

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



ITEM
3.39
(ID # 4282)

MEETING DATE:

Tuesday, May 23, 2017

FROM : RUHS-PUBLIC HEALTH:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM – PUBLIC HEALTH: Ratify the Ryan White Agreement #17-80 with County of San Bernardino Department of Public Health for HIV Medical Care, Medical & Non-Medical Case Management, Medical Nutrition Therapy, Early Intervention Services, and MAI/Early Intervention Services for the period of March 1, 2017 - February 29, 2020. All Districts [\$2,310,945 - 100% Federal funded by the County of San Bernardino]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify the Ryan White Agreement #17-80 between the County of San Bernardino Department of Public Health and the County of Riverside Department of Public Health for the total amount of \$2,310,945, for the period of performance of March 1, 2017 through February 29, 2020; and
2. Authorize the Director of Public Health or designee, as approved by County Counsel, to sign amendments that do not change the substantive terms of the Agreement.

ACTION: Policy


Sarah S Mack, Director of Public Health 5/8/2017

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Tavaglione, Washington, Perez and Ashley
Nays: None
Absent: None
Date: May 23, 2017
xc: RUHS-Public Health

Kecia Harper-Ihem
Clerk of the Board

By: 
Deputy

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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$256,771	\$770,315	\$ 0	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: 100% funded by the County of San Bernardino			Budget Adjustment: No	
			For Fiscal Year: 16/17 – 19/20	

C.E.O. RECOMMENDATION: APPROVE

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 has 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.

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/AIDS. 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, Medical Nutrition Therapy, 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:

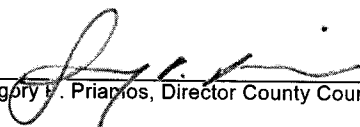
Additional Fiscal Information

This grant does not require any county funds. The total amount awarded based on the Comprehensive agreement is \$2,310,945. The funds will be distributed as follows:

<u>FY</u>	<u>Amount</u>
16-17	\$ 256,771

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17-18	\$ 770,315
18-19	\$ 770,315
19-20	\$ 513,544
Total Amount	\$ 2,310,945



Gregory V. Priamos, Director County Counsel 5/9/2017



F A S

STANDARD CONTRACT

FOR COUNTY USE ONLY

<input checked="" type="checkbox"/> New	FAS Vendor Code		SC	Dept.	A	Contract Number	
<input type="checkbox"/> Change	COUNTY0930			PHL		17-80	
<input type="checkbox"/> Cancel	ePro Vendor Number		ePro Contract Number				
		00009692	171111				
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		\$2,310,945			
Contract Type							
<input type="checkbox"/> Revenue		<input checked="" type="checkbox"/> Encumbered		<input type="checkbox"/> Unencumbered		<input type="checkbox"/> Other:	
If not encumbered or revenue contract type, provide reason:							
Commodity Code		Contract Start Date	Contract End Date	Original Amount	Amendment Amount		
95200		03/01/2017	02/29/2020	\$2,310,945	\$		
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No	Amount	
AAA	PHL	3715	200	2445		\$690,315	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount	
AAA	PHL	3765	200	2445		\$80,000	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount	
Project Name			Estimated Payment Total by Fiscal Year				
Ryan White Program			FY	Amount	I/D	FY	Amount
Part A and MAI			16/17	\$256,771	I		
			17/18	\$513,544	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
 Address
 P.O. Box 7600
 Riverside, CA 92503
 Telephone
 (951) 358-5307

hereinafter called Contractor

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)/Acquired Immunodeficiency Syndrome (AIDS); 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	
<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

MAY 23 2017 3.39

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- ATTACHMENT H1 – RYAN WHITE PROGRAM BUDGET AND ALLOCATION PLAN (ALLOWABLE BUDGET CATEGORIES)
- ATTACHMENT H2 – RYAN WHITE PROGRAM BUDGET AND ALLOCATION PLAN
- ATTACHMENT I – RYAN WHITE PROGRAM PART A/MAI INVOICE TEMPLATE

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. Grant Period – The Ryan White Part A Program grant period is March 1 to February 28 of the next year.
- E. Human Immunodeficiency Virus (HIV) – The causative agent of AIDS. It includes the entire spectrum of the natural history of HIV, from post infection through the clinical definition of AIDS.
- F. HIV/AIDS Bureau (HAB) – HAB is the bureau of Health Resources Services Administration (HRSA) that administers the Ryan White HIV/AIDS Program.
- G. HIV Continuum of Care – Sometimes referred to as the HIV treatment cascade, this is a model that outlines sequential steps or stages of HIV medical care that people living with HIV go through from initial diagnosis to achieving the goal of viral suppression. The five stages are diagnosis, linked to care, engaged/retained in care, prescribed Antiretroviral Therapy, and achieved Viral Suppression.
- H. HIV+ or HIV positive – Having had a positive result in a blood test for the AIDS virus. HIV is a virus that attacks the cells of a person's immune system, specifically CD4 cells.
- I. 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.
- J. Inland Empire HIV Planning Council (IEHPC) – The planning body appointed by the County of San Bernardino Board of Supervisors and mandated by Federal law to set service priorities for funding allocations for the expenditures of Ryan White Part A 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. National HIV AIDS Strategy 2020 Update – A five year plan that details principles, priorities, and actions to guide the national response to the HIV epidemic. The strategy has four primary goals: 1) Reduce new HIV infections, 2) Increase access to care and optimize health outcomes for people living with HIV, 3) Reduce HIV-related health disparities and health inequities, and 4) Achieve a more coordinated national response to the HIV epidemic.
- N. 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.
- O. Part A –The Federally funded portion of the Ryan White Program (formerly Title I of the CARE Act) that provides assistance to TGAs disproportionately affected by the HIV/AIDS epidemic.
- P. Part B – The state funded portion of the Ryan White Program (formerly Title II of the CARE Act) that provides assistance to Local Health Jurisdictions (LHJs) disproportionately affected by the HIV/AIDS epidemic.
- Q. 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 funds received cannot be used to make payments for any item or service to the extent that payment has been made or can reasonably be expected to be made by another payment source.
- R. 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.
- S. Ryan White Program – 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 program is currently known as the Ryan White HIV/AIDS Treatment Extension Act of 2009.
- T. 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.
- U. 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 PROGRAM RESPONSIBILITIES

A. SERVICES

Contractor shall:

1. Provide services as set forth in the Scope of Work – Part A (Attachment A) and/or Scope of Work MAI (Attachment B) and Ryan White Unit of Service Definitions (Attachment C).
2. Develop and deliver program in accordance with the most current:
 - a. IEHPC Standards of Care. Copies of these standards are available on www.IEHPC.org.
 - b. HRSA/HAB Policy Letters and Monitoring Standards. <https://hab.hrsa.gov/program-grants-management/ryan-white-hiv-aids-program-recipient-resources>
 - c. Local Ryan White Program policies (general and ARIES). Documents will be distributed separately and are also available upon request.
 - d. State Office of AIDS ARIES policies. <http://www.cdph.ca.gov/programs/aids/Pages/OARRIESPoliceisProcedures.asp>
x

B. PROGRAM REQUIREMENTS

All Ryan White funded programs must:

1. Meet a clearly defined service gap, target population, and/or geographical area based on the service priorities determined by the IEHPC;
2. Ensure mechanisms of ongoing monitoring for quality and program evaluation. This includes the development/maintenance of a quality management program, including the development and maintenance of an agency-specific quality management plan that addresses TGA-wide goals from the TGA-wide plan as well as goals that are unique to the agency;
3. Establish mechanisms to track and demonstrate client eligibility at point of service;
4. Have mechanisms to ensure that clients who receive Ryan White Program funded services are not eligible for services funded by other sources, including mechanisms to document that all other service options to meet a client's need were explored and a determination was made that no other resource was available before Ryan White Program funds are used;
5. Establish mechanisms for integration and/or coordination with existing service providers, as appropriate, and participate in the community-wide HIV/AIDS continuum of HIV prevention and care. The HAB National Monitoring Standards (Program Part A

– Section F.2, Page 54) require agencies to “*establish written referral relationships with specified points of entry [and] document referrals from these points of entry.*”;

6. Ensure mechanisms to increase access to care for all eligible clients in the geographic area(s) to which the agency is applying for funding;
7. Have a written process to facilitate culturally and linguistically appropriate transition of clients to other services, as needed, at any time during the contract period;
8. Ensure that services delivered are culturally and linguistically specific to the population(s) served and that contracted agency adheres to the Ryan White Program TGA Cultural and Linguistic Competency Standards (Attachment D);
9. Establish mechanisms for outreach to individuals with HIV/AIDS, who are aware of their status, but are not in care, to inform them of available services and bring those eligible for services into care;
10. If funded to provide Outreach/Early Intervention Services, establish mechanisms and specific strategies that will identify individuals who are unaware of their HIV status, make them aware (provide or refer to testing), and bring them into care (refer and link);
11. Establish mechanisms and specific strategies to assist HIV+ individuals with obtaining medical insurance and navigating insurance systems to ensure maintenance in care;
12. Establish mechanisms to address client needs along the HIV Continuum of Care, either directly or through collaboration;
13. Establish mechanisms to address the principles and priorities of the National HIV/AIDS Strategy and incorporate the recommended actions that are relevant to the organization;
14. Participate in and engage agency clients in a survey of client satisfaction. The County will communicate parameters and methodology to service providers;
15. Designate administrative staff or line staff, as necessary, to regularly attend Ryan White Program meetings and required ARIES Technical Assistance sessions. “Regularly attend” means attending 90% or more of the scheduled meetings; and
16. Establish mechanisms to:
 - a. Effectively collect and maintain data and other records to demonstrate performance related to the indicators for each service and provide various progress reports in a format communicated by and acceptable to the County;
 - b. Fully integrate the TGA’s management information system ARIES, to collect and report data elements that are required by the TGA. ARIES must be installed on Windows-based computers as the system is not compatible with other operating systems;

- c. Identify an ARIES "Technical Lead" (TL) who will:
 - 1) Participate on the TGA ARIES TL Collaborative to provide input on the effective use of the system;
 - 2) Provide and facilitate technical support for agency staff; and
 - 3) Participate in training provided by the State Office of AIDS (in person or via webinars) and/or the TGA to ensure sufficient proficiency with the system and provides ARIES specific training to new and existing agency staff.

C. CLIENT ELIGIBILITY

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 and RWP Policy #8: Ryan White Eligibility Screening.

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. Currently, the Planning Council has designated HIV+ and high-risk African American and Hispanic individuals as eligible to receive MAI-funded services (see also ATTACHMENT E: Ryan White Program Financial Eligibility Criteria). 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 ARIES and 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.

D. CLINICAL QUALITY IMPROVEMENT (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 (CQM) plan 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, 172 W. Third Street, Basement, 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 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 as soon as possible, but no later than 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 thirty (30) 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 Ryan White Program Reporting Requirements (Attachment F). 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. See IEHPC Outpatient/Ambulatory service standard.

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. When providing Part A or MAI services, Contractor will adhere to the standards as set forth in the Ryan White Program 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 not limited to, Cultural Competency Organizational Self-Assessment and Cultural/Linguistic Competency related questions on the Client Satisfaction Survey.

E. 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 agree 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 are 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. See www.iehpc.org for current standards.
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).

F. 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 funds are for HIV/AIDS related services only. Therefore, research, epidemiological, and capital projects cannot be funded,
2. Ryan White 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.
3. Ryan White funds cannot be used to purchase food or meals, including water or other beverages, unless funded under the Ryan White Food Services Category and for the express need and use by RW eligible clients.
4. Other unallowable costs include clothing, employment, and employment-readiness services, funeral and burial expenses, and property taxes.
5. Ryan White funds may not be used to make cash payments to recipients of services provided under this Contract. This includes cash incentives and cash intended as payment for Ryan White core medical and support services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity must be used.
6. The use of Ryan White funds to supplant other federal, state, or other funds is strictly prohibited by law. 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.

7. 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, 172 W. Third Street, Basement, San Bernardino, CA 92415-0010, within 60 days of the start of the contract period.
8. 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. The targets will be provided by the RWP office per request. 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
9. To the extent possible, equipment and products purchased with Ryan White Program funds shall be American made.
10. 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.
11. Administrative Costs, including expenses such as overhead and indirect costs, are negotiable and shall not exceed ten (10) percent of the total amount awarded by service. Expense items considered "Administrative Cost" are detailed in Ryan White Program Budget and Allocation Plan (Attachment H).
12. Contractor must "have in place reasonable methodologies for allocating costs among different funding sources and Ryan White categories." This includes allocation of employee time and effort: "establish and consistently use allocation methodology for employee expenditures where employees are engaged in activities supported by several funding sources." Allocations must be "reasonable when compared to level of service provided." Contractor is required to develop a written allocation methodology and submit to RWP for review and approval. (HRSA/HAB National Monitoring Standards – Fiscal Part A – Sections G and K).

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 agrees to comply with the applicable federal suspension and debarment regulations, including, but not limited to 7 Code of Federal Regulations (CFR) Part 3017, 45 CFR 76, 40 CFR 32, or 34 CFR 85. By signing this Contract, Contractor certifies that:
1. Neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;
 2. Have not within a three-year period preceding this Contract been convicted of or had a judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction or contract under a public transaction; or a violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;
 3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in Paragraph (A)(2) herein; and
 4. Have not within a three-year period preceding this Contract had one or more public transactions (Federal, State or local) terminated for cause or default.
- B. Contractor shall not be identified as suspended or debarred on the federal System for Award Management's (SAM) excluded list. If any time during the term of this Contract, the County determines Contractor is identified as either suspended or debarred on the SAM, Contractor shall be considered in material breach of this Contract and the County may proceed under the 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. 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.
- D. 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.

- E. 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.
- F. Contractor agrees not to enter into any subcontracts for work contemplated under this Contract without first obtaining written approval from the Director of Public Health through the HS Contracts Unit. Any subcontractor shall be subject to the same provisions as Contractor. Contractor shall be fully responsible for the performance of any subcontractor.
- G. 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 Code of Federal Regulations (CFR) that state the administrative requirements, cost principles and other standards for accountancy. Please refer to http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl for further information.

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 and for termination of the Contract.

- H. 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.
- I. 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.
- J. 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.
- K. Contractor shall utilize the Ryan White Program Document Transmittal Form (Attachment G), incorporated herein, for the purpose of transmitting any information or documentation to Program Staff.

L. 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 and forms must be readily available to all service 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 a written response. 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, 172 W. Third Street, Basement, 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. All received, written grievances must be logged, and the 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.

M. Contractor shall notify the County of all upcoming meetings of the Board of Directors or other governing party and shall keep the County apprised of any and all actions taken by its Board of Directors which may impact on the Contract. 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.

N. 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 and 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 this Contract.

- O. 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.
- P. 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.
- 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.

- f. Abuse/Molestation Insurance – The Contractor shall have abuse or molestation insurance providing coverage for all employees for the actual or threatened abuse or molestation by anyone of any person in the care, custody, or control of any insured, including negligent employment, investigation and supervision. The policy shall provide coverage for both defense and indemnity with liability limits of not less than one million dollars (\$1,000,000) with a two million dollars (\$2,000,000) aggregate limit.

- T. Contractor shall comply with all applicable laws, statutes, ordinances administrative orders, rules or regulations relating to its duties, obligation 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, Employment Discrimination, 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.
 2. Employment Discrimination: During the term of the Contract, Contractor shall not discriminate against any employee or applicant for employment or service recipient because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, sexual orientation, age, or military and veteran status. Contractor shall comply with Executive Orders 11246, 11375, 11625, 12138, 12432, 12250, 13672, Title VII of the Civil Rights Act of 1964, the California Fair Housing and Employment Act and other applicable Federal, State and County laws and regulations and policies relating to equal employment and contracting opportunities, including laws and regulations hereafter enacted.
 3. 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 San Bernardino County Inland Empire United Way and/or 2-1-1 Riverside County Community Connect 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. 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.

- EE. 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.

- FF. Contractor will aid in the transition of clients to other agencies throughout the TGA in the event of Contractor closure.
- GG. Contractor shall maintain a written plan that addresses client needs after an emergency event, such as a natural or man-made disaster.

IV. COUNTY RESPONSIBILITIES

- A. County will provide consultation and technical assistance to the Contractor in carrying out the terms of this Contract.
- B. 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 Contractors at least annually, or as deemed necessary by the County.
- C. County agrees to compensate the Contractor in accordance with the provisions of Section V of the Contract. The process may take up to sixty (60) days from the date of receipt of the invoices.

V. FISCAL PROVISIONS

- A. The maximum amount of payment under this Contract shall not exceed \$2,310,945, of which \$2,310,945 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. 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, 2017 through February 28, 2018	\$770,315
March 1, 2018 through February 28, 2019	\$770,315
March 1, 2019 through February 29, 2020	\$770,315
Total	\$2,310,945

- 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 H), 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 Ryan White Program Part A/MAI Invoice Template (Attachment I), 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. Refer to RWP Policy #2: Monthly Invoice/Reporting Packet for most recent requirements. 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
172 W. Third Street, Basement
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. The 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; 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 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.
- G. Pursuant to Code of Federal Regulations (CFR) – Title 2 CFR 200.501, Contractors expending \$750,000 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 Code of Federal Regulations (CFR) – Title 2 CFR 200.501 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. Please refer to http://www.ecfr.gov/cgi-bin/text-idx?node=se2.1.200_1501&rgn=dv8 for further information.
- H. 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, 2017 and expires February 29, 2020, but may be terminated earlier in accordance with provisions of Section IX of the Contract. The Contract term may be extended for two additional one-year periods by mutual agreement of the parties.

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.

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
172 W. Third Street, Basement
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 pursue any available legal remedies.

- 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 product, if applicable). All such items shall be delivered to County at the completion of work under the Contract, subject to the requirements 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-nine (29) pages and Attachments A through I, 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.

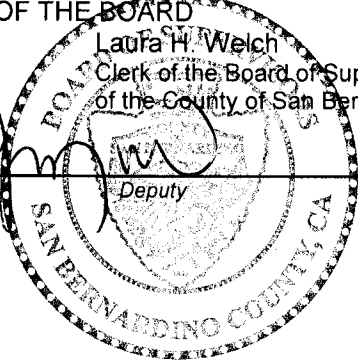
COUNTY OF SAN BERNARDINO

► Robert A. Lovinggood
 Robert A. Lovinggood, Chairman, Board of Supervisors

Dated: FEB 14 2017

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

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



FORM APPROVED COUNTY COUNSEL
 BY: NEAL R. KIPNIS DATE: 1/17

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

BY: John F. Tavaglione
 (Authorized signature - sign in blue ink)

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

Title Chairman, Board of Supervisors
 (Print or Type)

Dated: MAY 23 2017

Address P.O. Box 7600
Riverside, CA 92503

ATTEST:
 KECIA HARPER, IHEM Clerk
 By [Signature]
 DEPUTY

Approved as to Legal Form
 ► Kristina M. Robb
 Kristina M. Robb, Deputy County Counsel
 Date 2/1/17

Reviewed by Contract Compliance
 ► Regina Dalton
 Regina Dalton, HS Contracts Unit
 Date 2-1-17

Presented to BOB for Signature
 ► Trudy Raymundo
 Trudy Raymundo, Director
 Date 2-3-17

**SCOPE OF WORK – PART A
USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY**

Contract Number:	<i>Leave Blank</i>
Contractor:	County of Riverside Department of Public Health, HIV/STD Branch
Grant Period:	March 1, 2017 – February 28, 2018
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, American Academy of HIV Medicine (AAHIVM).
Service Health Outcomes:	Improved or maintained CD4 cell count; Improved or maintained CD4 cell count, as a % of total lymphocyte cell count; and Improved or maintained viral load

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 17/18 TOTAL
Proposed Number of Clients	85	24	12	0	0	0	121
Proposed Number of Visits = Regardless of number of transactions or number of units	254	73	36	0	0	0	363
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	3049	871	436	0	0	0	4356

Group Name and Description (must be HIV+ related)	Service Area of Service Delivery	Targeted Population	Open/ Closed	Expected Avg. Attend. per Session	Session Length (hours)	Sessions per Week	Group Duration	Outcome Measures
•								
•								
•								

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
<p>Element #1: 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. Provide HIV Care and Treatment-</p> <p>Activities:</p> <ul style="list-style-type: none"> • 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. 	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	<ul style="list-style-type: none"> • Patient Health Assessment • Lab Results • Treatment Plan • Psychosocial Assessments • Treatment Adherence Documentation • Case Conferencing Documentation • Progress Notes • Cultural Competency Plan • ARIES Reports
<p>Element #2: 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.</p> <p>Activity:</p>	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	

<p>Management staff will attend Inland Empire HIV Planning Council Standard of Care Meetings. -Management/physician/Clinical staff will attend required CME training and maintain American Academy of HIV Medicine (AAHIVM) Certification.</p>			
<p>Element #3: 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:</p> <p>Activities:</p> <ul style="list-style-type: none"> 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. f) Collection of blood samples for CD4 Viral load, Hepatitis and other testing g) Perform TB skin test and chest x-ray 	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	
<p>Element #4: 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 disease, GI abnormalities, pancreatitis, liver disease, or hepatitis.</p> <p>Activities:</p> <ul style="list-style-type: none"> a) Conducting a physical examination b) Reviewing lab test results c) Assessing the need for medication therapy d) Development of a Treatment Plan. 	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	
<p>Element #5:</p>	<p>1, 2, & 3</p>	<p>03/01/17-</p>	

<p>An assessment of the patients' current knowledge of HIV and treatment options is conducted by the designated staff providing patient education and risk assessment.</p> <p>Activities: 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.</p>		02/28/18	
<p>Element #6: Based on medical history, physical examination and lab-test results, clinician will develop a treatment plan.</p> <p>Activities: Treatment plan will include 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, Kaposis Sarcoma, tuberculosis.</p>	1, 2, & 3	03/01/17-02/28/18	
<p>Element #7: HIV Nurse Clinic Manager and Senior Communicable Disease (CDS) Staff 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.</p> <p>Activities: -HIV Nurse Clinic Manager and Senior CDS will review and update on an ongoing basis the written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide services based on established national Cultural and Linguistic Competency Standards.</p>	1, 2, & 3	03/01/17-02/28/18	

ATTACHMENT A

<p>-Training to be obtained through the AIDS Education and Training Center on a semi-annual basis. Training elements will be incorporated into policies/plans for the department.</p>			
<p>Element #8: Outpatient/Ambulatory Medical Care staff will utilize standardized, required documentation to record encounters and progress.</p> <p>Activities: -Information will be entered into ARIES. The ARIES reports will be used by the Clinical Quality Management Committee to identify quality service indicators and review HIV Care Continuum Data and provide opportunities for improvement in care and services, improve desired patient outcomes and results can be used to develop and recommend "best practices."</p>	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	

SCOPE OF WORK – PART A
USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	<i>Leave Blank</i>
Contractor:	County of Riverside Department of Public Health, HIV/STD Branch
Grant Period:	March 1, 2017 – February 28, 2018
Service Category:	MEDICAL CASE MANAGEMENT SERVICES (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 Outcomes:	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 client self-sufficiency.

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 17/18 TOTAL
Proposed Number of Clients	159	45	23	0	0	0	227
Proposed Number of Visits = Regardless of number of transactions or number of units	477	136	68	0	0	0	681

ATTACHMENT A

Proposed Number of Units	1907	545	272	0	0	0	2724
= Transactions or 15 min encounters (See Attachment P)							

Group Name and Description (must be HIV+ related)	Service Area of Service Delivery	Targeted Population	Open/Closed	Expected Avg. Attend. per Session	Session Length (hours)	Sessions per Week	Group Duration	Outcome Measures
•								
•								
•								

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
<p>Element #1: The HIV Nurse Clinic Manager is responsible for ensuring MCM services are delivered according to the IEHPC Standards of Care and Scope of Work activities.</p> <p>Activities: Management and MCM staff will attend Inland Empire HIV Planning Council Standards of Care meetings to ensure compliance. MCM staff will receive annual training on MCM practices and best practices for coordination of care, and motivational interviewing.</p>	1, 2, & 3	03/01/17-02/28/18	<ul style="list-style-type: none"> ▪ Medical Case Management Needs Assessments ▪ Patient Acuity Assessments ▪ Comprehensive Care Plan ▪ Case Conferencing Documentation ▪ Referral Logs ▪ Progress Notes ▪ Cultural Competency Plan ▪ ARIIES Reports
<p>Element #2: Medical Case Managers will provide Medical Case Management Services to patients that meet the following criteria:</p> <p>Activities: Need one or more of the following services: home health, home and community-based services, mental health, substance abuse,</p>	1, 2, & 3	03/01/17-02/28/18	

<p>housing assistance, and/or are clients that exhibit needs based on acuity level.</p>			
<p>Element #3: Medical Case Managers will conduct an initial needs assessment to identify which HIV patients meet the criteria to receive medical case management.</p> <p>Activities: Services. Re-assessments will be conducted at a minimum of every four months by the MCM staff to determine service needs.</p>	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	
<p>Element #4: Medical Case Managers will conduct initial and ongoing assessment of patient acuity level and service needs.</p> <p>Activities: If patient is determined to not need intensive case management services they will be referred and linked with case management (non-medical) services.</p>	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	
<p>Element #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.</p> <p>Activities: The plan will include the following elements: problem/presenting issue(s), service need, goals, action plan, responsibility and timeframes.</p>	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	
<p>Element #6: MCM staff will periodically re-evaluate and modify care plans as necessary (minimum of six months).</p>	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	

<p>Activities: As patient presents with modified need, care plans will be updated. MCM staff will attend bi-weekly medical team case conferences to coordinate care for patient and update care plan as needed.</p>			
<p>Element #7: 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.</p> <p>Activities: MCM staff will attend bi-weekly medical team case conferences to coordinate care for patient as needed. MCM staff will coordinate treatment adherence discussions with physician/nursing health education staff to support the patient with his HIV treatment.</p>	1, 2, & 3	03/01/17-02/28/18	
<p>Element #8: The MCM staff will work with the HIV patient to become effective self-managers of their own care.</p> <p>Activities: 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. HIV Nurse Clinic Manager and Senior 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.</p>	1, 2, & 3	03/01/17-02/28/18	

<p>Element #9: MCM staff will utilize standardized, required documentation to record encounters and progress</p> <p>Activities: HIV Nurse Clinic Manager and Senior CDS will review and update on an ongoing basis the written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide services based on established National Cultural and Linguistic Competency Standards.</p> <p>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."</p>	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	
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SCOPE OF WORK – PART A
USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	<i>Leave Blank</i>
Contractor:	County of Riverside Department of Public Health, HIV/STD Branch
Grant Period:	March 1, 2017 – February 28, 2018
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	Improved or maintained CD4 cell count

Outcomes:	Improved or maintained CD4 cell count, as a % of total lymphocyte cell count Improved retention in care (at least 1 medical visit in each 6 month period) Improved viral suppression rate Targeted HIV Testing-Maintain 1:1% positivity rate or higher
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	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 17/18 TOTAL
Proposed Number of Clients	566	162	81	0	0	0	809
Proposed Number of Visits = Regardless of number of transactions or number of units	858	245	123	0	0	0	1226
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	3193	912	456	0	0	0	4561

Group Name and Description (must be HIV+ related)	Service Area of Service Delivery	Targeted Population	Open/Closed	Expected Avg. Attend. per Session	Session Length (hours)	Sessions per Week	Group Duration	Outcome Measures
•								
•								
•								

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: Identify/locate HIV+ unaware and HIV + that have fallen out of care	1, 2, & 3	03/01/17-02/28/18	<ul style="list-style-type: none"> Outreach schedules and logs Outreach Encounter Logs LTC Documentation Logs

<p>Activities: EIS staff will work with grass-roots community-based and faith-based agencies, local churches and other non-traditional venues to reach targeted communities to perform targeted HIV testing, link unaware populations to HIV Testing and Counseling and Partner Services and newly diagnosed and unmet need to HIV care and treatment.</p> <p>EIS staff will work with prisons, jails, correctional facilities, homeless shelters and hospitals to perform targeted HIV testing, linking newly diagnosed to HIV care and treatment.</p> <p>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.</p> <p>EIS staff will provide the following service delivery elements to PLWHA receiving EIS at Riverside Neighborhood Health Center, Perris Family Care Center and Indio Family Care Center. Services will also be provided in the community throughout Riverside County based on the Inland Empire HIV Planning Council Standards of Care.</p>			<ul style="list-style-type: none"> ▪ Assessment and Enrollment Forms ▪ Reporting Forms ▪ Case Conferencing Documentation ▪ Referral Logs ▪ Progress Notes ▪ Cultural Competency Plan ▪ ARIES Reports
<p>Element #2 Linking newly diagnosed and unmet need individuals to HIV care and treatment within 30 days or less. Provide referrals to systems of care (RW & non-RW)</p> <p>Activities: EIS staff will coordinate with HIV Care and Treatment facilities to link patient to care within 30 days or less.</p> <p>Assist HIV patients with enrollment or transition activities to other health insurance payer sources (i.e., ADAP, MISP, Medi-</p>	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	

<p>cal, Insurance Marketplace, OA-Care HIPP, etc.)</p> <p>Interventions will also include community-based outreach, patient education, intensive case management and patient navigation strategies to promote access to care.</p>			
<p>Element #3</p> <p>Re-linking HIV patients that have fallen out of care. Perform follow-up activities to ensure linkage to care.</p> <p>Activities:</p> <p>Link patient who has fallen out of care within 30 days or less. Coordinate with HIV care and treatment.</p> <p>Assist HIV patients with enrollment or transition activities to other health insurance payer sources (i.e., ADAP, MISIP, Medical, Insurance Marketplace, OA-Care HIPP, etc.)</p> <p>Link patient to non-medical case management, medical case management to assist with benefits counseling, transportation, housing, etc. to help patient remain in care and treatment.</p> <p>Link high-risk HIV positive EIS populations to support services (i.e., mental health, medical case management, house, etc.) to maintain in HIV care and treatment.</p> <p>Participate in bi-weekly clinic care team case conferencing to ensure linkage and coordinate care for patient.</p>	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	
<p>Element #4:</p> <p>EIS staff will utilize evidence-based strategies and activities to reach high risk MSM HIV community. These include but are not limited to:</p> <p>Activities:</p> <p>Developing and using outreach materials (i.e., flyers, brochures,</p>	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	

<p>website) that are culturally and linguistically appropriate for high risk communities-Utilizing the Social Networking model asking HIV + individuals and high risk HIV negative individuals to recruit their social contacts for HIV testing and linkage to care services.</p>			
<p>Element #5: 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 as well as other HIV care and treatment facilities throughout Riverside County.</p> <p>Activities: EIS staff will meet with DPOH Prevention on a weekly basis to exchange information on newly diagnosed ensuring that the person in referred to EIS and in linked to HIV care and treatment within 30 days or less</p> <p>Senior Communicable Disease Specialist (CDS) will review all data elements to ensure linkage and retention of patient.</p>	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	
<p>Element #6: 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.</p> <p>Activities: EIS staff will coordinate with prevention and outreach programs within the TGA to strategically plan service areas to serve.</p> <p>EIS staff will work with the DOPH-Surveillance unit to target areas in need of services.</p>	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	

<p>Element #7: EIS staff will assist patients with enrollment or transition activities to other health insurance payer sources (i.e., ADAP, MISP, Medi-Cal, Insurance Marketplace, OA Care HIPP, etc.).</p> <p>Activities: EIS staff will coordinate with non-medical case management services to assist with benefits counseling and rapid linkage to care and support services.</p>	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	
<p>Element #8: Senior CDS and Department Manager 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.</p> <p>Activities: Senior CDS and Department Manager 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.</p> <p>Training to be obtained through the AIDS Education and Training Center on a semi-annual basis. Training elements will be incorporated into policies/plans for the department</p>	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	
<p>Element #9: EIS Staff will utilize standardized, required documentation to record encounters and progress.</p> <p>Activities: EIS staff will maintain documentation on all EIS</p>	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	

<p>encounters/activities including demographics, patient contacts, referrals, and follow-up, Linkage to Care Documentation Logs, Assessment and Enrollment Forms and Reporting Forms in each patient's chart</p> <p>Information will be entered into ARIES. The ARIES reports will be used by the Clinical Quality Management Committee to identify quality service indicators, continuum of care data and provide opportunities for improvement in care and services, improve desired patient outcomes and results can be used to develop and recommend "best practices."</p>				
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SCOPE OF WORK – PART A
 USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	<i>Leave Blank</i>
Contractor:	County of Riverside Department of Public Health, HIV/STD Branch
Grant Period:	March 1, 2017 – February 28, 2018
Service Category:	CASE MANAGEMENT SERVICES (NON-MEDICAL)
Service Goal:	The goal of Case Management (non-medical) is to facilitate linkage and retention in care through the provision of guidance and assistance with service information and referrals
Service Health Outcomes:	"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)"

Proposed Number of Clients	SA1	SA2	SA3	SA4	SA5	SA6	FY 17/18 TOTAL
	West Riv	Mid Riv	East Riv	San B West	San B East	San B Desert	
146	42	21	0	0	0	0	209

Proposed Number of Visits = Regardless of number of transactions or number of units	439	125	63	0	0	0	0	0	0	627
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	4389	1254	627	0	0	0	0	0	0	6270

Group Name and Description (must be HIV+ related)	Service Area of Service Delivery	Targeted Population	Open/Closed	Expected Avg. Attend. per Session	Session Length (hours)	Sessions per Week	Group Duration	Outcome Measures
<ul style="list-style-type: none"> Open Enrollment/Covered California Education Forum 	1,2,&3	Patients who qualify for Covered California	Open	15	2hrs	2x's per year between Oct. 15-Dec. 7	2x's per year	-Enrollment in Covered California
<ul style="list-style-type: none"> How to apply for Medical Inland Empire Health Plan Education Forum 	1,2,&3	Newly diagnosed	Open	15	2hrs	2x's per year	2x's per year	-Enrollment in Medical IEHP
<ul style="list-style-type: none"> What is Office AIDS Health Insurance Premium Payment Education Forum 	1,2,&3	Newly diagnosed and pts. With SOC, Health Care premiums	Open	15	2 hrs	2x's per year	2x's per year	-Enrollment in OA-HIPP

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:

Element #1:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
The HIV Nurse 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.	1, 2, & 3	03/01/17-02/28/18	<ul style="list-style-type: none"> ▪ Patient Assessments ▪ Case Management Tracking Log ▪ Case Conferencing Documentation ▪ Referral Logs ▪ Progress Notes

<p>Activities: Case Manager will work with patient to conduct an initial intake assessment within 3 days from referral.</p>			<ul style="list-style-type: none"> ▪ Cultural Competency Plan ▪ ARIES Reports
<p>Element #2: Initial and on-going of acuity level</p> <p>Activities: 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.</p> <p>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.</p>	1, 2, & 3	03/01/17-02/28/18	
<p>Element #3: Develop of a comprehensive, individual care plan</p> <p>Activities: 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.</p> <p>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.</p> <p>Case Manager will refer to eligibility technician in order for patient to apply for medical, Covered California, ADAP and/or OA CARE HIPP etc.</p> <p>Case Manager and Eligibility tech will coordinate and facilitate benefit trainings in order for patients to become educated on covered California open enrollment, Medi-cal IEHP, OA- CARE HIPP etc.</p>	1, 2, & 3	03/01/17-02/28/18	
<p>Element #4: Case Manager will provide education and counseling to assist the HIV patients with transitioning due to changes in the ACA.</p> <p>Activities: Case Manager will assist patients with obtaining needed financial resources for</p>	1, 2, & 3	03/01/17-02/28/18	

<p>daily living such as bus pass vouchers, gas cards, and other emergency financial assistance.</p>			
<p>Element #5: 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.</p> <p>Activities: Case Manager will provide education to patient about health education, risk reduction, self-management, and their rights, roles, and responsibilities in the services system.</p>	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	
<p>Element # 6: HIV Nurse Clinic Manager and Senior 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.</p> <p>Activity: HIV Nurse Clinic Manager and Senior CDS will review and update on an ongoing basis the written plan that outlines goals, policies, operational plans, and mechanisms for management oversight to provide services based on established national Cultural and Linguistic Competency Standards.</p>	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	
<p>Element #7: Non-MCM staff will utilize standardized, required documentation to record encounters and progress.</p> <p>Activities: 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."</p>	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	

SCOPE OF WORK – PART A

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	<i>Leave Blank</i>
Contractor:	County of Riverside Department of Public Health, HIV/STD Branch
Grant Period:	March 1, 2017 – February 28, 2018
Service Category:	Medical Nutrition Therapy
Service Goal:	Facilitate maintenance of nutritional health to improve health outcomes or maintain positive health outcomes.
Service Health Outcomes:	Improve retention in care (at least 1 medical visit in each 6 month period) Improve viral suppression rate.

	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 17/18 TOTAL
Proposed Number of Clients	305	87	44	0	0	0	436
Proposed Number of Visits = Regardless of number of transactions or number of units	916	262	131	0	0	0	1309
Proposed Number of Units = Transactions or 15 min encounters <i>(See Attachment P)</i>	2814	804	402	0	0	0	4020

Group Name and Description (must be HIV+ related)	Service Area of Service Delivery	Targeted Population	Open/ Closed	Expected Avg. Attend. per Session	Session Length (hours)	Sessions per Week	Group Duration	Outcome Measures
HIV Nutrition 101	1,2,3		Closed	10	2	Every 6 months	Every 6 months	Improved retention in care (at least 1 medical visit every 6-month period) Improved viral suppression

How to Eat Healthy on a Budget	1,2,3	Closed	10	2	Every 6 months	Every 6 months	Improved retention in care (at least 1 medical visit every 6-month period) Improved viral suppression
HIV Medication Interactions and Nutrition	1,2,3	Closed	10	2	Every 6 months	Every 6 months	Improved retention in care (at least 1 medical visit every 6-month period) Improved viral suppression

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
<p>Element #1: Medical Nutrition Therapist will develop a Nutrition Screening Tool to identify patients who need Medical Nutrition Therapy Assessments. Risk factors could include but are not limited to: Weight loss, wasting, obesity, drug use/abuse, hypertension, cardiovascular disease, liver dysfunction etc.</p> <p>Activities: HIV patients to be screened at every medical appointment by the physician or nursing staff in order to identify nutrition related problems. Patients will be referred to MNT based on the following criteria:</p> <ul style="list-style-type: none"> -HIV/AIDS diagnosis -Unintended weight loss or weight gain -Body mass index below 20 -Barriers to adequate intake such as poor appetite, fatigue, substance abuse, food insecurity, and depression 	1, 2, & 3	03/01/17-02/28/18	MNT schedules/logs MNT encounter logs Nutrition Screening and MNT assessment MNT Referrals Progress/treatment notes ARIES Reports Cultural Competency Plan Academy of Nutrition and Dietetics Standards
<p>Element #2: HIV patients will be assessed by MNT based on the following criteria:</p> <ul style="list-style-type: none"> -High risk, to be seen by an RDN within 1 week -Moderate risk, to be seen by an RDN within 1 month -Low risk, to be seen by an RDN at least annually <p>Activities: Initial MNT assessment and treatment will include the following: -Gathering of baseline information. Routine quarterly or semi-annually follow-up can be scheduled to continue education and counseling. - Nutrition-focused physical examination; anthropometric data; client history; food /nutrition-related history; and biochemical data, medical tests, and procedures.</p>	1, 2, & 3	03/01/17-02/28/18	

<p>-identification as early as possible new risk factors or indicators of nutritional compromise. -Discuss plan of treatment with treating physician. Treating physician will RX food and/or nutritional supplements. -Participate in bi-weekly case conferences to discuss treatment planning and coordination with the medical team</p>			
<p>Element #3: HIV Patients who are identified for group education based on MNT assessment and treatment will be referred to MNT group/educational class Activities: MNT will develop educational curriculum. HIV patient will attend MNT group/educational class as recommended by MNT and treating physician.</p>	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	
<p>Element #4: HIV Nurse Clinic Manager will ensure that MNT staff receive ongoing education and training in culturally 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 identity, sexual orientation, and religious preference of community served. Activity: HIV Nurse Clinic Manager 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.</p>	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	
<p>Element #5: MNT staff will utilize standardized, required documentation to record encounters and progress. Activities: 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".</p>	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	

SCOPE OF WORK – MAI

USE A SEPARATE SCOPE OF WORK FOR EACH PROPOSED SERVICE CATEGORY

Contract Number:	<i>Leave Blank</i>
Contractor:	County of Riverside Department of Public Health, HIV/STD Branch
Grant Period:	March 1, 2017 – February 28, 2018
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 Outcomes:	<p>Improved or maintained CD4 cell count</p> <p>Improved or maintained CD4 cell count, as a % of total lymphocyte cell count</p> <p>Improved retention in care (at least 1 medical visit in each 6 month period)</p> <p>Improved viral suppression rate</p> <p>Targeted HIV Testing-Maintain 1.1% positivity rate or higher</p>

BLACK / AFRICAN AMERICAN		SA1	SA2	SA3	SA4	SA5	SA6	FY 17/18
		West Riv	Mid Riv	East Riv	San B West	San B East	San B Desert	TOTAL
Number of Clients		115	33	16	0	0	0	164
Number of Visits	= Regardless of number of transactions or number of units	230	65	33	0	0	0	328
Proposed Number of Units	= Transactions or 15 min encounters (See Attachment P)	1235	352	176	0	0	0	1763

HISPANIC / LATINO		SA1	SA2	SA3	SA4	SA5	SA6	FY 17/18
		West Riv	Mid Riv	East Riv	San B West	San B East	San B Desert	TOTAL
Number of Clients		115	33	17	0	0	0	165
Number of Visits	= Regardless of number of transactions or number of units	230	66	33	0	0	0	329

Proposed Number of Units							FY 17/18
= Transactions or 15 min encounters (See Attachment P)	1235	353	177	0	0	0	1765

TOTAL MAI (sum of two tables above)							
	SA1 West Riv	SA2 Mid Riv	SA3 East Riv	SA4 San B West	SA5 San B East	SA6 San B Desert	FY 17/18 TOTAL
Number of Clients	230	66	33	0	0	0	329
Number of Visits = Regardless of number of transactions or number of units	460	131	66	0	0	0	657
Proposed Number of Units = Transactions or 15 min encounters (See Attachment P)	2469	705	353	0	0	0	3527

Group Name and Description (must be HIV+ related)	Service Area of Service Delivery	Targeted Population	Open/Closed	Expected Avg. Attend. per Session	Session Length (hours)	Sessions per Week	Group Duration	Outcome Measures
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•								
•								

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:

PLANNED SERVICE DELIVERY AND IMPLEMENTATION ACTIVITIES:	SERVICE AREA	TIMELINE	PROCESS OUTCOMES
Element #1: Identify/locate HIV+ unaware and HIV+ that have fallen out of care Activities: -MAI/EIS staff will work 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 perform targeted HIV testing, link unaware populations to HIV Testing and Counseling and Partner Services and newly diagnosed and unmet need to HIV care and treatment.	1, 2, & 3	03/01/17-02/28/18	<ul style="list-style-type: none"> MAI/EIS schedules and logs MAI/EIS Encounter Logs Linkage to Care Documentation Logs Assessment and Enrollment Forms Reporting Forms Case Conferencing Documentation Referral Logs Progress Notes Cultural Competency Plan ARIES Reports

<p>-MAI EIS staff will work with prisons, jails, correctional facilities, homeless shelters and hospitals to perform targeted HIV testing, linking newly diagnosed to HIV care and treatment.</p> <p>-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.</p> <p>-MAI EIS staff 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. Services will also be provided in the community throughout Riverside County based on the Inland Empire HIV Planning Council Standards of Care.</p>			
<p>Element #2</p> <p>-Linking newly diagnosed and unmet need individuals to HIV care and treatment within 30 days or less. Provide referrals to systems of care (RW & non-RW)</p> <p>Activities:</p> <ul style="list-style-type: none"> -EIS MAI staff will coordinate with HIV Care and Treatment facilities wo link patient to care within 30 days or less. -Assist HIV patients with enrollment or transition activities to other health insurance payer sources (i.e., ADAP, MISP, Medi-cal, Insurance Marketplace, OA-Care HIPP, etc.) -Interventions will also include community-based outreach, patient education, intensive case management and patient navigation strategies to promote access to care. 	<p>1,2,&3</p>	<p>03/01/17-02/28/18</p>	
<p>Element #3</p> <p>Re-linking HIV patients that have fallen out of care. Perform follow-up activities to ensure linkage to care.</p> <p>Activities:</p> <ul style="list-style-type: none"> -Link patient who has fallen out of care within 30 days or less. Coordinate with HIV care and treatment. --Assist HIV patients with enrollment or transition activities to 	<p>1,2,&3</p>	<p>03/01/17-02/28/18</p>	

<p>other health insurance payer sources (i.e., ADAP, MISP, Medi-cal, Insurance Marketplace, OA-Care HIPP, etc.)</p> <ul style="list-style-type: none"> -Link patient to non-medical case management, medical case management to assist with benefits counseling, transportation, housing, etc. to help patient remain in care and treatment. -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. -Participate in bi-weekly clinic care team case conferencing to ensure linkage and coordinate care for patient. 			
<p>Element #4: MAI EIS staff will utilize evidence-based strategies and activities to reach African American and Hispanic/Latino HIV community. These include but are not limited to:</p> <p>Activities:</p> <ul style="list-style-type: none"> -Developing and using outreach materials (i.e., flyers, brochures, website) that are culturally and linguistically appropriate for African American and Hispanic/Latino communities. -Utilizing the Social Networking model asking HIV + individuals and high risk HIV negative individuals to recruit their social contacts for HIV testing and linkage to care services. 	1, 2, & 3	03/01/17-02/28/18	
<p>Element #5: 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 as well as other HIV care and treatment facilities throughout Riverside County.</p> <p>Activities: MAI EIS staff will meet with DPOH Prevention on a weekly basis to exchange information on newly diagnosed ensuring that the person in referred to EIS MAI and in linked to HIV care and treatment within 30 days or less</p> <p>-Senior Communicable Disease Specialist (CDS) will review all data elements to ensure linkage and retention of patient.</p>	1, 2, & 3	03/01/17-02/28/18	

<p>Element #6: 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</p> <p>Activities:</p> <ul style="list-style-type: none"> -MAI EIS staff will coordinate with prevention and outreach programs within the TGA to strategically plan service areas to serve. -MAI EIS staff will work with the DOPH-Surveillance unit to target areas in need of services. 	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	
<p>Element #7: MAI EIS staff will assist patients with enrollment or transition activities to other health insurance payer sources (i.e., ADAP, MISP, Medi-Cal, Insurance Marketplace, OA Care HIPP, etc.).</p> <p>Activities:</p> <ul style="list-style-type: none"> -MAI EIS staff will coordinate with non-medical case management services to assist with benefits counseling and rapid linkage to care and support services. 	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	
<p>Element #8: Senior CDS and Department Manager 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.</p> <p>Activities:</p> <ul style="list-style-type: none"> -Senior CDS and Department Manager 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. -Training to be obtained through the AIDS Education and Training Center on a semi-annual basis. Training elements will be incorporated into policies/plans for the department. 	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	

<p>Element #9: EIS MAI Staff will utilize standardized, required documentation to record encounters and progress.</p> <p>Activities:</p> <ul style="list-style-type: none"> -MAI EIS staff will maintain documentation on all MAI EIS encounters/activities including demographics, patient contacts, referrals, and follow-up, Linkage to Care Documentation Logs, Assessment and Enrollment Forms and Reporting Forms in each patient's chart -Information will be entered into ARIES. The ARIES reports will be used by the Clinical Quality Management Committee to identify quality service indicators, continuum of care data and provide opportunities for improvement in care and services, improve desired patient outcomes and results can be used to develop and recommend "best practices." 	<p>1, 2, & 3</p>	<p>03/01/17-02/28/18</p>	
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RYAN WHITE UNIT OF SERVICE DEFINITIONS

SERVICE	UNIT OF SERVICE
Early Intervention Services (EIS – Part A & MAI)	<ul style="list-style-type: none"> • Encounters = One 15-minute Encounter • Tests = One Test / Confirmatory Test
Food Services	<ul style="list-style-type: none"> • \$10 transaction (regardless of \$ amount) <p>Example:</p> <ul style="list-style-type: none"> ○ One \$10 voucher = 1 unit ○ Four \$10 vouchers = 4 units ○ One \$50 voucher = 5 units ○ One \$10 food bag = 1 unit ○ One \$20 food bag = 2 units
Health Education/Risk Reduction	<ul style="list-style-type: none"> • One 15-minute Encounter
Home and Community-Based Health	<ul style="list-style-type: none"> • One 15-minute Encounter
Housing Service	<ul style="list-style-type: none"> • Housing Case Management = One 15 minute Encounter • Housing Services (Financial Assistance): One Day <p>Example:</p> <ul style="list-style-type: none"> ○ 5 nights hotel/motel (regardless of \$ amount) = 5 days ○ One month's rent = 30 days
Medical Case Management	<ul style="list-style-type: none"> • One 15-minute Encounter
Medical Nutrition Therapy	<ul style="list-style-type: none"> • One 15-minute Encounter
Medical Transportation	<ul style="list-style-type: none"> • One transaction (regardless of \$ amount) <ul style="list-style-type: none"> ○ One taxi payment (one way) ○ One van trip (one way) ○ One bus voucher ○ One gas voucher
Mental Health Services	<ul style="list-style-type: none"> • One 15-minute Encounter
Non-medical Case Management	<ul style="list-style-type: none"> • One 15-minute Encounter
Oral Health Care	<ul style="list-style-type: none"> • One 15-minute Encounter
Outpatient/Ambulatory Health	<ul style="list-style-type: none"> • Medical care: One 15 minute encounter • Emergency medication: One prescription <p>Example:</p> <ul style="list-style-type: none"> ○ 30-day supply of Med-A and 30-day supply of Med-B = 2 prescriptions = 2 transactions = 2 units ○ 15-day supply of Med-C = 1 prescription = 1 transaction = 1 unit
Outreach Services	<ul style="list-style-type: none"> • One 15-minute Encounter
Psychosocial Support Services	<ul style="list-style-type: none"> • One 15-minute Encounter
Substance Abuse Outpatient Care	<ul style="list-style-type: none"> • One 15-minute Encounter

RYAN WHITE PROGRAM
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	90% 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 (<i>first year of 3-year contract only</i>)
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. <i>Family/friends should not be used to provide interpretation.</i>	Client Satisfaction & inclusion of strategy to provide language services in plan (See #4)	90% 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	90% of clients demonstrate satisfaction with written materials; availability of materials for annual program review
Source: Adapted from the <i>National Standards for Culturally and Linguistically Appropriate Services in Health Care</i> , U.S. Department of Health and Human Services, Office of Public Health and Science, Office of Minority Health.		

RYAN WHITE PROGRAM FINANCIAL ELIGIBILITY CRITERIA

SERVICE CATEGORY	FINANCIAL ELIGIBILITY CRITERIA ¹
Early Intervention Services (EIS – Part A & MAI)	Total income < 400% of Federal Poverty Level
Food Services	Total income < 150% of Federal Poverty Level
Health Education/Risk Reduction	Total income < 400% of Federal Poverty Level
Home and Community-Based Health	Total income < 400% of Federal Poverty Level
Housing Services	Total income < 300% of Federal Poverty Level
Medical Case Management	Total income < 400% of Federal Poverty Level
Medical Nutrition Therapy	Total income < 400% of Federal Poverty Level
Medical Transportation	Total income < 200% of Federal Poverty Level
Mental Health Services	Total income < 400% of Federal Poverty Level
Non-medical Case Management	Total income < 300% of Federal Poverty Level
Oral Health Care	Total income < 400% of Federal Poverty Level
Outpatient/Ambulatory Health	Total income < 400% of Federal Poverty Level
Outreach Services	Total income < 400% of Federal Poverty Level
Psychosocial Support Services	Total income < 200% of Federal Poverty Level
Substance Abuse Outpatient Care	Total income < 400% of Federal Poverty Level

Notes:

- Refer to the entire set of IEHPC Standards for complete eligibility criteria
- Not all services may be funded in a given grant year
- Subject to Change per Inland Empire HIV Planning Council

¹ Federal Poverty Guidelines:

- Refer to the most current poverty guidelines at <http://aspe.hhs.gov/poverty>.
- In the Riv/SB TGA, the Federal Poverty Guidelines should be applied to a "family".
- "Family" is defined by the Department of Health and Human Services as "a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family. For instance, if an older married couple, their daughter and her husband and two children, and the older couple's nephew all lived in the same house or apartment; they would all be considered members of a single family."
- If an individual does not fit this definition, and is not in a legal, domestic partnership, their income may be considered a separate "family" income.

RYAN WHITE PROGRAM REPORTING REQUIREMENTS

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

Report:	Due:	Description:
Billing Invoice	By the 20 th of each month	Invoice will document cost reimbursement and/or total units of service rendered and cost per unit and supporting documentation clearly identifying all line item costs. [Policy #2]
Document Transmittal Form (report agency changes)	By the 20 th of each month with each invoice	Include with all invoices. Also submit with all other hard-copy submissions and when there are changes to report such as change in key staff, service delivery, locations, etc.
Utilization	By the 20 th of each month	All data documenting delivery of service entered into ARIES. [ARIES Policy #3] Also submit any logs/records of utilization data not entered into ARIES (e.g. EIS/Outreach Logs)
Quarterly Expenditure Status Reports	Quarterly	Contractor must provide an explanation for any significant over/under spending and indicate plan for remainder of year. Notify RWP office if reallocation of funding is needed.
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: <ul style="list-style-type: none"> • Subcontract Monitoring Policy (if applicable) • Eligibility Policy • Alternative Source of Funding Policy • Confidentiality Policy • Sliding Fee Scale Policy • Grievance Policy • Voucher Security 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. Revisions/updates should be submitted as completed.
Cultural and Linguistic Competency Organizational Assessment (1st of 3 years only)	Within 60 days of Contract Start Date (1 st year of 3-year only)	Contractor is required to complete and submit the standardized assessment tool at the beginning of the 1 st year of the 3-year contract period.

Report:	Due:	Description:
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.
EIS/Outreach Testing Data	June	EIS/Outreach contractors are required to submit a report detailing testing activities for a specified period of time. Includes testing activities funded by Ryan White and those not funded by RW.
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.
ARIES Data Improvement Plan	December/ January	Contractor must provide a response to the results of the mid-year ARIES Data Review and indicate plans for improvement when applicable.
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.



Ryan White Program

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
 172 W. 3rd Street, Basement
 San Bernardino, CA 92415-0010
 Main Line: (909) 387-6492
 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 PROGRAM BUDGET AND ALLOCATION PLAN
Allowable Budget Categories

- **Personnel:** List all personnel whose salaries are to be paid in whole or in part (by FTE) with Part A/MAI funds for the proposed service. For each position, provide the job title, the last name and first initial of the employee, a brief description of the duties and responsibilities as they relate to the Part A/MAI funded work; annual salary (in full-time equivalents), actual FTE devoted to and paid for by Ryan White Program funding; and the amount to be charged to Ryan White Program funding; (if the position is vacant, indicate such and provide the qualifications for the position and an estimated date when the position will be filled). They should be accounted for in the Administration line item. Salaries exceeding \$181,500 are unallowable.
- **Fringe Benefits:** Provide the aggregate amount of fringe benefit. For example health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project. It is not necessary to provide the calculations for arriving at the amount of fringe benefits.
- **Travel:** All travel must directly benefit the service category. List all anticipated travel for the project period; be specific about who will travel, where, when and why the travel is necessary. Travel expenses shall not exceed IRS Rates.
- **Equipment:** List a detailed description of equipment costs and provide a detailed justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of \$5000 and a useful life of one or more years). Be specific about what equipment is being purchased, who will use the equipment and why it is needed to accomplish program objectives. A purchase versus lease analysis should be done for large dollar items (over \$5,000) and will be considered on a case-by case basis. Cost sharing must be applied when equipment will be used by other than Ryan White Program funded activities.
 - Capital expenditures for general purpose equipment are unallowable as a direct cost.
 - Capital expenditures for special purpose equipment are allowable as direct costs. However, items with a unit cost of \$5000 or more are not allowed without prior approval.
 - Capital expenditures for land or buildings are unallowable.
 - Capital expenditures for improvements to land, buildings, or equipment which materially increase their value or useful life are unallowable as a direct cost.
 - Equipment and other capital expenditures are unallowable as indirect costs.
- **Supplies:** Provide a general description of the types of items classified as supplies that will be used. In this category, separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc. Remember, they must be listed separately.
- **Other Direct Service Costs:** Other costs that are directly related to provision of the service can be charged to the relevant service category. These may include: portion of malpractice insurance, portion of fees for electronic medical records, maintenance, licensure, etc.
- **Contractual:** Subcontracts may be secured for services only as deemed necessary and upon the written approval of the County (specifically, the Department of Public Health Chief Financial Officer). Please describe the specific services that will be provided through any subcontracts and provide justification as to why a subcontract is necessary. Under no circumstances will Ryan White Program funds be allowed to be subcontracted with a "for-profit" provider. Indicate the agency intended to be the subcontractor. If a specific agency has not yet been identified, please describe the bidding process your agency will undertake to secure the most cost-effective and highest quality subcontractor. The County must receive

a copy of any contractual arrangement (contract), prior to signing by the Ryan White Program funded provider and the potential subcontractor, made through a subcontractor and reserves the right of final approval of any subcontractor arrangement. For each subcontract involving direct services to clients, indicate the number of unduplicated clients intended to be served, number of units of service to be provided to each client, the cost per unit of service, and the total cost of subcontracted services.

Any contract your agency has with a sub-contractor shall not be less restrictive than your contract with the County. Indicate the agency's plan to monitor subcontracts, including monitoring for related County and Ryan White Program requirements.

- **Administrative/Overhead and Indirect Costs:** The terms "administrative", "overhead", and "indirect costs" are often used interchangeably. Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. Indirect costs shall be classified within two broad categories: "Facilities" and "Administration." "Facilities" is defined as depreciation and use allowances on buildings, equipment and capital improvement, interest on debt associated with certain buildings, and operations and maintenance expenses. "Administration" is defined as general administration and general expenses such as the director's office, accounting, personnel, and all other types of expenditures not listed specifically under one of the subcategories of "Facilities" (including cross allocations from other pools, where applicable). After direct costs have been determined and assigned to a grant and other activities as appropriate, indirect costs are those remaining to be allocated. The indirect cost rate shall not exceed 10% of the total awarded by service and shall be taken into account when calculating the unit cost of service.
- **Cost Allocation:** To demonstrate that Ryan White is the payer of last resort, post-award, contractors may be required to submit more detailed budgets that delineate staffing costs (by FTE) and non-staffing costs across all funding streams by service category.
- **Reconciliation:** All fees charged to the Ryan White program shall be reconciled against actual costs. In no case shall fees charged to the Ryan White Program result in reimbursement that exceeds the actual cost to provide care.

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2017 – February 28, 2018

AGENCY NAME: County of Riverside Public Health SERVICE: Outpatient/Ambulatory Health Services

	A	B	C
Budget Category	Non-RW Cost (Other Payers) ²	RW Cost	Total Cost ¹
Personnel			
Physician IV Per Diem: (Dew, A., & Zane, R.) (\$105,368 x RW 0.19 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.	\$85,348	\$20,020	\$105,368
Physician IV: (Pearce, D.) (\$181,500 x RW 0.013587878787 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.	\$156,838	\$24,662	\$181,500
Health Services Assistant: (Ramirez, G.) (\$46,609 x RW 0.35 FTE) Provides direct patient care and provides support duties to physicians, registered nurses and LVN's at three health care centers.	\$30,296	\$16,313	\$46,609
Health Services Assistant: (Rosado, E.) (\$46,317 x RW 0.30 FTE) Provides direct patient care and provides support duties to physicians, registered nurses and LVN's at three health care centers.	\$32,422	\$13,895	\$46,317
Health Services Assistant: (Garcia- Jones, M.) (\$46,609 x RW 0.23 FTE) Provides direct patient care and provides support duties to physicians, registered nurses and LVN's at three health care centers.	\$35,889	\$10,720	\$46,609
Nurse Manager: (Hexum, D.) (\$96,273 x RW 0.41 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.	\$56,801	\$39,472	\$96,273
LVN III: (Rojas-Merry, S.) (\$27,128 x RW 0.50 FTE) Provides direct patient care and provides support duties to physicians, and registered nurses at three health care centers.	\$13,564	\$13,564	\$27,128
Fringe Benefits			
42% of Total Personnel Costs	\$172,686	\$58,231	\$230,917
TOTAL PERSONNEL	\$583,844	\$196,877	\$780,721
Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)			

ATTACHMENT H2

Medical Supplies: Medical supplies/equipment to support daily activities at three health care centers. This includes syringes, blood tubes, plastic gloves, etc.	\$5,000	\$6,000	\$11,000
Office Supplies: Office supplies/equipment to support daily activities at three health care centers. This includes paper, pens, ink, etc.	\$3,000	\$4,500	\$7,500
Pharmacy Supplies: Provide one-time pharmaceutical assistance fo HIV patients receiving Outpatient/Ambulatory Health Services at three health care centers.	\$0	\$500	\$500
Travel: Mileage and Carpool 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 .535/mile).	\$6,000	\$1,500	\$7,500
TOTAL OTHER	\$14,000	\$12,500	\$26,500
SUBTOTAL (Total Personnel and Total Other)	\$597,844	\$209,377	\$807,221
Administration (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc. See next page.)	\$59,784	\$20,938	\$80,722
TOTAL BUDGET (Subtotal & Administration)	\$657,628	\$230,315	\$887,943
¹ Total Cost = Non-RW Cost (Other Payers) + RW Cost (A+B)			
• Total Number of Ryan White Units to be Provided for this Service Category:			4356
• Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided:			\$ 53
<i>(This is your agency's RW cost for care per unit)</i>			
² List Other Payers Associated with funding in Column A:	Medi-Cal and Ryan White Part B		

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2017 – February 28, 2018

AGENCY NAME: County of Riverside Public Health SERVICE: MAI/EIS

	A	B	C
Budget Category	Non-RW Cost (Other Payers) ²	RW Cost	Total Cost ¹
Personnel			
Communicable Disease Specialist: (Lopez, A.) (\$66,809 x RW 0.32 FTE) Provide MAI EIS Services to African American and Latino unaware and unmet need populations in service areas 1, 2, and 3 in Riverside County. Identify barriers to care. Assist patient with linkage to medical care and wraparound services. Link newly diagnosed HIV+ to medical care in 30 days or less. Assist patients that have fallen out of care facilitating access to care. Perform targeted HIV testing.	\$45,430	\$21,379	\$66,809
SR Communicable Diseases Specialist: (Elias Santos.) (\$69,118 x RW 0.34 FTE) Supervises MAI EIS services to African American and Latino unaware and unmet need populations in service areas 1, 2, and 3 in Riverside County. Identify barriers to care. Assist patient with linkage to medical care and wraparound services. Link newly diagnosed HIV+ to medical care in 30 days or less. Assist patients that have fallen out of care facilitating access to care. Oversees QA activities.	\$45,618	\$23,500	\$69,118
Communicable Disease Specialist: (Edwards, W.) (\$28,021 x RW 0.0 FTE) Provide MAI EIS Services to African American and Latino unaware and unmet need populations in service areas 1, 2, and 3 in Riverside County. Identify barriers to care. Assist patient with linkage to medical care and wraparound services. Link newly diagnosed HIV+ to medical care in 30 days or less. Assist patients that have fallen out of care facilitating access to care.	\$28,021	\$0	\$28,021
Fringe Benefits			
42% of Total Personnel Costs	\$50,009	\$18,849	\$68,858
TOTAL PERSONNEL	\$169,078	\$63,728	\$232,806
Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)			
Travel: Mileage and Carpool for MAI EIS staff to assist unaware and unmet need population link to medical care and wraparound services. Assist patients that have fallen out of care facilitating access to care .535/mile).	\$1,000	\$1,000	\$2,000

HIV testing kits to perform targeted HIV testing. To help the unaware learn of their HIV statuses and receive referral to HIV care and treatment services.		\$7,500	\$7,500
Office Supplies: Office supplies/equipment to support daily activities at three health care centers. This includes paper, pens, ink, etc.	\$500	\$500	\$1,000
TOTAL OTHER	\$1,500	\$9,000	\$10,500
SUBTOTAL (Total Personnel and Total Other)	\$170,578	\$72,728	\$243,306
Administration (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc.)	\$17,058	\$7,272	\$24,330
TOTAL BUDGET (Subtotal & Administration)	\$187,636	\$80,000	\$267,636
¹ Total Cost = Non-RW Cost (Other Payers) + RW Cost (A+B)			
• Total Number of Ryan White Units to be Provided for this Service Category:			3527
• Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided:			\$ 23
<i>(This is your agency's RW cost for care per unit)</i>			
² List Other Payers Associated with funding in Column A:	Ryan White Part B		

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2017 – February 28, 2018

AGENCY NAME: County of Riverside Public Health **SERVICE:** Medical Case Mgmt

	A	B	C
Budget Category	Non-RW Cost (Other Payers)²	RW Cost	Total Cost¹
Personnel			
Social Service Worker III: (Brown, A.)(\$72,248 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.	\$72,248	\$0	\$72,248
Health Care Social Worker: (Aparicio, D.)(\$66,292 x RW 1.0 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.	\$0	\$66,292	\$66,292
Communicable Disease Specialist: (Arrona, I) (\$68,438 x RW 0.17 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.	\$56,804	\$11,634	\$68,438
Nurse Manager (Hexum, D.) (\$96,273 x RW 0.12 FTE) This position will be responsible to provide direct patient care and plans, organizes, directs and evaluates nursing/medical case management services at three health care centers.	\$84,720	\$11,553	\$96,273
LVN II: (Barajas, V.) (\$45,029 x RW 0.14 FTE) Provides Medical Case Management Services to HIV patients; provide coordination and follow - up of medical treatment. Provide treatment adherence counseling at three health care centers.	\$38,725	\$6,304	\$45,029
LVN II: (Malixi E.) (\$42,171 x RW 0.45 FTE) Provides Medical Case Management Services to HIV patients; provide coordination and follow - up of medical treatment. Provide treatment adherence counseling at three health care centers.	\$23,194	\$18,977	\$42,171

ATTACHMENT H2

LVN II: (Quirarte, R.) (\$27,128 x RW 0.0 FTE) Provides Medical Case Management Services to HIV patients; provide coordination and follow - up of medical treatment. Provide treatment adherence counseling at two health care centers.	\$27,128	\$0	\$27,128
LVN III: (Merry-Rojas, S.) (\$27,128 x RW 0.0 FTE) Provides Medical Case Management Services to HIV patients; provide coordination and follow - up of medical treatment. Provide treatment adherence counseling at three health care centers.	\$27,128	\$0	\$27,128
LVN II: (Del Villar, D.) (\$55,000 x RW 0.20 FTE) Provides Medical Case Management Services to HIV patients; provide coordination and follow - up of medical treatment. Provide treatment adherence counseling at three health care centers.	\$44,000	\$11,000	\$55,000
Fringe Benefits			
42% of Total Personnel Costs	\$102,856	\$52,819.20	\$155,675
TOTAL PERSONNEL	\$476,803	\$178,579	\$655,382
Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)			
Office Supplies: Office supplies/equipment to support daily activities at three health care centers. This includes paper, pens, ink, etc.	\$0	\$1,000	\$1,000
Travel: Mileage and Carpool for Medical Case Management staff to provide direct patient care, coordinate and follow-up on patient assessments and oversee patient care plan.(Mileage calculated at .535/mile).	\$1,500	\$2,239	\$3,739
TOTAL OTHER	\$1,500	\$3,239	\$4,739
SUBTOTAL (Total Personnel and Total Other)	\$478,303	\$181,818	\$660,121
Administration (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc.)	\$47,830	\$18,182	\$66,012
TOTAL BUDGET (Subtotal & Administration)	\$526,133	\$200,000	\$726,133
¹ Total Cost = Non-RW Cost (Other Payers) + RW Cost (A+B)			
• Total Number of Ryan White Units to be Provided for this Service Category:			2724
• Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided:			\$ 73
<i>(This is your agency's RW cost for care per unit)</i>			
² List Other Payers Associated with funding in Column A:	Ryan White Part B		

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2017 – February 28, 2018

AGENCY NAME: County of Riverside Public Health SERVICE: EIS

	A	B	C
Budget Category	Non-RW Cost (Other Payers) ²	RW Cost	Total Cost ¹
Personnel			
Communicable Disease Specialist: (Edwards, W.) (\$28,021 x RW 0.0 FTE) Provide EIS Services to unaware and unmet need populations in service areas 1, 2, and 3 in Riverside County. Identify barriers to care. Assist patient with linkage to medical care and wraparound services. Link newly diagnosed HIV+ to medical care in 30 days or less. Assist patients that have fallen out of care facilitating access to care. Provide targeted HIV testing.	\$28,021	\$0	\$28,021
SR Communicable Diseases Specialist: (Elias Santos.) (\$69,256 x RW 0.25 FTE) Supervises EIS services to unaware and unmet need populations in service areas 1, 2, and 3 in Riverside County. Identify barriers to care. Assist patient with linkage to medical care and wraparound services. Link newly diagnosed HIV+ to medical care in 30 days or less. Assist patients that have fallen out of care facilitating access to care. Oversees QA activities.	\$51,942	\$17,314	\$69,256
Communicable Disease Specialist: (Inzuna, K.) (\$42,193 x RW 1.0 FTE) Provide EIS Services to unaware and unmet need populations in service areas 1, 2, and 3 in Riverside County. Identify barriers to care. Assist patient with linkage to medical care and wraparound services. Link newly diagnosed HIV+ to medical care in 30 days or less. Assist patients that have fallen out of care facilitating access to care. Provide targeted HIV testing.	\$0	\$42,193	\$42,193
Fringe Benefits	\$33,584	\$24,993	\$58,577
42% of Total Personnel Costs			
TOTAL PERSONNEL	\$113,547	\$84,500	\$198,047
Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)			
Travel: Mileage and Carpool for EIS staff to assist unaware and unmet need population link to medical care and wraparound services. Assist patients that have fallen out of care facilitating access to care. (Mileage calculated at .535/mile).	\$1,500	\$3,000	\$4,500

ATTACHMENT H2

HIV testing kits to perform targeted HIV testing. To help the unaware learn of their HIV statuses and receive referral to HIV care and treatment services.	\$0	\$12,500	\$12,500
TOTAL OTHER	\$1,500	\$15,500	\$17,000
SUBTOTAL (Total Personnel and Total Other)	\$115,047	\$100,000	\$215,047
Administration (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc.)	\$11,505	\$10,000	\$21,505
TOTAL BUDGET (Subtotal & Administration)	\$126,552	\$110,000	\$236,552
¹ Total Cost = Non-RW Cost (Other Payers) + RW Cost (A+B)			
• Total Number of Ryan White Units to be Provided for this Service Category:			4561
• Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided:		\$	24
<i>(This is your agency's RW cost for care per unit)</i>			
² List Other Payers Associated with funding in Column A:	Ryan White Part B		

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2017 – February 28, 2018

AGENCY NAME: County of Riverside Public Health SERVICE: Non Medical Case Mgmt

	A	B	C
Budget Category	Non-RW Cost (Other Payers) ²	RW Cost	Total Cost ¹
Personnel			
Communicable Disease Specialist: (Arrona, I) (\$68,438 x RW 0.58 FTE) Help patients identify all available health and disability benefits. Educate patients on public and private benefits at three health care centers. Assist patients with accessing community, social, financial, and legal resources.	\$28,744	\$39,694	\$68,438
Communicable Disease Specialist: (Vacant) (\$68,319 x RW 0.32 FTE) Help patients identify all available health and disability benefits. Educate patients on public and private benefits at three health care centers. Assist patients with accessing community, social, financial, and legal resources.	\$46,457	\$21,862	\$68,319
Fringe Benefits 42% of Total Personnel Costs	\$31,584	\$25,854	\$57,438
TOTAL PERSONNEL	\$106,785	\$87,410	\$194,195
Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)			
Travel: Mileage and Carpool for Non-Medical Case Management staff to provide direct patient care, coordinate eligibility and follow-up on patient assessments improving access to care. (Mileage calculated at .535/mile).	\$500	\$2,500	\$3,000
Office Supplies: Office supplies/equipment to support daily activities at three health care centers. This includes paper, pens, ink, etc.	\$0	\$1,000	\$1,000
TOTAL OTHER	\$500	\$3,500	\$4,000
SUBTOTAL (Total Personnel and Total Other)	\$107,285	\$90,910	\$198,195
Administration (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc.)	\$10,729	\$9,090	\$19,819
TOTAL BUDGET (Subtotal & Administration)	\$118,014	\$100,000	\$218,014
¹ Total Cost = Non-RW Cost (Other Payers) + RW Cost (A+B)			
• Total Number of Ryan White Units to be Provided for this Service Category:			6270
• Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided:			\$ 16
(This is your agency's RW cost for care per unit)			
² List Other Payers Associated with funding in Column A: Ryan White Part B			

RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN
Fiscal Year March 1, 2017 – February 28, 2018

AGENCY NAME: County of Riverside Public Health SERVICE: Medical Nutrition Therapy

	A	B	C
Budget Category	Non-RW Cost (Other Payers) ²	RW Cost	Total Cost ¹
Personnel			
Nutritionist (Vacant) (\$70,670 x 0.44 FTE) Performs nutritional assessments on HIV patients ; Teaches and counsels HIV patients on healthy food choices and food preparation. Determines, through application of various published standards, whether individuals are at nutritional risk. Gives direct nutritional and dietetic consultation to individuals with special nutritional needs in an individual and group session.	\$39,575	\$31,095	\$70,670
Fringe Benefits			
42% of Total Personnel Costs	\$16,622	\$13,060	\$29,682
TOTAL PERSONNEL	\$56,197	\$44,155	\$100,352
Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)			
Travel: Mileage for Medical Nutrition Therapy staff to provide direct patient care, follow-up on patient assessments improving health outcomes. (Mileage calculated at .535/mile).		\$500	\$500
Office Supplies: Office supplies/equipment to support daily activities at three health care centers. This includes paper, pens, ink, etc.		\$500	\$500
Medical Supplies: Medical supplies/equipment Bio-Electrical Impedance Analysis (BIA) machine includes plastic gloves, etc.		\$300	\$300
TOTAL OTHER	\$0	\$1,300	\$1,300
SUBTOTAL (Total Personnel and Total Other)	\$56,197	\$45,455	\$101,652
Administration (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc.)	\$5,620	\$4,545	\$10,165
TOTAL BUDGET (Subtotal & Administration)	\$61,817	\$50,000	\$111,817
¹ Total Cost = Non-RW Cost (Other Payers) + RW Cost (A+B)			
• Total Number of Ryan White Units to be Provided for this Service Category:			4020
• Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided:			\$ 12
<i>(This is your agency's RW cost for care per unit)</i>			
² List Other Payers Associated with funding in Column A:			
Ryan White Part B			

INVOICE

Ryan White Program, Part A / MAI
 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.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
etc.	_____	_____	_____	_____
Total Personnel	\$ -	\$ -	\$ -	\$ -
Fringe Benefits Percentage				
XX.XX%	-	\$	\$	\$
Fringe Benefit Total	\$ -	\$ -	\$ -	\$ -
Personnel (Without Benefits)				
1. (Position & Incumbent)	_____	_____	_____	_____
2.	_____	_____	_____	_____
Total Personnel (Without Benefit)	\$ -	\$ -	\$ -	\$ -
Services & Supplies				
1. Travel	_____	_____	_____	_____
2. Supplies	_____	_____	_____	_____
3. Equipment	_____	_____	_____	_____
4. Telephone/Communication	_____	_____	_____	_____
5. Facility Rent	_____	_____	_____	_____
6. (Nature of Service/Vendor)	_____	_____	_____	_____
etc.	_____	_____	_____	_____
Total Contractual	\$ -	\$ -	\$ -	\$ -
Other				
1. (Specify Nature of Cost)	_____	_____	_____	_____
2.	_____	_____	_____	_____

ATTACHMENT I

<i>Total Other</i>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Total Direct Cost	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Indirect/Adm Charges (XX %)	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Totals	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

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).

<hr/>		<hr/>	
<i>Authorized Signature</i>		<i>Date</i>	
Number of Ryan White funded units provided this month	<hr/>	Cost Per Unit	<u>\$</u>
Number of Ryan White funded units served this month	<hr/>	Cost Per Clients	<u>\$</u>