

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



**ITEM**  
3.45  
(ID # 6282)

**MEETING DATE:**

Tuesday, February 27, 2018

**FROM :** RUHS-PUBLIC HEALTH:

**SUBJECT:** RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH: Ratify and approve the First Amendment to 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 Minority AIDS Intervention/Early Intervention Services for additional funding of \$70,272. All Districts [\$70,272 - 100% Funded by County of San Bernardino] (4/5 Vote)

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

1. Ratify and approve the First Amendment to Agreement #17-80 between the County of San Bernardino, Department of Public Health and the County of Riverside, Department of Public Health for an additional amount of \$70,272, and authorize the Chairman to execute said Amendment on behalf of the County of Riverside; and
2. Approve and direct the Auditor-Controller to make the budget adjustment as detailed in Schedule A, attached.

**ACTION:** 4/5 Vote Required, Policy

---

**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Washington, seconded by Supervisor Perez 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:** February 27, 2018  
**xc:** RUHS-Public Health, Auditor

Kecia Harper-Ihem  
Clerk of the Board

By:   
Deputy

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

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$ 40,424	\$ 14,924	\$ 70,272	\$ 0
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>SOURCE OF FUNDS:</b> 100% Funded by County of San Bernardino			<b>Budget Adjustment:</b> Yes	
			<b>For Fiscal Year:</b> 17/18 – 19/20	

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

**BACKGROUND:**

**Summary**

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

This First Amendment reflects additional funding in the amount of \$70,272. Funds from this First Amendment will be used to continue HIV Medical, Medical & Non-Medical Case Management, Medical Nutrition Therapy, Early Intervention Services, and Minority AIDS Initiative (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.

This First Amendment has been approved as to form by County Counsel.

**Impact on Citizens and Businesses**

Approval of this First Amendment will allow persons living with HIV/AIDS to continue to receive comprehensive medical care and support services within Riverside County. As the payer of last resort, the Ryan White program is invaluable in filling the gaps in health care and social services for people living with HIV/AIDS. The Ryan White program funds 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.

**SUPPLEMENTAL:**

**Additional Fiscal Information**

The total amount awarded based on the Comprehensive agreement is \$2,381,217.

<b><u>FY</u></b>	<b><u>Original Amount</u></b>	<b><u>Increase Amount</u></b>	<b><u>Total Amount</u></b>
------------------	-------------------------------	-------------------------------	----------------------------

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

17-18	\$770,315	\$40,242	\$810,739
18-19	\$770,315	\$14,924	\$785,239
19-20	\$770,315	\$14,924	\$785,239
<b>Total</b>	<b>\$2,310,945</b>	<b>\$70,272</b>	<b>\$2,381,217</b>

**Contract History**

On May 23, 2017 (Item no. 3.39), the Riverside County Board of Supervisors approved the agreement with County of San Bernardino, Department of Public Health in the amount of \$2,310,945 for the performance period of March 1, 2017 through February 29, 2020. The purpose of this agreement is to provide medical care and support services to individuals living with HIV/AIDS.

**ATTACHMENTS:**

**First Amendment**

First Amendment to Agreement #17-80 is attached hereto as Attachment A.

**Budget Adjustment**

Schedule A: Budget Adjustment is required as specified in Schedule A attached.

SCHEDULE A

Department of Public Health  
Ryan White  
Budget Adjustment  
Fiscal Year 2017/18

INCREASE IN APPROPRIATIONS:

10000-4200100000-510040	Regular Salaries	\$28,410
10000-4200100000-518100	Budgeted Benefits	<u>\$12,014</u>
TOTAL INCREASE IN APPROPRIATION		<u>\$40,424</u>

INCREASE IN ESTIMATED REVENUE:

10000-4200100000-781480	Program Revenue	<u>\$40,424</u>
-------------------------	-----------------	-----------------

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

TOTAL INCREASE IN ESTIMATED REVENUE: \$40,242

  
\_\_\_\_\_  
Melissa Noone, Associate Management Analyst 2/21/2018



F A S

STANDARD CONTRACT

FOR COUNTY USE ONLY

<input type="checkbox"/> New	FAS Vendor Code		<b>SC</b>		Dept.	<b>A</b>		Contract Number	
<input checked="" type="checkbox"/> Change	COUNTY0930				PHL			17-80 A-1	
<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		\$2,381,217		
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		\$70,272	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No		Amount		
AAA	PHL	3715	200	2445			\$ 62,325		
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.		Amount		
AAA	PHL	3765	200	2445			\$ 7,947		
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.		Amount		
							\$		
Project Name				Estimated Payment Total by Fiscal Year					
Ryan White Program				FY	Amount	I/D	FY	Amount	I/D
Part A and MAI				17/18	40,424	I			
				18/19	14,924	I			
				19/20	14,924	I			

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

Name

County of Riverside, Department of Public Health

hereinafter called Contractor

Address

P.O. Box 7600

Riverside, CA 92503

Telephone

(951) 358-5307

Federal ID No. or Social Security No.

IT IS HEREBY AGREED AS FOLLOWS:

**AMENDMENT NO. 1**

It is hereby agreed to amend Contract No. 17-80 as follows:

**SECTION II. CONTRACTOR PROGRAM RESPONSIBILITIES**

Amend Section II, Paragraph F, Item 10 to read:

- 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

<b>Auditor-Controller/Treasurer/Tax Collector Use Only</b>	
<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

FEB 27 2018 3.45

formal organizational travel policy which must include mileage reimbursement rates and maximum per diem and subsistence rates.

Contractor shall adhere to the County's Travel Management Policy (08-02 and 08-02SP1) when travel is pursuant to this Contract and for which reimbursement is sought from the County. In addition, Contractor is encouraged to utilize local transportation services, including but not limited to, the Ontario International Airport.

**V. FISCAL PROVISIONS**

Amend Paragraph A to read as follows:

A. The maximum amount of payment under this Contract shall not exceed \$2,381,217, of which \$2,381,217 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. It includes the original contract amount and all subsequent amendments and is broken down as follows:

Original Contract	\$2,310,945	March 1, 2017 through February 28, 2018
Amendment No. 1	\$40,424 (increase)	March 1, 2017 through February 28, 2018
Amendment No. 1	\$14,924 (increase)	March 1, 2018 through February 28, 2019
Amendment No. 1	\$14,924 (increase)	March 1, 2019 through February 29, 2020

It is further broken down by Program Year as follows:

Program Year	Dollar Amount
March 1, 2017 through February 28, 2018	\$810,739*
March 1, 2018 through February 28, 2019	\$785,239**
March 1, 2019 through February 29, 2020	\$785,239**
<b>Total</b>	<b>\$2,381,217</b>

\*This amount includes an increase of \$40,424

\*\* This amount includes an increase of \$14,924

**ATTACHMENT**

ATTACHMENT H2 – Replace RYAN WHITE PART A/MAI PROGRAM BUDGET AND ALLOCATION PLAN (Revised October 2017)

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

ATTEST:  
KECA HARPER-IHEM, Clerk  
By: *[Signature]* DEPUTY

COUNTY OF SAN BERNARDINO

By: *Robert A. Lovinggood*  
Robert A. Lovinggood, Chairman, Board of Supervisors

Dated: OCT 03 2017

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

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


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

By: *Chuck Washington*  
(Authorized signature - sign in blue ink)

Name: Chuck Washington  
~~John F. Lavagnone~~  
(Print or type name of person signing contract)

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

Dated: FEB 27 2018

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

FORM APPROVED COUNTY COUNSEL  
BY: *[Signature]*  
DANIELLE D. MALAND  
DATE: 2/5/18

Approved as to Legal Form  
By: *Kristina M. Robb*  
Kristina M. Robb, County Counsel  
Date: 9/19/17

Reviewed by Contract Compliance  
By: *Jennifer Mulhall Gaudel*  
Jennifer Mulhall Gaudel, HS Contracts  
Date: 9/14/17

Presented to PHH for Signature  
By: *[Signature]*  
Trudy Raymundo, Department Head  
Date: 9-20-17

Vertical text on the left margin, possibly bleed-through or a stamp.

Faint text at the top right of the page.

1905





## 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

Budget Category	A Non-RW Cost (Other Payers) <sup>2</sup>	B RW Cost	C Total Cost <sup>1</sup>
<b>Personnel</b>			
<b>Physician IV Per Diem</b> : (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
<b>Physician IV</b> : (Pearce, D.) (\$224,200 x RW 0.11 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.	\$199,538	\$24,662	\$224,200
<b>Health Services Assistant</b> : (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
<b>Health Services Assistant</b> : (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
<b>Health Services Assistant</b> : (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
<b>Nurse Manager</b> : (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
<b>LVN III</b> : (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
<b>Fringe Benefits</b> 42% of Total Personnel Costs	\$190,620	\$58,231	\$248,851
<b>TOTAL PERSONNEL</b>	\$544,478	\$196,877	\$841,355
<i>Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)</i>			

Medical Supplies: Medical supplies/equipment to support daily activities at three health care centers. This includes syringes, blood tubes, plastic gloves, etc.	\$5,000	\$11,000	\$16,000
Office Supplies: Office supplies/equipment to support daily activities at three health care centers. This includes paper, pens, ink, etc.	\$3,000	\$8,746	\$11,746
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	\$8,500	\$14,500
<b>TOTAL OTHER</b>	<b>\$14,000</b>	<b>\$28,746</b>	<b>\$42,746</b>
<b>SUBTOTAL (Total Personnel and Total Other)</b>	<b>\$658,478</b>	<b>\$225,623</b>	<b>\$884,101</b>
Administration (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc. See next page.)	\$65,848	\$22,563	\$88,411
<b>TOTAL BUDGET (Subtotal &amp; Administration)</b>	<b>\$724,326</b>	<b>\$248,186</b>	<b>\$972,512</b>

<sup>1</sup> Total Cost = Non-RW Cost (Other Payers) 0.535

- 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: \$ 57
- (This is your agency's RW cost for care per unit)

<sup>2</sup> 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

Final Award & Reallocation - Board 09-26-17

Budget Category	A Non-RW Cost (Other Payers) <sup>2</sup>	B RW Cost	C Total Cost <sup>1</sup>
<b>Personnel</b>			
<b>Communicable Disease Specialist:</b> (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
<b>SR Communicable Diseases Specialist:</b> (E. 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
<b>Communicable Disease Specialist:</b> (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
<b>Fringe Benefits</b> 42% of Total Personnel Costs	\$50,009	\$18,849	\$68,858
<b>TOTAL PERSONNEL</b>	\$169,078	\$63,728	\$232,806

<b>Other</b>			
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	\$3,000	\$4,000
HIV testing kits to perform targeted HIV testing. To help the unaware learn of their HIV statues 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	\$908	\$1,408
<b>TOTAL OTHER</b>	<b>\$1,500</b>	<b>\$11,408</b>	<b>\$12,908</b>
<b>SUBTOTAL (Total Personnel and Total Other)</b>	<b>\$170,578</b>	<b>\$75,136</b>	<b>\$245,714</b>
<b>Administration</b> (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc.)	<b>\$17,058</b>	<b>\$7,513</b>	<b>\$24,570</b>
<b>TOTAL BUDGET (Subtotal &amp; Administration)</b>	<b>\$187,636</b>	<b>\$82,649</b>	<b>\$270,285</b>

<sup>1</sup> Total Cost = Non-RW Cost (Other Payers) + RW Cost (A+B)

- Total Number of Ryan White Units to be Provided for this Service Category:
  - Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided:
- (This is your agency's RW cost for care per unit)

3527	
\$	23

<b><sup>2</sup>List Other Payers Associated with funding in Column A:</b>	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

Final Award & Reallocation - Board 09-26-17

Budget Category	A Non-RW Cost (Other Payers) <sup>2</sup>	B RW Cost	C Total Cost <sup>1</sup>
<b>Personnel</b>			
<b>Social Service Worker III:</b> (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
<b>Health Care Social Worker:</b> (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.		\$66,292	\$66,292
<b>Communicable Disease Specialist:</b> (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
<b>Nurse Manager</b> (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
<b>LVN II:</b> (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



<b>LVN II:</b> (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
<b>LVN II:</b> (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
<b>LVN III:</b> (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
<b>LVN II:</b> (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
<b>Fringe Benefits</b> 42% of Total Personnel Costs	\$102,856	\$52,819	\$155,675
<b>TOTAL PERSONNEL</b>	\$476,803	\$178,579	\$655,382
<b>Other</b>			
Office Supplies: Office supplies/equipment to support daily activities at three health care centers. This includes paper, pens, ink, etc.		\$1,630	\$1,630
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	\$9,240	\$10,740
<b>TOTAL OTHER</b>	\$1,500	\$10,870	\$12,370
<b>SUBTOTAL (Total Personnel and Total Other)</b>	\$478,303	\$189,449	\$667,752
<b>Administration</b> (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc.)	\$47,830	\$18,945	\$66,775
<b>TOTAL BUDGET (Subtotal &amp; Administration)</b>	\$526,133	\$208,394	\$734,527

<sup>1</sup> Total Cost = Non-RW Cost (Other Payers) + RW Cost (A+B)

- Total Number of Ryan White Units to be Provided for this Service Category:
  - Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided:
- (This is your agency's RW cost for care per unit)

2724

\$

77

<sup>2</sup>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

Final Award &amp; Reallocation - Board 09-26-17

	A	B	C
Budget Category	Non-RW Cost (Other Payers) <sup>2</sup>	RW Cost	Total Cost <sup>1</sup>
<b>Personnel</b>			
<b>Communicable Disease Specialist:</b> (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
<b>SR Communicable Diseases Specialist:</b> (E. 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
<b>Communicable Disease Specialist:</b> (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.		\$42,193	\$42,193
<b>Fringe Benefits</b> 42% of Total Personnel Costs	\$33,584	\$24,993	\$58,577
<b>TOTAL PERSONNEL</b>	\$113,547	\$84,500	\$198,047
<i>Other (Other items related to service provision such as supplies, rent, utilities, depreciation, maintenance, telephone, travel, computer, equipment, etc. can be added below)</i>			

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	\$4,786	\$6,286
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.		\$12,500	\$12,500
<b>TOTAL OTHER</b>	\$1,500	\$17,286	\$18,786
<b>SUBTOTAL (Total Personnel and Total Other)</b>	\$115,047	\$101,786	\$216,833
<b>Administration</b> (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc.)	\$11,505	\$10,179	\$21,683
<b>TOTAL BUDGET (Subtotal &amp; Administration)</b>	\$126,552	\$111,965	\$238,517

<sup>1</sup> Total Cost = Non-RW Cost (Other Payers) + RW Cost (A+B)

- Total Number of Ryan White Units to be Provided for this Service Category:
  - Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided:
- (This is your agency's RW cost for care per unit )

4561
\$ 25

<sup>2</sup> 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**  
**Final Award & Reallocation - Board 09-26-17**

Budget Category	A Non-RW Cost (Other Payers) <sup>2</sup>	B RW Cost	C Total Cost <sup>1</sup>
<b>Personnel</b>			
<b>Communicable Disease Specialist:</b> (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
<b>Communicable Disease Specialist:</b> <b>(Vacant)</b> (\$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
<b>Fringe Benefits</b> 42% of Total Personnel Costs	\$31,584	\$25,854	\$57,438
<b>TOTAL PERSONNEL</b>	\$106,785	\$87,410	\$194,195
<b>Other</b>			
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	\$10,000	\$10,500
Office Supplies: Office supplies/equipment to support daily activities at three health care centers. This includes paper, pens, ink, etc.	\$0	\$1,406	\$1,406
<b>TOTAL OTHER</b>	\$500	\$11,406	\$11,906
<b>SUBTOTAL (Total Personnel and Total Other)</b>	\$107,285	\$98,816	\$206,101
<b>Administration</b> (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc. )	\$10,729	\$9,881	\$20,609
<b>TOTAL BUDGET (Subtotal &amp; Administration)</b>	\$118,014	\$108,697	\$226,711

<sup>1</sup> Total Cost = Non-RW Cost (Other Payers) + RW Cost (A+B)

- Total Number of Ryan White Units to be Provided for this Service Category:
- Total Ryan White Budget (Column B) Divided by Total RW Units to be Provided:

6270

\$	17
----	----

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

<sup>2</sup>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**  
**Final Award & Reallocation - Board 09-26-17**

	A	B	C
Budget Category	Non-RW Cost (Other Payers) <sup>2</sup>	RW Cost	Total Cost <sup>1</sup>
<b>Personnel</b>			
<b>Nutritionist</b> (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	\$31,096	\$70,670
<b>Fringe Benefits</b> 42% of Total Personnel Costs	\$16,622	\$13,060	\$29,681
<b>TOTAL PERSONNEL</b>	\$56,197	\$44,155	\$100,351
<b>Other</b>			
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).	\$0	\$500	\$500
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
Medical Supplies: Medical supplies/equipment Bio-Electrical Impedance Analysis (BIA) machine includes plastic gloves, etc.	\$0	\$571	\$571
<b>TOTAL OTHER</b>	\$0	\$2,071	\$2,071
<b>SUBTOTAL (Total Personnel and Total Other)</b>	\$56,197	\$46,226	\$102,422
<b>Administration</b> (limited to 10% of total service budget) (Include a detailed description of items within such as managerial staff etc.)	\$5,620	\$4,622	\$10,242
<b>TOTAL BUDGET (Subtotal &amp; Administration)</b>	\$61,816	\$50,848	\$112,664

<sup>1</sup> 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: \$ \_\_\_\_\_ 13

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

<sup>2</sup>List Other Payers Associated with funding in Column A:

Ryan White Part B