AMENDMENT NO. 1
TO STANDARD AGREEMENT
BETWEEN COUNTY OF MONTEREY AND
Access Support Network

THIS AMENDMENT is made to the STANDARD AGREEMENT for the provision of services to individuals and communities in Monterey County affected by HIV offered by Access Support Network and between the **County of Monterey**, a political subdivision of the State of California (hereinafter referred to as "COUNTY") and **Access Support Network** (hereinafter referred to as CONTRACTOR).

WHEREAS, the COUNTY and CONTRACTOR wish to amend the STANDARD AGREEMENT to extend the term of the STANDARD AGREEMENT and compensate the CONTRACTOR for the services.

NOW THEREFORE, the COUNTY and CONTRACTOR hereby agree to amend Agreement as follows:

1. **Section 2.01** is hereby amended and restated to read in its entirety as follows:

   "County shall pay the CONTRACTOR in accordance with the payment provisions set forth in Exhibit A.1, subject to the limitations set forth in this Agreement. The total amount payable by County to CONTRACTOR under this Agreement is not to exceed the sum of **$301,186.00.**

2. **Section 3.01** is hereby amended and restated to read in its entirety as follows:

   "The term of this Agreement is from **April 18, 2016** to **March 3l, 2019,** unless sooner terminated pursuant to the terms of this Agreement. This Agreement is of no force or effect until signed by both CONTRACTOR and County and with County signing last, and CONTRACTOR may not commence work before County signs this Agreement."

3. **Section 4.01** is hereby amended and restated to read in its entirety as follows:

   "4.01. The following attached exhibits are incorporated and constitute a part of this Agreement:

   Exhibit A.1 Scope of Services/Payment Provisions

4. **Exhibit A** shall be removed and replaced with **Exhibit A.1**.

5. Except as provided herein, all remaining terms, conditions and provisions of AGREEMENT are unchanged and unaffected by this AMENDMENT NO. 1, and shall remain in full force and effect as set forth in the AGREEMENT.

6. This AMENDMENT NO. 1 is effective November 30, 2016.

7. A copy of this AMENDMENT NO. 1 shall be attached to the original AGREEMENT executed by the COUNTY on April 26, 2016.

(The remainder of this page is intentionally left blank.)

IN WITNESS WHEREOF, the County and CONTRACTOR execute this Amendment No. 1 to AGREEMENT as follows:

MONTEREY COUNTY

Mike Derr: Contracts/Purchasing Officer

Dated: 2-15-17

Approved as to Fiscal Provisions:

Gary Giboney, Auditor/Controller

Dated: 12/2/16

Approved as to Liability Provisions:

Steve Mauck, Risk Management

Dated:

Approved as to Form:

Stacy Saetta, Deputy County Counsel

Dated: 12/12/2016

CONTRACTOR

By: Lisa M. Dean

Signature of Chair, President, or Vice-President

Lisa M. Dean - President

Printed Name and Title

Dated: 11-23-16

By:

(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)*

Ronald B. Pigeon, Treasurer

Printed Name and Title

Dated: 11-23-16

*INSTRUCTIONS: If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.

2/13/17

Director of Health

EXHIBIT-A.1
To the
Standard Agreement
Between the
County of Monterey ("County")
AND
Access Services Network, Inc. (“CONTRACTOR”)

Scope of Services / Payment Provisions

A. SCOPE OF SERVICES

CONTRACTOR shall provide services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth below:

Program Name: HIV Care Amendment

1. Provide the following Tier I (Core Medical Services) Ryan White Part B services to qualifying individuals:
    a. Early Intervention Services (EIS)
    b. Health Insurance Premium and Cost-Sharing Assistance
2. Provide the following Tier II (Support Services) Ryan White Part B services to qualifying individuals:
    a. Food Bank/Home-Delivered Meals
    b. Housing Services
    c. Medical Transportation Services
3. Deliver allowable services in strict accordance with California Department of Public Health (CDPH) Office of AIDS (OA) Ryan White Part B Budget and Guidance for the corresponding fiscal year.
4. Document all services delivered in a manner consistent with CDPH OA and Monterey County Health Department requirements.
5. Provide a Quarterly Narrative Report due no more than 20 days following the end of each quarter that outlines how funds were used for the current quarter in each of the above listed services category, including at minimum the number of clients served for service category and a description of services provided. The report should also include general accomplishments and discussion of barriers to service delivery.
6. Submit an invoice to the Monterey County Health Department no less than once per quarter and no more than once per month itemizing administrative, personnel, non-personnel, and operating expenses as well as other costs and indirect expenses. Supportive documentation must be submitted with each invoice, including copies of purchase receipts and timecard/payroll documents. Supportive documentation must also include items:
    a. Early Intervention Services (EIS):
        i. Number of individuals tested for HIV by risk category (IDU, MSM, etc.)
        ii. Number of HIV positive individuals identified.

iii. Number of HIV positive individuals linked to care.
iv. Number of HIV negative individuals linked to PrEP services.
v. Number of support services referrals (e.g., substance abuse).

b. Health Insurance Premium and Cost-Sharing Assistance:
    i. Client ID and copy of payment invoice/receipt.
c. Food Bank/Home-Delivered Meals
    i. Client ID, service received, and date service received.
d. Housing Services
    i. Client ID and copy of payment invoice/receipt.
e. Medical Transportation Services
    i. Client ID, type of assistance provided (e.g., gift card, bus pass), date received assistance, date(s) of HIV care-related appointment(s)/service(s), and type(s) of HIV care-related appointment/service (e.g., PCP appointment, pick up Rx, etc.).

7. Certify client eligibility for Ryan White Part B services at least every 6 months in accordance with CDPH OA guidelines.
8. Provide Monterey County Health Department with a copy of Contractor's policies and procedures for determining eligibility for Ryan White Part B services and for prioritizing clients eligible to receive Ryan White Part B services based on need when there are not enough resources available to serve all eligible clients.
9. Requests for budget amendments (e.g., shift funds between service categories allocations) must be submitted by CONTRACTOR at least 30 days prior to the invoicing period. All budget revision requests must be submitted at least 60 days prior to the end of this contract period.

B. PAYMENT PROVISIONS

B.1 COMPENSATION/ PAYMENT

County shall pay an amount **not to exceed $301,816 (Year 1: $221,816; Year 2: $40,000; Year 3: $40,000)** for the performance of all things necessary for or incidental to the performance of work as set forth in the Scope of Services. CONTRACTOR'S compensation for services rendered shall be based on the following rates found in Client Service Provider Budget Summary, **Exhibit C.**

B.2 CONTRACTOR BILLING PROCEDURES

CONTRACTOR will submit invoices no less than once per quarter and no more than once per month. Invoices are due within 20 days of the service period (e.g., within 20 days of the end of each quarter).

No payments in advance or in anticipation of services or supplies to be provided under this Agreement shall be made by County.

County shall not pay any claims for payment for services submitted more than twelve (12) months after the calendar month in which the services were completed.

DISALLOWED COSTS: CONTRACTOR is responsible for any audit exceptions or disallowed costs incurred by its own organization or that of its subcontractors.

C. INVOICING AND PAYMENTS

1. For services satisfactorily rendered, and upon receipt and approval of the invoices, the County agrees to compensate the Contractor in accordance with the above listed terms. The County Auditor-Controller shall pay the amount certified within 30 days of receiving the certified invoice.

2. Invoices shall be submitted no less than once per quarter and no more than once per month and in duplicate to:

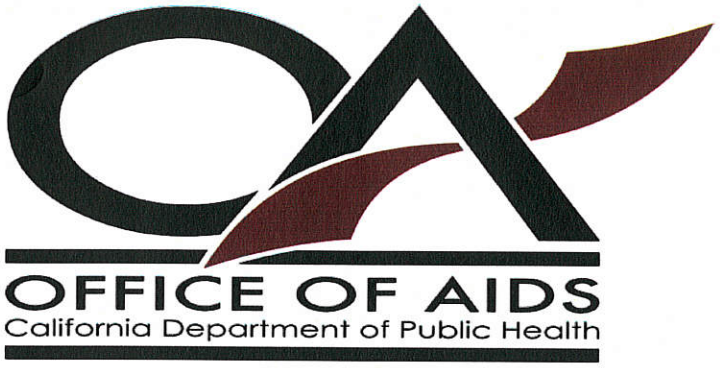
Monterey County Health Department
Kristy Michie, Program Manager
1270 Natividad Road
Salinas CA 93906
(831) 755-4503
MichieKJ@co.monterey.ca.us

3. Invoices shall: See HIV Care Program Invoice Expenditure Detail – **Exhibit E**
   i. Be prepared on Contractor letterhead. An authorized official, employee, or agent certifying that the expenditures claimed represent services performed under this contract must sign invoices.
   ii. Bear the Contractor's name as shown on the agreement.
   iii. Identify the billing and/or performance period covered by the invoice.
   iv. Itemize costs for the billing period in the same detail as indicated in the scope of services in the agreement. Reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable in this agreement and approved by the County of Monterey.

D. EXPENSES/FISCAL DOCUMENTATION

1. Invoices, received from Contractor and accepted and/or submitted for payment by the County, shall not be deemed evidence of allowable agreement costs.

2. Contractor shall maintain for review and audit and provide to County upon request, adequate documentation of all expenses claimed pursuant to this agreement to permit a determination of expense allowability.



RYAN WHITE PART B BUDGET & OPERATIONS GUIDANCE

HIV Care Program
&
Minority AIDS Initiative

(Funding Year 2013 – 2014)

Table of Contents

INTRODUCTION

The California Department of Public Health (CDPH), Center for Infectious Diseases, Office of AIDS (OA) is pleased to provide the Ryan White (RW) Part B Program Guidance for the HIV Care Program (HCP) and the Minority AIDS Program (MAI), Funding Year 2013-2014. Due to the realignment of contracts from the State Fiscal Year to the Federal Funding Year (FFY), this guidance is for July 1, 2013 through March 31, 2014 (nine months). OA will complete new three year term contracts in FFY 2014 for April 1, 2014 through March 31, 2017.

As the State grantee for RW Part B, OA allocates those funds for the administration of HCP and MAI through Cooperative Agreements with local health jurisdictions (LHJs) and community based organizations (CBOs) for the provision of medical and support services to persons living with HIV/AIDS (PLWH/A). For Health Resources and Services Administration (HRSA) policy requirements and legislative updates refer to HRSA's website at http://hab.hrsa.gov/manageyourgrant/policiesletters.html. Federal laws prohibit the use of federal funds to attempt to influence, directly or indirectly, any change in laws, regulations or governmental rule at the federal, state or local level.

This Guidance is designed to provide Contractors and Service Providers with the technical assistance needed to ensure efficient administration of invoices, reports, budgets, and contract monitoring for HCP and MAI. When read online, this document provides hyperlinks to additional resource available on the Internet.

If you require further clarification or technical assistance, please contact your RW Part B Advisor. Contact information can be found on the OA website at http://www.cdph.ca.gov/programs/aids/Documents/11MAD3cCareAdvisors.pdf

SERVICE CATEGORIES

HCP Allowable Services

The HIV care services to be provided under HCP are consistent with HRSA-defined service categories. HRSA Core Medical and Support Service category definitions in this section can also be found in the HRSA Program Monitoring Standards (PMS).

http://cdphinternet/programs/aids/Documents/HCPPtBProgramMonitoring.pdf

Additional guidance for RW Part B services that can be used to support Affordable Care Act (ACA) Outreach, Benefits Counseling, and Enrollment activities can be found at http://hab.hrsa.gov/affordablecareact/outreachenrollment.html.

Tier I – Core Medical Services

RW Part B prioritizes *Outpatient/Ambulatory Medical Care (OAMC)* as a Tier I service. If OAMC is not budgeted through Part B funding, Contractors must provide a written justification to explain how OAMC is being addressed within their LHJ. There are additional HRSA Core Medical Services allowable in Tier I, contained in the list below. Definitions of all allowable services are also included in this guidance.

- *AIDS Drug Assistance Program (ADAP)*
- *Local AIDS Pharmaceutical Assistance Program (LAPAP)*
- *Oral Health Services*
- *Early Intervention Services (EIS)*
- *Health Insurance Premium and Cost-sharing Assistance*
- *Home Health Care Services*
- *Home and Community-based Health Services*
- *Hospice Care*
- *Mental Health Services*
- *Medical Nutrition Therapy*
- *Medical Case Management Services*
- *Substance Abuse Treatment Services-Outpatient*

Tier II – Support Services

Tier II services support access to Tier I care, maintenance in Tier I care, and reduce the risk of treatment failure and/or HIV transmission. To provide the greatest flexibility to local providers, the following list of HRSA service categories included in Tier II of RW Part B is extensive and varied.

- *Case Management (non-medical)*
- *Child Care Services*
- *Emergency Financial Assistance*
- *Food Bank/Home-Delivered Meals*
- *Health Education/Risk Reduction*
- *Housing Services*
- *Legal Services*
- *Linguistic Services*
- *Medical Transportation Services*
- *Outreach Services*
- *Psychosocial Support Services*
- *Referral - Health Care/Supportive Services*
- *Rehabilitation Services*
- *Respite Care*
- *Substance Abuse Treatment Services (residential)*
- *Treatment Adherence Counseling*

HRSA Service Categories Tier I (Core Medical Services) and Tier II (Support Services) are available on OA's website, under *'Resources for Care Providers'*.
http://www.cdph.ca.gov/programs/aids/Pages/tOACareProviders.aspx.

TIER I – CORE MEDICAL SERVICES

Outpatient / Ambulatory Medical Care (Health Services)		The provision of professional diagnostic and therapeutic services rendered by a licensed physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting (not a hospital, hospital emergency room, or any other type of inpatient treatment center), consistent with Public Health Service (PHS) guidelines and including access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies. Allowable services include: • 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 of medication therapy • Education and counseling on health issues • Well-baby care • Continuing care and management of chronic conditions • Referral to and provision of HIV-related specialty care (includes all medical subspecialties even ophthalmic and optometric services). Note: As part of OAMC, may include the provision of laboratory tests integral to the treatment of HIV infection and related complications.
ADAP		Funding allocated to a State-supported ADAP that provides an approved formulary of medications to HIV-infected individuals for the treatment of HIV disease or the prevention of opportunistic infections, based on income guidelines.
Local AIDS Pharmaceutical Assistance Program (LPAP)		Provision of HIV/AIDS medications using a drug distribution system that has: • A client enrollment and eligibility process • Uniform benefits for all enrolled clients throughout the Consortium region • A drug formulary approved by the local advisory committee/board • A recordkeeping system for distributed medications • A drug distribution system • A system for drug therapy management. LPAP does not dispense medications as: • A result or component of a primary medical visit • A single occurrence of short duration (an emergency)

		• Vouchers to clients on an emergency basis. LPAP is a program: • Consistent with the most current HIV/AIDS Treatment Guidelines • Coordinated with the State's Part B ADAP • Implemented in accordance with requirements of the 340B Drug Pricing Program. Note: LPAPs are similar to ADAPs in that they provide medications for the treatment of HIV disease. However, LPAPs are not paid for with Part B funds "earmarked" for ADAP.
Oral Health Care		Includes diagnostic, preventive, and therapeutic dental care that is in compliance with dental practice laws, includes evidence-based clinical decisions that are informed by the American Dental Association Dental Practice Parameters, is based on an oral health treatment plan, adheres to specified service caps, and is provided by licensed and certified dental professionals.
EIS		Includes identification of individuals at points of entry and access to services and provision of: • HIV Testing and Targeted counseling • Referral services • Linkage to care • Health education and literacy training that enable clients to navigate the HIV system of care. Part B funds can only be used for HIV testing, provided all four components above are present, and only as necessary to supplement, not supplant, existing funding. Note: To support ACA, EIS referrals and linkages to care may include enrollment in Medicaid, Medicare, private insurance plans through the health insurance Marketplaces/Exchanges and benefits counseling. Services are generally provided to clients who are new to care. http://hab.hrsa.gov/affordablecareact/outreachenrollment.html
Health Insurance Premium and Cost Sharing Assistance		Provides a cost-effective alternative to ADAP by: • Purchasing health insurance that provides comprehensive primary care and pharmacy benefits for low income clients that provide a full range of HIV medications • Paying co-pays (including co-pays for prescription eyewear for conditions related to HIV infection) and deductibles on behalf of the client • Providing funds to contribute to a client's Medicare Part D true out-of-pocket (TrOOP) costs.

		Important: Contractors should refer to the HIV/AIDS Bureau (HAB) Policy Notice-07-05, "The Use of RW HIV/AIDS Program Part B ADAP Funds to Purchase Health Insurance." http://hab.hrsa.gov/manageyourgrant/pinspals/eligible1002.html
Home Health Care Services		Services provided in the patient's home by licensed health care workers such as nurses; services exclude personal care and to include: • The administration of intravenous and aerosolized treatment • Parental feeding • Diagnostic testing • Other medical therapies.
Home and Community-Based Health Services		Skilled health services furnished in the home of an HIV-infected individual, based on a written plan of care prepared by a case management team that includes appropriate health care professionals. Allowable services include: • Durable medical equipment • Home health aide and personal care services • Day treatment or other partial hospitalization services • Home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy) • Routine diagnostic testing • Appropriate mental health, developmental, and rehabilitation services • Specialty care and vaccinations for hepatitis co-infection, provided by public and private entities. *Note:* Inpatient hospitals services, nursing home, and other long-term care facilities are not home- and community-based services.
Hospice Care		Provided by licensed hospice care providers to clients in the terminal stages of illness, in a home or other residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice care for terminal patients. Allowable services: • Room • Board • Nursing care • Mental health counseling • Physician services • Palliative therapeutics.
Mental Health Services		Include psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, based on a detailed treatment plan, and provided by a mental health professional licensed or authorized within the

		State to provide such services, typically including, but not limited to, psychiatrists, psychologists, and licensed clinical social workers.
Medical Nutrition Therapy		Services including nutritional supplements provided outside of a primary care visit by a licensed registered dietitian; may include food provided pursuant to a physician's recommendation and based on a nutritional plan developed by a licensed registered dietitian.
Medical Case Management Services (Including Treatment Adherence)		Ensures timely and coordinated access to medically appropriate levels of health and support services and continuity of care, provided by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team, through all types of encounters including face-to-face, phone contact, and any other form of communication. Activities that include at least the following: • Initial assessment of service needs • Development of a comprehensive, individualized care plan • Coordination of services required to implement the plan • Continuous client monitoring to assess the efficacy of the plan • Periodic re-evaluation and adaptation of the plan at least every 6 months, as necessary. Service components that may include: • A range of client-centered services that link clients with health care, psychosocial, and other services, including benefits/entitlement counseling and referral activities assisting them to access other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers' Patient Assistance Programs, and other State or local health care and supportive services) • Coordination and follow up of medical treatments • Ongoing assessment of the client's and other key family members' needs and personal support systems • Treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments • Client-specific advocacy and/or review of utilization of services. *Note*: Medical case management is provided by dedicated professionals with nursing degrees, masters in social work, health care staff and, in some cases, no degree but with appropriate life experience. as stated in HRSA Care Action, November 2008: http://hab.hrsa.gov/newspublications/careactionnewsletter/novem

		ber2008.pdf For allowable uses of this service category to support ACA, refer to http://hab.hrsa.gov/affordablecareact/outreachenrollment.html.
Substance Abuse Treatment Services (outpatient)		Provided by or under the supervision of a physician or other qualified/licensed personnel; may include use of funds to expand HIV-specific capacity of programs if timely access to treatment and counseling is not otherwise available. Services limited to the following: • Pre-treatment/recovery readiness programs • Harm reduction • Mental health counseling to reduce depression, anxiety, and other disorders associated with substance abuse • Outpatient drug-free treatment and counseling • Opiate assisted therapy • Neuro-psychiatric pharmaceuticals • Relapse prevention • Limited acupuncture services with a written referral from the client's primary health care provider, provided by certified or licensed practitioners wherever State certification or licensure exists. Services provided must include a treatment plan that calls only for allowable activities and includes: • The quantity, frequency, and modality of treatment provided • The date treatment begins and ends • Regular monitoring and assessment of client progress • The signature of the individual providing the service and or the supervisor as applicable. *Note:* Includes limited support of acupuncture services to HIV-positive clients provided the client has received a written referral from his or her primary health care provider and the service is provided by certified or licensed practitioners and/or programs, wherever State certification or licensure exists. As stated in the HRSA Policy Notice 10-02. http://hab.hrsa.gov/manageyourgrant/pinspals/eligible1002.html

TIER II – SUPPORT SERVICES

Case Management (non-medical)		Services that provide advice and assistance to clients in obtaining medical, social, community, legal, financial, and other needed services. May include: • Benefits/entitlement counseling and referral activities to assist eligible clients to obtain access to public and private programs for which they may be eligible • All types of case management encounters and communications (face-to-face, telephone contact, other) • Transitional case management for incarcerated persons as they prepare to exit the correctional system. Note: Does not involve coordination and follow up of medical treatments. Note: Supports Transitional Case Management for incarcerated persons as they prepare to exit the correctional system. http://hab.hrsa.gov/affordablecareact/outreachenrollment.html.
Child Care Services		For children of HIV-positive clients, provided intermittently, only while the client attends medical or other appointments or Ryan White HIV/AIDS Program-related meetings, groups, or training sessions. May include use of funds to support: • A licensed or registered child care provider to deliver intermittent care • Informal child care provided by a neighbor, family member, or other person (with the understanding that existing Federal restrictions prohibit giving cash to clients or primary caregivers to pay for these services). Such allocations to be limited and carefully monitored to assure: • Compliance with the prohibition on direct payments to eligible individuals • Assurance that liability issues for the funding source are carefully weighed and addressed through the use of liability release forms designed to protect the client, provider, and the Ryan White Program. May include Recreational and Social Activities for the child, if provided

		in a licensed or certified provider setting including drop-in centers in primary care or satellite facilities. (Excludes use of funds for off-premise social/ recreational activities.)
Emergency Financial Assistance (EFA)		Essential services including utilities, housing, food (including groceries, food vouchers, and food stamps), or medications, provided to clients with limited frequency and for limited periods of time, through either: • Short-term payments to agencies • Establishment of voucher programs. Direct cash payments to clients are not permitted. *Note:* It is expected that all other sources of funding in the community for emergency assistance will be effectively utilized and that any allocation of RW HIV/AIDS Program funds to these purposes will be the payer-of-last-resort, and for limited amounts, use and periods of time. Continuous provision of an allowable service to a client should be reported in the applicable service category, as stated in the HAB Policy Notice 10-02. http://hab.hrsa.gov/manageyourgrant/pinspals/eligible1002.html
Food Bank/ Home-Delivered Meals		May include: • The provision of actual food items • Provision of hot meals • A voucher program to purchase food. May also include the provision of non-food items that are limited to: • Personal hygiene products • Household cleaning supplies • Water filtration/purification systems in communities where issues with water purity exist. Appropriate licensure/certification for food banks and home delivered meals where required under State or local regulations. No funds used for: • Permanent water filtration systems for water entering the house • Household appliances • Pet foods • Other non-essential products.

Health Education/ Risk Reduction		Services that educate clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. Includes: • Provision of information about available medical and psychosocial support services • Education on HIV transmission and how to reduce the risk of transmission • Counseling on how to improve their health status and reduce the risk of HIV transmission to others. Note: Syringe Exchange Programs are no longer RW federally funded. See letter dated March 29, 2012 at: http://www.cdc.gov/hiv/resources/guidelines/PDF/SEC523.pdf For allowable uses of this service category to support ACA, refer to http://hab.hrsa.gov/affordablecareact/outreachenrollment.html.
Housing Services		Short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care. Use of funds for: • Housing that provides some type of medical or supportive services such as residential mental health services, foster care, or assisted living residential services • Housing that does not provide direct medical or supportive services • Housing-related referral services that include assessment, search, placement, advocacy, and the fees associated with them. No use of funds for direct payments to recipients of services for rent or mortgages. Note: A 24-month cumulative cap on short-term and emergency housing assistance has been rescinded pending completion of a comprehensive review of HRSA/HAB housing policy. *Note:* Housing funds cannot be in the form of direct cash payments to recipients and cannot be used for mortgage payments. Permanent living situations are not funded under this service category, for permanent housing options refer to Housing Opportunity for People with HIV/AIDS. As stated in the HAB Policy Notice 11-01. http://hab.hrsa.gov/manageyourgrant/files/policy1101.pdf.pdf
Legal Services		Provided for an HIV-infected person to address legal matters directly necessitated by the individual's HIV status. May include such services as (but not limited to):

		• Preparation of Powers of Attorney and Living Wills • Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under RW. Permanency planning and for an individual or family where the responsible adult is expected to pre-decease a dependent (usually a minor child) due to HIV/AIDS; includes the provision of social service counseling or legal counsel regarding (1) the drafting of wills or delegating powers of attorney, (2) preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption. Excludes: • Criminal defense • Class-action suits unless related to access to services eligible for funding under the RW HIV/AIDS Program.
Linguistic Services		Includes interpretation (oral) and translation (written) services, provided by qualified individuals as a component of HIV service delivery between the provider and client, when such services are necessary to facilitate communication between the provider and client and/or support delivery of RW-eligible services.
Medical Transportation Services		Enables an eligible individual to access HIV-related health and support services, including services needed to maintain the client in HIV medical care, through either direct transportation services or vouchers or tokens. May be provided through: • Contracts with providers of transportation services • Voucher or token systems • Use of volunteer drivers(through programs with insurance and other liability issues specifically addressed) Purchase or lease of organizational vehicles for client transportation programs, provided the grantee receives prior approval for the purchase of a vehicle.
Outreach Services		Identify individuals who do not know their HIV Status and/or individuals who know their status and are not in care and help them to learn their status and enter care. Outreach programs must be: • Planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort • Targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection

		• Targeted to communities or local establishments that are frequented by individuals exhibiting high-risk behavior • Conducted at times and in places where there is a high probability that individuals with HIV infection will be reached • Designed to provide quantified program reporting of activities and results to accommodate local evaluation of effectiveness. *Note:* Outreach services do not include HIV counseling and testing or HIV prevention education. Broad activities such as providing "leaflets at a subway stop" or "a poster at a bus shelter" or "tabling at a health fair" would not meet the intent of the law. As stated in HAB Policy Notice 12-01. http://hab.hrsa.gov/manageyourgrant/pinspals/outreachpolicy2012.pdf For allowable uses of this service category to support ACA, refer to http://hab.hrsa.gov/affordablecareact/outreachenrollment.html.
Psychosocial Services		May include: • Support and counseling activities • Child abuse and neglect counseling • HIV support groups • Pastoral care/counseling • Caregiver support • Bereavement counseling • Nutrition counseling provided by a non-registered dietitian. Refer to PMS, page 37. http://cdphinternet/programs/aids/Documents/HCPPtBProgramMonitoring.pdf Note: Pastoral care / counseling are services that are: • Provided by an institutional pastoral care program (e.g., components of AIDS interfaith networks, separately incorporated pastoral care and counseling centers, components of services provided by a licensed provider, such as a home care or hospice provider). • Provided by a licensed or accredited provider wherever such licensure or accreditation is either required or available. • Available to all individuals eligible to receive RW services, regardless of their religious denominational affiliation. http://hab.hrsa.gov/manageyourgrant/pinspals/eligible1002.html

Referral for Health Care / Supportive Services		The act of directing a client to a service in person or through telephone, written, or other types of communication, including the management of such services where they are not provided as part of Ambulatory/Outpatient Medical Care or Case Management services. May include benefits/entitlement counseling and referral to refer or assist eligible clients to obtain access to other public and private programs for which they may be eligible, e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers' Patient Assistance Programs, and other State or local health care and supportive services. Referrals may be made: • Within the Non-medical Case Management system by professional case managers • Informally through community health workers or support staff • As part of an outreach program For allowable uses of this service category to support ACA, refer to http://hab.hrsa.gov/affordablecareact/outreachenrollment.html.
Rehabilitation Services		Services intended to improve or maintain a client's quality of life and optimal capacity for self-care, provided by a licensed or authorized professional in an outpatient setting in accordance with an individualized plan of care. May include: • Physical and occupational therapy • Speech pathology services • Low-vision training.
Respite Care		Includes non-medical assistance for an HIV-infected client, provided in community or home-based settings and designed to relieve the primary caregiver responsible for the day-to-day care of an adult or minor living with HIV/AIDS. Note: Funds may be used to support informal respite care provided issues of liability are addressed, payment made is reimbursement for actual costs, and no cash payments are made to clients or primary caregivers.

Substance Abuse Treatment Services (residential)		Addresses substance abuse problems (including alcohol and /or legal and illegal drugs) in a short-term residential health service setting. Requirements: • Services to be provided by or under the supervision of a physician or other qualified personnel with appropriate and valid licensure and certification by the State in which the services are provided • Services to be provided in accordance with a treatment plan • Detoxification to be provided in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of a hospital) • Limited acupuncture services permitted with a written referral from the client's primary health care provider, provided by certified or licensed practitioners wherever State certification or licensure exits. *Note:* Funds may not be used for inpatient detoxification in a hospital setting. Substance Abuse Services include limited support of acupuncture services to HIV-positive clients provided the client has received a written referral from his or her primary health care provider, and the service is provided by a certified or licensed practitioner and/or program, wherever the State certification or licensure exists. As stated in HAB Policy Notice 10-02. http://hab.hrsa.gov/manageyourgrant/pinspals/eligible1002.html
Treatment Adherence Counseling		The provision of counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments, provided by non-medical personnel outside of the Medical Case Management and clinical setting.

HRSA Service Categories Tier I (Core Medical Services) and Tier II (Support Services) are available on OA's website, under 'Resources for Care Providers', located at http://www.cdph.ca.gov/programs/aids/Pages/tOACareProviders.aspx.

MAI Allowable Services

The overall goal of the RW Part B MAI program is to improve minority access to HIV/AIDS medications to treat HIV/AIDS and prevent opportunistic infection through the Part B ADAP and as appropriate to other programs providing prescription drug coverage. http://hab.hrsa.gov/affordablecareact/outreachenrollment.html. Allowable service categories under the RW Part B MAI program are Outreach and Treatment Education.

Outreach

Outreach services should be conducted in times and in places where there is a high probability that persons of color and racial minorities with HIV infection will be reached. For the purpose of MAI funding, outreach is defined as those activities typically performed by an outreach worker that results in:

- *Identifying HIV-infected persons of color who have never been in care or who have been lost to HIV medical care;*
- *Removing barriers that have prevented access to HIV medical care; and*
- *Linking HIV-infected individuals to eligibility workers that can get these individuals into care and enrolled in ADAP.*

MAI outreach services do not include routine HIV counseling and testing or HIV prevention education. These services may be provided on a case-by-case basis for a specific MAI client only when the service is necessary to remove a barrier to care for that client.

Activities such as, providing leaflets at an outside public place or a poster at a bus shelter or tabling at a health fair is not allowable under this service category. Early Identification of Individuals with HIV/AIDS (EIIHA) activities can be reported under this service category and/or EIS.

Treatment Education

For the purpose of MAI funding, Treatment Education is defined as providing health education, treatment adherence, and risk reduction information to HIV-infected persons of color. Information includes educating clients living with HIV about local eligibility workers (ADAP) and the importance of treatment adherence.

QUARTERLY NARRATIVE REPORTS

The Quarterly Narrative Report is required and provides an opportunity for Contractors to describe general accomplishments, to raise issues or concerns, and to request any technical assistance and/or training needs and the current form is on the OA website. http://cdphinternet/programs/aids/Pages/HCPForms.aspx

Quarterly Narrative Report due dates, as well as Quarterly Invoicing due dates are provided on the following table:

REPORT PERIODS	DUE DATES
JULY 1 – SEPTEMBER 30	NOVEMBER 15
OCTOBER 1 – DECEMBER 31	FEBRUARY 15
JANUARY 1 – MARCH 31	MAY 15

If the due date falls on a weekend, the Quarterly Narrative Reports are due the following business day.

BUDGETS

The OA uses the HRSA approved State Direct Services Category to allocate Part B funds to LHJs and CBOs. This allows the contractor the maximum flexibility when prioritizing Part B funds.

Budget forms for FFY 2013-14 services must be submitted as instructed in this guidance. Contractors are required to maintain accurate, detailed records of services and expenditures associated with HCP and MAI funds. It may be necessary to estimate the number of clients who are eligible for other programs in order to more accurately estimate budgeted funds for each service category.

Finalized budgets must be submitted electronically to the assigned RW Part B Advisor. Contractors should contact their assigned RW Part B Advisor for assistance and questions regarding this guidance.

Note:

- *MAI allocations, if applicable, are **not** to be combined in the HCP budget and are to be submitted using separate MAI budget forms.*
- *Contractors and Service Providers must consider budgeting for service categories that represent unmet need in their LHJ and assure that Part B funds are used as payer of last resort*

ALLOCATIONS

The Single Allocation Model is an administratively streamlined model for providing care and support funds to local providers. Based on the specific needs, appropriateness, and capacity at the county level, OA contracts with either the county health department or a CBO as the single Contractor in a given LHJ.

BUDGET INSTRUCTIONS AND DEFINITIONS

Affordable Care Act (ACA):
Contractors should consider the impact of the ACA on program services for FFY 2013-14 when developing budgets. Services funded in the past may not need to be funded at the same level as some RW clients will transition to other programs. OA expects Contractors to assess any savings in Outpatient Ambulatory Medical Services and redirect funds to other HRSA allowable Tier I or Tier II categories of services that represent highest need. Please remember budgets for FFY 2013-14 contracts are for nine months as we transition from the State Fiscal Year.

Please adhere to the following definitions when completing the Contractor and Service Provider Budget Documents.

Administrative Costs *(Please refer to the Administrative Costs Allowances Diagram for additional information.)*	The sum of Administrative Personnel, Operating Capital, and Indirect Costs. Contractor and Service Providers cannot exceed **10 percent** of their total allocation without justification and management approval from HCP. **Note:** Please be sure to contact your OA Care Operations Advisor if you would like to request more than 10 percent allocation to Administrative Costs **Note:** A receptionist that assists clients and directs phone inquiries for single or multiple programs is Administrative Personnel and is not to be charged as a service category cost. A receptionist is an Administrative function.
Personnel	Contractor and Service Providers total salaries, wages, benefits, and travel paid to staff providing administrative support and costs associated with staff providing direct client services.

Non-Personnel	Service Providers allowable expenses associated with providing direct client care (supplies, materials, medical equipment, nutritional supplements, lab tests, food, and transportation vouchers, etc.) **Note:** For all non-personnel costs budgeted, include a detailed justification with an itemized list of items included.
Operating Expenses	Contractor and Service Providers Operating Expenses for program operations may include non-personnel costs, office supplies, postage, facilities, telephone, Internet connection, encryption software, minor equipment (unit cost under $5,000), and travel, etc. **Note:** Equipment approved and purchased by OA must be tagged, inventoried annually, and reported annually to OA.
Capital Expenses	Includes computers, printers, and other types of equipment, with a unit cost greater than $5,000. Capital Expenses must be approved by HCP prior to purchase. **Note:** If requesting Capital Expenses, a written justification must be provided that: • Lists the equipment that is being requested; • Explains who will use the equipment and for what purpose; • Explains why it is necessary to purchase the equipment; • Includes a purchase versus lease analysis for "large dollar" items; and • Equipment approved and purchased by OA must be tagged, inventoried annually, and reported annually to OA.

Other Costs	Unique program costs and costs not applicable to any other line item. Other costs include: • Contractor (as the Service Provider) non-personnel client services (i.e., food and transportation vouchers, labs, etc.); and • Needs Assessment costs and all subcontracted client Service Provider costs.
Indirect Expenses	Typical indirect expenses are costs that cannot be assigned to one program. Often this category is used when a Contractor has multiple programs and divides the rent, utilities, janitorial services, payroll accounting, etc., either equally between programs or based on the percentage of time spent on a program. **Note:** Indirect Expenses are limited to **15 percent** of Personnel Expenses. Contractors cannot exceed 15 percent of their total Administrative Personnel and Client Service Providers cannot exceed 15 percent of their personnel.

Below are instructions on how to complete budget documents:

1. Work closely with your RW Part B Advisor to ensure the submitted budget is accurate and will require minimal changes when the final budget is submitted;
2. Complete all budget forms, including filling out all check boxes;
3. Include all contact information including billing address, if it differs from the mailing address;
4. Include the Contractor and Provider DUNS # where indicated;
5. Round all figures to the nearest whole dollar;
6. Provide description/explanation of all **non-personnel** funds to show the activities those funds will be used for;
7. Provide contracted and subcontracted service provider agency locations/addresses where client charts are case managed and screened for eligibility;
8. Submit budget forms to your RW Part B Advisor on or before each specified due date; and
9. Refer to the instructions below to complete the budget documents identified in the corresponding tab on the Excel spreadsheet.

Document Checklist: The Document Checklist (and MAI Document Checklist, if applicable) must be completed by the Contractor to certify that all required budget documents have been accurately completed and submitted in a timely manner as per OA's RW Part B deadlines.

Contractor Agency Location List (when Contractor is also the Service Provider): List all Contractor Agency locations where Contractor provides direct services. If Contractor is a Fiscal Agent only and subcontracts out direct services, indicate Fiscal Agent Not Applicable below. This is required for scheduling annual site visits and completing the annual HRSA RW Services Report (RSR). Identify all Administrative Agency Offices where client charts reside for case management and eligibility screening documentation is included.

Service Provider Agency Location List (Include sub-subcontractors when initial subcontracted Service Provider is a Fiscal Intermediary only): List all subcontracted Service Provider Agency Locations. If Service Provider is a fiscal intermediary only, list all sub-subcontracted Service Provider Agency and locations. This information is required for scheduling annual site visits and completing the annual HRSA RSR. Identify all Administrative Agency Offices where client charts reside for case management and eligibility screening documentation is included.

Contractor Contact Information: The Contractor Contact Information (and MAI Contractor Contact Information) form provides RW Part B program with the Contractor's staff names responsible for daily programmatic and fiscal operations. Notify your assigned RW Part B Advisor of any changes to the Contractor's contact information.

Five Line Item Budget Definitions

All Contractors are required to submit a five line item budget for the duration of the contract term with the understanding that individual line items (budget details) are submitted annually.

Note: Please be sure to use the forms provided with this guidance and note the changes to the Five Line Item Budget Form in the applicable items below.

Personnel Expenses (Salary) Includes LHJ or CBO staff costs, and are the sum of Contractor -Total Administrative Personnel/Salary (Form A), and Contractor's Total Personnel Expenses (Form E)/Salary, if the Contractor is also, listed as a Service Provider. *New Change:* Salaries and Benefits cannot be combined together and must be documented separately as a subset of Personnel.

Note: Please ensure that the **Contractor's Administrative Costs** and the Total Contractor Administrative Budget on Form A under Contractor Administrative Budget Summary, does **not exceed ten percent** of the total administrative allocation.

Operating Expenses: Operating expenses are the Contractor's costs and are the sum of operating costs on Form A and operating costs on Contractor's Form D, if the Contractor is also a Service Provider.

Capital Expenses: Are the Contractor's costs and the sum of capital expenses (Form A) and capital expenses on Contractor's (Form D), if the Contractor is also listed as a Service Provider.

Other Costs: Includes the sum of the total Contractor's needs assessment budget on Form C, any non-personnel client services (e.g., transportation vouchers) on Contractor's Form D, including the total of subcontracted Client Service Provider budgets on Form D.

Note: *New Change:* Contractor Needs Assessments, Non-Personnel client services from Form D, and each subcontracted Client Service Provider budget amounts must be listed as a subset of *Other Costs* to support the total sum of *Other Costs.*

Indirect Costs: Are the Contractor's costs and the sum of Indirect Costs on Form A, and indirect costs on Contractor's Form D, if the Contractor is also listed as a Service Provider.

Budget Detail Forms Definitions

Budget Overview Form: Indicates how the total allocation of funds is distributed between the Contractor and Client Service Provider(s).

1. Enter the budget amounts for Client Service Provider Costs (whether provided by a Contractor and/or subcontracted agency).
2. The Contractor Costs and Needs Assessment Costs fields on the form will automatically update when Forms A and C are completed.
3. The Budget Overview Form must equal the total allocation

Form A - Contractor Administrative Budget Summary: Identifies the Contractor and itemizes expenses. Complete Form A as follows:

1. Complete the Total Administrative Personnel, Operating Expenses, and Indirect Costs;
2. Itemize any Operating Expenses or Indirect Costs;
3. Include a written justification, if using the Capital Expenses line item;
4. Ensure Indirect Costs do not exceed fifteen percent of total Administrative Personnel Expenses;
5. The Total Administrative Personnel Expenses identified on Form A is equal to the sum of the Total Personnel Expenses on Form B; and
6. Ensure total Contractor administrative costs do not exceed ten percent of the total allocation. The ten percent calculation for the Contractors Administrative Budget on Form A will be calculated once the five line item budget form has been completed.

Form B - Contractor Administrative Personnel Detail: Contractor Administrative Personnel Detail identifies the personnel providing administrative services including staff salaries. Complete Form B as follows:

1. Complete Contractor information;
2. Describe the duties of each employee and including justification of job-required travel (e.g., training);
3. Complete either the "Annual Salary" or "Hourly Salary" box and the "Salary paid by this contract" box for each employee;
4. If travel is required, enter the estimated travel expense;
5. Enter the Benefits, if any, for each employee;
6. Make additional copies of this form if there are more than four employees; and
7. The Total Administrative Personnel Costs identified on Form A is equal to the sum of the Total Personnel Expenses on Form B.
8. **Note:** The new highlighted total line on the bottom of the form_separating Total Personnel in to Total Salary and Total Benefits.

Form C - Needs Assessment Detail (not required or applicable for MAI): Contractors are required to conduct a full needs assessment at least once during the nine-month contract period and is required as part of the Service Delivery Plan (SDP).

Note: Form C needs to be completed whether you are conducting the Needs Assessment directly or through a subcontracted agency.

Form C must include the following:

1. Describe the duties of the person conducting the Needs Assessment and include details about any travel associated with the Needs Assessment;
2. Ensure the total Needs Assessment budget does not exceed 5 percent of the total contract allocation;
3. Ensure the contract start date corresponds with the actual date the work begins on the Needs Assessment; and
4. Report the Needs Assessment costs under "Other Costs" on the five line item budget.

Note: A copy of the Needs Assessment must be sent to your RW Part B Advisor within forty-five days of completion. Contractors in Eligible Metropolitan Areas (EMA) or Transitional Grant Areas (TGA) can submit their Planning Council's Comprehensive Plan in lieu of the SDP (and Needs Assessment). The use of RW Part B funds is prohibited for the Needs Assessment when a Comprehensive Plan is submitted.

Form D - Client Service Provider Budget Summary: Provides information regarding the estimated number of clients to be served, the costs of administrative and direct client services, and indirect and operating expenses.

Note: Form D is required for each Client Service Provider, whether services are subcontracted or provided by the Contractor.

Form D must include the following:

1. The Client Service Costs completed with the exact HRSA category as allowable for HCP Tier I Core Medical Services and Tier II Support Services (MAI service categories, if applicable). (Click the drop-down box under Services and select the appropriate category.);
2. Include the personnel and non-personnel amounts for each category (for example, Outpatient/Ambulatory Medical Care may have personnel costs as well as non-personnel costs such as labs;
3. A copy of the policy and tracking method if funding Emergency Financial Assistance;
4. The estimated number of unduplicated clients to be served; and
5. The Administrative Personnel Expense, Operating, Capital, and Indirect Expense categories as instructed in the Definitions for Budget Documents.
6. **Note:** *New column* RW Program Part B – Payer of Last Resort, please describe how part B funds are used as a payer of last resort for this

HRSA Service Category by identifying other funding sources paying for the same service. The explanation must also include the percent Part B funding represents or is being utilized as Payer of Last Resort. *(Ex: If funding OAMC using funds from Part A and B, the description may read funded by Part A and Part B of which Part B funding backfills ten percent of OAMC costs).*

Note: Written justifications, to be approved by RW Part B Advisor, must be provided for the following items:

1. Non-personnel amounts submitted to explain what those amounts are going to be used for;
2. Service Provider's administrative costs exceed ten percent of the Service Provider's allocation;
3. Capital Expense line item is greater than zero (see Definitions for Budget Documents); and
4. Client Service Provider was sole sourced.

Form E - Client Service Provider Personnel Detail: This form provides information on administrative staff and staff that provides services directly to clients. Form E is required for each Client Service Provider, whether services are subcontracted or provided by the Contractor.

Form E must include the following:

1. Describe the duties of each employee;
2. Include details about job-required travel (e.g., client-related travel, training, etc.);
3. Complete two position sections for any staff whose duties are split between Administrative and Direct Client Service and "yes" or "no" under "Is this an administrative position?";
4. Use State's per diem reimbursement rates to estimate travel expenses;
5. Provide "Annual Salary", the "Total FTE" the "Salary paid by this contract", along with "Travel" and "Benefits" (if applicable) for each employee;
6. Enter exact name of HRSA Client Service Category provided by employee (click on the drop-down box next to "HRSA Service Category" and select the appropriate service category or click on "N/A - Administrative Position" for administrative staff); and
7. Make additional copies of this form if there are more than four employees.

8. Note the new highlighted line on the bottom of the form separating Total Personnel in to Total Salary and Total Benefits.

Form F --Service Provider Subcontractor: This form provides information on subcontracted Service Providers who utilize subcontracts to fund other entities to provide RW Part B services. This form must be duplicated and completed for each entity.

Non-Personnel Information: Service Provider Non-Personnel funds provided on Form D and F need to be explained here. Provide an explanation to describe what is included in the Non-Personnel expenses that require RW Part B funds. List services, providers, and allocations in the new column should correspond with Form D.

EIIHA Strategy/Plan: All HCP Contractors are required to submit an EIIHA strategy/plan or written justification.

All EIIHA activities should be reported under EIS and/or Outreach service categories. If the services needed to implement an EIIHA strategy/plan are funded by another source other than HCP, list funding sources associated with each EIIHA activity. Contractors who are able to budget and demonstrate that they are providing EIIHA activities through other funding, such as RW Part A, Part C, and the Centers for Disease Control (CDC) Prevention, may not have to use HCP to budget for EIIHA.

All Contractors should consider the following regarding EIIHA:

- Satisfy EIIHA through CDC's Prevention funding;
- Satisfy EIIHA through HCP in either EIS and/or Outreach;
- Satisfy EIIHA through other RW funding sources such as, Part A, Part C, etc.
- Address how EIIHA activities are being met through HCP within the LHJ by providing an EIIHA strategy/plan; and
- Address why EIIHA activities are not a focus within the LHJ by providing a written justification.

Explanation for not Providing Outpatient/Ambulatory Care with HCP Funs: The explanation must include where clients in your service area are receiving their Outpatient/Ambulatory Care.

Additional Requirements for Contractors receiving RW Part A funds

For contractors that are funded by Part A and Part B and are budgeting for services that are covered by both Part A and B, the Part B budget for the dually funded service must

indicate the percent of funding that Part B represents. Specify the percentage of the award that is Part B and Part A on your submitted Budget Forms - Form D, in the new column named "RW Program Part B - Payer of Last Resort Assessment/Comments."

Make sure that all invoices accurately reflect Part B expenditures and OA receives only Part B invoices. If both Part A and B funds are used to fund the same service for the same patient population, you need to implement a formula to draw down both Part A and Part B funds at the same time. The percentage of funds that are expended by Part B should be based on the percentage of Part B funds allocated for the entire service category.

Note: OA recommends contractors funded by Part A and Part B to budget separate services, and only use Part B funding for services not covered by Part A. Additionally, Part B administrative funds should only be used to cover any additional administrative costs which are not covered by the Part A; administrative Part A and Part B funds need to be tracked and reported separately.

Line Item Shifts and Budget Revisions

Contractors should continuously assess their budgets and shift money based on expenditures and need. Line Item Shifts and Budget Revisions can occur quarterly to assist Contractors in moving funds to accommodate the service needs of their LHJs.

Line Item Shifts (five line budget): Contractors are allowed line item shifts up to **fifteen percent** if it does not increase or decrease the annual contract total amount. Additionally, Contractors are allowed to revise dollar amounts, personnel, service categories, and service provider information as needed. In order to make a line item shift and/or budget revision, the Contractors are required to submit required budget documents to their RW Part B Advisor.

Budget Revisions (service categories): Service Provider subcontracted dollar amounts are reported in the "Other Costs" line item and, therefore, are not considered line item changes. Service Providers that are subcontracted must notify the Contractor of any budget shifts or changes in services, allocations, and/or personnel. It is the responsibility of the Contractor to notify their assigned OA RW Part B Advisor, and provide a revised budget packet, before the budget revisions can be implemented.

Note:

- *The revised budget packet must include all previously approved Budget Forms and required changes should be in different color for easy identification, showing each line item that has been impacted, a revised Summary Tracking form, and a justification for the revision.*
- *Changes, additions, and/or deletions of Service Providers and/or of any Personnel must also be submitted as a budget revision to your assigned RW*

Part B Advisor. This information will be used to update the services for each provider's RW "contract" in the AIDS Regional Information and Evaluation System (ARIES).

- *ARIES contracts must mirror the most recent budgets so that providers collect and report their funded services on their annual RSR.*

INVOICE SUBMITTAL REQUIREMENTS

Contractors must submit invoices for reimbursement of expenses incurred on a monthly or quarterly basis. Invoices must be based on actual expenses incurred within the month/quarter specified, and the expenses claimed must be from the approved budget.

Signed electronic PDF copies of invoices are due to RW Fiscal Analyst, Ivo.Klemes@cdph.ca.gov, **forty-five days** following the end of each billing period. When submitting invoices to OA, contractors are required to include the HCP or MAI Summary Tracking Form which provides data required by HRSA for OA reporting.

Note: Information from the HCP Financial Report is now reported in HCP Summary Tracking. Therefore, separate Quarterly Financial Reports for HCP and MAI are no longer required.

COMPLIANCE PERFORMANCE MONITORING

The goal of contract monitoring is to ensure compliance with State and Federal programmatic and fiscal requirements. OA is committed to providing technical assistance to Contractors and Service Providers to ensure continued compliance to monitoring requirements.

In 2011, HRSA implemented National Monitoring Standards (NMS) for performance measures. The NMS is designed to help RW Part B Program meet federal requirements for program and fiscal management, monitoring, and reporting to improve program efficiency and responsiveness.

The requirements set forth have been consolidated into a single monitoring tool that provides direction and advice to HCP and MAI Contractors for monitoring both their own work and the performance of Service Providers. Contractors who subcontract out some or all services to other providers are required to monitor the performance of their subcontractors / service providers for compliance in accordance with this guidance and the NMS. Contractors are to use the OA monitoring tool when completing annual site visits of their subcontractors / service providers and have documented results available for the RW Part B Advisor during the annual Contractor site visit.

NATIONAL MONITORING STANDARDS (NMS)

Implementing HRSA's NMS is a process comprised of a set of systems that address all monitoring components of the HRSA standards including, but are not limited to:

a. *Fiscal Monitoring:* A system to assess the appropriate use of funds including the control, disbursement, use and reporting of allowable costs; and

b. *Program Monitoring:* A system to assess whether allowable services are provided to eligible clients according to service limits. Program monitoring may include reviewing program reports, conducting site visits, and reviewing client records or charts.

The NMS consolidate existing HRSA/HAB requirements for program and fiscal management and oversight based on federal law, regulations, policies, and guidance documents.

OA implementation process of the NMS includes a variety of contract monitoring methods to include audit reviews, desk audits, and site visits. Infrastructures around site visit preparations, chart reviews, and six-month re-certifications have been developed in accordance with the HRSA NMS. HCP and MAI Contractor/Service Provider

requirements set forth by HRSA are available on OA's website. http://www.cdph.ca.gov/programs/aids/Pages/HCPNatlMonitoringStds.aspx

Contractors are required to provide any needed assistance to the State in carrying out its monitoring activities, including, but not limited to making available all records, materials, data information, and appropriate staff to authorized State and/or Federal representatives.

On-going program monitoring will also be conducted by evaluating progress towards the objectives described in the scope of work (SOW). Additional information will be forthcoming regarding the requirements to submit SOW progress reports. For additional information on SOW, refer to Section 2.

MONITORING PROCESS

OA monitors HCP and MAI Contractor/Service Providers through a variety of methods. OA continuously reviews and monitors fiscal, programmatic, and administrative performance through Contractor and Service Provider budgets, invoices, narrative reports, fiscal reports, site visit activities, audit reports, SDPs, and needs assessments.

Note: Contractors who subcontract out any or all required services to other entities are responsible for monitoring their subcontractors, including site visits. Contractors must ensure they monitor for all components as outlined in the HRSA Program and Fiscal NMS found on the OA website at http://cdphinternet/programs/aids/Pages/HCPNatlMonitoringStds.aspx.

OA utilizes several data reports and tools generated from ARIES that assist in regular monitoring of Contractor and provider compliance and include:

1. Data Monitoring and Evaluation Report - Summarizes key data elements for the RW Part B clients the provider served during the FY. The selected data elements include: proof of HIV diagnosis, insurance status, federal poverty level, "share" status and consent, estimated and actual number of clients served by service category. The report identifies areas that need improvement.
2. RW Part B Chart Selection Report - A tool to provide a random list of clients who received at least one RW Part B service in the FY being monitored. Contractors are required to generate the list from ARIES, and have the charts available, in preparation for annual site visits which will be used by RW Part B Advisor (or MAI Health Specialist) when conducting chart reviews.

3. Client Chart Review – RW Part B Advisors (or MAI Health Specialists) review the charts for required documentation and verification of eligibility that includes: client name, intake information, proof of HIV status, selected forms (e.g., ARIES Share Consent form, client rights, grievance procedures, etc.), financial status (e.g., proof of income, employment, payer of last resort, etc.). Time required to review each chart depends on the chart complexity and organization.

Site Visit Overview

The purpose of the on-site visit is to verify contractual compliance with the HRSA program and fiscal NMS and to provide needed technical assistance. Site visits and other monitoring activities will occur during the current grant year between April 1 and March 31. The RW Part B Advisor will contact each Contractor to schedule a site visit for monitoring of prior Funding Year records and performance. During the site visit, the RW Part B Advisor reviews fiscal and programmatic information to ensure compliance with all applicable State and Federal requirements. HCP and MAI Contractors/Service Providers are required to have fiscal policies and procedures that address the following:

- *Tracking and monitoring of services ordered, billed, and delivered;*
- *Tracking of Administrative costs to ensure ten percent cap is not exceeded;*
- *Identification of expenditures by HRSA's defined service categories;*
- *Tracking of food and transportation expenditures by client, date, and amount;*
- *Determining if any subcontractor, whether and individual or agency, has been disbarred or ineligible prior to subcontracting.*
- *HCP and MAI Contractor/Service Providers are required to maintain adequate documentation to support the appropriateness of expenditures incurred under the terms of the contract; and*
- *Submit timely invoices with appropriate documentation for reimbursement.*

Site Visit Scheduling Process

OA utilizes the following process to schedule site visits. HCP and MAI Contractors and Service Providers are required to work with OA to manage and adhere to the process below as much as possible. OA is responsible to ensure all HCP and MAI Contractors receive a site visit annually and will provide technical assistance to Contractors to

ensure the monitoring of Service Providers within their LHJ is compliant with the HRSA NMS.

The site visit process timeline is outlined below:

INITIAL NOTIFICATION	60 days
ENTRANCE LETTER	45 days
CONTRACT REVIEW (OA in-house)	30 days
SITE VISIT MONITORING (on-site)	SCHEDULE DATE
REPORT COMPLETE or CAP REQUESTED	30 days
CAP REPORT DUE	30 days
CAP APPROVAL/FILE UPDATE	60 days

Site Visit Corrective Action Plans (CAP)

RW Part B Advisors require Contractors to develop and implement a CAP to address deficiencies found during the site visit monitoring and chart review process. The CAP is due 30 days after receiving a completed site monitoring report from OA. RW Part B Advisors will follow up to ensure that the CAP has been implemented.

HCP AND MAI ANNUAL AUDITS

HCP and MAI Contractors and Service Providers are required to be audited annually by an independent auditor as part of an organization wide audit and receive an A-133 Audit Report or an Audited Financial Statement which applies to the following:

- *Financial operations are properly conducted;*
- *Financial reports are fairly presented;*
- *The HCP and MAI Contractor/Service Provider(s) complied with all applicable laws, regulations, and administrative requirements that affect the expenditure of RW Part B funds.*

Local government audits are submitted directly to the State Controller's Office. Because our federal grantee may request electronic copies of all the audits at any time, the RW Part B Fiscal Analyst (FA) collects electronic copies of all annual audits to keep on record.

OA contracts are audited annually by the State Audits and Investigations (A&I) Branch of the California Department of Health Care Services. A&I performs general or targeted financial and/or programmatic reviews of all OA Contracts and Service Providers at least once during the contract term. New Contractors are initially audited after completing the first contract year.

Note: The monitoring and CAP processes above help to ensure local HCP and MAI providers comply with the contract and SOW to minimize potential fiscal findings and recovery reports by A&I.

A-133 and Independent Financial Statement Audits

The table below provides an overview of the A-133 and Financial Statement Requirements:

Item	A-133 Audits	Financial Statement
Requirements	Each private non-profit HCP/MAI contractor/subcontractor that expends over $500,000 annually in total federal awards is required to complete an A-133 Single Annual audit. The HCP/MAI Contractor/Service Provider must obtain an annual single, organization wide, financial and compliance audit according to the requirements specified in OMB Circular A-133. The A-133 is an independent audit that determines if funds are expended for allowable costs, expenditures are in accordance with program objectives, and internal controls are in place.	The Financial Statement audit is an independent annual financial audit conducted for private non-profit HCP/MAI contractors/subcontractor. As defined by Health and Safety Code Sections 38040 and 38041, if a private non-profit local agency under a State of California direct service contract, received less than $500,000 in total federal monies, the HCP/MAI provider is required to complete only the Financial Statement audit, rather than an A-133 Single Annual audit. The HCP/MAI Contractor must obtain an annual (biennial if less than $25,000 in federal funds), organization wide, financial and compliance audit.
Due Date and Submission	Electronic PDF copy of the A-133 audit report is due to HCP/MAI FA within 30 days after the completion of the audit but no later than the end of the ninth month following the end of the HCP/MAI Contractor/Service Provider's fiscal year.	Electronic PDF copy of the Financial Statement audit must be e-mailed to HCPB/MAI FA within 30 days of completion of the audit but no later than five (5) months and 15 days of the HCP and MAI Contractor/Service Provider's fiscal year end.
Audit Contents	The A-133 Single Audit report submitted by the HCP/MAI agency should include these minimum components: • Independent auditor's opinion stating that the audit was conducted in accordance with the provisions of OMB Circular A-133 and in accordance with Generally Accepted	The Financial Statement audit, at a minimum, must include: • Independent auditor's opinion stating that the audit was conducted in accordance with Generally Accepted Government Auditing Standards (GAGAS). • Audited Financial Statements. • Note accompanying the Financial Statements.

Item	A-133 Audits	Financial Statement
	Government Auditing Standards (GAGAS). • Audited financial statements. • Schedule of expenditures of federal awards and opinion thereon. • Report regarding the internal controls over compliance with laws and regulations and provisions of contracts or agreements that could have direct and material effect on the federal program. • Schedule of findings and questioned costs. • Auditee's corrective action plans (if any). • Summary schedule for prior audit findings which includes planned and completed corrective actions (if any).	• Separate report in accordance with GAGAS.
Tracking and Review	The HCP/MAI FA tracks all audits received and follows up for delinquent submittals. If the audit is not received within 30 days of the due date, an electronic "late" reminder is sent to the HCP/MAI contractor's Program and Fiscal Contact. Electronic reminders are sent every 30 days until the audit is received.	The HCP/MAI FA tracks all audits received and follows up for delinquent submittals. If the audit is not received within 30 days of the due date, an electronic "late" reminder is sent to the HCP/MAI contractor's Program and Fiscal Contact. Electronic reminders are sent every 30 days until the audit is received.
Received Audits	The HCP/MAI FA has 30 days to complete the review of the contractors'/CBO audit report and issue an electronic memo of compliance or deficiency. An electronic copy of the memo is kept with the electronic copy of the audit report. Contractor and Subcontractor audits are reviewed internally by the OA RW Part B Fiscal Analyst.	The HCP/MA FA has 30 days to complete the review of the contractor's/CBO audit report and issue an electronic memo of compliance or deficiency. An electronic copy of the memo is kept with the electronic copy of the audit report. Contractor and Subcontractor audits are reviewed internally by the RW Part B Fiscal Analyst.

Deficient Audits	The A-133 audit submitted without the minimum components is a deficient report. When required components are missing from an audit report, RW Part B Advisor sends an e-mail to the HCP/MAI contractor identifying the deficient items.	The Financial Statement audit submitted without the minimum components is a deficient report.
Disclosures	The RW Part B Fiscal Analyst and RW Part B Advisor may look for disclosures in the A-133 audit that cite any of the following: 1) ongoing concerns/problems; 2) unresolved legal issues; 3) questioned costs; 4) financial hardship; 5) lack of compliance with contracts, laws or regulations; 6) ineffective internal control measures and; 7) control board turnover.	N/A
Corrective Action Plan (CAP) Request and Response	When there are deficiencies or findings needing correction, the RW Part B Advisor will e-mail the HCP/MAI contractor requesting a Corrective Action Plan (CAP). The HCP/MAI contractor must send a written CAP to the RW Part B Advisor within 30 days, indicating how the finding(s) will be addressed (if a copy of the CAP was not included with the submission of the audit). The HCP/MAI Fiscal Analyst keeps track of the CAP and the RW Part B Advisor monitors compliance to the CAP during yearly monitoring site visit.	When there are deficiencies or findings needing correction, the RW Part B Advisor will e-mail to the HCP/MAI Contractor requesting a Corrective Action Plan (CAP). The HCP/MAI contractor must send a written CAP to OA within 30 days, indicating how the finding(s) will be addressed. The HCP/MAI Fiscal Analyst keeps tracking of the CAP and the RW Part B Advisor monitors compliance to the CAP during yearly monitoring site visit.

RESOURCES

The Resource section provides quick and easy access via links to HIV/AIDS organizations, programs and services. The section provides a list of commonly used acronyms and reference website links contained within this document for Funding Year 2013-2014.

If you require further clarification or technical assistance, contact your RW Part B Advisor listed on the OA website at:

http://cdphinternet/programs/aids/Documents/11MAD3cCareAdvisors.pdf]

Pacific AIDS Education Center	http://paetc.org/main/
California HIV/AIDS Service Referral	http://www.cdcnpin.org/ca/
California Statewide Training and Education Program (CSTEP)	http://www.apiwellness.org/cstep.html.
California STD/ HIV Prevention Training Center (CA PTC)	http://www.stdhivtraining.org/
HAB	http://www.hrsa.gov/about/organization/bureaus/hab/index.html
HAB Performance Measures	www.Hab.hrsa.gov/deliverhivaidscare/habperformmeasure.html
HRSA Manage Your Grant	http://hab.hrsa.gov/manageyourgrant/policiesletters.html
HRSA Quality Improvement Tools	www.hrsa.gov/quality/toolsresources.html
Low Income Health Plan (LIHP)	http://cdphinternet/programs/aids/Pages/OARyanWhiteDHCSLowIncomeHealthProgram.aspx
National Monitoring	http://cdphinternet/programs/aids/Pages/HCPNatlMonitoringStds

Standards	.aspx
Needs Assessment Summary	www.cdph.ca.gov/programs/aids/Pages/tOAHCPSDPsp.aspx
OA	http://cdphinternet/programs/AIDS/Pages/Default.aspx
RW Part B Advisors	http://cdphinternet/programs/aids/Documents/11MAD3cCareAdvisors.pdf
OA HCP Providers	www.cdph.ca.gov/programs/aids/Pages/OACareProviders.aspx
Pacific AIDS Education and Training Center (PAETC)	http://paetc.org/main/http://www.paetc.org/main/
Quarterly Narrative Reports (link includes all report forms)	http://cdphinternet/programs/aids/Pages/HCPForms.aspx
Service Delivery Plan (SDP)	http://www.cdph.ca.gov/programs/aids/Pages/tOAHCPSDPsp.aspx
The National HIV Telephone Consultation Service (Warmline)	http://www.nccc.ucsf.edu/about_nccc/warmline/

ACRONYMS

AETC	AIDS Education and Training Centers Program
API	Asian and Pacific Islander Wellness Center
ADAP	AIDS Drug Assistance Program
ARIES	AIDS Regional Information and Evaluation System
ARV	Antiretroviral (Therapy)
CARE	Comprehensive AIDS Resources Emergency Act
CBO	Community Based Organization
CQM	Clinical Quality Management
CSTEP	California Statewide Training Education Program
DHCS	Department of Health Care Services
EIIHA	Early Identification of Individuals with HIV/AIDS
EIS	Early Intervention Services
EMR	Electronic Medical Record
FA	Fiscal Agent
FPL	Federal Poverty Level
HAB	HIV/AIDS Bureau
HCC	Health Care Coverage Initiative
HCR	Health Care Reform
HHS	Health and Human Services (Agency)
HIPAA	Health Insurance Portability and Accountability Act
HIS	Indian Health Services
HOPWA	Housing Opportunity for Persons with AIDS
HRSA	Health Resources and Services Administration

LHJ	Local Health Jurisdiction
LIHP	Low Income Health Program
LTC	Linkage to Care
MAI	Minority AIDS Initiative
MCE	Medicaid Coverage Expansion
MM	Management Memos
NHAS	National HIV/AIDS Strategy
OA	Office of AIDS
QM	Quality Management
RSR	Ryan White HIV/AIDS Program Services Report
RW Part B	Ryan White, Part B
SDP	Service Delivery Plan
SFS	Sliding Fee Scale
SOW	Scope of Work
SPNS	Special Projects of National Significance Program
TGA	Transitional Grant Areas
VA	Veteran's Administration
WICY	Women, Infants, Children, and Youth

Exhibit C HIV Care Program FORM D - *Client Service Provider Budget Summary*

Contractor and Contract Number:

Monterey County Health Department and ASN

RW Year

2016-2017

Service Provider Information	
Service Provider's Name and DUNS#	**Bid Status (place x in one)**
Access Support Network (DUNS# 828159475)	☐ Sole Source (Attach Justification) ☐ Competitive Bid Not applicable for OA Contractors.
Contact Person	**Title**
David Kilburn	Executive Director
Mailing Address	**Telephone Number**
P.O. Box 12158 San Luis Obispo, CA 93406	805-781-3660
E-Mail Address	**Fax Number**
dkilburn@asn.org	805-781-3664
Website Address (if any)	**Federal Taxpayer Identification Number**
www.asn.org	77-0205717
Do members of minority racial/ethnic groups constitute a majority of Board members and/or a majority of staff (volunteer or paid) providing care? (place x in one) ☐ Yes ☒ No	**Ownership Status (place x in one)** ☒ Private/Non Profit ☐ Public/Local ☐ Private/For Profit ☐ Public/State ☐ Incorporated ☐ Public/Federal

Client Service Costs					
Services *NOTE: The exact HCP category name(s) for allowable core and support services must be used here. Use drop down list*	**Personnel Costs**	**Non-Personnel Costs** *(Also use Non-Personnel Justification Form)*	**Estimated Clients Served**	**Payer of Last Resort Assessment/Comments** *NOTE: Please include other funding sources (Part A, B, C, D, ADAP, HOPWA, Medi-Cal, LIHP, CDC etc.) and comments based on issues/concerns regarding funding sources. If Part A funds are used, specify the portion/% of the award that is Part B and the portion that is Part A.*	**Budgeted Amount**
Health Insurance Premium and Cost Sharing Assistance	$0	$4,924	10	ADAP, MediCal, OA HIPP	$4,924
Medical Transportation Services	$0	$20,610	75	HOPWA, Part B is payer of last resort	$20,610
Food Bank/Home Delivered Meals	$0	$26,450	45	Community Food Bank referrals (no funds), Part B is last resort	$26,450
Housing Services	$42,225	$51,522	15	HOPWA	$93,747
Case Management (non-medical)	$59,415		85	HOPWA (Housing Case Management and Life Skills Case Management), Part B	$59,415
					$0
					$0
Totals	**$101,640**	**$103,506**		**Total Services**	**$205,146**
				Total Administrative Personnel	**$11,620**
Operating Expenses					
				Total Operating	**$0**
Capital Expenditures					
Indirect Costs				Office Rent	$4,250
				Utilities	$800
				Total Indirect *(cannot exceed 15% of Client Service Provider Total Personnel Expenses)*	**$5,050**
				Total Administrative Costs *Total of Contractor and Subcontractor(s) Administrative Costs can't exceed 10% of total allocation*	$16,670 7.5%
				Total Service Provider Budget	**$221,816**

Exhibit C HIV Care Program FORM D - *Client Service Provider Budget Summary*

Contractor and Contract Number:

Monterey County Health Department and ASN

RW Year

2017-2018

Service Provider Information	
Service Provider's Name and DUNS#	**Bid Status (place x in one)**
Access Support Network (DUNS# 828159475)	☐ Sole Source (Attach Justification) ☐ Competitive Bid Not applicable for OA Contractors.
Contact Person	**Title**
David Kilburn	Executive Director
Mailing Address	**Telephone Number**
P.O. Box 12158 San Luis Obispo, CA 93406	805-781-3660
E-Mail Address	**Fax Number**
dkilburn@asn.org	805-781-3664
Website Address (if any)	**Federal Taxpayer Identification Number**
www.asn.org	77-0205717
Do members of minority racial/ethnic groups constitute a majority of Board members and/or a majority of staff (volunteer or paid) providing care? (place x in one) ☐ Yes ☒ No	**Ownership Status (place x in one)** ☒ Private/Non Profit ☐ Public/Local ☐ Private/For Profit ☐ Public/State ☐ Incorporated ☐ Public/Federal

Client Service Costs					
Services *NOTE: The exact HCP category name(s) for allowable core and support services must be used here. Use drop down list*	**Personnel Costs**	**Non-Personnel Costs** *(Also use Non-Personnel Justification Form)*	**Estimated Clients Served**	**Payer of Last Resort Assessment/Comments** *NOTE: Please include other funding sources (Part A, B, C, D, ADAP, HOPWA, Medi-Cal, LIHP, CDC etc.) and comments based on issues/concerns regarding funding sources. If Part A funds are used, specify the portion/% of the award that is Part B and the portion that is Part A.*	**Budgeted Amount**
Health Insurance Premium and Cost Sharing Assistance	$0	$4,000	10	ADAP, Medi-Cal, OA HIPP	$4,000
Housing Services	$12,837	$7,650	10	HOPWA	$20,487
Case Management (non-medical)	$12,838		85	HOPWA, Part B	$12,838
					$0
					$0
Totals	**$25,675**	**$11,650**		**Total Services**	**$37,325**
				Total Administrative Personnel	**$2,675**
Operating Expenses					
				Total Operating	**$0**
Capital Expenditures					
Indirect Costs					
				Total Indirect *(cannot exceed 15% of Client Service Provider Total Personnel Expenses)*	**$0**
				Total Administrative Costs	$2,675
				Total of Contractor and Subcontractor(s) Administrative Costs can't exceed 10% of total allocation	6.7%
				Total Service Provider Budget	**$40,000**

Exhibit C HIV Care Program FORM D - *Client Service Provider Budget Summary*

Contractor and Contract Number:

Monterey County Health Department and ASN

RW Year

2018-2019

Service Provider Information	
Service Provider's Name and DUNS#	**Bid Status (place x in one)**
Access Support Network (DUNS# 828159475)	☐ Sole Source (Attach Justification) ☐ Competitive Bid Not applicable for OA Contractors.
Contact Person	**Title**
David Kilburn	Executive Director
Mailing Address	**Telephone Number**
P.O. Box 12158 San Luis Obispo, CA 93406	805-781-3660
E-Mail Address	**Fax Number**
dkilburn@asn.org	805-781-3664
Website Address (if any)	**Federal Taxpayer Identification Number**
www.asn.org	77-0205717
Do members of minority racial/ethnic groups constitute a majority of Board members and/or a majority of staff (volunteer or paid) providing care? (place x in one) ☐ Yes ☒ No	**Ownership Status (place x in one)** ☒ Private/Non Profit ☐ Public/Local ☐ Private/For Profit ☐ Public/State ☐ Incorporated ☐ Public/Federal

Client Service Costs			Estimated Clients Served	Payer of Last Resort Assessment/Comments *NOTE: Please include other funding sources (Part A, B, C, D, ADAP, HOPWA, Medi-Cal, LIHP, CDC etc.) and comments based on issues/concerns regarding funding sources. If Part A funds are used, specify the portion/% of the award that is Part B and the portion that is Part A.*	Budgeted Amount
Services *NOTE: The exact HCP category name(s) for allowable core and support services must be used here. Use drop down list*	**Personnel Costs**	**Non-Personnel Costs** *(Also use Non-Personnel Justification Form)*			
Health Insurance Premium and Cost Sharing Assistance	$0	$4,000	10	ADAP, OA HIPP, MediCal	$4,000
Housing Services	$12,837	$7,650	10	HOPWA	$20,487
Case Management (non-medical)	$12,838		85	HOPWA, Part B as last resort	$12,838
					$0
					$0
Totals	**$25,675**	**$11,650**		**Total Services**	**$37,325**
				Total Administrative Personnel	**$2,675**
Operating Expenses					
				Total Operating	**$0**
Capital Expenditures					
Indirect Costs					
				Total Indirect *(cannot exceed 15% of Client Service Provider Total Personnel Expenses)*	**$0**
				Total Administrative Costs	$2,675
				Total of Contractor and Subcontractor(s) Administrative Costs can't exceed 10% of total allocation	6.7%
				Total Service Provider Budget	**$40,000**

HIV Care Program Narrative Report

Contractor Name:
Contract Number:

Completed by:
Date Completed:

1. **Check One:**
   - ☐ First Quarter – Report Period September 1 to December 31 – Due January 20
   - ☐ Second Quarter–Report Period January 1 to March 31 – Due April 20
   - ☐ Third Quarter – Report Period April 1 to June 30 – Due July 20
   - ☐ Fourth Quarter – Report Period July 1 to September 30 – Due October 20

2. **Briefly describe the program(s) / service(s) funded with HCP funds.**

3. **Briefly describe any accomplishments with the program(s).**

3. **Describe any issues or concerns with the program(s) / services funded in your county/region.**

4. **Do you or your service providers require any technical assistance? If so, what type of technical assistance is needed (e.g., topics), in what form (e.g., phone consultation, on-site orientation, training, meeting facilitation, written materials), and what type of expertise?**

Exhibit E: HIV Care Program (HCP) Invoice Expenditure Detail
Contractor: Access Support Network
Address: PO Box 12158
City: San Luis Obispo, CA 93406

Contact Person: David Kilburn, Executive Director

Contract No.: HIV Care Revision #3
FY16-17
County: Monterey County

Service Period: _____

Provided Services by HRSA Category	Number of Clients Served Current Invoice Period	Total Allocated		Expenditures This Invoice Period		Expenditures To Date		Remaining Balance	
		Personnel Costs	Non-Personnel Costs	Personnel Costs	Non-Personnel Costs	Personnel Costs	Non-Personnel Costs	Personnel Costs	Non-Personnel Costs
Outpatient/Ambulatory Medical Care		$ -	$ -					$ -	$ -
Oral Health Care		$ -	$ -					$ -	$ -
Outreach Services		$ -	$ -					$ -	$ -
Mental Health Services		$ -	$ -					$ -	$ -
Substance Abuse Services		$ -	$ -					$ -	$ -
Emergency Financial Assistance		$ -	$ -					$ -	$ -
Early Intervention Services (EIS)		$ -	$ -					$ -	$ -
Health Insurance Premium and Cost Sharing Assistance		$ -	$ 4,924.00					$ -	$ 4,924.00
Case Management (non-medical)		$ 59,415.00						$ 59,415.00	$ -
Food Bank/Home Delivered Meals		$ -	$ 26,450.00					$ -	$ 26,450.00
Housing Services		$ 42,225.00	$ 51,522.00					$ 42,225.00	$ 51,522.00
Medical Transportation Services		$ -	$ 20,610.00					$ -	$ 20,610.00
Subtotal Expenditures by Service Category		**$ 101,640.00**	**$ 103,506.00**					**$ 101,640.00**	**$ 103,506.00**
Additional Costs									
Personnel - Administrative Costs		$ 11,620.00	$ -					$ 11,620.00	$ -
Operating Expenses		$ -	$ -					$ -	$ -
Indirect Costs		$ -	$ 5,050.00					$ -	$ 5,050.00
Subtotal Additional Costs		**$ 11,620.00**	**$ 5,050.00**					$ 11,620.00	$ 5,050.00
Total		**$ 113,260.00**	**$ 108,556.00**					**$ 113,260.00**	**$ 108,556.00**

Signature: _____

Date: _____

Exhibit E: HIV Care Program (HCP) Invoice Expenditure Detail
Contractor: Access Support Network
Address: PO Box 12158
City: San Luis Obispo, CA 93406

Contact Person: David Kilburn, Executive Director

Contract No.: HIV Care Ammendment
FY17-18
County: Monterey County

Service Period: _____

Provided Services by HRSA Category	Number of Clients Served Current Invoice Period	Total Allocated		Expenditures This Invoice Period	
		Personnel Costs	Non-Personnel Costs	Personnel Costs	Non-Personnel Costs
Early Intervention Services (EIS)		$ -	$ -		
Health Insurance Premium and Cost Sharing Assistance		$ -	$ 4,000.00		
Case Management (non-medical)		$ 12,838.00	$ -		
Food Bank/Home Delivered Meals		$ -	$ -		
Housing Services		$ 12,837.00	$ 7,650.00		
Medical Transportation Services		$ -	$ -		
Subtotal Expenditures by Service Category		**$ 25,675.00**	**$ 11,650.00**		
Additional Costs					
Personnel - Administrative Costs		$ 2,675.00	$ -		
Operating Expenses		$ -	$ -		
Indirect Costs		$ -	$ -		
Subtotal Additional Costs		**$ 2,675.00**	**$ -**		
Total		**$ 28,350.00**	**$ 11,650.00**		

Signature: _____

Date: _____

Exhibit E: HIV Care Program (HCP) Invoice Expenditure Detail
Contractor: Access Support Network
Address: PO Box 12158
City: San Luis Obispo, CA 93406

Contact Person: David Kilburn, Executive Director

Contract No.: HIV Care Ammendment
FY18-19
County: Monterey County

Service Period: _____

Provided Services by HRSA Category	Number of Clients Served Current Invoice Period	Total Allocated		Expenditures This Invoice Period	
		Personnel Costs	Non-Personnel Costs	Personnel Costs	Non-Personnel Costs
Early Intervention Services (EIS)		$ -	$ -		
Health Insurance Premium and Cost Sharing Assistance		$ -	$ 4,000.00		
Case Management (non-medical)		$ 12,838.00	$ -		
Food Bank/Home Delivered Meals		$ -	$ -		
Housing Services		$ 12,837.00	$ 7,650.00		
Medical Transportation Services		$ -	$ -		
Subtotal Expenditures by Service Category		**$ 25,675.00**	**$ 11,650.00**		
Additional Costs					
Personnel - Administrative Costs		$ 2,675.00	$ -		
Operating Expenses		$ -	$ -		
Indirect Costs		$ -	$ -		
Subtotal Additional Costs		**$ 2,675.00**	**$ -**		
Total		**$ 28,350.00**	**$ 11,650.00**		

Signature: _____

Date: _____