess patient acuity level, develop a care plan in collaboration with patient; work in collaboration with multidisciplinary HIV care team at three health care centers.	\$58,815	\$0	\$0	\$0	\$58,815
Health Care Social Worker: (Aparicio, D.) (\$58,946 x RW 1 FTE) Provides Medical Case Management Services to HIV patients; conduct initial and ongoing assessment of patient service needs, assess patient acuity level, develop a care plan in collaboration with patient; work in collaboration with multidisciplinary HIV care team at three health care centers.	\$0	\$0	\$0	\$58,946	\$58,946
Health Care Social Worker: (Wengerd, M.) (\$58,946 x RW 0.0 FTE) Provides Medical Case Management Services to HIV patients; conduct initial and ongoing assessment of patient service needs, assess patient acuity level, develop a care plan in collaboration with patient; work in collaboration with multidisciplinary HIV care team at three health care centers.	\$43,680	\$0	\$0	\$0	\$43,680
Registered Nurse III: (VACANT proposed hire date 3/1/14) (\$68,640 x RW 1.00 FTE) This position will provide Medical Case Management Services to HIV patients; conduct initial and ongoing assessment of patient service needs, assess patient acuity level, develop a care plan in collaboration with patient; work in collaboration with multidisciplinary HIV care team at three health care centers.	\$0	\$0	\$0	\$68,640	\$68,640
Personnel Subtotal	\$102,495	\$0	\$0	\$127,586	\$230,081
Fringe Benefits					<b>4200,00</b> 1
46% of Total Personnel Costs	\$47,148	\$0	\$0	\$58,690	\$105,837
TOTAL PERSONNEL	\$149,643	\$0	\$0	\$186,276	\$335,918
Other					
Travel: Mileage for MCM staff to provide Medical Case Management to HIV patients at the Riveside, Perris and Indio health care centers (Mileage calculated at .56/mile).	\$2,200	\$0	\$0	\$4,634	\$6,834
TOTAL OTHER	\$2,200	\$0	\$0	\$4,634	\$6,834
SUBTOTAL (Total Personnel and Total Other)	\$151,843	\$0	\$0	\$190,910	\$342,752
Administration (limited to 10% of Total Service Budget.= Personnel and Other) Phones, Administrative Support-Direct, County Support Service, Data Processing Services, OASIS Processing-Financials, OASIS Processing-HRMS, Rent, Utilities, Professional Services, Postage/Maling, Printing, Administrative Staff Time Billed, Alarms, Licenses & Permits, Trainings, Conferences & Registration, Air Transportation.	\$15,184	\$0	\$0	\$19,090	\$34,274
SUBTOTAL (Total Personnel and Total Other)	\$167,027	\$0	\$0	\$210,000	\$377,027

'Total Cost =	Non-RW Cost (	Other Payers)	Columns (A-C, etc	.) + RW Cos	t Column ([	D)

Total Number of RW Units to be Provided for this Service Category: 1,276

DOPH-HIV/STD RW Budget (Column D) Divided by Total RW Units to be provided: Page 5 of 8 (This is your agency's RW cost for care per unit)

\$165

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	Park to the				,
강화 그들이 그 집 하는 얼굴 그리는 하는 사람이다.					
그 맛요? 그 마음 그의 바쁜 맛이 하고 있다고 하셨다.					
그런 하일 사는 경기 가는 아내들은 그 나 어떻게 한다.					
		a Mariana.			
그 이번, 사이얼굴어원과 시간 하다와 놀래.					
그는 문문 그는 이 회의 전쟁으로 기관한 생각을 받아 됐다.					
그는 사이 학생은 경우에 이 있는 것은 것 되었다면 살림생인					
이 그 살이 하는 그렇게 되었다면 하면 가면 하면 있는데					
선 수의 공연 이 그리고 말했는데 되다면 하겠어요!!!					
그는 그 집에 어려워 되는 것이 하는 그들이 밝힌다.					
함께 하고 레이트는 네하네 리큐얼 및 트릿설터 첫					
레이지 아이는 아이는 얼마 이번 하고 있다. [2] [2]			명명과 시간하		
선물이 가장되는 사람들이 가장 가장 가장 하는 사람이 없다.					
사용하다 보는 이번째 작은 물건을 받는 때리면 활동					
그는 그리는 물가 들어서 모르게 그는 가라졌습니다.					
이 그 경기 가는 사람들에게 많은 모든 함께 되었다. 나를					
네일이 아이는 사람들은 이렇게 사용하다 하는 함께 살았다.					
방문에 가는 전쟁 경기 강하다. 실건당 보고환경을					
나는 그 하는 이번 그렇게 그는 이 노력 취임이 됐다.					
등에 되어 있는데 그 그렇게 보다 나는 보고 화적하다					
크림이는 말이 되어 위험을 느로드로 기를 잃으라고 하는 것이다.					
일 보는 경기는 이 난 동에 말이 하고 환경 및 이 나는 나는					
그 보다 그 있다. 이 그는 것 같은 사람들의 발표를 되었다.					
흥미 그러워지는 네마이를 느꼈다를 느린살았다. 모습					
Ber 이번 - Ber Ber Brugeling 이라 선생, 1번 1855					
이 그 있다고 있는데 아름도 돈 꽃이 없다고 있다.		소. 그 : 그 : 100명 원생님 : 그 : 100명			
나이면 이 하는 사이나 생활들이 눈을 만들어 가능하는 점을 ?	집 인생님보고				
그 그 그 그 그는 그는 그는 그는 그는 그는 그는 그는 그는 그를 모르는 그를 가셨다고 말했다.					
그 사람이 있는 것 같아. 그리는 사람이 살았다. 그런 그런 이번 이번 경험에 참 숙하는 것이 되었다.					
보지 하고 있는 이 시간 화가를 하지 않는다.					

Applies to all 3 years. Subject to amendment.

AGENCY NAME: Riv. Co. Dept. of Public Health, HIV/STD Branch SERVICE: Early Intervention Services (Part A)

	HCP-Part B	Medi-Cal	Medicare	RW	
	Α	8	C	D	E
Budget Category	Non-RW	Cost (Other	Payers)	RW COST	Total Cost
Personnel					
Communicable Disease Specialist: (VACANT proposed hire date 3/1/14) (\$53,290 x RW .25 FTE) Provides EIS Services to all unaware and unmet need populations. Assist patients with meeting eligibility requirements for ACA transition and link back into care HIV patients that have fallen out of care at service areas 1, 2, and 3 in Riverside County.	\$0	\$0	\$0	\$13,323	\$13,32
Communicable Disease Specialist: (Edwards, W.) (\$45,974 x RW 0.0 FTE) Provides EIS Services to all unaware and unmet need populations. Assist patients with meeting eligibility requirements for ACA transition and link back into care HIV patients that have fallen out of care at service areas 1, 2, and 3 in Riverside County.	\$22,987	\$0	\$0	\$0	\$22,987
Communicable Disease Specialist: (Arrona, I.) (\$58,378 x RW .50 FTE) Provides EIS Services to all unaware and unmet need populations. Assist patients with meeting eligibility requirements for ACA transition and link back into care HIV patients that have fallen out of care at service areas 1, 2, and 3 in Riverside County.	\$0	\$0	\$0	\$29,189	\$29,189
Communicable Disease Specialist: (Acuna, S.) (\$53,879 x RW 0.0 FTE) Provides EIS Services to all unaware and unmet need populations. Assist patients with meeting eligibility requirements for ACA transition and link back into care HIV patients that have fallen out of care at service areas 1, 2, and 3 in Riverside County.	\$26,940	\$0	\$0	\$0	\$26,940
Communicable Disease Specialist: (Debayona, D.) (\$58,378 x RW .45 FTE) Provides EIS Services to all unaware and unmet need populations. Assist patients with meeting eligibility requirements for ACA transition and link back into care HIV patients that have fallen out of care at service areas 1, 2, and 3 in Riverside County.	\$0	\$0	\$0	\$26,270	\$26,270
Personnel Subtotal	\$49,927	\$0	\$0	\$68,782	\$118,709
Fringe Benefits					
46% of Total Personnel Costs	\$22,966	\$0	\$0	\$31,640	\$54,606
TOTAL PERSONNEL	\$72,893	\$0	\$0	\$100,422	\$173,315
OTHER	<b>V.2,000</b>			VIOUTE	<b>VII 0,010</b>
Travel: Mileage for CDS staff to to provide Early Intervention Services to HIV patients at the Riverside, Perris and Indio health care centers (Mileage calculated at .56/mile).	\$2,250	\$0	\$0	\$5,009	\$7,259
TOTAL OTHER	\$2,250	\$0	\$0	\$5,009	\$7,259
SUBTOTAL (Total Personnel and Total Other)	\$75,143	\$0	\$0	\$105,431	\$180,574
Administration (limited to 10% of Total Service Budget = Personnel and Other) Phones, Administrative Support-Direct, County Support Service, Data Processing Services, OASIS Processing-Financials, OASIS Processing-HRMS, Rent, Utilities, Professional Services, Postage/Maling, Printing, Administrative Staff Time Billed, Alarms, Licenses & Permits, Trainings, Conferences & Registration, Air Transportation.	\$7,514	\$0	•	\$10,543	\$18,057
TOTAL BUDGET (Subtotal & Administration)	\$82,657	\$0	\$0	\$115,974	\$198,631
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			· · - j - · - j		,	,	

\$198,631

Total Number of RW Units to be Provided for this Service Category:

Total RW Budget (Column D) Divided by Total RW Units to be provided:
DOPH-HIV/STD RW SOW FX 14/15 (Rev. Jan 29, 2014)
(This is your agency's RW cost for care per unit)

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# RYAN WHITE (RW) PROGRAM BUDGET & ALLOCATION PLAN

Applies to all 3 years. Subject to amendment.

AGENCY NAME: Riv. Co. Dept. of Public Health, HIV/STD Branch | SERVICE: MAI Early Intervention Services

	HCP-Part B	Medi-Cal	Medicare	RW	
	A	B	C.	D	E
Budget Category	Non-RW	Cost (Other	Payers)	RW COST	<b>Total Cost</b>
Personnel					
Communicable Disease Specialist: (VACANT proposed hire date 3/1/14) (\$53,290 x RW .75 FTE) Provides MAI EIS Services to African American and Latino unaware and unmet need populations. Assist patients with meeting eligibility requirements for ACA transition and link back into care HIV patients that have fallen out of care at service areas 1, 2, and 3 in Riverside County.	\$0	<b>\$0</b>	\$0	\$39,968	\$39,96
Communicable Disease Specialist: (Edwards, W.) (\$45,974 x RW 0.0 FTE) Provides MAI Outreach Services to African American and Latino unaware and unmet need populations. Assist patients with meeting eligibility requirements for ACA transition and link back into care HIV patients that have fallen out of care at service areas 1, 2, and 3 in Riverside County.	\$22,987	<b>\$0</b>	<b>\$0</b>	\$0	\$22,987
Communicable Disease Specialist: (Debayona, D.) (\$58,378 x.RW.20 FTE) Provides MAI EIS Services to African American and Latino unaware and unmet need populations. Assist patients with meeting eligibility requirements for ACA transition and link back into care HIV patients that have fallen out of care at service areas 1, 2, and 3 in Riverside County.	\$17,513	<b>\$0</b>	\$0	\$11,676	\$29,189
Personnel Subtotal	\$40,500	\$0	\$0	\$51,644	\$92,144
Fringe Benefits					
46% of Total Personnel Costs	\$18,630	\$0	\$0	\$23,756	\$42,386
TOTAL PERSONNEL	\$59,130			\$75,400	\$134,530
Other					
Travel: Mileage for CDS staff to to provide MAI Early Intervention Services to HIV patients at the Riverside, Perris and Indio health care centers (Mileage calculated at 56/mile).	\$1,875	<b>\$0</b>	<b>\$0</b>	\$5,142	\$7,017
TOTAL OTHER	\$1,875	\$0	\$0	\$5,142	\$7,017
SUBTOTAL (Total Personnel and Total Other)	\$61,005	\$0	\$0	\$80,542	\$141,547
Administration (limited to 10% of Total Service Budget = Personnel and Other) Phones, Administrative Support-Direct, County Support Service, Data Processing Services, OASIS Processing-Financials, OASIS Processing-HRMS, Rent, Utilities, Professional Services, Postage/Maling, Printing, Administrative Staff Time Billed, Alarms, Licenses & Permits, Trainings, Conferences & Registration, Air Transportation.	\$6,101	\$0	\$0	\$8,054	\$14,155
	\$67,106	SO	\$0	\$88,596	\$155,702

• (This is your agency's RW cost for care per unit)
DOPH-HIV/STD RW SOW FY 14/15 (Rev. Jan. 29, 2014)
Page 7 of 8

Total RW Budget (Column D) Divided by Total RW Units to be provided:

	그렇게 되면 이 발생회 않는 그는 전투를 해 경우 일이 호흡하는데 목록하
	그림이는 그 이 계획되고 말하는 하는데 이 의사들이 하시다.
	그는 어디 아이에 된 맛있다면서 말리 아이를 하면 화가셨다고요?
	그는 그 사람이 사이로 중심을 하는 것이 바쁜 일반 상품이 되었다.
	그 의 교기들학교 회사 학생들이 한 사이트로 그리고 하는 것이 없다.
	그는 그 이번에 하다는 물이라는 그 그는 그릇이는 목숨으로 하루어 되어?
	그리는 그 아무리는 그는 데는 이 교회를 받는 사람들이 바람들이다.
	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
그는 말이 가장 그는 이 맛있죠? 나는 요즘에 느껴져 이 모바다를 만났다면 다	하는 그는 그 그는 그들이 가득하다는 여자 모습이 말을 모려졌다. 노름이다
어느 어느 어느 속에 들어 느꼈는데 위한 일반도 하는 것 않니까 하네.	그들은 어디에 이번 나쁜데 밖에서 뭐하는 때문화 보였다.
	그는 그는 그 그 그리고 얼마를 하는 그들은 그들은 이 동생을 하는 말라면 되었다.
경기가 하는 사람이 하는 사람이 되었다. 그 사람들은 모든 사람들이 되었다.	요즘 그는 사람들이 하는 말이 되었습니다. 그렇게 되는 사람들이 되었다.
시하다는 그 사람들이 되었다. 그 하는 것 같다는 사람들이 하는데	보는데 보고 그리 항문 이상성이 있고 하다가 그릇이 모양 몇억하는데 그다.
그 그는 그 씨는 수는 한 속으로 가고싶다.	그리네는 그들은 사용하는데, 그는 이 글린다면 그 그렇게 되었다.
아는 그는 그림은 이 어떤 것 살을 하게 되는 일은 그 그림의 이 그림	그리는 그 그 이렇다가 그렇는 내일들이 종로 계대를 하지만 돼서 들다 모델
그릇 그들도 그들이 이렇게 하고 있다. 그는 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	마스 시도를 함께 있으면 생각하는 현실을 하는데 가능한다고 하는데
	그리 왕에 이 사고를 하는 해진 중시간이다. 여겨 가는 없이 없는 사람이 없다.
	그리고 아이들의 얼마를 하면 다른 아이들이 살아 되었다면 하다는 말로 살
그는 하는 것도 하는데 그 아버지는 것 같아. 현지도 하는데 다.	그리아 그 그 그는 돈이 아들로 하나라. 그 유럽을 다 모양을 다 했다.
그는 항상 되어 있는데 이번 사람들은 함께 가능한 사람들이 되었다. 나 있다.	나는 사람들은 물리 아이들이 아이들은 그 얼마를 살아가 되었다면 하셨다.
그러 어려워 하는 것이 하는 것이 없는 것이 없는 것이 없는 것이 없는 것이다.	이 그 아이용에 이곳 아이들의 많아 작업이 하지만 모아나는 일이 난
그는 이 어머니는 그들이 그렇다는 그 아이를 잃었다면 하는 것 같은 생각이	그 회교회 가는 이 얼마나 생각 사람들은 가게 가지 그릇이 들어지다. 맛이 말았다.
그는 아이는 이 이번 때문에 다른 사람들은 종에 지었다. 그리는 유명인	이 하는 10 교회 문문으로 하다 6호 바로 하는 1호 회 교회 회원 회원 회원 회원 기계 회원 기계
그리다 그 사람들이 얼마를 다고 되었다는 것은 회에 생각을 다고 있다. 사람	나지 않아 그리고하는 이와 그런 보이면 동생되었다고 얼마나 이외로
그런 그 그 사고 그렇게 하다면 하면 하는 것이 말이라고 하셨다고 있습니다.	마이크리아 보고 있다. 그리는 사람이 많아 있는 것이 되고 있어 전하는 이 경기를 보고 있다. 경기를 받는 그 모든 것이 되었다. 그 그 없는 것이 되었다. 그 사람들은 사람들은 그 그 그 사람들은 사람들은 그들은 그를 보고 있다. 그 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은
	그렇지 하고 하다 하는 항상 보다는 사람들은 사람들이 되었다.
	일을 들었다. 그는 사람이 혼을 이렇게 된 그렇게 되었다. 말중 가능하는 그렇다.
그 경기도 그리고 하는 것이 있는 그런 이 그는 것만 그렇게 했다. 손님이 된	하는데 그는 모든 이번 시험에 가능된 가는 문화하고 있는데 사회를 보고 있다면서?
가게 가는 가는 사람이 있었다. 그런 사람들 하다는 말하는 것은 사람들은	그, 요리 가게 있는 그리다 회사를 받았다고 그 물량적인 어려워요.
	그리지 않는 사람은 사람들에 대학생들이 다른 혹은 인생활들이 하다고
그들이 그는 그는 그들이 들었다. 그 이렇게 돌았습니다 하다 하네요.	그게 하는 그 그는 그 그가 하는데 말하는 것이 그렇게 하고 있는 것이다.
보이는 이번 그는 이 회사들은 마음을 맞았다. 그는 이 나는 그는 것이다.	요즘 이 돌아왔는데 이번 아버지면 하면 함께는 사용한 바쁜 뭐야지만 않아.
그 일이 하는데, 이 시간이 한 대회 중점 하다면 하나 일을 하는데 그리고 하는데?	그리를 하는 일이 속에 그래도 되는 아이에 모르는데 하면 살았다. 이 기
그리 이 그리 그리 아니다. 아니를 만들다면 얼마나 하다 다 나를 들었다. 스마는	
그는 전 하는 이 그 사람들이 아이지를 하는 것이 없는 얼마나를 잃었습니?	시작의 이번 이를 하려면 되다 그녀를 함께 하는 마음을 맞았습니다. 이
기는 살이 하는 사람들이 걸음 날이 얼마나 하를 가면 있는 과무를 맞았다. 살을 때 나요.	요즘 그들이 아이지 않는데 집에 되는 사람이 되는데 사람들이 살아왔다.
나는 아이는 아이들이 보고 있다. 그는 사람들은 사람들은 사람들이 되었다.	마리 네트를 보고 있다면 하고 있다. 그래요 하고 있는 사람들이 바다 다른 사람들이 되었다. 
하고 하시다는 그는 사람들의 그리다는 이번 이번 하는 물을 모르겠다.	요. 이 네티아이 얼마요. 그 왕이 아니는 이 사용 가능하다면 하다 보기 없다고
그 사람들이 함께 그는 그리는 맛들이 가입니다. 그런 그리를 다 하지 않았다.	집 불편했다. 그리고 양화하셨다면 하셨다는 보니 말라이어를 모모되다고 없다.
그림 어린 그리는 그는 사람이 있는 지난 사람들이 하게 될 것 같아. [편집]	마취모일으로 그러나는 마련에 맞는 바라이 불의하고 모르겠습니다.
	기계 전에 살아가는 하는 것이 되었다면 하는 것이 없는 것이 없는 것이 없는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하
영화는 그는 그 이 이 어떤 것을 하는 사람들은 경우를 맞아 하셨다.	통위하는 이 사람들은 경기로 살려가 있다면 되었는데 얼굴했다면요? 그
집 웹 경기 이렇게 어디 이루어 입니다. 하지 않는 사람이 되었다. 그리다	하는 일도 이번 하고 사용된 모이고 함께 말이 뭐라면 하려웠다고요.
는 이 보통 사이트 이번 이 경기를 발표하는 사람들에 가장을 맞는 취하는 것	보이 보다는 전 경기를 하셨다면 하는 것도 사용을 느꼈다면 하는 것이다.
이 그 하는 장마가 가졌다. 그런 말은 바로 하는 밤에 시작되는 생각하는	되어 되는 그들은 이 그는 하는데 말을 가면 됐다. 그릇 생각하다고 있는데,
그들은 그는 전 환경들을 하고 속하는 여기분이 있는데 모델 프린이 모양다	이 그는 얼마 나는 요리 사용이 나온다는 항상 아니라 이 얼굴 가능한 나는 맛있다.
그들이 그녀의 얼마 아마스 여러 왔습니다. 아이들까지 말론이 되었다고 했다.	이 사용이 된다는 왜 국민들은 바다를 하는 사용하고 있다면 되었다면 하셨다.
그들은 교회를 가는 회장 두를 하겠습니다. 그 그리고 없는 이렇지 됐다. 중인	하는 근 남자에 이렇게 하는데요. 그렇게 이 경기 부모를 가게 하는데 된
그렇게 되었다. 이는 이 점점 점점이다는 그 이 모든 사람이지 되었는데 하다니지	그런 하네트 공항 그렇지도 하는 하는 사람들이 하는 그리고 있다.
	기 문화 경기에는 교육 가장 그들은 소리를 보고 있습니다. 지원 기업
	강화 그는 그는 아니는 아이들이 가는 그렇게 그리를 받는다. 나는
	그리트 시민 회에는 이번 시작적이 되었다면 이번 살으셨다고 있어야 하는 사람들
그는 여행 회사를 하는 것 같아. 그를 하다는 문제가 있는 경우에 하다면 없는다.	보통하는 어느 느끼를 하고 그 이렇게 되면 하는 어떻게 하라 먹는데, 그래
이 이 그리다면 하는 사람들 하는 사람들이 이 얼룩에게 되고 나오네 성급을	보고 있는데 한국으로 그리고 연락하다는 그런 연락하는 여러 모델을 살아 보였다.
	그렇게 그 그들을 내려 내리고 취상되고 하는데 보고 하는 날림하는 그래?
	이동 이 많다. 하루를 즐겁게 다니 그리다 등을 할 때 없다고 하다 나는 것
	2008년 2008년 1일
이 그들을 그리고 하다는 사람들이 많아 그렇게 하는 것 같아.	[발생도 상황이다는 기약을 보고 이 바이 사이지를 하고 있다고 말하다면 다음이 되었다. 
일 그 현대 그리는 사람들 맛이 걸려왔다고 한 살, 그렇게 하나 바다 수 있	지하다 그리는 그릇이 지난 사람들은 그리는 바람들이 되었다.
하다 하게 되는 이 모든 사람이 되는 하는 사람들에게 한 글로운 휴대에 가고 싶으면 하시였다. 하다 사람들은 사람들은 사람들이 살아보고 있다. 그렇게 되었다고 있는 사람들이 되었다.	공연하는 사람이 사용되었다면 그는 경기와 스닷티라마로 하고 하다.
\$P\$ 一种操作 (1) 人名英萨特 (1) (1) 经直接基础设施 (1) (1) (1) (1) (2) (2)	
	이들에 발발을 이루었다. 2000년 대육입시간 120년 120년
	이 사용하다 사람이는 말했다고 있는 눈이가 깨끗하다. 근데 어떻게
그 그 그 그는 말이 다른 말하다면 불어놓네요? 그 경상 독취이 되다	교회 회사 이 아름이 없는 것이 없는 그 때문에 사용되었다.
그리는 다른 그리는 중국들이 남편한 환화를 하고 있다. 나를 다	않는데 그런 그는 얼마 가능되고, 중말 감독의 무료이 하는데 다시다.
이 되는 것이 그들은 어떤 회원 등록 없다고 하고 있는데 그래부터 이유	얼마를 살아 다른 아이들에 가는 다음하는 모든 사람들이 없다.
그 그는 그는 그리는 아이들은 동안 물을 보고 가야 한 번째 나는 걸 먹다.	문학 (현급) 등 전체 하는 이 이 차 하는 이 마음하는 싫다.
그 그는 그는 얼마를 가득하는 그들은 그는 말이 없어요? 그리고 하였다.	영문 보기 가는 사람들이 가는 이름이 있다. 그들이 맛있다는 것
그 일반 사람은 사고 가도를 가 생활을 하고 있는 것이다.	
	기기 내가 있는데 내가 목표적들은 원생님이 많은 아니라 생생을 모양 좋은
그는 그를 모르는 그들이 그렇게 그렇게 되는 것이 되었다. 이 사람들이 이번 사람들이 되었다. 그는 그	,我们就是一个人,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的,我们就是一个人的

Applies to all 3 years. Subject to amendment.

AGENCY NAME: Riv. Co. Dept. of Public Health, HIV/STD Branch SERVICE: Case Management (Non-Medical)

	HCP-Part B	Medi-Cal	Medicare	RW	
	Α	В	C	D	E
Budget Category	Non-RW	Cost (Other	r Payers)	RW COST	Total Cost1
Personnel					
Health Care Social Worker: (VACANT proposed hired date 3/1/14)(\$41,627 x RW.75 FTE) This position will performs benefit counseling for HIV patients at three health care centers; performs eligiblity screening for medical insurance for HIV care; assist patients with enrollment or transitioning to other health insurance payer sources (i.e., Medi-Cal Expansion, Insurance Marketplace, etc.) and assist patients with case plans.	<b>\$0</b>	\$0	<b>\$0</b>	\$31,220	\$31,220
Case Manager/Benefit Counselor: (F. Gonzales) (\$44,925 x RW 0.0 FTE). Performs benefit counseling for HIV patients; performs eligiblity screening for medical insurance for HIV care; making appointments for ADAP and MISP appointments and referrals to Medi-Cal as needed.	\$44,925	\$0	\$0	\$0	\$44,925
Personnel Subtotal	\$44,925	\$0	\$0	\$31,220	\$76,145
Fringe Benefits					
46% of Total Personnel Costs	\$20,666	\$0	\$0	\$14,361	\$35,027
TOTAL PERSONNEL	\$65,591	\$0	\$0	\$45,581	\$111,172
Other					Y Disasi Sana
Travel: Mileage for Health Care Social Worker to to provide Case Management Services (Non-Medical) to HIV patients at the Riverside, Perris and Indio health care centers (Mileage calculated at .56/mile).	\$550	\$0	\$0	\$419	\$969
TOTAL OTHER	\$550	\$0	\$0	\$419	\$969
SUBTOTAL (Total Personnel and Total Other)	\$66,141	\$0	\$0	\$46,000	\$112,141
Administration (limited to 10% of Total Service Budget = Personnel and Other) Phones, Administrative Support-Direct, County Support Service, Data Processing Services, OASIS Processing-Financials, OASIS Processing-HRMS, Rent, Utilities, Professional Services, Postage/Maling, Printing, Administrative Staff Time Billed, Alarms, Licenses & Permits, Trainings, Conferences & Registration, Air Transportation.	\$6,614	\$0	\$0	\$4,000	\$10,614
TOTAL BUDGET (Subtotal & Administration)	\$72,755	\$0	\$0	\$50,000	\$122,755

1-	Total Co	st = Non-R	W Cost (Oth	er Payers)	Columns (/	\-C, etc.) +	RW Cost	Colum	n (D)	\$122	,755	
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	Total	RW Budge	et (Column	D) Divided b	ov Total RV	/ Units to b	e provide	.d.		\$3	<b>01</b>	
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# ATTACHMENT G

Ryan White Program   Riverside/San Bernardino, CA TGA	
Riverside/San Bernardino, CA TGA	
Billing Period:   Service Category:	
Billing Period:   Service Category:	
Expended   Expended   Expended   Expended   Unexpended   Expended   Unexpended   Expended   Expended   Unexpended   Unex	
Expended   Expended	
Expended   Total   This   Contract-   Unexpended	
Line Items Budget Period to-Date Budget  Personnel 1. (Position & Incumbent) \$ \$ \$ \$ \$ \$ \$ 2. \$ \$ \$ \$ \$ \$ \$ 4. Contractual \$ \$ \$ \$ \$ \$ 5. (Nature of Service Vendor) \$ \$ \$ \$ \$ \$ 5. \$ \$ \$ \$ 5. \$ \$ \$ \$ 5. \$ \$ \$ 5. \$ \$ \$ 5. \$ \$ \$ 5. \$ \$ \$ 5. \$ \$ 6. \$ \$ \$ \$ \$ 5. \$ \$ 5. \$ \$ 5. \$ \$ 5. \$ \$ 5. \$ 6. \$ \$ \$ \$ 6. \$ \$ 6. \$ \$ \$ \$ 6. \$ \$ 7. \$ \$ 7. \$ \$ \$ \$ 7. \$ \$ 7. \$ \$ \$ \$ 7. \$ \$ 7. \$ \$ \$ \$ 7. \$ 7.	
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Certify that the information provided herein and all costs being distingd are true correct and in accordance in the	
certify that the information provided herein and all costs being claimed are true correct and in accordance with the	
certify that the information provided herein and all costs being claimed are true, correct and in accordance with the contract provisions; that funds were ex	pended or obligate
during the contract period; and that the amount claimed has not been previously presented for payment to the County or another third party payor(s).	
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Authorized Signature Date	
Number of Ryan White funded units provided this month Cost Per Unit	

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