

**Office of AIDS
HIV Care Program
Program and Budget Guidance for
Fiscal Years 2010 – 2013**

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[HIV Care Program Website](#)



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INTRODUCTION

Your Local Health Jurisdiction's (LHJ) Master Agreement (MA) contract will begin July 1, 2010 and end June 30, 2013. The MA will include, as an exhibit, the Memorandum of Understanding (MOU) for the HIV Care Program. In order to prepare the HIV Care Program MOU, OA needs budget information for your LHJ. At this time, we need budget summaries for each of the three years of the MOU and budget detail for year 1 (FY 2010/11). Budget detail for years 2 and 3 will be requested prior to the beginning of each of those years. OA is requesting that each LHJ submit the documents described in this document, beginning on page 16.

Services are funded by the Health Resources and Services Administration's (HRSA) Ryan White Part B Grant, CFDA # 93.917. The goal of funding for the HIV Care Program (HCP) is to increase access to, and engagement in, HIV/AIDS medical care, treatment and supportive services for HIV positive individuals. This goal is achieved by providing funding for HRSA eligible services in a two tiered approach that ensures primary medical care is prioritized.

HCP uses the HRSA approved State Direct Services Category to allocate Part B funds to local health departments and community based organizations (CBO). This allows the contractor the maximum flexibility allowable when distributing Part B funds. HCP contractors are required to have a process in place to ensure that there is community input received when determining the needs of the community and the distribution of funding. This goal can be achieved through the use of a formal or informal planning process.

Single Allocation Model (SAM)

SAM is an administratively streamlined model for providing HCP's care and support funding to local providers by contracting with a single Contractor. Based on the specific needs, appropriateness and capacity at the county level, HCP has contracted with either the local health department or a CBO, as the single Contractor in a given jurisdiction.

Ryan White HIV/AIDS Program Minority AIDS Initiative (MAI) funds are allocated to designated LHJs for MAI Outreach and Treatment Education. MAI Program and Budget Guidelines will be sent separately to those jurisdictions receiving MAI funds.

HIV Care Program (HCP)

HCP is a two-tiered approach to service prioritization and delivery and is based upon the HRSA-defined service categories.

1. **Tier One:** *Outpatient/Ambulatory Medical Care.* This service must be provided to all clients whether paid for with HCP funds or other funding sources before Tier Two services can be offered through HCP.
2. **Tier Two:** Tier two services are the remaining HRSA defined service categories listed below. These categories support access to and maintenance in Tier One care, and reduce treatment failure risk.

Eligibility for specific services will be determined at the local level by agency staff.

TIER ONE AND TIER TWO SERVICE CATEGORY DEFINITIONS

The service category definitions have been updated according to the HIV/AIDS Bureau Policy Notice 10-02 issued on April 8, 2010. [Click here](#) to view the notice.

Tier One Services	
Outpatient/Ambulatory Medical Care	Includes the provision of professional diagnostic and therapeutic services rendered by a physician, physician’s assistant, clinical nurse specialist, nurse practitioner or other health care professional who is certified in their jurisdiction to prescribe Antiretroviral (ARV) therapy in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not considered outpatient settings. 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 medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service’s (PHS) guidelines. Such care must include access to ARV and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination ARV therapies.

Tier Two Services

Medical Case Management Services (including treatment adherence)

Medical case management services must be provided by trained professionals, including both medically credentialed and other health care staff who provide a range of client-centered services that result in a coordinated care plan which links clients to medical care, psychosocial, and other services. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through an ongoing assessment/reassessment of the client and other key family members' needs and personal support systems. Medical case management may also include the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV I AIDS treatments. Key activities include:

1. initial assessment of service needs;
2. development of a comprehensive, individualized care plan;
3. coordination of services required to implement the care plan;
4. continuous client monitoring to assess the efficacy of the care plan; and
5. periodic reevaluation and adaptation of the care plan, at least every 6 months, as necessary during the enrollment of the client.

Case Management (non-medical)

Includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical Case Management does not involve coordination and follow-up of medical treatments.

Child Care Services

Is the provision of care for the children of clients who are HIV-positive while the clients attend medical or other appointments or RWHAP-related meetings, groups, or training. This does NOT include child care while the client is at work.

Tier Two Services

<p>Early Intervention Services (EIS)</p>	<p>Includes counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose the extent of immune deficiency, tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures.</p>
<p>Emergency Financial Assistance</p>	<p>Is the provision of short-term payments to agencies or the establishment of voucher programs to assist with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), and medication, when other resources are not available.</p> <p>NOTE: Part A and Part B programs must allocate, track, and report these funds under specific service categories as described under 2.6 in Division of Service Systems (DSS) Program Policy Guidance No. 2 (formally Policy No. 97-02).</p>
<p>Food Bank / Home-Delivered Meals</p>	<p>The provision of actual food or meals. It does not include finances to purchase food or meals but may include vouchers to purchase food. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item.</p>
<p>Health Education / Risk Reduction</p>	<p>Is the provision of services that educate clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information about medical and psychosocial support services and counseling to help clients living with HIV improve their health status.</p>
<p>Health Insurance Premium and Cost Sharing Assistance</p>	<p>Funds awarded under Parts A, B and C of the Ryan White HIV/AIDS Program may be used to support a Health Insurance Premium and Cost-Sharing Assistance Program, a core medical service, for eligible low-income HIV -positive clients.</p> <ul style="list-style-type: none"> • Under this service category, funds may be used as the payer-of-last-resort to cover the cost of public or private health insurance premiums, as well as the insurance deductible and co-payments.

Tier Two Services	
	<ul style="list-style-type: none"> • The exception is that Ryan White HIV/AIDS Program funds may NOT be used to cover a client's Medicare Part D "true out-of-pocket" (i.e. TrOOP or donut hole) costs. • Consistent with the Ryan White HIV/AIDS Program, "low income" is to be defined by the EMA/TGA, State or Part C Grantee. <p>Important: Grantees should refer to the HAB Policy Notice-07-05, "The Use of Ryan White HIV/AIDS Program Part B ADAP Funds to Purchase Health Insurance" http://hab.hrsa.gov/law/0705.htm</p>
<p>Home and Community-Based Health Services</p>	<p>Includes skilled health services furnished to the individual in the individual's home, based on a written plan of care established by a case management team that includes appropriate health care professionals. Services include durable medical equipment; home health aide services and personal care services in the home; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services. NOTE: Inpatient hospital services, nursing home and other long-term care facilities are NOT included as home and community-based health services.</p>
<p>Home Health Care</p>	<p>Is the provision of services in the home by licensed health care workers such as nurses, and the administration of intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other medical therapies.</p>
<p>Hospice Services</p>	<p>Hospice Services are an allowable Ryan White HIV/AIDS Program core medical service. Funds may be used to pay for hospice care by providers licensed in the State in which services are delivered. Hospice services may be provided 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 to terminal patients. A physician must certify that a patient is terminal, defined under Medicaid hospice regulations as</p>

Tier Two Services	
	<p>having a life expectancy of 6 months or less. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective State Medicaid Programs.</p>
<p>Housing Services</p>	<p>Is the provision of short-term assistance to support emergency, temporary or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them.</p> <p>Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services such as residential mental health services, foster care, or assisted living residential services.</p>
<p>Legal Services</p>	<p>Legal Services are an allowable support service under the Ryan White HIV/AIDS Program. Funds awarded under the Ryan White HIV/AIDS Program may NOT be used for any criminal defense, or for class-action suits unrelated to access to services eligible for funding under the Ryan White HIV/AIDS Program. Funds may be used for legal services directly necessitated by an individual's HIV/AIDS serostatus.</p> <p>These services include but are not limited to:</p> <ul style="list-style-type: none"> a. Preparation of Powers of Attorney, Living Wills b. Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White HIV/AIDS Program, and c. Permanency planning 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, and (2)

Tier Two Services	
	preparation for custody options for legal dependents including standby guardianship, joint custody or adoption.
Linguistic Services	Includes the provision of interpretation and translation services, both oral and written.
Local AIDS Pharmaceutical Assistance (APA, not ADAP)	<p>Are local pharmacy assistance programs implemented by a Part A, B, or C grantee or a Part B grantee consortium to provide HIV/AIDS medications to clients. These organizations may or may not provide other services (e.g., primary care or case management) to the clients that they serve through a Ryan White HIV/AIDS Program contract with their grantee.</p> <p>Programs are considered APAs if they provide HIV/AIDS medications to clients and meet all of the following criteria:</p> <ul style="list-style-type: none"> • Have a client enrollment process; • Have uniform benefits for all enrolled clients; • Have a record system for distributed medications; and • Have a drug distribution system. <p>Programs are not APAs if they dispense medication in one of the following situations:</p> <ul style="list-style-type: none"> • As a result or component of a primary medical visit; • On an emergency basis (defined as a single occurrence of short duration); or • By giving vouchers to a client to procure medications. <p>Local APAs are similar to AIDS Drug Assistance Programs (ADAPs) in that they provide medications for the treatment of HIV disease. However, local APAs are not paid for with Part B funds “earmarked” for ADAP.</p>

Tier Two Services

Medical Transportation Services

Medical Transportation is an allowable support service under the Ryan White HIV/AIDS Program. Funds may be used to provide transportation services for an eligible individual to access HIV-related health services, including services needed to maintain the client in HIV/AIDS medical care. Transportation should be provided through:

- a. A contract(s) with a provider(s) of such services;
- b. Voucher or token systems;
- c. Mileage reimbursement that enables individuals to travel to needed medical or other support services may be supported with Ryan White HIV/AIDS Program funds, but should not in any case exceed the established rates for Federal Programs. Federal Joint Travel Regulations provide further guidance on this subject.
- d. Use of volunteer drivers (through programs with insurance and other liability issues specifically addressed); or
- e. Purchase or lease of organizational vehicles for client transportation programs. Grantees must receive prior approval for the purchase of a vehicle.

Note: Funds awarded under the Ryan White HIV/AIDS Program may NOT be used for direct maintenance expense (tires, repairs, etc.) of a privately owned vehicle or any other costs associated with a vehicle, such as lease or loan payments, insurance, or license and registration fees. This restriction does not apply to vehicles operated by organizations for program purposes.

Medical Nutrition Therapy

Is provided by a licensed registered dietician outside of a primary care visit. The provision of food, nutritional services and nutritional supplements may be provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietician.

Nutritional services not provided by a licensed, registered

Tier Two Services	
	<p>dietician shall be considered a support service. Food, nutritional services and supplements not provided pursuant to a physician's recommendation and a nutritional plan developed by a licensed, registered dietician also shall be considered a support service.</p>
Mental Health Services	<p>Includes psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness. These services are conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.</p>
Oral Health Care	<p>Includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.</p>
Outreach Services	<p>Are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status (i.e., case finding) so that they may become aware of, and may be enrolled in care and treatment services. Outreach services do not include HIV counseling and testing or HIV prevention education. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.</p>
Psychosocial Support Services	<p>Is the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Includes nutrition counseling provided by a non-registered dietitian but excludes the provision of nutritional supplements.</p>

Tier Two Services

<p>Referral for Health Care / Supportive Services</p>	<p>Is directing a client to a service in person or through telephone, written, or other type of communication. Referrals for health care/supportive services that were not part of ambulatory/outpatient medical care services or case management services (medical and non-medical) should be reported under this item. Referrals for health care/supportive services provided by outpatient/ambulatory medical care providers should be included under outpatient/ambulatory medical care service category. Referrals for health care/supportive services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category, Medical Case Management or Case Management (non-medical).</p>
<p>Rehabilitation Services</p>	<p>Are services provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care. Services include physical and occupational therapy, speech pathology, and low-vision training.</p>
<p>Respite Care</p>	<p>Is the provision of community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client with HIV/AIDS.</p>
<p>Substance Abuse Services (outpatient)</p>	<p>Substance Abuse Treatment Services-Outpatient is an allowable core medical service. Funds used for outpatient drug or alcohol substance abuse treatment, including expanded HIV-specific capacity of programs if timely access to treatment and counseling is not available, must be rendered by a physician or provided under the supervision of a physician or other qualified/licensed personnel. Such services should be limited to the following:</p> <ul style="list-style-type: none"> • Pre-treatment/recovery readiness programs • Harm reduction • Mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse

Tier Two Services

	<ul style="list-style-type: none"> • Outpatient drug-free treatment and counseling • Opiate Assisted Therapy • Neuro-psychiatric pharmaceuticals; and • Relapse prevention. <p>Syringe Exchange will be addressed in future policy issuances.</p> <p>Note: Acupuncture Therapy Funds awarded under the Ryan White HIV/AIDS Program may only be used to support limited acupuncture services for HIV -positive clients as part of Ryan White HIV/AIDS Program funded Substance Abuse Treatment Services (outpatient or residential), provided the client has received a written referral from his/her primary health care provider. All acupuncture therapy must be provided by certified or licensed practitioners and/or programs, wherever State certification or licensure exists.</p>
<p>Substance Abuse Services (residential)</p>	<p>Substance Abuse Treatment Services-Residential is an allowable support service under the Ryan White HIV/AIDS Program. The following limitations apply to use of Ryan White HIV/AIDS Program funds for residential services:</p> <ul style="list-style-type: none"> • Because of the Ryan White HIV/ AIDS Program limitations on inpatient hospital care (see sections 2604(c)(3)(L) and 2612(b)(3)(L) of the Public Health Service Act), Ryan White HIV I AIDS Program funds may not be used for inpatient detoxification in a hospital setting. • However, if detoxification is offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of a hospital), Ryan White HIV/AIDS Program funds may be used for this activity. • If the residential treatment service is in a facility that primarily provides inpatient medical or psychiatric care, the component providing the drug and/or alcohol treatment must be separately licensed for that purpose.

Tier Two Services

	<p>Note: Acupuncture Therapy Funds awarded under the Ryan White HIV/AIDS Program may only be used to support limited acupuncture services for HIV -positive clients as part of Ryan White HIV/AIDS Program funded Substance Abuse Treatment Services (outpatient or residential), provided the client has received a written referral from his/her primary health care provider. All acupuncture therapy must be provided by certified or licensed practitioners and/or programs, wherever State certification or licensure exists.</p>
<p>Treatment Adherence Counseling</p>	<p>Is the provision of counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatment by non-medical personnel outside of the medical case management and clinical setting.</p>

PROGRAM ELIGIBILITY

Individuals with HIV/AIDS are eligible for HCP services with proof of HIV/AIDS diagnosis. Families of clients with HIV/AIDS may also be eligible for selected services. The proof of HIV diagnosis must contain the client's name, i.e., a physician diagnosis or positive test result with the client's name on the diagnosis or test result. Anonymous testing results are not acceptable.

The Ryan White HIV/AIDS Treatment Extension Act of 2009 (RWTEA), which is the governance for HRSA Part B, states that "funds received ... will not be utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made..." by sources other than Ryan White funds. Therefore, contractors must ensure that HRSA Part B/HCP funds are not utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service under any State compensation program, under an insurance policy, or under any Federal or State health benefits program, by an entity that provides health services on a prepaid basis, or any other funding source.

It is the responsibility of the contractor and any subcontractors to ensure that eligibility for other funding sources (e.g., Medi-Cal or Medicare, other local or state-funded HIV/AIDS programs, or private sector funding, etc.) is aggressively and consistently pursued and to make effective use of strategies to coordinate between HRSA Part B and third-party payers that are ultimately responsible for paying the cost of services provided to eligible/covered clients. *Note that the HCP will be increasing attention to monitoring and compliance with this requirement. HCP will utilize the AIDS Regional Information and Evaluation System (ARIES) in addition to program monitoring for this purpose. Further details will be provided.*

INVOICING

Contractors may submit invoices and invoice expenditure detail forms either monthly or quarterly. Contractors must notify their Care Operations Advisors whether invoices will be submitted for monthly or quarterly billing periods. After the execution of the contract, invoices are due 45 days following the end of each billing period. Contractors will be required to submit an HCP Invoice Detail with each HCP Invoice. The HCP Invoice Detail provides data required by HRSA for HCP reporting and will be sent by the HCP Fiscal Analyst when the budget is approved.

BUDGET CHANGES

Contractors have the ability to submit budget changes, if needed, as follows:

Line Item Shifts

Subject to prior review and approval of HCP, line item shifts of up to 15% of the annual contract total are allowed, so long as the annual agreement total neither increases nor decreases. Contractor must submit an In-House Revision form, for approval, for line item shifts to HCP. Please contact your Care Operations Advisor for a copy of the In-House Revision form.

Budget Revisions

Revisions of dollar amounts or service categories among subcontractors are referred to as budget revisions. Because these dollar amounts are reported in the "Other Costs" line item, they are not considered line-item changes. Subcontractors must notify the Contractor of any budget shifts or changes in services or allocations. The Contractor must notify their Care Operations Advisor, via e-mail, before the changes go into effect. The e-mail must include where funds/services are reduced and where the funds/services are increased.

Other Budget Changes

If any other changes are needed to the previously approved Years 1, 2, and 3 budgets that are not described above, please contact your Care Operations Advisor. [Click here](#) for a current list of Advisors and their contact information.

PROGRAM REPORTING

Contractors are required to submit quarterly financial and narrative reports to their Advisors. The quarterly HCP Financial Report tracks expenditures to date for the contractor and any subcontractors and includes the total number of unduplicated clients served. The HCP Narrative Report is an opportunity for contractors to describe general accomplishments, issues or concerns, and any technical assistance and/or training needs of the contractor and/or subcontractors.

Sites may obtain the reporting forms on the [HIV Care Program Website](#) or click on the word to access the [financial](#) and [narrative](#) report forms.

The quarterly reports are due as follows:

Reporting Period	Due Date
July 1 – September 30, 2010	November 15, 2010
October 1 – December 31, 2010	February 16, 2011
January 1 – March 31, 2011	May 14, 2011
April 1 – June 30, 2011	August 16, 2011

DATA COLLECTION AND REPORTING

Contractors must ensure that client service providers, whether the Contractor or the subcontracted agency, collect the HCP minimum dataset. The HCP minimum dataset includes data elements required by (a) HRSA to complete the Ryan White Program Data Report (RDR), the Ryan White Program Service Report (RSR), selected HIV/AIDS Bureau (HAB) Quality Management (QM) indicators, and the Women, Infants, Children, and Youth (WICY) Report, and (b) CDPH/OA for its development of estimates and reports (i.e., estimate of unmet need for HIV medical care, statewide epidemiologic profile, Statewide Coordinated Statement of Need) and to conduct program activities.

Contractors and/or the subcontracted agency must ensure that client service providers directly enter data into ARIES within two weeks from a client's date of service. Client service providers may import data into ARIES from other data collection systems only if they obtain prior written approval from CDPH/OA; said providers may not use CDPH/OA funds to develop or maintain their import systems.

Contractors and/or the subcontracted agency must ensure that client service providers electronically submit the aggregate-level RDR through the HAB Electronic Handbook (EHB). The RDR reporting period is January 1 through December 31 of the previous calendar. Submission deadlines will be announced in ARIES Policy Notices.

Contractors and/or the subcontracted agency must ensure that client service providers electronically submit a Provider Report for the RSR through the HAB EHB. Unless exempted by HRSA, client service providers who provide RSR-eligible services must also upload a Client Report, which contains client-level data, as an XML data file to HAB's EHB.

The RSR is due twice a year: (a) The first report includes data from the first six months of the current calendar year, and (b) The second report includes all the data from the entire previous calendar year. Submission deadlines will be announced in ARIES Policy Notices.

Contractors shall ensure that client service providers comply with the policies and procedures outlined in ARIES Policy Notices issued by the CDPH/OA (see www.projectaries.org).

BUDGET DOCUMENTS AND SUBMITTAL REQUIREMENTS

HCP is changing the process for submitting your budget documents for FY 2010-2011. Budget documents will now be submitted in two phases to allow you more time to collect subcontractor detail. All budget documents are to be submitted to OA by the due dates specified below.

Phase One

All contractors are required to submit a Five Line Item budget for each of the three years of this contract. Budget details (i.e. Forms A-E) are not required for Years 2 and 3. Details for Years 2 and 3 will be submitted in subsequent years.

All Contractors are required to submit the following documents by **May 24, 2010 to MAMOUdocs@cdph.ca.gov**. Contracts cannot be initiated without an approved Five Line Item budget.

- *Document Checklist*
- *Contractor Contact Information*
- *Five Line Item Budgets for each of three years*
- *Budget Overview for year 1*
- *Form A- Contractor Administrative Budget Summary for year 1*
- *Form B - Contractor Administrative Personnel Detail for year 1*
- *Form C - Needs Assessment Detail for year 1*
- *Form D – Client Service Provider Budget Summary for year 1, **if the contractor is also a Service Provider***
- *Form E – Client Service Provider Personnel Detail for year 1, **if the contractor is also a Service Provider***

Phase Two

The following remaining documents for subcontracted Service Providers must be submitted by **June 7, 2010 to MAMOUdocs@cdph.ca.gov**.

- *Form D – Client Service Provider Budget Summary for year 1*
- *Form E – Client Service Provider Personnel Detail for year 1*

All budget documents are available as a Microsoft Excel file with a tab for each of the required documents. Contractors must prepare their budgets using the forms in this file. [Click here](#) to access the file.

Instructions and samples of the forms are included at the end of this document.

If, due to the Request for Proposal/Request for Application process for subcontracted service providers, Forms D and E cannot be completed by the due date, please notify your Care Operations Advisor for approval.

HCP will host a Webinar to provide technical assistance on the program and budget guidelines. Notification of exact dates and times of the Webinar will follow.

For questions and technical assistance, please contact your Care Operations Advisor.

DEFINITIONS FOR BUDGET DOCUMENTS

Please adhere to the following definitions when completing the Contractor and Service Provider Budget Documents. **NOTE: Definitions for Contractors and Service Providers differ.**

Budget Definition	Contractor	Service Provider
	<p>The Contractor is the entity that has entered into a contractual agreement with HCP to carry out the administrative activities of HCP such as disbursing program funds, developing reimbursement and accounting systems, contract monitoring, etc</p>	<p>The Service Provider is the Contractor or Subcontractor who provides client services.</p>
<p>Administrative Costs</p>	<p>The Contractor's Administrative Costs are the sum of Administrative Personnel, Operating, Capital, and Indirect Expenses.</p> <p>The Contractor's Administrative Costs cannot exceed ten percent of the total allocation.</p>	<p>The Service Provider's Administrative Costs are the sum of Administrative Personnel, Operating, Capital, and Indirect Expenses.</p> <p>The Service Provider's Administrative Costs should not exceed ten percent of their allocation without justification and approval from HCP.</p> <p>Note: If service provider administrative costs can be directly linked to the provision of services, these costs should be included in the actual HRSA service category (non-personnel costs).</p>

Budget Definition	Contractor	Service Provider
Personnel Expenses	Personnel Expenses are the total salaries, wages, benefits, and travel paid to the Contractor's staff for administrative functions and the costs associated with Contractor's staff providing direct client services.	Administrative Personnel are the total salaries, wages, benefits, and travel paid to staff providing administrative support. Note: If service provider personnel costs can be directly linked to the provision of services, these costs should be included in the actual HRSA service category (personnel costs).
Non-Personnel Expenses		Non-Personnel expenses include operating costs associated with the services performed (supplies, materials, equipment, lab tests, vouchers, etc.)
Operating Expenses	Operating Expenses are typically those costs that can be assigned to a specific program. This might include travel to meetings, office supplies, postage, facilities, telephone, etc.	Operating Expenses are typically those costs that can be assigned to a specific program but are not dedicated to providing direct client services. Examples of Operating Expenses include office supplies, postage, facilities, telephone, internet connection, encryption software, and travel.
	<p>With regards to ARIES Operating Costs:</p> <p>ARIES is a custom, Web-based, centralized HIV/AIDS client management system that provides a single point of entry for clients, allows for coordination of client services among providers, meets both HRSA and state care and treatment reporting requirements, and provides comprehensive data for program monitoring and scientific evaluations. More information is available by using Web link: ARIES</p> <p>Contractors and Subcontractors who use ARIES may use CDPH/OA funds for high-speed internet connections and purchase of encryption software. See Capital Expenses definition for computer purchases.</p> <p>Contractors and Subcontractors who do not use ARIES but import their data into ARIES may not use CDPH/OA funds to develop or maintain their import programs.</p>	

Budget Definition	Contractor	Service Provider
Capital Expenses	<p>Capital Expenses include computers, printers, and other types of equipment.</p> <p>Capital Expenses must be approved by HCP prior to purchase. If requesting Capital Expenses, a written justification must be provided that:</p> <ul style="list-style-type: none"> • Lists the equipment that is being purchased; • Explains who will use the equipment and for which programs if other than HCP; • Explains why it is necessary to purchase the equipment; and, • Includes a purchase versus lease analysis for “large dollar” items. <p>Additionally, any equipment purchased with HCP funds must be tagged, inventoried annually, and reported annually to HCP.</p>	
Other Costs	<p>Other costs are unique program costs and costs not applicable to any other line item. Other costs include:</p> <ul style="list-style-type: none"> • Contractor (as the service provider) non-personnel client services (i.e. vouchers, labs, etc.); • Needs Assessment costs; and • All subcontracted client service provider costs. 	
Indirect Expenses	<p>Indirect Expenses are typically those 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.</p> <p>Indirect Expenses are limited to 15 percent of Personnel Expenses. Contractors may take up to 15 percent of their total Administrative Personnel and Client Service Providers may take up to 15 percent of their personnel.</p>	

ALLOCATIONS

The allocation table is included on subsequent pages to provide information regarding contract numbers and allocations for FY 2010-2011. In addition, [click here](#) for detailed information about the HIV Care Program allocation process.

INSTRUCTIONS FOR COMPLETING BUDGET DOCUMENTS

General Instructions

- Complete forms, including all check boxes;
- Include a street address if it differs from the mailing address; and,
- Round all figures to the nearest whole dollar,
- Submit the forms to OA on or before each specified due date.

For a copy of the budget forms please [Click here](#).

Document Checklist

The *Document Checklist* is completed by the Contractor to certify that all required budget documents have been reviewed for accuracy and completed and submitted as indicated.

Contractor Contact Information

The *Contractor Contact Information* form provides HCP with the Contractor's staff names responsible for daily programmatic and fiscal operations.

Five Line Item Budget

All contractors are required to submit a Five Line Item budget for each of the three years of this contract with the understanding that the individual line item amounts for Years 2 and 3 may vary. Budget details (i.e. Forms A-E) are not required for Years 2 and 3. Details for Years 2 and 3 will be submitted in subsequent years.

The five line items are:

- **Personnel Expenses:** Personnel Expenses are LHJ staff costs and are the sum of Contractor FORM A Total Administrative Personnel and Contractor's FORM E Total Personnel Costs, ***if the Contractor is also a Service Provider.***

Please ensure that the Contractor's Administrative Costs, the Total Contractor Administrative Budget on FORM A - Contractor Administrative Budget Summary, does not exceed **ten percent** of the total allocation.

- **Operating Expenses:** Operating Expenses are LHJ 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:** Capital Expenses are LHJ costs and are the sum of Capital Expenses on FORM A, and Capital Expenses on Contractor's FORM D, **if the Contractor is also a Service Provider.**
- **Other Costs:** Other Costs are the sum of the total LHJ needs assessment budget on FORM C, any non-personnel client services (e.g., transportation vouchers) on Contractor's FORM D, and the total of subcontracted Client Service Provider Budgets on FORM(S) D.
- **Indirect Expenses:** Indirect Expenses are LHJ costs and are the sum of Indirect Costs on FORM A, and Indirect Costs on Contractor's FORM D, **if the Contractor is also a Service Provider.**

Budget Overview

The *Budget Overview* indicates how the total allocation is distributed between the Contractor and Client Service Provider(s). When completing the *Budget Overview*, please enter the budgeted amounts for Client Service Provider Costs (whether provided by contractor or subcontracted agency)

The Contractor Costs and Needs Assessment Costs fields on this form will automatically update when FORMS A and C are completed.

NOTE: The *Budget Overview Form* must equal the total allocation.

FORM A - Contractor Administrative Budget Summary

FORM A identifies the Contractor and itemizes expenses. When completing FORM A, please:

- Complete the Total Administrative Personnel, Operating Expenses, and Indirect Expenses;
- Itemize any Operating or Indirect Expenses;
- Include a written justification if using the Capital Expenses line item;
- Ensure Indirect Expenses **do not exceed 15 percent** of total Administrative Personnel Expenses;
- The Total Administrative Personnel cost identified on FORM A is equal to the sum of the Total Personnel Expenses on FORM(S) B,
- Ensure total Contractor administrative costs **do not exceed 10 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

FORM B - Contractor Administrative Personnel Detail identifies the personnel providing administrative services and their salaries. When completing FORM B, please:

- Complete contractor information;
- Describe the duties of each employee and include details about job-required travel (e.g., conference, training, etc.);
- Complete either the “Annual Salary” or “Hourly Salary” box and the “Salary paid by this contract” box for each employee;
- If travel is required, enter the estimated travel expense;
- Enter the Benefits, if any, for each employee;
- Use additional copies of this form if there are more than four employees; and,
- The Total Administrative Personnel costs identified on FORM A is equal to the sum of the Total Personnel Expenses on FORM(S) B.

FORM C - Needs Assessment Detail

Contractors are required to conduct a full needs assessment at least once during the three-year contract period. Contractors who have not conducted a needs assessment in the last two years should plan to do so during FY 2010-11. Contractors may commit up to 5 percent of their total allocation to the development, implementation, and evaluation of a needs assessment.

FORM C, Needs Assessment Detail, should **only** be completed by Contractors who plan to fund a needs assessment during FY 2010-11. FORM C needs to be completed whether you are conducting the needs assessment directly or through a subcontracted agency. When completing FORM C please:

- Describe the duties of the person conducting the needs assessment and include details about any travel associated with the needs assessment;
- Ensure that the total needs assessment budget does **not exceed 5 percent** of the total allocation; and,
- Ensure that the Contract Start Date corresponds to the actual date the work begins on the needs assessment.

The 5 percent calculation for the Total Needs Assessment on FORM C will be calculated once the *Five Line Item Budget* form has been completed.

Report the Needs Assessment costs as part of “Other Costs” on the *FiveLine Item Budget*. A sample of the Needs Assessment Detail can be found at the end of this

document.

A copy of the needs assessment must be sent to your Care Operations Advisor **within 45 days** of completion.

Microsoft Excel Tip: To copy sheets in the workbook, hold down CTRL, and then drag the sheets to where you want them copied; release the mouse button before you release the CTRL key.

FORM D - Client Service Provider Budget Summary

FORM D provides information regarding the estimated number of clients to be served, the costs of administrative and direct client services, indirect and operating expenses.

FORM D is required for each client service provider, whether services are subcontracted or provided by the Contractor. FORM D must include the following:

- The Client Service Costs completed with the **exact HRSA category name(s) for allowable Tier One and Tier Two services** (click the drop-down box under Services and select the appropriate category). Please 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 - see sample budget FORM D);
- A copy of the policy and tracking method if funding Emergency Financial Assistance;
- The estimated number of clients served;
- The Administrative Personnel Expense, Operating, Capital, and Indirect Expense categories as instructed in the Definitions for Budget Documents;
- Include written justifications if:
 - The service provider's administrative costs exceed 10 percent of the service provider's allocation;
 - The Capital Expense line item is greater than zero (see Definitions for Budget Documents); or,
 - The Client Service Provider was sole sourced.
- Total Administrative Personnel is equal to the sum of FORM(S) E administrative staff salaries, travel, and benefits.

FORM E - Client Service Provider Personnel Detail

FORM E provides information about administrative and direct client service staff.

FORM E is required for each client service provider, whether services are subcontracted or provided by the Contractor. When completing FORM E please:

- Describe the duties of each employee;
- Include details about job-required travel (e.g. client related travel, training, etc.);
- If travel is required, enter the estimated travel expense;
- 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?”;
- Use State’s per diem reimbursement rates to estimate travel expenses;
- Complete either the “Annual Salary” or “Hourly Salary” box and the “Salary paid by this contract” box for each employee;
- Enter the Benefits, if any, for each employee;
- 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);
- Use additional copies of this form if there are more than four employees.

ALLOCATIONS TABLE BY CONTRACTOR 2010-2011

Contractor	Contract Number	LHJ	LHJ Allocation	Total HIV Care Allocation	Care Operations Advisor
Alameda	10-95247			\$ 1,218,228	Michael Cunningham
		Alameda	\$ 1,218,228		-
Butte	10-95251			\$ 183,608	James Henriques
		Butte	\$ 146,725		
		Glenn	\$ 36,883		
Community Care Mgmt	10-95307			\$ 54,329	Kathleen Bennett
		Lake	\$ 54,329		
Contra Costa	10-95254			\$ 397,267	Michael Cunningham
		Contra Costa	\$ 397,267		
Del Norte Clinics	10-95308			\$ 73,310	Stella Kile
		Colusa	\$ 7,500		
		Sutter	\$ 34,710		
		Yuba	\$ 31,100		
Del Norte County	10-95255			\$ 36,777	Michael Cunningham
		Del Norte	\$ 36,777		
Fresno	10-95257			\$ 458,124	Stella Kile
		Fresno	\$ 458,124		
Home Health Care Mgmt	10-95309			\$ 143,806	Kathleen Bennett
		Shasta	\$ 68,848		
		Tehama	\$ 37,458		
		Trinity	\$ 37,500		
Humboldt	10-95259			\$ 140,040	Michael Cunningham
		Humboldt	\$ 140,040		
Imperial	10-95260			\$ 127,472	Michael Cunningham
		Imperial	\$ 127,472		
Inyo	10-95261			\$ 56,366	Laura Rios

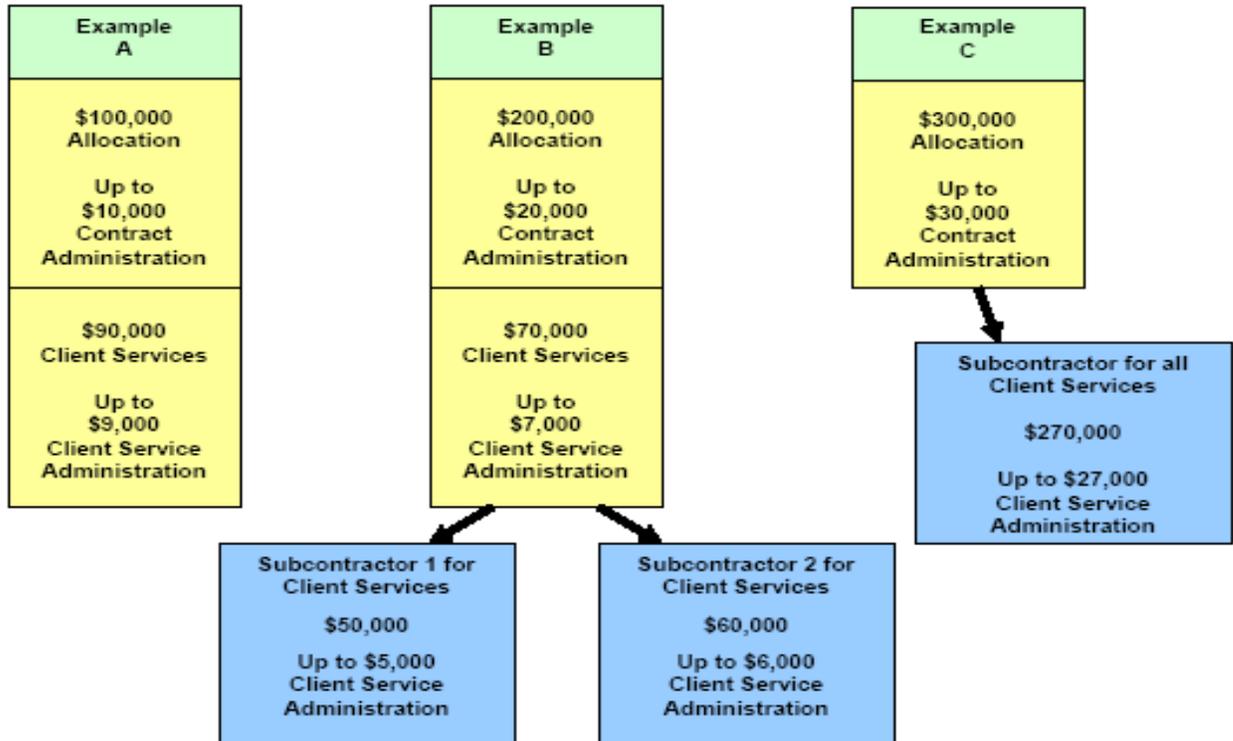
Contractor	Contract Number	LHJ	LHJ Allocation	Total HIV Care Allocation	Care Operations Advisor
		Inyo	\$ 56,366		
John C Fremont	10-95310	Mariposa	\$ 37,500	\$ 37,500	Matthew Willis
Kern	10-95262			\$ 537,583	Kathleen Bennett
		Kern	\$ 537,583		
Kings	10-95263			\$ 80,598	Kathleen Bennett
		Kings	\$ 80,598		
Long Beach	10-95266	Long Beach	\$ 665,880	\$ 665,880	Stella Kile
Los Angeles	10-95267	Los Angeles	\$ 9,112,456	\$ 9,112,456	Stella Kile
Madera	10-95268	Madera	\$ 75,186	\$ 75,186	Matthew Willis
Marin	10-95269	Marin	\$ 154,283	\$ 154,283	Matthew Willis
Mendocino	10-95271			\$ 71,748	Michael Cunningham
		Mendocino	\$ 71,748		
Merced	10-95272	Merced	\$ 66,914	\$ 66,914	Matthew Willis
Mono	10-95273	Mono	\$ 7,500	\$ 7,500	Matthew Willis
Monterey	10-95274	Monterey	\$ 242,412	\$ 270,803	Stella Kile
		San Benito	\$ 28,391		
Napa	10-95275			\$ 78,102	James Henriques
		Napa	\$ 78,102		

Contractor	Contract Number	LHJ	LHJ Allocation	Total HIV Care Allocation	Care Operations Advisor
Nevada	10-95276			\$ 44,592	James Henriques
		Nevada	\$ 44,592		
Orange	10-95277			\$ 1,470,431	Laura Rios
		Orange	\$ 1,470,431		
Plumas	10-95280			\$ 186,327	Michael Cunningham
		Lassen	\$ 56,174		
		Modoc	\$ 7,500		
		Plumas	\$ 56,792		
		Sierra	\$ 7,500		
		Siskiyou	\$ 58,361		
Riverside	10-95281			\$ 1,186,897	Laura Rios
		Riverside	\$ 1,186,897		
Sacramento	10-95282			\$ 940,695	James Henriques
		El Dorado	\$ 51,318		
		Placer	\$ 61,429		
		Sacramento	\$ 787,565		
		Yolo	\$ 40,383		
San Bernardino	10-95284			\$ 921,247	Laura Rios
		San Bernardino	\$ 921,247		
San Diego	10-95285			\$ 2,123,133	Michael Cunningham
		San Diego	\$ 2,123,133		
San Francisco	10-95286			\$ 3,281,140	Matthew Willis
		San Francisco	\$ 3,281,140		
San Joaquin	10-95287			\$ 334,236	James Henriques
		San Joaquin	\$ 334,236		
San Luis Obispo	10-95288			\$ 116,907	Laura Rios
		San Luis Obispo	\$ 116,907		

Contractor	Contract Number	LHJ	LHJ Allocation	Total HIV Care Allocation	Care Operations Advisor
San Mateo	10-95289			\$ 281,870	Matthew Willis
		San Mateo	\$ 281,870		
Santa Barbara	10-95290			\$ 310,356	Laura Rios
		Santa Barbara	\$ 310,356		
Santa Clara	10-95291			\$ 802,465	Kathleen Bennett
		Santa Clara	\$ 802,465		
Santa Cruz	10-95292			\$ 165,246	Stella Kile
		Santa Cruz	\$ 165,246		
Sierra Health Resources	10-95311			\$ 110,211	James Henriques
		Amador	\$ 29,614		
		Calaveras	\$ 38,710		
		Tuolumne	\$ 41,887		
Solano	10-95296			\$ 240,318	James Henriques
		Solano	\$ 240,318		
Sonoma	10-95297			\$ 327,330	James Henriques
		Sonoma	\$ 327,330		
Stanislaus	10-95298			\$ 199,309	Stella Kile
		Stanislaus	\$ 199,309		
Tulare	10-95302			\$ 147,720	Kathleen Bennett
		Tulare	\$ 147,720		
Ventura	10-95304			\$ 261,806	Laura Rios
		Ventura	\$ 261,806		
Total Allocation				\$ 27,500,116	

ADMINISTRATIVE COST ALLOWANCES

2010-2011
Administrative Costs Allowances



All Contractors may use up to 10 percent of their total allocation for contract administration. In addition:

Example A: If the Contractor provides all client services, the Contractor may take up to 10 percent of the client service allocation for client service administration.

Example B: If the Contractor provides client services and also subcontracts for additional client services, the Contractor may take up to 10 percent of the Contractor's client service allocation for client service administration. Each Subcontractor may also take up to 10 percent of their client service allocation for client service administration.

Example C: If the Contractor subcontracts for the provision of all client services, each Subcontractor may take up to 10 percent of their client service allocation for client service administration.

NOTE: Service provider administrative costs (whether contractor or subcontracted) should not exceed 10 percent without justification and approval by OA.

SAMPLE FORMS

Document Checklist		
Contractor and Contract Number		Fiscal Year
N.E. Contractor 09-12345		2010-2011
Check Off	Documents Required for All Contractors	Office of AIDS Use Only
X	Document Checklist	
X	Contractor Contact Information	
X	Five-Line Item Budget	
X	Budget Overview	
X	FORM A - Contractor Administrative Budget Summary	
X	FORM B - Contractor Administrative Personnel Detail	
X	FORM C - Needs Assessment Detail	
	In alphabetical order, attach the following for each Service Provider:	
X	Form D - Client Service Provider Budget Summary	
X	FORM E - Client Service Provider Personnel Detail	

Please Note:

The sample scenario provided in this document represents example B on the Administrative Cost Allowances Diagram. For more detailed assistance with your specific forms, please contact your Care Operations Advisor.

Contractor Contact Information

Contractor and Contract Number	Fiscal Year
N.E. Contractor 09-12345	2010-2011

Agency Information

Website Address (if any)

www.NEServices.com

Program Contact

The Program Contact is the primary Contractor staff member responsible for program planning, policy matters, progress reports, and contract monitoring, etc.

First and Last Name	Title
Tel E. Phone	Program Coordinator
Mailing Address	Telephone Number
1 State Street, Sacramento, CA 95814	(916) 111-1111
E-Mail Address	Fax Number
tp@sacglobal.com	(916) 222-2222

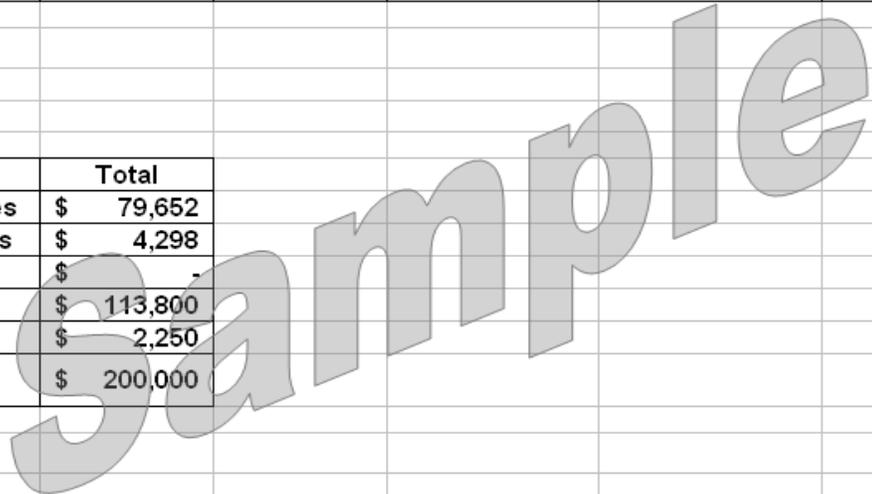
Invoicing Contact

The Invoicing Contact is the primary Contractor staff member responsible for invoicing, budgets revisions, etc. If this person is the same as the Program Contact enter "Same as above" in the First and Last Name box below.

First and Last Name	Title
Any One	Administrator
Mailing Address	Telephone Number
1 State Street, Sacramento CA 95815	(916) 111-1112
E-Mail Address	Fax Number
ao@sacglobal.com	(916) 222-2223

Five-Line Item Budget

Contractor and Contract Number					
Year 1					
Fiscal Year					
2010-2011					
<i>To be completed after Forms A - E are completed.</i>					
	Form A <i>Contractor Administrative Costs</i>	Form C <i>Needs Assessment</i>	Form D <i>Contractor's Client Service Provider Budget Summary (if applicable)</i>	Form D <i>Subcontractor's Client Service Provider Budget Summary (if applicable)</i>	Total
1. Personnel Expenses	\$ 16,652		\$ 63,000		\$ 79,652
2. Operating Expenses	\$ 1,548		\$ 2,750		\$ 4,298
3. Capital Expenses					\$ -
4. Other Costs		\$ 10,000	\$ 3,800	\$ 100,000	\$ 113,800
5. Indirect Expenses	\$ 1,800		\$ 450		\$ 2,250
Total Budget	\$ 20,000	\$ 10,000	\$ 70,000	\$ 100,000	\$ 200,000
Year 2					
Fiscal Year					
2011-2012					
	Total				
1. Personnel Expenses	\$ 79,652				
2. Operating Expenses	\$ 4,298				
3. Capital Expenses	\$ -				
4. Other Costs	\$ 113,800				
5. Indirect Expenses	\$ 2,250				
Total Budget	\$ 200,000				
Year 3					
Fiscal Year					
2012-2013					
	Total				
1. Personnel Expenses	\$ 79,652				
2. Operating Expenses	\$ 4,298				
3. Capital Expenses	\$ -				
4. Other Costs	\$ 113,800				
5. Indirect Expenses	\$ 2,250				
Total Budget	\$ 200,000				



FORM A - Contractor Administrative Budget Summary

Contractor and Contract Number

N. E. Contractor 09-12345

Fiscal Year

2010-2011

Contractor Information

Contact Person	Title
Tel E. Phone	Program Coordinator
Mailing Address	Telephone Number
1 State Street, Sacramento, CA 95814	(916) 111-1111
E-Mail Address	Fax Number
tp@sacglobal.com	(916) 222-2222
Do members of minority racial/ethnic groups constitute a majority of Board members and/or a majority of staff (volunteer or paid) providing care? (Check one)	Ownership Status (Check One)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Public/Local <input type="checkbox"/> Public/State <input type="checkbox"/> Public/Federal <input type="checkbox"/> Private/Non-Profit <input type="checkbox"/> Private/For Profit <input type="checkbox"/> Incorporated

Expenses Category	Description	Budgeted Amount
Personnel	Total Administrative Personnel	\$16,652
Operating	Office Supplies @ \$25/month/12,omths	\$300
	Telephone @\$80/month/12 months	\$960
	Internet Connection @\$24/month/12 months	\$288
	Total Operating	\$1,548
Capital		
	Total Capital	\$0
Indirect	Rent @ \$100/month/12/months	\$1,200
	Janitorial Services @ \$50/month/12 months	\$600
	Total Indirect	\$1,800
	<i>Cannot exceed 15% of Total Administrative Personnel</i>	11%
Total Contractor Administrative Budget <i>(cannot exceed 10% of total Contractor allocation)</i>		\$20,000
		10%

FORM B - Contractor Administrative Personnel Detail

Contractor and Contract Number: N.E. Contractor 09-12345
Fiscal Year: 2010-2011

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?		
Administrator	Any One			
Describe Duties (include purpose and destination of any job-related travel) Oversee invoicing.	Annual Salary	Hourly Salary	Salary paid by this contract	
	\$55,000		\$8,250	
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits	
		977	\$977	
		Subtotal	\$9,227	
Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?		
Program Coordinator	Tel E. Phone			
Describe Duties (include purpose and destination of any job-related travel) Provide contractual oversight and ensure program compliance.	Annual Salary	Hourly Salary	Salary paid by this contract	
	\$45,000		\$6,750	
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits	
	\$75	\$600	\$675	
		Subtotal	\$7,425	
Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?		
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	Hourly Salary	Salary paid by this contract	
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits	
		Subtotal		
Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?		
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	Hourly Salary	Salary paid by this contract	
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits	
		Subtotal		
Total Personnel Expenses (this page)			\$16,652	

FORM C - Needs Assessment Detail

Contractor and Contract Number N. E. Contractor		Fiscal Year 2010-2011
Subcontractor Information		
Subcontractor Name Evaluation Management Solutions	Ownership Status (Check One) <input type="checkbox"/> Public/Local <input type="checkbox"/> Public/State <input type="checkbox"/> Public/Federal <input checked="" type="checkbox"/> Private/Non-Profit <input type="checkbox"/> Private/For Profit <input type="checkbox"/> Incorporated	
Contact Person Michael Tucker	Title Evaluator	
Mailing Address 13 Main Street, Sacramento, CA 95814	Telephone Number (916) 555-1350	
E-Mail Address michael@ems.org	Fax Number (916) 555-1352	
Expenses Category	Description	Budgeted Amount
Personnel and Fringe Benefits, if Applicable		\$9,743
Operating	Postage (.44 per letter/200 letters)	\$88
	Photocopying	\$119
	Travel (.50 per mile x 100 miles)	\$50
	Total Operating	\$257
Indirect		
	Total Indirect	\$0
	Total Needs Assessment Budget <i>(cannot exceed 5% of the Contractor total allocation)</i>	\$10,000 5%
Needs Assessment Personnel		
Position Title	Staff Member's First and Last Name	
Evaluator	Michael Tucker	
Describe Duties (include purpose and destination of any job-related travel)	Contract Start Date	
Coordinate Needs Assessment by collecting and analyzing epidemiological data to describe the local HIV epidemic, conducting a consumer survey to gauge clients' satisfaction with current services and to identify areas of unmet need; conduct key informant interviews with health care providers, housing specialists and social service providers; facilitate a forum to prioritize community needs; summarize the Needs Assessment findings in a written report. Travel is required to attend consumer forums and conduct key informant interviews.	August 1, 2010	
	Salary paid by this contract	
	\$9,000	
Needs Assessment Personnel		
Position Title	Staff Member's First and Last Name	
Describe Duties (include purpose and destination of any job-related travel)	Contract Start Date	
	Salary paid by this contract	
Needs Assessment Personnel		
Position Title	Staff Member's First and Last Name	
Describe Duties (include purpose and destination of any job-related travel)	Contract Start Date	
	Salary paid by this contract	

FORM D - Client Service Provider Budget Summary

Contractor and Contract Number N. E. Contractor 09-12345 **Fiscal Year** 2010-2011

Service Provider Information	
Service Provider Name N. E. Contractor 09-12345	Bid Status (Check One) <input type="checkbox"/> Sole Source (Attach Justification) <input checked="" type="checkbox"/> Competitive Bid
Contact Person Liz Smith, R.N.	Title Clinical Administrator
Mailing Address 1 State Street, Sacramento, CA 95814	Telephone Number (916) 111-1115
E-Mail Address LS@sacglobal.com	Fax Number (916) 222-2226
Website Address (if any) www.NEServices.com	Federal Taxpayer Identification Number 09-1234567
Do members of minority racial/ethnic groups constitute a majority of Board members and/or a majority of staff (volunteer or paid) providing care? (Check one) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Ownership Status (Check One) <input checked="" type="checkbox"/> Public/Local <input type="checkbox"/> Public/State <input type="checkbox"/> Public/Federal <input type="checkbox"/> Private/Non-Profit <input type="checkbox"/> Private/For Profit <input type="checkbox"/> Incorporated

Client Service Costs			Estimated Clients Served	Budgeted Amount
Services <small>NOTE: The exact HRSA category name(s) for allowable Tier One and Tier Two services must be used here.</small>	Personnel Costs	Non-Personnel Costs		
Outpatient/Ambulatory Medical Care	\$40,000.00	\$2,800.00	40	\$42,800
Medical Case Management	\$20,000.00		40	\$20,000
Medical Transportation Services		\$500.00	20	\$500
Food Bank/Home Delivered Meals		\$500.00	15	\$500
				\$0
				\$0
				\$0
Totals:	\$60,000.00	\$3,800.00	Total Services	\$63,800
Administrative Personnel			Total Administrative Personnel	\$3,000
Operating		Office Supplies		\$200
		Postage		\$150
		Printing, duplication		\$300
		Telephone @ \$2.50/month		\$750
		Internet Connection		\$288
		Encryption Software		\$1,062
		Total Operating		\$2,750
Capital				
		Total Capital		\$0
Indirect		Rent @ \$37.50/month/12 months		\$450
		Total Indirect <small>(cannot exceed 15% of Client Service Provider Total Personnel Expenses)</small>		\$450
Total Administrative Costs <small>(cannot exceed 10% of the Client Service Provider total budget)</small>				\$6,200 9%
Total Service Provider Budget				\$70,000

FORM E - Client Service Provider Personnel Detail

Contractor and Contract Number: N. E. Contractor 09-12345 Fiscal Year: 2010-2011

Service Provider Information

Service Provider Name N. E. Contractor 09-12345	Contact Name and Title Liz Smith, Medical Director
Mailing Address 1 State Street, Sacramento, CA 95814	Telephone Number (916) 111-1117
E-Mail Address ls@sacglobal.com	Fax Number (916) 222-2227

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	Is this an administrative position?
Medical Director	Liz Smith		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	Hourly Salary	Salary paid by this contract
Provide oversight of the N.E. County HIV clinic	\$125,000		\$2,500
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits
		\$500	\$500
HRSA Service Category	N/A - Administrative Position	Subtotal	\$3,000
Physician	Liz Smith		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	Hourly Salary	Salary paid by this contract
Responsible for delivering and ordering medical care for HIV positive clients.	\$110,000		\$36,000
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits
		\$4,000	\$4,000
HRSA Service Category	Outpatient/Ambulatory Medical Care	Subtotal	\$40,000
Case Manager	Carol Suiza		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	Hourly Salary	Salary paid by this contract
Provide Medical Case Management services including medical follow up, treatment adherence counseling, initial assessment, development of a comprehensive individualized service plan.		\$12.50	18,250
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits
	\$500	\$1,250	\$1,750
HRSA Service Category	Medical Case Management	Subtotal	\$20,000
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	Hourly Salary	Salary paid by this contract
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits
			\$0
HRSA Service Category		Subtotal	\$0
Total Personnel Expenses (this page)			\$63,000

FORM D - Client Service Provider Budget Summary

Contractor and Contract Number

N. E. Contractor 09-12345

Fiscal Year

2010-2011

Service Provider Information

Service Provider Name Smiley Dental	Bid Status (Check One) <input type="checkbox"/> Sole Source (Attach Justification) <input checked="" type="checkbox"/> Competitive Bid
Contact Person David Best	Title Program Director
Mailing Address 4 High Street, Sacramento, CA 95828	Telephone Number (916) 268-1246
E-Mail Address d.best@sbcglobal.com	Fax Number (916) 268-1245
Website Address (if any) www.SmileyDental.com	Federal Taxpayer Identification Number 45-123567
Do members of minority racial/ethnic groups constitute a majority of Board members and/or a majority of staff (volunteer or paid) providing care? (Check one) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Ownership Status (Check One) <input type="checkbox"/> Public/Local <input type="checkbox"/> Public/State <input type="checkbox"/> Public/Federal <input checked="" type="checkbox"/> Private/Non-Profit <input type="checkbox"/> Private/For Profit <input type="checkbox"/> Incorporated

Client Service Costs			Estimated Clients Served	Budgeted Amount
Services <small>NOTE: The exact HRSA category name(s) for allowable Tier One and Tier Two services must be used here.</small>	Personnel Costs	Non-Personnel Costs		
Oral Health Care	\$40,500.00		40	\$40,500
				\$0
				\$0
				\$0
				\$0
				\$0
Totals:	\$40,500.00	\$0.00	Total Services	\$40,500
Administrative Personnel			Total Administrative Personnel	\$2,000
Operating				
		Office Supplies		\$200
		Postage		\$200
		Encryption Software		\$375
		Telephone @\$50/month/12/months		\$600
			Total Operating	\$1,375
Capital				
			Total Capital	\$0
Indirect				
		Rent @\$50/month/12 months		\$600
		Janitorial @\$43.75/month/12/months		\$525
			Total Indirect <small>(cannot exceed 15% of Client Service Provider Total Personnel Expenses)</small>	\$1,125
Total Administrative Costs <small>(cannot exceed 10% of the Client Service Provider total budget)</small>				\$4,500 10%
Total Service Provider Budget				\$45,000

FORM E - Client Service Provider Personnel Detail

Contractor and Contract Number: N. E. Contractor 09-12345 Fiscal Year: 2010-2011

Service Provider Information	
Service Provider Name Smiley Dental	Contact Name and Title David Best, D.D.S.
Mailing Address 4 High Street, Sacramento, CA 95828	Telephone Number (916) 268-1246
E-Mail Address d.best@ssbcglobal.com	Fax Number (916) 268-1245

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	Is this an administrative position?
Dentist	David Best		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Describe Duties (include purpose and destination of any job-related travel) Provide oral health care to HIV positive clients	Annual Salary	Hourly Salary	Salary paid by this contract
	\$95,000		\$38,250
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits
		\$2,250	\$2,250
HRSA Service Category	Oral Health Care	Subtotal	
			\$40,500

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	Is this an administrative position?
Receptionist	Linda Smart		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties (include purpose and destination of any job-related travel) Greet clients, make appointment, file client charts.	Annual Salary	Hourly Salary	Salary paid by this contract
		\$8.00	\$1,800
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits
		\$200	\$200
HRSA Service Category	N/A - Administrative Position	Subtotal	
			\$2,000

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	Is this an administrative position?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	Hourly Salary	Salary paid by this contract
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits
HRSA Service Category		Subtotal	

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	Is this an administrative position?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	Hourly Salary	Salary paid by this contract
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits
HRSA Service Category		Subtotal	

Total Personnel Expenses (this page) \$42,500

FORM E - Client Service Provider Personnel Detail

Contractor and Contract Number: N. E. Contractor 09-12345 Fiscal Year: 2010-2011

Service Provider Name		Contact Name and Title	
Helping Hands		Mary Kind	
Mailing Address		Telephone Number	
56 Lower Street, Sacramento, CA 95819		(916) 455-6666	
E-Mail Address		Fax Number	
mk@sbcglobal.com		(916) 455-7777	

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	Is this an administrative position?
Program Manager	Mary Kind		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	Hourly Salary	Salary paid by this contract
Oversee provision of services to clients to include contact with providers, purchasing vouchers, invoicing, record keeping, updating resources.	\$45,000		\$2,150
If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits	
		\$0	
HRSA Service Category	N/A - Administrative Position	Subtotal	\$2,150

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	Is this an administrative position?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	Hourly Salary	Salary paid by this contract
If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits	
		\$0	
HRSA Service Category		Subtotal	\$0

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	Is this an administrative position?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	Hourly Salary	Salary paid by this contract
If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits	
HRSA Service Category		Subtotal	

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	Is this an administrative position?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	Hourly Salary	Salary paid by this contract
If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits	
HRSA Service Category		Subtotal	
Total Personnel Expenses (this page)			\$2,150

CONTRACTOR ROLES AND RESPONSIBILITIES

The Contractor is responsible for meeting all contractual and programmatic requirements for the HIV Care Program (HCP) including:

- Developing a service delivery plan that offers comprehensive, ongoing health and support services to individuals with HIV/AIDS; that seeks individuals who know their HIV status but are not accessing services; and that reaches out to people who are HIV positive but unaware of their HIV status. Activities necessary to complete a service delivery plan include needs assessment, priority setting and resource allocation, description of service delivery and effectiveness measures.
- Demonstrate availability of primary medical care of each population group.
- Coordinating an advisory group that meets at least annually, made up of representatives from state, federal and local programs and from communities that are reflective of HIV/AIDS infected and affected populations in the Contractor's jurisdiction. The advisory group should provide input on issues such as needs assessment, service delivery plans, and comprehensive planning.
- Develop and maintain working relationships with entities that provide key points of entry into medical care.
- Ensure that case management services that link available community support services to appropriate specialized medical services shall be provided for individuals residing in rural areas.
- Ensure that services will be provided in a setting that is accessible to low-income individuals with HIV disease.
- Provide outreach coordinated with all state and federal programs to low income individuals with HIV disease and to inform such individuals of the services available under Part B.
- Ensure the provision of comprehensive outpatient health and support services based on the service delivery plan.
- To the maximum extent practical, ensure that HIV-related health care and support services are delivered pursuant to a program established with assistance provided without regard to the ability of the individual to pay for such services and without regard to the current or past health condition of the individual with HIV.
- Ensure that services provided are in accordance with HRSA's Program Policy Notice 10-02.
- Ensure that HCP monies do not comprise more than sixty percent of any subcontractor's budget.
- Ensure that clients are eligible for services in accordance with HRSA's Program Policy Notices.
- Ensure that no more than ten percent of the allocation is used for non-direct service functions.
- Ensure that no more than five percent of the allocation is utilized to plan, conduct and evaluate the needs assessment process.

- Notify HCP of changes in funding among subcontractors.
- Ensure that subcontractors who provide Medi-Cal reimbursable services are Medi-Cal certified.
- Ensure that all approved subcontractor invoices are paid within 45 days of receipt.
- Conduct a needs assessment once during the three-year contract period.
- Ensure that no funds are used to purchase or improve (other than minor remodeling) any building or other facility.
- Ensure that no funds are used to make cash payment to intended recipients of services.
- Ensure that funds are payer of last resort.
- Ensure that no funds are used to pay for automobile parts, repairs or maintenance; pet care or supplies; and funeral expenses.
- Ensure that no funds are carried over into subsequent contract years.
- Ensure adherence to the requirements and guidelines in HCP's application, management memos, and any subsequent additions or amendments, federal government and HCP program guidelines, and compliance with contractual requirements including imposition of charges for services.
- No less than annually, conduct site visits and document monitoring activities of subcontractors to ensure contractual compliance.
- Administer funds; maintaining records and invoices using standard accounting practices; coordinating federal and state data reporting; and arranging for fiscal audits.
- Annually evaluate the cost-effectiveness of the mechanisms used to deliver comprehensive care.
- Ensure the provision of comprehensive outpatient health and support services by establishing or revising and then implementing a service delivery plan based upon prioritized services.
- Provide any necessary assistance to the state in carrying out its monitoring activities and inspection rights.
- Make available all records, materials, data information, and appropriate staff to authorized state and/or federal representatives.
- Develop, implement and submit a corrective plan to the state for approval for all deficiencies cited in the monitoring report.
- Ensure that clients are informed of the availability of Partner Services (PS).
- Attend and keep written documentation of all advisory or focus group meetings.
- Provide advisory and focus groups with data.
- Do not release any proposed publicity without the advance written permission of HCP. OA, at its sole discretion, may approve or reject any proposed publicity, or may require specified modifications to proposed publicity.
- For any state supported project or materials produced, agree to acknowledge state support by including a statement that the project was supported by funds received from the state on all reports or materials produced pursuant to the contract and on

all published works or materials utilizing data resulting from the contract. This statement shall be included on the report cover or title page, or on the first page of any journal article.

SERVICE PROVIDER ROLES AND RESPONSIBILITIES

- Deliver quality services, designated by the Contractor, to HIV/AIDS eligible clients.
- Ensure client eligibility.
- Comply with all components of the contract with the Contractor and applicable components of the contract between the Contractor and OA.
- Implement and maintain an invoice system using standard accounting practices.
- Establish, implement and evaluate a continuous quality improvement system
- Provide Contractor reports that are accurate and complete by requested due date.
- Ensure that all clients who receive services use any and all available third party payer funds prior to using Part B funds.
- Maintain appropriate client forms, including intake, budget worksheet, service plan, client rights and responsibilities and verification of client eligibility.
- Ensure that Part B funds do not exceed 60 percent of the agency's budget or any subcontractor's budget.
- Collect and maintain back-up documentation for all invoices submitted to the Contractor for payment (invoices are to be based on cost as stated in the service provider's application budgets).
- Receive Contractor approval of any budget revisions prior to billing.
- Secure Contractor's approval prior to release of any publicity regarding HCP
- Ensure confidentiality of all client records.
- Inform clients of the availability of Partner Services (PS).
- Providers who use Part B funds for Housing Services must document that funds are utilized in coordination with other local, state, and federal housing programs; a plan is in place to ensure a long-term permanent and stable living situation for the individual and/or family. In cases where the provision of housing services does not provide direct medical or supportive services, documentation of the necessity of housing services to enable the client to gain and/or maintain medical care must be recorded in the client's file.