704

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

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;
3. Amend Ordinance 440 pursuant to Resolution 440-8966 as submitted herewith; and

RECOMMENDED MOTION:
(Continued on Page 2)

Approved by Michael T. Stock
Asst. County Executive Officer/
Human Resources Director

Susan Harrington,
Director of Public Health

FORM APPROVED COUNTY COUNSEL
BY: NEAL R. KIPNIS
Departmental Concurrence
DATE 5/16/14

FISCAL PROCEDURES APPROVED
PAUL ANGULO, CPA, AUDITOR-CONTROLLER
BY Esteban Hernandez 5/27/14

Purchasing: Mark Seiler, Assistant Director

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	$ 367,983	$ 1,103,950	$ 3,311,850	$ 0	Consent ☐ Policy ☑
NET COUNTY COST	$ 0	$ 0	$ 0	$ 0	

SOURCE OF FUNDS: 100% Federal funded by the County of San Bernardino.

Budget Adjustment: No
For Fiscal Year: 13/14-16/17

C.E.O. RECOMMENDATION: APPROVE

BY: Jennifer L. Sargent

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: Tavaglione
Date: June 3, 2014
xc: Public Health, Purchasing

Kecia Harper-Ihem
Clerk of the Board
By: Deputy

☐ Positions Added ☐ Change Order
☑ A-30 ☐ 4/5 Vote

Prev. Agn. Ref.: | **District:All/All** | **Agenda Number:** 3-88

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.

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

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

BE IT RESOLVED by the Board of Supervisors of the County of Riverside, State of California, in 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 approval, as follows:

Job Code	+/-	Department ID	Class Title
79824	+ 1	4200101600	Healthcare Social Worker
79832	+ 1	4200101600	Medical Social Worker II

ROLL CALL:

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
By _____ Deputy

/kc
05/20/2014
440 Resolutions\KC

FOR COUNTY USE ONLY

X New / Change / Cancel	FAS Vendor Code	Dept.		Contract Number
	COUNTY0930	SC	PHL A	14-66

ePro Vendor Number	ePro Contract Number
00009692	149518

County Department	Dept.	Orgn.	Contractor's License No.
Department of Public Health	PHL	PHL	

County Department Contract Representative	Telephone	Total Contract Amount
Lisa Ordaz	(909) 388-0222	$3,311,850

County of San Bernardino

F A S

STANDARD CONTRACT

Contract Type

☐ Revenue ☒ Encumbered ☐ Unencumbered ☐ Other:

If not encumbered or revenue contract type, provide reason:

Commodity Code	Contract Start Date	Contract End Date	Original Amount	Amendment Amount
95200	03/01/2014	02/28/2017	$3,311,850	

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 Year					
	FY	Amount	I/D	FY	Amount	I/D
Ryan White Program - Medical Care and	13/14	$367,983	I	16/17	$735,967	I
Support Services/	14/15	$1,103,950	I			
Minority AIDS Initiative (MAI)	15/16	$1,103,950	I			

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: (951) 358-5307 — 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

JUN 03 2014 3-88

TABLE OF CONTENTS

ATTACHMENTS

I. DEFINITIONS

A. Acquired Immunodeficiency Syndrome (AIDS) – 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. AIDS Regional Information and Evaluation System (ARIES) – 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. Cost Effectiveness – 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. Department of Public Health (DPH) – 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. Human Immunodeficiency Virus (HIV) – 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. Health Resources Services Administration (HRSA) – 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. Human Services (HS) – A County of San Bernardino Agency that provides oversight of DPH functions and services.

J. Inland Empire HIV Planning Council (IEHPC) – 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. Minority AIDS Initiative (MAI) – MAI, a Ryan White funding stream, funds target programs to enhance effective HIV/AIDS efforts that directly benefit racial and ethnic minority communities.

L. Memorandum of Understanding (MOU) – 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. Supplanting of Ryan White Program funds – 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. Transitional Grant Area (TGA) – 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).

2. 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

1. 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.

2. 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)

1. 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., 2nd 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.

9. 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: http://hab.hrsa.gov/manageyourgrant/granteebasics.html.

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

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.

I. 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,

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 o f 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:

1. 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. Policies Primary and Non-Contributory – 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. Acceptability of Insurance Carrier – 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. Deductibles and Self-Insured Retention - Any and all deductibles or self-insured retentions in excess of $10,000 shall be declared to and approved by Risk Management.

9. Failure to Procure Coverage – 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. Insurance Review – 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. Commercial/General Liability Insurance – 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. Automobile Liability Insurance – 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. Umbrella Liability Insurance – 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. Professional Liability – 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

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

or

Directors and Officers Insurance 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.

2. 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, complaints of discrimination, 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., 2nd 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

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 WHEREOF,** the Board of Supervisors of the County of San Bernardino has caused this Contract to be subscribed to by the Clerk thereof, and Contractor has caused this Contract to be subscribed in its behalf by its duly authorized officers, the day, month and year written.

FORM APPROVED COUNTY COUNSEL
BY: NEAL R. KIPNIS DATE 3/24/14

ATTEST:
KECIA HARPER-IHEM, Clerk
By DEPUTY

COUNTY OF SAN BERNARDINO

► Janice Rutherford
Janice Rutherford, Chair, Board of Supervisors

Dated: FEB 25 2014

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

Laura H. Welch
Clerk of the Board of Supervisors
of the County of San Bernardino.

By:

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

By ► Jeff Stone
(Authorized signature – sign in blue ink)

Name: ~~John J. Benoit~~ Jeff Stone
(Print or type name of person signing contract)

Title: Chairman, Board of Supervisors
(Print or Type)

Dated: 6/3/14

Address: P.O. Box 7600
Riverside, CA 92503

Approved as to Legal Form	Reviewed by Contract Compliance	Presented to BOS for Signature
► Kristina Robb	► Regina Dalton	►
Kristina M. Robb, Deputy County Counsel	Regina Dalton, HS Contracts Unit	Trudy Raymundo, Director
Date 1/13/14	Date 2-13-14	Date 2/14/14

SCOPE OF WORK

RYAN WHITE PROGRAM PART A: MAR 1, 2014 - FEB 28, 2015	
CONTRACT NUMBER:	**Leave Blank**
CONTRACTOR:	County of Riverside Department of Public Health, HIV/STD Branch
SERVICE CATEGORY:	**OUTPATIENT/AMBULATORY HEALTH SERVICES**
SERVICE GOAL:	To maintain or improve the health status of persons living with HIV/AIDS in the TGA. NOTE: *Medical care for the treatment of HIV infection includes the provision of care that is consistent with the United States Public Health Service, National Institutes of Health, and the American Academy of HIV Medicine (AAHIVM).*
SERVICE HEALTH OUTCOME(S):	Improved or maintained CD4 cell count Improved or maintained CD4 cell count, as a % total lymphocyte cell count Improved or maintained viral load

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 Served	**126**	**36**	**18**	**0**	**0**	**0**	**180**
African American/Black	49	14	7	0	0	0	70
Hispanic/Latino/a	21	6	3	0	0	0	30
Planned Service UTILIZATION[1] 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	**756**	**216**	**108**	**0**	**0**	**0**	**1080**
African American/Black	295	84	42	0	0	0	421
Hispanic/Latino/a	129	37	18	0	0	0	184
Planned Service to VISITS/TRANSACTIONS 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 # **VISITS/TRANSACTIONS[2]** to be Provided	**252**	**72**	**36**	**0**	**0**	**0**	**360**
African American/Black	98	28	14	0	0	0	140
Hispanic/Latino/a	43	12	6	0	0	0	61

[1] See Attachment J for descriptions of units of service for each service category.

[2] "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."

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
DOPH-HIV/STD medical treatment team will provide the following ***service delivery elements*** to PLWHA receiving * HIV Outpatient/Ambulatory Health Services at Riverside Neighborhood Health Center, Perris Family Care Center and Indio Family Care Center. • Development of Treatment Plan • Diagnostic Testing • Early Intervention and Risk Assessment • Preventive Care and Screening • Practitioner Examination • Medical History Taking • Diagnosis and Treatment of Common Physical and Mental Conditions • Prescribing and Managing Medication Therapy • Education and Counseling on Health Issues • Continuing Care and Management of Chronic Conditions • Referral to and Provision of Specialty Care • Treatment Adherence Counseling/Education • Integrate and utilize ARIES to incorporate core data elements. **Implementation Activities:** 1. 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. 2. 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: a) Completing a medical history b) Conducting a physical examination including an assessment for oral health care c) Reviewing lab test results d) Assessing the need for medication therapy e) Development of a Treatment Plan. a) Collection of blood samples for CD4 Viral load, Hepatitis and other testing b) Perform TB skin test and chest x-ray 3. 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	1, 2, & 3	March 1, 2014 – February 28, 2015	▪ Patient Health Assessment ▪ Lab Results ▪ Treatment Plan ▪ Psychosocial Assessments ▪ Treatment Adherence Documentation ▪ Case Conferencing Documentation ▪ Progress Notes ▪ Cultural Competency Plan ▪ ARIES Reports

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
disease, GI abnormalities, pancreatitis, liver disease, or hepatitis. a) Conducting a physical examination b) Reviewing lab test results c) Assessing the need for medication therapy d) Development of a Treatment Plan. 4. 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. 5. Based on medical history, physical examination and lab-test results, clinician will develop a treatment plan with diagnosis and treatment for common physical conditions such as opportunistic infections related to HIV which may include but are not limited to: candidacies, cervical cancer, herpes simplex, Karposis Sarcoma, tuberculosis. 6. 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. 7. 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*. 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 Health, and American Academy of HIV Medicine (AAHIVM).*			

SCOPE OF WORK

RYAN WHITE PROGRAM PART A: MAR 1, 2014 - FEB 28, 2015	
CONTRACT NUMBER:	**Leave Blank**
CONTRACTOR:	County of Riverside Department of Public Health, HIV/STD Branch
SERVICE CATEGORY:	**AIDS Pharmacy Assistance**
SERVICE GOAL:	To maintain or improve health outcomes of persons living with HIV/AIDS by making available needed HIV/AIDS medications.
SERVICE HEALTH OUTCOME(S):	Improved or maintained CD4 cell count Improved or maintained CD4 cell count, as a % of total lymphocyte cell count Improved or maintained viral load

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 Served	**14**	**4**	**2**	**0**	**0**	**0**	**20**
African American/Black	5	2	1	0	0	0	8
Hispanic/Latino/a	2	1	0	0	0	0	3
Planned Service UTILIZATION[3] 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	**14**	**4**	**2**	**0**	**0**	**0**	**20**
African American/Black	5	2	1	0	0	0	8
Hispanic/Latino/a	2	1	0	0	0	0	3
Planned Service to VISITS/TRANSACTIONS 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 # **VISITS/TRANSACTIONS[4]** to be Provided	**14**	**4**	**2**	**0**	**0**	**0**	**20**
African American/Black	5	2	1	0	0	0	8
Hispanic/Latino/a	2	1	0	0	0	0	3

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

[3] See Attachment J for descriptions of units of service for each service category.

[4] "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."

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
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. • Antiretroviral medication (HIV/AIDS) • Services are provided based on established Cultural and Linguistic Competency Standards • Integrate and utilize ARIES to incorporate core data elements. **Implementation Activities:** 1. The HIV Clinic Manager 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. 2. 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. 3. 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. 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. 5. 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. 6. 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. 7. 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. 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	1, 2, & 3	March 1, 2014 – February 28, 2015	▪ Medication Logs ▪ Documentation in Patient's Chart - Progress Notes ▪ Cultural Competency Plan ▪ ARIES Reports

community served. 9. 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*. 10. 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."			

SCOPE OF WORK

RYAN WHITE PROGRAM PART A: MAR 1, 2014 - FEB 28, 2015	
CONTRACT NUMBER:	**Leave Blank**
CONTRACTOR:	County of Riverside Department of Public Health, HIV/STD Branch
SERVICE CATEGORY:	**Mental Health Services**
SERVICE GOAL:	To have services available throughout the TGA to minimize crisis situations and stabilize patient's mental health status, in order to maintain in the care system.
SERVICE HEALTH OUTCOME(S):	Improved or maintained CD4 cell count Improved or maintained viral load Medical Visits *Beck Depression Inventory (BDI) **Behavior Assessment Inventory (BAI) ***Global Assessment of Function Axis V

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 Served	**21**	**6**	**3**	**0**	**0**	**0**	**30**
African American/Black	8	2	1	0	0	0	11
Hispanic/Latino/a	4	1	1	0	0	0	6
Planned Service UTILIZATION[5] 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	**84**	**24**	**12**	**0**	**0**	**0**	**120**
African American/Black	33	9	5	0	0	0	47
Hispanic/Latino/a	14	4	2	0	0	0	20
Planned Service to VISITS/TRANSACTIONS 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 # **VISITS/TRANSACTIONS[6]** to be Provided	**630**	**180**	**90**	**0**	**0**	**0**	**900**
African American/Black	246	70	35	0	0	0	351
Hispanic/Latino/a	107	31	15	0	0	0	153

[5] See Attachment J for descriptions of units of service for each service category.

[6] "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."

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
DOPH-HIV/STD clinical therapists and psychiatrists will provide the following ***service delivery elements*** to PLWHA receiving Mental Health Services at Riverside Neighborhood Center, Perris Family Care Center and Indio Family Care Center. • Initial Individual Mental Health Assessment • Development of Care/Treatment Plan • Individual Counseling Session • Group Counseling Session • Case Conferencing Session • Psychiatric Assessment/Evaluation Session • Psychiatric Medications Management Session • Referral to other Mental Health Professionals • Services are provided based on established Cultural and Linguistic Competency Standards • Integrate and utilize ARIES to incorporate core data elements. **Implementation Activities:** 1. The HIV Clinic Manager is responsible for ensuring Mental Health Services are delivered according to the IEHPC Standards of Care and Scope of Work activities. 2. Clinically driven Mental Health Services will be staffed by a full-time Clinical Therapist licensed or certified by the Board of Behavioral Services (Licensed MFT or a Licensed Clinical Social Worker and part-time Psychiatrist to expand on-site mental health services for patients receiving Outpatient/Ambulatory Health Services. 3. Clinical therapists and Psychiatrist will conduct an initial psychosocial assessment during the intake process. The assessment will involve the gathering of information from the patient on the presenting problem, current living environment, mental health and substance abuse history, mental status exam, current mental health needs, support system, history or current abuse and patients goals related to mental health treatment. 4. 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. 5. 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 patient, which will include individual and/or group counseling sessions. 6. 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	1, 2, & 3	March 1, 2014 – February 28, 2015	▪ Psychosocial Assessment Form with DSM IV Diagnosis ▪ Goals & Treatment Plan ▪ Progress Notes ▪ Case conferencing documentation ▪ Referral Logs ▪ Global Assessment Functioning (GAF) Outcome Measurement Form ▪ Curriculum for Women's therapy group ▪ Sign-In Sheets ▪ Cultural Competency Plan ▪ ARIES Reports

conferencing.

7. 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 evaluation and medication, (e.g., bi-polar, schizophrenia, depression, etc). The psychiatrist will prescribe a medication regimen based on the psychiatric assessment and manage the patient's psychiatric diagnosis and in conjunction with the multi-disciplinary team.

8. The mental health counseling process will include referrals from clinical staff which may include, but is not limited to medical providers, psychiatrist, nurses, social workers, nutritionist, medical case managers, health education and health service assistants.

9. A thorough crisis assessment will be completed identifying the level of severity of the crisis and providing interventions such as a 5150 to stabilize the patient.

10. 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.

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 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."

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

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

tools for personal growth and empowerment and assist them in self-management of their treatment.								measured by the Axis V.

SCOPE OF WORK TEMPLATE

RYAN WHITE PROGRAM PART A: MAR 1, 2014 - FEB 28, 2015	
CONTRACT NUMBER:	**Leave Blank**
CONTRACTOR:	County of Riverside Department of Public Health, HIV/STD Branch
SERVICE CATEGORY:	**Medical Case Management Services (MCM) (Including Treatment Adherence)**
SERVICE GOAL:	The goal of providing medical case management services is to ensure that those who are unable to self-manage their care, struggling with challenging barriers to care, marginally in care, and/or experiencing poor CD4/Viral load tests receive intense care coordination assistance to support participation in HIV medical care.
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 Medical Visits *Reduction of Medical Case Management utilization due to patient self-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 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	0	43
Planned Service UTILIZATION[7] 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 Service Area of Residence:	**1 West Riv**	**2 Mid Riv**	**3 East Riv**	**4 SB West**	**5 SB East**	**6 SB Desert**	**Total**
Total # **VISITS/TRANSACTIONS[8]** to be 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	0	0	173

[7] See Attachment J for descriptions of units of service for each service category.
[8] "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."

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
DOPH-HIV/STD Medical Case Managers (Social Workers) will provide the following ***service delivery elements*** to PLWHA receiving Medical Case Management Services at Riverside Neighborhood Center, Perris Family Care Center and Indio Family Care Center. • Initial and ongoing assessment of the patient's service needs • Development of a comprehensive care plan in collaboration with the patient • Coordination of services required to implement the plan • Patient monitoring to assess the efficacy of the plan • Periodic re-evaluation and adaptation of the plan as necessary • Patient-specific advocacy and/or review of utilization of services • Coordination and follow-up of medical treatments • Provide or refer patients for advice, support, counseling on topics surrounding HIV disease, treatments, medications, treatment adherence education, caregiver bereavement support, dietary/nutrition advice and education, and terms and information needed by the patient to effectively participate in his/her medical care • 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. **Implementation Activities:** 1. The HIV Clinic Manager is responsible for ensuring MCM services are delivered according to the IEHPC Standards of Care and Scope of Work activities. 2. Medical Case Managers will provide Medical Case Management Services to patients that meet the following criteria: ▪ Need one or more of the following services: home health, home and community-based services, mental health, substance abuse, housing assistance, and/or are clients that exhibit the following, according to current physician documentation: o CD4 <500 and any viral load, including "undetectable" o CD4 <500 and any reportable viral load o Viral load >100,000 and any CD4 Count 3. 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. 4. 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	1, 2, & 3	March 1, 2014 – February 28, 2015	▪ Medical Case Management Needs Assessments ▪ Patient Acuity Assessments ▪ Comprehensive Care Plan ▪ Case Conferencing Documentation ▪ Referral Logs ▪ Progress Notes ▪ Cultural Competency Plan ▪ ARIES Reports

they will be referred and linked with case management (non-medical) services.

5. The MCM staff will develop an individualized care plans in collaboration with patient, primary care physician/provider and other health care/support staff to maximize patient's care and facilitate cost-effective outcomes. The plan will include the following elements: problem/presenting issue(s), service need, goals, action plan, responsibility and timeframes.

6. MCM staff will periodically re-evaluate and modify care plans as necessary (minimum of six months).

7. MCM staff will advocate on the patient's behalf and provide direct provision or referrals, to other service providers for advice, support, counseling on topics surround HIV disease treatments, medications, or other health related topics.

8. The MCM staff will discuss and document treatment adherence issues the HIV patient is experiencing and work with treatment team staff to provide additional education and counseling for patient.

9. The MCM staff will work with the HIV patient to become effective self-managers of their own care.

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 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.

12. 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*.

13. 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."

SCOPE OF WORK

RYAN WHITE PROGRAM PART A: MAR 1, 2014 - FEB 28, 2015	
CONTRACT NUMBER:	**Leave Blank**
CONTRACTOR:	County of Riverside Department of Public Health, HIV/STD Branch
SERVICE CATEGORY:	**Early Intervention Services (Part A)**
SERVICE GOAL:	Quickly link HIV infected individuals to testing services, core medical 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 health outcomes.
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 Accessing Medical Care (at least two medical visits in a 12 month period) Linkage to HIV Medical Care System

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 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[9] 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	**200**	**57**	**29**	**0**	**0**	**0**	**286**
African American/Black	78	22	11	0	0	0	111
Hispanic/Latino/a	34	10	5	0	0	0	49
Planned Service to VISITS/TRANSACTIONS 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 # **VISITS/TRANSACTIONS**[10] to be Provided	**133**	**38**	**19**	**0**	**0**	**0**	**190**
African American/Black	52	15	7	0	0	0	74
Hispanic/Latino/a	23	6	3	0	0	0	32

[9] See Attachment J for descriptions of units of service for each service category.
[10] "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."

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
DOPH-HIV/STD Communicable Disease Specialists will provide the following ***service delivery elements*** to PLWHA receiving EIS (Part A) at Riverside Neighborhood Center, Perris Family Care Center and Indio Family Care Center. • Outreach activities to bring to HIV services • Linking unaware communities to HIV Counseling & Testing Services • Linking newly diagnosed and unmet need individuals to treatment and care. • Referrals to systems of care (RW & non-RW) • Assist HIV patients with enrollment or transition activities to other health insurance payer sources (i.e., ADAP, MISP, Medi-Cal Expansion, Insurance Marketplace, etc.) • Re-linking HIV patients that have fallen out of care. • Integrate and utilize ARIES to incorporate core data elements. **Implementation Activities:** 1. 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. 2. 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. 3. EIS staff will work with HIV Testing & Counseling Services to link newly diagnosed individuals and unmet need individuals with Partner Services and to HIV treatment and care at DOPH-HIV/STD. 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. 5. 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. 6. 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	1, 2, & 3	March 1, 2014 – February 28, 2015	▪ Outreach schedules and logs ▪ Outreach Encounter Logs ▪ LTC Documentation Logs ▪ Assessment and Enrollment Forms ▪ Reporting Forms ▪ Case Conferencing Documentation ▪ Referral Logs ▪ Progress Notes ▪ Cultural Competency Plan ▪ ARIES Reports

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
7. EIS staff will assist patients with enrollment or transition activities to other health insurance payer sources (i.e., ADAP, MISP, Medi-Cal Expansion, Insurance Marketplace, etc.). This may include but is not limited to: contacting patients during recertification, assisting the patient with obtaining verification documentation and documentation of eligibility screening process. 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 community served. 9. 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*. 10. 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."			

SCOPE OF WORK

RYAN WHITE PROGRAM PART A: MAR 1, 2014 - FEB 28, 2015	
CONTRACT NUMBER:	**Leave Blank**
CONTRACTOR:	County of Riverside Department of Public Health, HIV/STD Branch
SERVICE CATEGORY:	**MAI Early Intervention Services**
SERVICE GOAL:	Quickly link HIV infected individuals from communities of color (African American and Latinos) to testing services, core medical 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 health outcomes.
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 Accessing Medical Care (at least two medical visits in a 12 month period) Linkage to HIV Medical Care System

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 Served	**42**	**12**	**6**	**0**	**0**	**0**	**60**
African American/Black	16	5	2	0	0	0	23
Hispanic/Latino/a	7	2	1	0	0	0	10
Planned Service UTILIZATION[11] 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	**126**	**36**	**18**	**0**	**0**	**0**	**180**
African American/Black	49	14	7	0	0	0	70
Hispanic/Latino/a	21	6	3	0	0	0	30
Planned Service to VISITS/TRANSACTIONS 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 # **VISITS/TRANSACTIONS**[12] to be Provided	**84**	**24**	**12**	**0**	**0**	**0**	**120**
African American/Black	33	9	5	0	0	0	47
Hispanic/Latino/a	14	4	2	0	0	0	20

[11] 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."

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
DOPH-HIV/STD Communicable Disease Specialists will provide the following ***service delivery elements*** to PLWHA receiving MAI EIS at Riverside Neighborhood Center, Perris Family Care Center and Indio Family Care Center. • Outreach activities to bring to HIV services • Linking unaware communities to HIV Counseling & Testing Services • Linking newly diagnosed and unmet need individuals to treatment and care. • Referrals to systems of care (RW & non-RW) • Assist HIV patients with enrollment or transition activities to other health insurance payer sources (i.e., ADAP, MISP, Medi-Cal Expansion, Insurance Marketplace, etc.) • Re-linking HIV patients that have fallen out of care. • Integrate and utilize ARIES to incorporate core data elements. **Implementation Activities:** 1. 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. 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 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. • 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. Interventions will also include **community**-based outreach, patient education, intensive case management and patient navigation **strategies** to promote access to **care**.	1, 2, & 3	March 1, 2014 – February 28, 2015	▪ Outreach schedules and logs ▪ Outreach Encounter Logs ▪ LTC Documentation Logs ▪ Assessment and Enrollment Forms ▪ Reporting Forms ▪ Case Conferencing Documentation ▪ Referral Logs ▪ Progress Notes ▪ Cultural Competency Plan ▪ ARIES Reports

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
2. MAI EIS staff will work with HIV Testing & Counseling Services to bring newly diagnosed individuals from communities of color to Partner Services and HIV treatment and care at DOPH-HIV/STD.			
3. MAI EIS staff will work with treatment team staff to identify PLWHA that have fallen out-of-care and unmet need population to provide the necessary support to bring back into care and maintain into treatment and care.			
4. MAI 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.			
5. MAI 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			
6. MAI EIS staff will assist patients with enrollment or transition activities to other health insurance payer sources (i.e., ADAP, MISP, Medi-Cal Expansion, Insurance Marketplace, etc.). This may include but is not limited to: contacting patients during recertification, assisting the patient with obtaining verification documentation and documentation of eligibility screening process.			
7. 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.			
8. 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*.			
9. 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.			

SCOPE OF WORK

RYAN WHITE PROGRAM PART A: MAR 1, 2014 - FEB 28, 2015	
CONTRACT NUMBER:	**Leave Blank**
CONTRACTOR:	County of Riverside Department of Public Health, HIV/STD Branch
SERVICE CATEGORY:	**Case Management Services (Non-Medical)**
SERVICE GOAL:	The goal of Case Management (non-medical) is to ensure an avenue for eligible patients to obtain assistance in accessing services deemed necessary to link and maintain individuals in medical care.
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 Accessing Medical Care (at least two medical visits in a 12 month period)

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 Served	**38**	**11**	**6**	**0**	**0**	**0**	**55**
African American	15	4	2	0	0	0	21
Hispanic/Latino/a	7	2	1	0	0	0	10
Planned Service UTILIZATION[13] 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	**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 Service Area of Residence:	**1 West Riv**	**2 Mid Riv**	**3 East Riv**	**4 SB West**	**5 SB East**	**6 SB Desert**	**Total**
Total # **VISITS/TRANSACTIONS[14]** 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

[13] 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."

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
The DOPH-HIV/STD Case Manager (Health Care Social Worker) will provide the following ***service delivery elements*** to PLWHA receiving Case Management Services (Non-Medical) at Riverside Neighborhood Center, Perris Family Care Center and Indio Family Care Center. • To ensure timely access to medical, social, and other services through referrals • Foster patient empowerment and responsibility for their own health • Provide benefits counseling to ensure HIV patients obtain health insurance coverage for medical care. • Referrals to systems of care and coordination of resources (RW & non-RW) • Provide opportunities to describe components of Case Management and Medical Case Management services and referrals to all HIV positive patients • Integrate and utilize ARIES to incorporate core data elements. **Implementation Activities:** 1. 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. 3. 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. 4. Case Manager will discuss budgeting with patients in order to maintain access to necessary services and Case Manager will screen for domestic violence, mental health, substance abuse, and advocacy needs. 5. Case Manager will refer and link patients to medical, mental health, substance abuse, psychosocial services, and other services as needed and Case Manager will provide referrals to address gaps in their support network. 6. Case Manager will be responsible for eligibility screening of HIV patients to ensure patients obtain health insurance coverage for medical care and that Ryan White funding is used as payer of last resort.	1, 2, & 3	March 1, 2014 – February 28, 2015	▪ Patient Assessments ▪ Case Management Tracking Log ▪ Case Conferencing Documentation ▪ Referral Logs ▪ Progress Notes ▪ Cultural Competency Plan ▪ ARIES Reports

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES	SERVICE AREA	TIMELINE	PROCESS OUTCOME
7. Case Manager will provide education and counseling to assist the HIV patients with transitioning due to changes in the ACA.			
8. Case Manager will assist patients with obtaining needed financial resources for daily living such as bus pass vouchers, gas cards, and other emergency financial assistance.			
9. Case Manager will educate patients regarding allowable services for family members, significant others, and friends in the patient's support system. Services include education on HIV disease, partner testing, care and treatment issues, and prevention education. The goal is to develop and strengthen the patient's support system and maintain their connection to medical care.			
10. Case Manager will provide education to patient about health education, risk reduction, self-management, and their rights, roles, and responsibilities in the services system.			
11. 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.			
12. 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*.			
13. 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."			

PROGRAM SERVICE UNITS & FINANCIAL ELIGIBILITY CRITERIA

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

SERVICE	UNIT OF SERVICE
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)
	  • 1 taxi payment
	  • 1 bus voucher
	  • 1 gas voucher

Food Bank/Home-Delivered Meals	• $10 transaction (regardless of $ amount)
	  o 1 $10 voucher = 1 unit
	  o 4 $10 vouchers = 4 units
	  o 1 $20 voucher = 2 units
	  o 1 $10 food bag = 1 unit
	  o 1 $20 food bag = 2 units

Psychosocial Support	• One 15 minute encounter

Housing Services	• For Housing Case Management Services
	  o One 15 minute encounter
	• For Housing Financial Assistance
	  o One night hotel/motel (regardless of $ amount) = 1 unit
	  o One month's rent = 30 units

Emergency Financial Svcs	• One transaction/monthly utility bill (regardless of $ amount) o 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

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: http://aspe.hhs.gov/poverty/13poverty.cfm

ATTACHMENT C

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 20th 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 20th 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 20th 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 • EIS/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 of 3 years only)	Within 60 days of Contract Start Date (1st year of 3-year only)	Contractor is required to complete and submit the standardized assessment tool at the beginning of the 1st 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.

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) (ARIES Data entry and reports when necessary)	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.
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.

ATTACHMENT D

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

Domain & Standard	Indicator	Target
1. ***Staff Development:*** 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. ***Communication***: 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. ***Communication***: 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.	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, 2nd 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:	
	Date Stamp (To be completed by Ryan White Program Office)

REPORT	ENCLOSED
Invoice	
Letter (Any Type)	
Other: _____ (Please Describe)	

Notes to Ryan White Program staff:
Attention:

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)		

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:** Outpatient/Ambulatory Health Services

	HCP-Part B	Medi-Cal	Medicare	RW	
	A	B	C	D	E
Budget Category	**Non-RW Cost (Other Payers)**			**RW COST**	**Total Cost1**
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	$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	$13,115	$52,460
Office Assistant II/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	$0	$34,454	$64,024
Personnel Subtotal	$145,371	$323,794	$25,958	$314,839	$809,962

	A	B	C	D	E
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).	$0	$4,500	$0	$6,500	$11,00
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	$5,83
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	$44,00
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**

[1]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)***

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:** AIDS Pharmacy Assistance (Local)

	HCP-Part B	Medi-Cal	Medicare	RW	
	A	B	C	D	E
Budget Category	**Non-RW Cost (Other Payers)**			**RW COST**	**Total Cost**
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	$0	$0	$
Pharmacy Technician: (Fuentes, R.) Provides direct pharmacy services for HIV patients at three health care centers. (In-Kind for Staff Time.)	**In-Kind**	$0	$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**	**$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**	**$0**	**$13,073**	**$13,073**
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.	$0	$0	$0	$1,307	$1,30
TOTAL BUDGET (Subtotal & Administration)	**$0**	**$0**	**$0**	**$14,380**	**$14,380**

[1]**Total Cost = Non-RW Cost (Other Payers) Columns (A-C, etc.) + RW Cost Column (D)** **$14,380**

- **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)***

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:** Mental Health Services

	HCP-Part B	Medi-Cal	Medicare	RW	
	A	B	C	D	E
Budget Category	**Non-RW Cost (Other Payers)**			**RW COST**	**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	$37,423	$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**	**$6,722**	$32,054
TOTAL BUDGET (Subtotal & Administration)	**$278,650**	**$0**	**$0**	**$75,000**	**$353,650**

[1]Total Cost = Non-RW Cost (Other Payers) Columns (A-C, etc.) + RW Cost Column (D) **$353,650**

- **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)***

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:** Medical Case Management Services

	HCP-Part B	Medi-Cal	Medicare	RW	
	A	B	C	D	E
Budget Category	**Non-RW Cost (Other Payers)**			**RW COST**	**Total Cost1**
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					
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**

[1]Total Cost = Non-RW Cost (Other Payers) Columns (A-C, etc.) + RW Cost Column (D) **$377,027**

- **Total Number of RW Units to be Provided for this Service Category:** **1,276**
- **Total RW Budget (Column D) Divided by Total RW Units to be provided:** **$165**
  - ***(This is your agency's RW cost for care per unit)***

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:** Early Intervention Services (Part A)

	HCP-Part B	Medi-Cal	Medicare	RW	
	A	B	C	D	E
Budget Category	**Non-RW Cost (Other Payers)**			**RW COST**	**Total Cost1**
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	$13,323
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					
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	$0	$10,543	$18,057
TOTAL BUDGET (Subtotal & Administration)	**$82,657**	**$0**	**$0**	**$115,974**	**$198,631**

[1]Total Cost = Non-RW Cost (Other Payers) Columns (A-C, etc.) + RW Cost Column (D) **$198,631**

- **Total Number of RW Units to be Provided for this Service Category:** **286**
- **Total RW Budget (Column D) Divided by Total RW Units to be provided:** **$406**
  (This is your agency's RW cost for care per unit)

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**	**Total Cost1**
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	$0	$0	$39,968	$39,968
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	$0	$0	$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	$0	$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	$0	$0	$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
TOTAL BUDGET (Subtotal & Administration)	**$67,106**	**$0**	**$0**	**$88,596**	**$155,702**

[1]Total Cost = Non-RW Cost (Other Payers) Columns (A-C, etc.) + RW Cost Column (D) **$155,702**

- **Total Number of RW Units to be Provided for this Service Category:** **180**
- **Total RW Budget (Column D) Divided by Total RW Units to be provided:** **$492**
  - ***(This is your agency's RW cost for care per unit)***

ATTACHMENT F

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:** Case Management (Non-Medical)

	HCP-Part B	Medi-Cal	Medicare	RW	
	A	B	C	D	E
Budget Category	**Non-RW Cost (Other 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.	$0	$0	$0	$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					
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 Cost = Non-RW Cost (Other Payers) Columns (A-C, etc.) + RW Cost Column (D)** **$122,755**

- **Total Number of RW Units to be Provided for this Service Category:** **166**
- **Total RW Budget (Column D) Divided by Total RW Units to be provided:** **$301**
  - ***(This is your agency's RW cost for care per unit)***

INVOICE

Ryan White Program

Riverside/San Bernardino, CA TGA

Contract Period:_____ **Invoice #:**_____

Agency: _____ Billing Period: _____

Contract #: _____ Service Category: _____

Line Items	Total Budget	Expended This Period	Expended Contract-to-Date	Unexpended Budget
Personnel				
1. *(Position & Incumbent)*	$	$	$	$
2.	$	$	$	$
etc.				
Total Personnel	$	$	$	$
1. Travel	$	$	$	$
2. Supplies	$	$	$	$
3. Equipment	$	$	$	$
4. Contractual	$	$	$	$
5. *(Nature of Service/Vendor)*	$	$	$	$
6 .	$	$	$	$
etc.				
Total Contractual	$	$	$	$
Other				
1. *(Specify Nature of Cost)*	$	$	$	$
2.	$	$	$	$
3.	$	$	$	$
etc.				
Total Other	$	$	$	$
Admin Costs				
Totals	$	$	$	$

I certify that the information provided herein and all costs being claimed are true, correct and in accordance with the contract provisions; that funds were expended or obligated 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).

_____ _____

Authorized Signature *Date*

Number of Ryan White funded units provided this month _____ Cost Per Unit _____

Number of Ryan White funded clients served this month _____ Cost Per Client _____