

South Carolina Department of Health and Environmental Control

Ryan White Part B Request for Grant Applications October 21, 2021



FY2022-RFGA-HV-206

SC DHEC is offering this Request for Grant Applications (RFGA) for funds administered by SC DHEC from the U.S. Department of Health and Human Services, Health Services and Resources Administration (HRSA), Ryan White HIV/AIDS Treatment Extension Act, Part B Program.



FY2022-RFGA-HV-206

It is the intent of DHEC to accept grant applications from organizations to become subrecipients of Ryan White (RW) Part B Program funding providing comprehensive, high quality HIV care services for low-income people living with HIV (PLWH) in eleven (11) specific service areas of the state:

- 1. Anderson, Oconee, Pickens, Greenville
- 2. Spartanburg, Cherokee, Union
- 3. York, Chester, Lancaster
- 4. Laurens, Abbeville, Greenwood, Saluda, McCormick, Edgefield
- 5. Newberry, Fairfield, Kershaw, Lee, Lexington, Richland, Sumter, Clarendon

- 6. Chesterfield, Marlboro, Darlington, Dillon, Marion, Florence
- 7. Horry Georgetown, Williamsburg
- 8. Calhoun, Orangeburg, Bamberg
- 9. Aiken, Barnwell, Allendale
- 10. Colleton, Hampton, Jasper, Beaufort
- 11. Berkley, Dorchester, Charleston

IEC South Carolina Department of Health and Environmental Control

FY2022-RFGA-HV-206

Approximately \$14,000,000 in Ryan White Funds will be allocated. Estimated awards will be formulated with the following:

- HIV prevalence data by county from DHEC's Surveillance, Assessment & Evaluation Division
- Number of PLWH served in the last complete calendar year based on Ryan White Services Reports (RSR)
- Other RW funds awarded in the service area
- Number of PLWH served in the last complete calendar year by subrecipient (if a previously funded) based on RSR
- Proposed services in subrecipient application
- Unmet need in the service area.
- ADAP Insurance Assistance Program (IAP) participation/enrollment of subrecipient
- Other program service needs and priorities may be included at DHEC's discretion

*ESTIMATE ONLY: FUNDING FOR SUBRECIPIENTS IS DEPENDENT UPON RECEIPT BY DHEC OF FEDERAL FUNDS. Estimated award amounts may increase or decrease due to the amount and/or availability of funding at the time of the awards.

ec South Carolina Department of Health and Environmental Control

FY2022-RFGA-HV-206

Emerging Communities (Total approx. \$562,416*): DHEC is also accepting applications for Ryan White Part B Emerging Communities (EC) funding for providing RW Part B eligible core and supportive services to RW Part B eligible clients living with HIV within two HRSA-designated EC's in the state:

- Columbia (approx. \$353,981*)
- Charleston-North Charleston-Summerville (approx. \$204,550*)

ec South Carolina Department of Health and Environmental Control

FY2022-RFGA-HV-206

Minority AIDS Initiative (Total Approx. \$203,997*): DHEC is also accepting applications for Ryan White Part B Minority AIDS Initiative (MAI) funding for statewide prison discharge planning and local jail outreach programs to increase racial and ethnic minority populations' participation in the AIDS Drug Assistance Program (ADAP).

- Statewide Prison Discharge Program providing statewide discharge planning services to the HIV-positive prison population upon discharge to increase racial and ethnic minority population's participation in ADAP.
- **Local Jail Outreach Program** providing outreach to local jail populations to be conducted at the local jail, to increase racial and ethnic minority populations' participation in ADAP.



Acceptable Applications

Acceptable applications that will be considered as part of this grant program are those that support the activities, goals, and objectives as required by the Federal Ryan White HIV/AIDS Treatment Extension Act, Part B Program, and DHEC Public Health, STD/HIV/Viral Hepatitis Division, Ryan White Part B Program.

The SC Ryan White Part B Program has aligned the program with the following national and state guidance documents:

- The United States National HIV/AIDS Strategy (NHAS), Updated to 2020
- The National Strategic Plan: A Roadmap to End the Epidemic for the United States: 2021-2025
- Ending the HIV Epidemic: A Plan for America
- S.C. DHEC's HIV/AIDS Strategy, 2017-2021
- S.C. DHEC's Ending the HIV Epidemic (EHE) Plan



Eligible Applicants

- Must have a minimum of three 3 years of documented, established history (within the past 3 years) of providing quality RW eligible services of HIV medical care, HIV medical case management, and/or supportive services (consistent with RW eligible services) to Ryan White Part B eligible PLWH.
- Must be physically located in the service area (or will be physically located in the area within 60 days of the start of the subrecipient agreement) for which it is applying and must provide services to PLWH living in all counties in the multi-county service area.
- Must have the infrastructure capacity to operate on a cost reimbursement basis without prompt reimbursement, as reimbursement typically occurs 30-60 days after invoicing.
- Must have the documented organizational fiscal stability to maintain its organization's core services without the Ryan White Part B Program funds provided in this grant process.



Eligible Applicants

- Must submit a Certificate of Existence from the South Carolina Secretary of State.
 - The Certificate can be requested via <u>https://web.sc.gov/SOSDocumentRetrieval/Welcome.aspx</u>
- DHEC subrecipients in a probationary status with DHEC are not eligible to apply for additional federal funding or funds derived from federal funds.
- A subrecipient previously terminated by DHEC must wait three (3) years before an application will be considered for funding from DHEC.
- A complete pre-award risk assessment must be included with the application and will be reviewed by DHEC's Bureau of Financial Management and provided to the review panel evaluators to be included in the award decisions.



- Conduct an annual individual area needs assessment within the awarded geographic service area and participate in periodic statewide needs assessments to be conducted on an ongoing basis.
- Deliver a continuum of services for PLWH living in all counties of the service area for which the organization provides or pays for services to support the care plan to ensure clients enter medical care, remain in care, are prescribed and adhere to anti-retroviral therapy, and strive to achieve and maintain viral suppression.
- Develop and submit annually to DHEC an annual Budget Narrative and Cost Allocation Plan (BNCAP) and Implementation Plan (IP) to meet identified service needs with the participation of PLWH using the DHEC required BNCAP and IP formats.
 - After subtracting administrative costs (a maximum of ten percent (10%) of the subrecipient expenditures), a minimum of seventy-five percent (75%) of the award must be spent on core services.
 - o The subrecipient must show how its plan agrees with its most recent Needs Assessment and SC's Integrated HIV Care and Prevention Plan 2017-2021.



- Participate in the Ryan White Statewide Quality Management (QM) program.
- Maintain strong partnerships in the service area between health departments, HIV prevention service providers, HIV care service providers, and community health centers.
- Promote coordination and integration of community resources and services and address the needs of all affected populations.
- Must have structured and on-going efforts to obtain input from clients in the design and delivery of services. *Hiring PLWH is highly recommended and aligns with S.C. DHEC's Ending the HIV Epidemic (EHE) Plan.*
- Conduct entry or re-entry to care and rapid laboratory testing as recommended to ensure comprehensive, quality medical care services in a manner that is consistent with HIV clinical care and service performance measures and goals.
- Certify that all clients served with Ryan White Part B services meet the SC Part B eligibility criteria.



- Ensure Ryan White HIV/AIDS Program is the payer of last resort and vigorously pursue alternate payer sources.
- Establish and maintain a schedule of charges policy for services billable to insurance that includes a cap on charges in accordance with HRSA's requirements for client cost share.
- Use *Provide Enterprise (PE)* for tracking and reporting all Ryan White Part B Program funded services
- Have a grievance policy for the RW Part B Program. The grievance policy must be in writing and shared with RW Part B clients at the point of initial eligibility screening and annually thereafter.
- Agrees to conduct Programmatic Technical Assistance projects.
- Subrecipient must develop a Continuity of Operations Plan.



- If awarded EC funds, EC funds must be used for providing RW eligible core and supportive services with the goals of increasing rates of persons living with HIV who are linked to medical care, retained in medical care, and achieve viral suppression evidenced as needs in the SC HIV Care Continuum.
- If awarded MAI funds, MAI funds are awarded for the statewide prison discharge planning and/or local jail outreach programs increasing racial and ethnic minority populations' participation in ADAP and, as appropriate, other programs that provide prescription drug coverage. While awarded Ryan White Part B MAI funding must be specifically used for targeted outreach to racial and ethnic minority populations, the initiatives must be available to all RW Part B eligible PLWH. Funds from another source (e.g., Ryan White Part B Program, program income, or other agency funds) must be used in proportion to the non-minorities served through the initiative. Reports submitted to HRSA for MAI only include reporting of visits and services to minorities.



South Carolina Department of Health and Environmental Control

New

Required Activities

Participate in the SC ADAP IAP demonstrated by: (1) an executed ADAP Health Insurance Premium subaward agreement with DHEC; and (2) clients enrolled and maintained in ADAP IAP in accordance with the annual SC ADAP ACA Open Enrollment Plan.

- ADAP will develop an ADAP ACA Open Enrollment Plan yearly. This plan will assign a number or percentage
 of clients for each subrecipient to move from the ADAP Direct Dispensing Program (DDP) to, and maintain in,
 the ADAP IAP during the ACA Open Enrollment period. Clients moved to ADAP IAP must be enrolled in an
 ADAP approved plan. The ADAP ACA Enrollment Plan will be shared with subrecipients on October 15th or
 two weeks after the release of the ACA plans, whichever is later, each year.
- For example, the ADAP 2021 ACA Open Enrollment Plan requested subrecipients to switch 25% of clients currently enrolled in the Direct Dispensing Program to IAP during ACA open enrollment.
- Current level of client participation as of September 30, 2021, in ADAP IAP must also be maintained for compliance, unless prior written approval is received from the DHEC ADAP Program.



New

Required Activities

Data collected for DHEC Ryan White Part B Program funded services and clients in Provide Enterprise will be shared between the Subrecipient and DHEC in accordance with the Data Sharing Agreement, which will be incorporated into and made a part of the Subrecipient Agreement. A draft Data Sharing Agreement is being developed and will be posted to the DHEC website Funding Opportunities for STD/HIV Grantees/Contractors | SCDHEC prior to the date by which potential applicants have to submit questions.

*Update: Questions specifically regarding the DSA will continue beyond the

ec South Carolina Department of Health and Environmental Control

New

Required Activities

To the extent practical, assist DHEC with HIV response efforts and outbreaks of other co-morbid conditions of public health significance if assistance is requested.

Recipient organizations should be prepared to assist the state and local health departments in responding to HIV clusters and outbreaks. Such activities may include, but are not limited to, tailoring other strategies and activities.

For example:

- rapid entry into care for PLWH in HIV cluster and outbreak regions
- HIV testing efforts, PrEP awareness, referral to Partner Services to support local cluster response
- supporting state and/or local health departments with Data-to-Care efforts, to include data sharing for improved program outcomes
- support health department efforts with cluster response efforts for interrupting HIV transmission, as requested and practical; establishing a MOU with health department(s) in support of HIV cluster response activities, including data sharing and Partner Services referrals



- Adhere to HRSA's HIV/AIDS Bureau, Division of Metropolitan HIV/AIDS Programs & Division of State HIV/AIDS Programs National Monitoring Standards, and any revisions made during the subrecipient agreement project period
- Adopt the SC Ryan White Part B Service Standards and any revisions made during the subrecipient agreement project period for all Ryan White Part B services provided.
- Provide medical case management services as described in the Ryan White HIV/AIDS
 Program Services. Adhere to the South Carolina Part B Medical Case Management
 Standards and any revisions made during the grant period. Adhere to the Medical Case
 Manager and Medical Case Manager Supervisor qualifications when hiring new staff.
- Adhere to the current HHS Treatment Guidelines.
- Adhere to adopted clinical, treatment, and HIV care related guidelines for monitoring of performance and quality metrics. Participate in quality initiatives adopted by DHEC for services funded by RW Part B Program funds or funds derived from the RW Part B Program.



- Subrecipients providing Medicaid eligible services must be Medicaid certified.
- If the subrecipient desires to enter into contractual agreements with other entities for the provision of services, the subrecipient must first gain written prior approval from DHEC's STD/HIV/Viral Hepatitis Division.
 - The contractual agreement must include the scope of work and terms and conditions related to the services they will provide to include all requirements in the parent subrecipient agreement with DHEC.
 - The subrecipient is responsible for providing oversight, monitoring, and Technical Assistance to ensure entities receiving Ryan White Part B Program funds comply with all HRSA and DHEC subrecipient agreement and reporting requirements as stated in this RFGA and the subrecipient agreement with DHEC.
- Retain all records with respect to all matters covered by this agreement in accordance with subrecipient agreement.



- Allow HRSA and DHEC on-site for site visits and make records available upon request for financial, programmatic, quality management, and other topics, as required for monitoring purposes.
- Permit and cooperate with any State or Federal investigations undertaken regarding programs conducted under Ryan White Part B.
- Provide, upon request by HRSA or DHEC, specific documentation of expenditures included on submitted invoices. The following areas will be reviewed:
 - <u>FINANCIAL MANAGEMENT</u>: Financial records will be reviewed to ensure compliance with Generally Accepted Accounting Principles, as well as OMB and DHEC's accounting principles.
 - PROGRAM PROGRESS: Review progress in providing Ryan White Part B Programs services and expending funds.



- Responsible for all matters pertaining to applicable HIPAA, data security, and confidentiality, including references in the subrecipient agreement.
- The subrecipient must:
 - adhere to CDC's Data Security and Confidentiality Guidelines (*Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action* (Atlanta, GA: U.S. DHHS, CDC; 2011)
 (http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf) including any amendments.
 - submit annually a certification of compliance in the form attached ensuring compliance with the standards; and (c) ensure that staff members and contractors with access to public health data attend data security and confidentiality training annually and maintain training documentation in their personnel files.



ec South Carolina Department of Health and Environmental Control

Updated

- Program income shall be monitored by DHEC, retained by the subrecipient, and used to provide Ryan White HIV/AIDS Program (RWHAP) Part B services to eligible clients.
 - o Program income is gross income earned by the subrecipient directly generated by the grant-supported activity or earned as a result of the RWHAP Part B award.
 - Subrecipient must have systems in place to account for program income and ensure tracking and use of program income consistent with HRSA's requirements.
 - All program income generated as a result of awarded funds must be used for HRSA's Ryan White HIV/AIDS Program Part B approved project-related activities.
 - For additional information regarding HRSA's program income requirements, reference the HAB Policy Notices: PCN 15-03 and the Frequently Asked Questions for Policy Clarification Notices 15-03 and 15-04.
- If the subrecipient organization utilizes the 340B covered entity status available as a Ryan White Part B Program provider, allow DHEC to review the financial documentation of revenues and expenditures to ensure that 340B revenues are generated and utilized in compliance with HRSA requirements.

IEC South Carolina Department of Health and Environmental Control

New

Grant Requirements

The subrecipient must adhere to the Subrecipient Representation and Conduct: Code of Conduct working with DHEC as a subrecipient.



Budget/Funding Related Grant Requirements

- Submit annually at the beginning of each grant year:
 - o Implementation Plan (IP) for each funding source.
 - o Budget Narrative and Cost Allocation Plan (BNCAP), including planned expenditure details on personnel, fringe, supplies, equipment, travel, contractual, other, and administration by Ryan White service category. The budget should include clear descriptions of the use of the funds.
 - o Organizational chart including all Ryan White Part B Program funded staff.
- If throughout the course of a grant year a budget revision is necessary and exceeds twenty-five percent (25%) of the amount allocated for a budget line item, either operating or RW service category, the subrecipient must make a written request to DHEC for approval of the revision.
- Limit administrative charges to the grant to ten percent (10%) of expenditures.
- Limit Clinical Quality Management (CQM) charges to the grant to five percent (5%) of expenditures.



Budget/Funding Related Grant Requirements

- Spend at least seventy-five percent (75%) of each award on core services after subtracting administrative costs. A maximum of twenty-five percent (25%) of each of the subrecipient's grant award (after subtracting administrative costs) may be spent on supportive services. MAI funds are not held to this 75% rule.
- Do not spend Ryan White Program funds on unallowable costs.
- Continually monitor the third-party reimbursement process and collect reimbursement.
- Must have and maintain financial mechanisms for monthly adequate and accurate reporting, reconciliation and tracking of program expenditures for each awarded funding source and program income.
- Monthly submission for reimbursement of expenditures must be submitted on the 15th of the following month using the required invoice templates.



Budget/Funding Related Grant Requirements

- All out-of-state travel requests must be preapproved by DHEC Ryan White Part B Program prior to initiation of travel plans.
- All gift cards and vouchers must be preapproved by DHEC Ryan White Part B Program and Office of Federal Grants Compliance prior to purchase using the approved template.
- Equipment purchases must be preapproved by DHEC Ryan White Part B Program prior to purchase and follow SC Procurement Guidelines for Subrecipients.
- Subrecipients must have financial mechanisms in place to monthly track program income, including client direct payment, insurance reimbursement, and 340B Income, and expenditures of program income.
 - Program income should be retained by the subrecipient for "additive" use within their programs furthering the Ryan White Part B program and can only be used in accordance with HRSA's Ryan White HIV/AIDS Program Part B requirements.
 - o Program income must be accounted for and utilized in the year in which it is received.
 - For additional information regarding HRSA's program income requirements, reference the HAB Policy Notices: PCN 15-03 and the Frequently Asked Questions for Policy Clarification Notices 15-03 and 15-04.



Updated

Budget/Funding Related Grant Requirements

Subrecipient must maintain an activity/time log to document time and effort of individual staff funded with Ryan White Part B Program funds demonstrating fiscal stewardship of Ryan White Part B funds. The activity/time log must include the number of hours spent working on each grant and a brief description of the task performed for salaries charged to the grants.



Grant Meeting Requirements

- Ryan White Part B GY2022 Orientation
- Peer Review
- Director Calls
- Clinical Quality Management Steering Committee Meeting
- Medical Case Management Workgroup
- Outreach Workforce Committee
- Periodic Statewide Meetings
- Statewide Coordinated Statement of Need and Integrated HIV Care and Prevention Plan Meetings
- Program Specific Technical Assistance



Grant Reporting Requirements

Quarterly Reports

- Expenditure Report
- Programmatic Narrative Report
- RSR Client Summary Report or Ryan White Part B Program Services Report
- Plan Do Study Act Report

Annual Reports

- Expenditure Report (Grant Year End)
- Programmatic Narrative Report (Grant Year End)
- Ryan White Services Report (RSR)
- Women, Infant, Children, Youth Report (Year End)
- Program Income Report (Year End):
- Quality Management Data Report:
- RSR Client Summary Report or Ryan White Part B Program Services Report
- Needs Assessment Report

As Needed:

- Information required for establishing contracts and payments with DHEC
- Subrecipient key staff contacts & contact information
- Other reports as indicated in the Ryan White Reporting Schedule posted to the DHEC website
- Type, amount, and costs of programs and services funded through the subrecipient
- Number and demographic characteristics of individuals and families served by the subrecipient
- Data elements collected for RSR and Quality Management Program
- ADAP Program Electronic information in *Provide Enterprise*. The information requested will include the Patient's Client Profile, Drug and Vital Sign Information.



Grant Accountability Measures

- Subrecipients must serve no less than (95%) of the total number of clients served in the previous calendar year based on the annual Ryan White Services Report.
- Subrecipients falling below twenty percent (20%) of the state benchmark for any of the established Quality Management Performance Measures will be required to implement improvement strategies and report progress
- Subrecipients lapsing 10% or more of their funding in a period of performance, without consultation and approval from DHEC as to why the decreased need for available funding in the service area, may receive a reduced award in the following period of performance.



Grant Accountability Measures

- Subrecipients must use no lesser than the percentage of funds in a fiscal year constituted by the ratio of the population of the geographic service area of infants, children, youth and women with HIV infection to the general population in the geographic area of individuals with HIV infection. DHEC's satisfactory review of the WICY Report will satisfy this requirement.
- In a period of performance, subrecipients must use funds within ten percentage (+/-10%) points of the ratio of the population of racial minority groups with HIV infection of the geographic service area to the general population in the geographic area of individuals with HIV infection. DHEC's satisfactory review the annual RSR Client Summary Report or Ryan White Part B Program Services Report will satisfy this report.



New

Grant Accountability Measures

- Communicate to the DHEC Ryan White Part B Program of all location changes and key program contact changes, including email communication list serve contacts, as changes are made or at least on a quarterly basis.
- Review and respond to Quarterly Compliance Reports.
- Non-compliance with subrecipient agreement requirements may result in Corrective Actions, Probation, and/or Termination of the subrecipient agreement or in funding reductions.



RFGA Timeline

- RFGA Posted October 8, 2021
- Webinar October 21, 2021at 1:00 PM
- Questions due by October 18, 2021 at 5:00 PM to Leigh Oden at OdenL@dhec.sc.gov
- Responses to Questions posted no later than October 22, 2021 at 5:00 PM
 - This includes any questions submitted today as part of the webinar
 - Questions submitted today do not need to be resubmitted via email
- Application Submission December 6, 2021 at 2:30 PM
- Notification of Award No Later than February 14, 2022
- Start Date April 1, 2022



South Carolina Department of Health and Environmental Control

Application Requirements & Scoring



Signed Cover Letter

(not scored)

- Service area for which the applicant is applying for Ryan White Part B Base funds. If the applicant is also applying for Ryan White Part B Emerging Communities and/or Ryan White Part B Minority AIDS Initiative, please indicate in the cover letter.
- Statement that the applicant is willing to perform the services as stated in the RFGA if awarded.
- Statement that the applicant will comply with all requirements of the RFGA and the attached subrecipient agreement, if awarded.
- Statement that the project(s) can be carried out for the amount requested.
- The cover letter must be signed by a person having authority to commit the applicant to a subrecipient agreement.
- New: The name and email address of the person to send the Intent to Award Notification.



Eligibility Documentation Determination

(not scored)

- Describe the three (3) years of established history of providing quality RW eligible services of HIV medical care, HIV medical case management, and/or supportive services (consistent with RW eligible service) to Ryan White Part B eligible PLWH as outlined in the Scope of Services.
- Provide three (3) years of data reports as documentation of three (3) years of service history described above.
- Provide a list of all office locations giving physical addresses and phone numbers where SC Ryan White Part B DHEC funded services will be provided to eligible PLWH.
- Provide a statement assuring DHEC that eligible PLWH in all counties of the service area will be served.
- Provide a statement indicating that the applicant has the capacity to enter into a cost reimbursement grant agreement without prompt reimbursement from DHEC.



Eligibility Documentation Determination

(not scored)

- New: Provide a statement indicating the applicant has documented organizational fiscal stability to maintain its agency's core services without the Ryan White Part B Program funds provided in this grants process.
- Submit a Certificate of Existence.
- New: Does your organization currently have any DHEC subawards or contracts in a probationary status? If yes, provide a description of the circumstances, including: DHEC subaward or contract number, date of probation, reason for probation, and any changes within the applicant organization to ensure compliance with current and future contracts.
- Has your organization ever had a DHEC subaward or contract terminated for non-compliance? If yes, provide a description of the circumstances of the terminated subaward or contract including: the DHEC subaward or contract number, date of termination, reason for termination, and any changes within the applicant organization to ensure compliance with current and future contracts.
- Submit a completed Pre-Award Risk Assessment.



Organizational History, Experience, Structure and Capacity (30 Points)

- Describe the organization's history and experience demonstrating the ability to accomplish the tasks set forth in the Scope of Work.
- Describe the organization's record of service to special populations and sub-populations with HIV disease within the counties to be served. In addition, if not a current Ryan White Part B subrecipient, please include the number of PLWH currently served by your organization with each of the Ryan White eligible services in this application. If your organization is a current Ryan White funded provider, the 2020 Ryan White data report submitted for eligibility determination in Section A will be reviewed for the number of PLWH served with each of the Ryan White eligible services.
- Submit an organizational chart reflecting the organizational structure of your organization, governance, programs/services, and staffing.
- Revised: Describe the organization's key staff for administering and implementing the proposed RW Part B Program funded services and ensuring compliance with all requirements listed in the RFGA. Submit job descriptions and biographical sketches (or resumes) of key personnel.

Organizational History, Experience, Structure and Capacity (30 Points)

- If applicable, list your Board of Directors including, name, title, phone number, and email address.
- New: Provide the term requirement for a Board Member.
- Revised: Describe how the composition of the Board of Directors and the composition of the key agency staff reflect the target population.
- New: What are the organization's hours of operations at all sites where Ryan White Part B Program services will be provided? Does the organization operate during non-traditional work hours?
- What are your organization's data security and confidentiality standards?
- What is the organization's current client grievance policy?
- New: If applicable, has your organization received training or are staff familiar with the OMB Circulars A-122 Cost Principles for Non-Profit Organizations?
- New: If applicable, has your organization received training on DHEC's Federal Grants Compliance Requirements for Subrecipients?



Organizational History, Experience, Structure and Capacity (30 Points)

- New: Who is responsible for your organization's written accounting, administrative, personnel, procurement/purchasing, and/or operational policies and procedures? How often are organizational policies and procedures reviewed?
- New: Does your organization have a Continuity of Operations Plan? Briefly describe your organization's ability to provide services during an emergency situation.
- New: Describe your organization's capacity to provide culturally and linguistically appropriate services?
- Will the organization be subcontracting for the provision of services to PLWH? If so, how will the organization provide contractual oversight and ensure the subgrantee is compliant with all DHEC subaward requirements?
- List any lawsuits that have been filed against the organization for any services related to the services that will be provided under this Ryan White Part B Program. Include the status and a background on the claim.
- How will the organization begin the provision of services within sixty (60) days of subaward execution?



Needs Assessment & Program Planning (15 Points)

- Describe the HIV epidemic in the service area for which your organization is applying. The applicant shall consider demographic characteristics of reported HIV cases and unmet needs in the service area.
- What are the target populations to be served with these Ryan White Part B Program funds?
- Describe the existing HIV services, service needs or gaps, and unmet needs within the service area. What methods were used for determining the existing services, needs or gaps, and unmet needs in the service area? Were PLHW involved? If so, how?
- New: How are PLWH engaged in the organization's planning and quality improvement processes? If your organization has a Consumer Advisory Board, provide 2021 meeting dates.
- How will the SC Integrated HIV Care and Prevention Plan and HIV Care Continuum and SC EHE
 Plan be utilized each year in planning, prioritizing, targeting, and monitoring available resources in
 response to needs of PLWH in the jurisdiction and in improving engagement at each stage in the
 HIV care continuum?



Ryan White Part B Program Description (25 Points)

- Describe the continuum of services to be offered to PLWH by your organization. Include each RW Part B eligible service and the service delivery process for each service proposed to be provided with Ryan White Part B funds. Include who at the organization will deliver the service and how the organization will ensure proper and timely access to all services.
 - The following six (6) services must be provided or paid for: medical care, medical case management, mental health services, oral health services, substance abuse services outpatient, medical transportation.
 - o If other services are available through other sources of funding to RW Part B eligible PLWH at your organization, you may also include a description of those services with funding sources separately.
- Complete an annual Implementation Plan showing the RW Part B Program funded services proposed to be provided and how many Ryan White Part B eligible PLWH are proposed to be served with each funded service.
- What is the client eligibility criteria for service at your organization? How will the organization ensure Ryan White Part B Program funds are only provided to RWB eligible clients?

Ryan White Part B Program Description (25 Points)

- What is the client eligibility criteria for service at your organization? How will the organization ensure Ryan White Part B Program funds are only provided to RWB eligible clients?
- Describe how Ryan White Part B Program services will be made available and accessible to all clients in the multi-county service area, including the outlying areas.
 - o New: Please include the number of clients currently served in each county of the service area for which the organization is applying. Include telehealth capacity, if available.
- New: Describe the intake process for a newly diagnosed client referred to your organization for Ryan White Part B services?
- How will the organization ensure that Ryan White is the payer of last resort and that it will vigorously pursue alternate payer sources for clients, including Medicaid, State Children's Health Insurance Programs (SCHIP), Medicare, including Medicare Part D, basic health plans and private insurance?
- If proposing to provide any Medicaid eligible services, provide proof of Medicaid certification.

Community Collaborations (15 Points)

- Revised: Describe the organization's partnerships with entities in the area that provide key points of access to the health care system for people living with HIV including health departments, community health centers, HIV testing sites, mental health centers, substance abuse services, homeless service centers, etc. Include a list of those partner entities.
- Describe the planned EIIHA and other initiatives to be implemented by your organization, including partnerships with HIV testing sites and/or provision of testing services on-site, if applicable, for facilitating early intervention and rapid linkage to medical care.
- Revised: Describe how the organization collaborates with entities providing ambulatory and outpatient HIV-related health care services, medical case management, and supportive services within the service area, including other Ryan White funded and Housing Opportunities for People with AIDS (HOPWA) funded agencies, providing services to similar populations. Include a list of entities in the service area providing Ryan White and HOPWA eligible services.

Community Collaborations (15 Points)

- How will your organization ensure coordination, but not duplication, of services to PLWH will occur within the service area, especially if there are multiple Ryan White subrecipients (either DHEC or HRSA funded)?
- New: Describe your organization's involvement with the S.C. HIV Planning Council and/or SC's Ending the HIV Epidemic planning process.

Reporting and Evaluation (15 Points)

- If awarded, does the organization agree to use the database software *Provide Enterprise*?
- How does the organization currently track client demographics and services provided that will be needed for quarterly and annual reports?
- How will the organization evaluate Ryan White Part services to ensure service provision goals and objectives are met?
- New: What are the organization's overall Retention in Care and Viral Suppression rates for PLWH currently served by the organization?
 - o How were these calculated?
 - How do these measures compare to three (3) years ago?
 - What is the organization's overall goal for retention in care and viral suppression for PLWH served by the organization in three (3) years?

Reporting and Evaluation (15 Points)

- New: Does your organization have a Quality Management Plan? Who is responsible for updating the plan and how often?
 - Does your organization have an internal Quality Management Committee?
 - List members.
 - o How often does the committee meet?
- New: Describe a current Clinical Quality Management initiative or activity related to HIV care within your organization?
 - o What are the desired results?
- New: How often does your organization review HAB performance measurement data (including Clinical Report Card, if applicable)?
 - When does the organization take action to correct a measure trending downwards?

Emerging Communities Application

40 Points Total – Scored Separately After Awarding RW Part B Funds

- Describe the need for supplemental funding for providing core and supportive services to clients served by the organization.
- Complete an annual Implementation Plan showing the RW Part B Emerging Community services proposed to be provided and how many Ryan White Part B eligible PLWH are proposed to be served with each service. At least 75% of expenditures must be core services.
- Revised: Describe each RW Part B eligible service and the service delivery process for each service as proposed to be provided with Ryan White Part B EC funds. Include who at the organization will deliver the service and how the organization will ensure proper and timely access to each service.
- Revised: Describe how the planned EC-funded services will increase rates of persons living with HIV who are linked to medical care, retained in medical care, and virally suppressed. Are there other anticipated outcomes?



Minority AIDS Initiative Application

40 Points Total – Scored Separately After Awarding RW Part B Funds

- Indicate the outreach initiative(s) the organization is proposing to increase minority participation in ADAP? The proposal must include the prescribed outreach efforts:
 - Statewide Prison Discharge Planning, and/or
 - Local Jail Outreach Program
- Revised: Depending on the project(s) for which the applicant is applying, describe the need for Statewide Prison Discharge Planning in the state and/or the need for a Local Jail Outreach Program in the geographic service area to increase minority participation in SC ADAP treatment services. Include numbers of PLWH in prison and/or jails in the service area by county and current testing efforts in prison and/or jails in the service area by county. What are the barriers for PLWH in prison and/or jail with participating in ADAP?
- If applying for #1, describe the organization's experience and outcomes with implementing and operating a Statewide Prison Discharge Planning Program. Describe the current relationship the organization has with the SC Department of Corrections.
- If applying for #2, describe the organization's experience and outcomes with providing outreach to the local jail populations. Describe the current relationship the organization has with the local jails.



Minority AIDS Initiative Application

40 Points Total – Scored Separately After Awarding RW Part B Funds

- If applying for #1, describe the service delivery process for a statewide prison discharge planning program and how that service increases the populations' participation in ADAP. Include staff needs to be funded with MAI dollars.
- If applying for #2, describe the service delivery process for providing outreach services at local jails and increasing the populations' participation in ADAP of those receiving services. Include staff needs to be funded with MAI dollars.
- List the goals and specific, measurable objectives of the project including the number of persons you
 intend to provide outreach efforts to during the project period. Additionally, submit an
 Implementation Plan. List any organizations that are providing similar services in the service area. How
 will this proposed program further meet the needs of the target population or improve services
 provided?
- If applicable, list any other funding the organization receives to meet these needs or other Outreach funds allocated from DHEC. Demonstrate why additional funding is needed and, if funded with MAI funding, how your organization will avoid duplication of services.



Budget Narrative & Cost Allocation Plan* (Not Scored)

- All applicants must complete a proposed Budget Narrative and Cost Allocation Plan.
 - The BCNAP must include planned expenditure details on personnel, fringe, supplies, equipment, travel, contractual, other, and administration by Ryan White service category.
 - The budget should include clear descriptions of the use of the funds.
 - The BNCAP should be a 12-month budget period for the grant year starting April 1, 2022 through March 31, 2023.
- The budget document will be reviewed to ensure a clear and understandable explanation of all costs and a demonstration of project costs.
- All sources of funding applied for must be included on one Budget Narrative and Cost Allocation Plan. For example, if applying for RW Part B, EC, and MAI; the RW Part B, EC and MAI budgets must be included on the submitted Budget Narrative and Cost Allocation Plan.

^{*}Additional details later in the webinar.



Implementation Plan



Outpatient/Ambulatory Health Service).

EC South Carolina Department of Health and Environmental Control

Funds/Allocation should match the amount budgeted (on the BNCAP) for each service category under the applicable funding source whether Base, EC, or MAI.

- Ex. Ryan White Base Outpatient Ambulatory Medical Care
- If your budget does not include funding for the service category, leave blank.

| Service Category Number: 1 | | | | Total Priority Allocation: | | \$75,000.00 |
|--|--|-----------------|------------------|---|-------------------------|--|
| Service Goal: To provide medical care services of HIV/AIDS | onsistent with PHS guidelines to people | e living with | Current Comprehe | nsive Plan: yes | | |
| | | 3. Qu | antity | 4. Time Frame: | 5. Fund | |
| 1. Objectives: List SMART objectives that support the service goal listed above | 2. Service Unit Definition: Define the service unit to be provided | of people to be | | Indicate the estimated duration of activity relating to the objective listed. | Provid amou to pr | approximate funds to be used this service. |
| a: Provide patients with professional diagnostic and therapeutic services for eligible PLWH/A. | Visit rendered face-to-face by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting for the provision of professional diagnostic and therapeutic services. Provided either on-site or paid for. | 300 | 825 | 4.1.2021-3.31.2022 | 75,000.00 | • |

(a): Clients with an Outpatient/Ambulatory Health Service two times or more - at least three months apart - during the measurement year (among clients with at least one

(b): Clients who have achieved viral suppression during the measurement year (among clients with at least one Outpatient/Ambulatory Health Service).



3a – Include the number of people you expect to provide this service to.

• Example: Provide Outpatient Ambulatory Medical Care to 300 unique individuals

| Service Category: Outpatient Ambulatory Medi | cal Care/Outpatient Ambulatory Healt | | rices | | | | |
|--|--|------|---------------------------------|--------|--|---|---|
| Service Category Number: 1 | | | | | | Total Priority Allocation: | \$75,000.00 |
| Service Goal: To provide medical care services of HIV/AIDS | onsistent with PHS guidelines to peopl | | g with | Curr | ent Comprehe | nsive Plan: yes | |
| | | | 3. Qu | iantit | ty | 4. Time Frame: | 5. Funds: |
| 1. Objectives: List SMART objectives that support the service goal listed above | 2. Service Unit Definition: Define the service unit to be provided | | otal number ople to be ed | of se | Total Number ervice units to rovided | Indicate the estimated duration of activity relating to the objective listed. | Provide the approximate amount of funds to be used to provide this service. |
| a: Provide patients with professional diagnostic and therapeutic services for eligible PLWH/A. | Visit rendered face-to-face by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting for the provision of professional diagnostic and therapeutic services. Provided either on-site or paid for. | 300 | | 825 | | 4.1.2021-3.31.2022 | 75,000.00 |
| 6. Outcomes: For each SMART objective, name at (a): Clients with an Outpatient/Ambulatory Health Service). (b): Clients who have achieved viral suppression | Ith Service two times or more - at least | thre | ee months apar | | | rement year (among clients w Ambulatory Health Service). | ith at least one |

3b – Include the number of times you expect to provide that service during the year.

- This number may include duplicative services to the same client.
- Example: The 300 clients expected to receive OAMC will receive an average of 2.75 OAMC services per year $(300 \times 2.75 = 825 \text{ service units})$



Budget Narrative and Cost Allocation Plan (BNCAP)



Budget Narrative & Cost Allocation Plan

RWB, EC, and MAI should be budgeted separately in the appropriate column

| DYAN WHITE DADT B HIWAIDS DDOCDAM FELTDAL & DEBA | F SURAVADOS | | | | | | | | | | | | | |
|--|--|---|--|--|--|---|--|--|--|--|--|--|--|--|
| | | R | W/R | | FC | | /IAI | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | 7 - 1 | V V D | 7 7 | | 7 - " | / 1/ \1 | | | | | | | |
| Total funding requests from all potential Ryan White funding sources, with the exception of EC and MAI, should be entered in column E. This includes all potential funding across Base, Rebate, and Supplemental. Reminder - EHE funds are awarded separately and not part of this RFGA. Also, ADAP-IAP and NHAS funds should not be budgeted for the purpose of this RFGA. Budget \$ - #DIV/0! \$ - #D | | | | | | | | | | | | | | |
| sources, with the exception of EC and MAI, should be entered in | Funds | - EXCEL | White | EC | % EC | MAL | ∕₀ MAI | | | | | | | |
| | | & MAI | EC & MAI | | | | | | | | | | | |
| | Budget | \$ - | #DIV/0! | \$ - | #DIV/0! | \$ - | #DIV/0! | | | | | | | |
| not be budgeted for the purpose of this RFGA. | | \$ - | #DIV/0! | \$ - | #DIV/0! | \$ - | #DIV/0! | | | | | | | |
| | | \$ - | #DIV/0! | • | #EHV## | ¥ · | #DIW0 | | | | | | | |
| | Core | \$ - | #DIV/0! | \$ - | #DIV/0! | ş - | HOIMO | | | | | | | |
| Ryan White Part B Application | Supportive | \$ - | #DIV/0! | \$ - | #DIV/0! | \$ - | #DIV/0! | | | | | | | |
| | | | | | | | | | | | | | | |
| JECTED EXPENDITURES BY SERVICE CATEGORY (with Item Description) | Budget by Services | All Ryan White Funding - EXCEPT EC & MAI | % All Ryan White Funding - EXCEPT EC & MAI | EC | % EC | MAI | % MAI | | | | | | | |
| oulatory Medical Care / Outpatient Ambulatory Health Services | \$ - | \$ - | #DIV/0! | \$ - | #DIV/0! | \$ - | BEXEVEDB | | | | | | | |
| Position Title, Description & Classification> Salaries & Wages | | | #DIV/0! | | #DIV/0! | | HEAVAO | | | | | | | |
| Fringe Benefits & % of Salary> Fringe | | | #DIV/0! | | #DIV/0! | | #(490) | | | | | | | |
| Description | | | #DIV/0! | | #DIV/0! | | MDIW0 | | | | | | | |
| Description | | | #DIV/0! | | #DIV/0! | | # (47/0 | | | | | | | |
| Description | | | #DIV/0! | | #DIV/0! | | MERINO | | | | | | | |
| Description | | | #DIV/0! | | #DIV/0! | | #(#W) | | | | | | | |
| Description | | | #DIV/0! | | #DIV/0! | | #340 | | | | | | | |
| | | | | | | | | | | | | | | |
| armaceutical Assistance | \$ - | \$ | #DIV/0! | \$ - | #DIV/0! | \$ | #DI V/DI | | | | | | | |
| J | BUDGET NARRATIVE and COST ALLOCATION LL SOU PERIOD OF PERFORMANCE (GY): April 1, 202 - Ma Total funding requests from all potential Ryan White funding sources, with the exception of EC and MAI, should be entered in column E. This includes all potential funding across Base, Rebate, and Supplemental. Reminder - EHE funds are awarded separately and not part of this RFGA. Also, ADAP-IAP and NHAS funds should not be budgeted for the purpose of this RFGA. Ryan White Part B Application Page 1 | Total funding requests from all potential Ryan White funding sources, with the exception of EC and MAI, should be entered in column E. This includes all potential funding across Base, Rebate, and Supplemental. Reminder - EHE funds are awarded separately and not part of this RFGA. Also, ADAP-IAP and NHAS funds should not be budgeted for the purpose of this RFGA. Budget 10% Admin Cap 5% Quality Cap Core Ryan White Part B Application Budget by Services Budget by Services Budget by Services Fostion Title, Description & Classification> Salaries & Wages Fringe Elemetrs & Salary> Fringe Description Description Description Description Description Description Description Description Description | BUDGET NARRATIVE and COST ALLOCATION LL SOURCES of FUNDING PERIOD OF PERFORMANCE (GY): April 1, 20. March 31, 2023 Total funding requests from all potential Ryan White funding sources, with the exception of EC and MAI, should be entered in column E. This includes all potential funding across Base, Rebate, and Supplemental. Reminder - EHE funds are awarded separately and not part of this RFGA. Also, ADAP-IAP and NHAS funds should not be budgeted for the purpose of this RFGA. Budget \$ - | BUDGET NARRATIVE and COST ALLOCATION LL SOURCES of FUNDING PERIOD OF PERFORMANCE (GY): April 1, 202 — March 31, 2023 Total funding requests from all potential Ryan White funding sources, with the exception of EC and MAI, should be entered in column E. This includes all potential funding across Base, Rebate, and Supplemental. Reminder - EHE funds are awarded separately and not part of this RFGA. Also, ADAP-IAP and NHAS funds should not be budgeted for the purpose of this RFGA. Budget \$ - #IDIVIOI \$ - #IDIV | BUDGET NARRATIVE and COST ALLOCATION LL SOURCES of FUNDING PERIOD OF PERFORMANCE (GY): April 1, 202. March 31, 2023 Total funding requests from all potential Ryan White funding sources, with the exception of EC and MAI, should be entered in column E. This includes all potential funding across Base, Rebate, and Supplemental. Reminder - EHE funds are awarded separately and not part of this RFGA. Also, ADAP-IAP and NHAS funds should not be budgeted for the purpose of this RFGA. Budget \$ #DIV/00 \$ - #DI | BUDGET NARRATIVE and COST ALLOCATION LL SOURCES of FUNDING PERIOD OF PERFORMANCE (GY): April 1, 20x March 31, 2023 Total funding requests from all potential Ryan White funding sources, with the exception of EC and MAI, should be entered in column E. This includes all potential funding across Base, Rebate, and Supplemental. Reminder - EHE funds are awarded separately and not part of this RFGA. Also, ADAP-IAP and NHAS funds should not be budgeted for the purpose of this RFGA. Budget \$ - HDIVIOI \$ - | BUDGET NARRATIVE and COST ALLOCATION LL SOURCES of FUNDING PERIOD OF PERFORMANCE (GY): April 1, 20:23 Total funding requests from all potential Ryan White funding sources, with the exception of EC and MAI, should be entered in column E. This includes all potential funding across Base, Rebate, and Supplemental. Reminder - EHE funds are awarded separately and not part of this RFGA. Also, ADAP-IAP and NHAS funds should not be budgeted for the purpose of this RFGA. Budget \$. \$. \$. \$. \$. \$. \$. \$. \$. \$ | | | | | | | |



Budget Narrative & Cost Allocation Plan

In the upper portion of the BNCAP, costs should be allocated by service category. This section includes separate lines for Administration and CQM.

If you are unsure of the exact services provided under each category, please see the Ryan White Part B service definition (linked in the attachments of the RFGA).

Outpatient Medical Care

Local AIDS
Pharmaceutical

Oral Health Care

Assistance

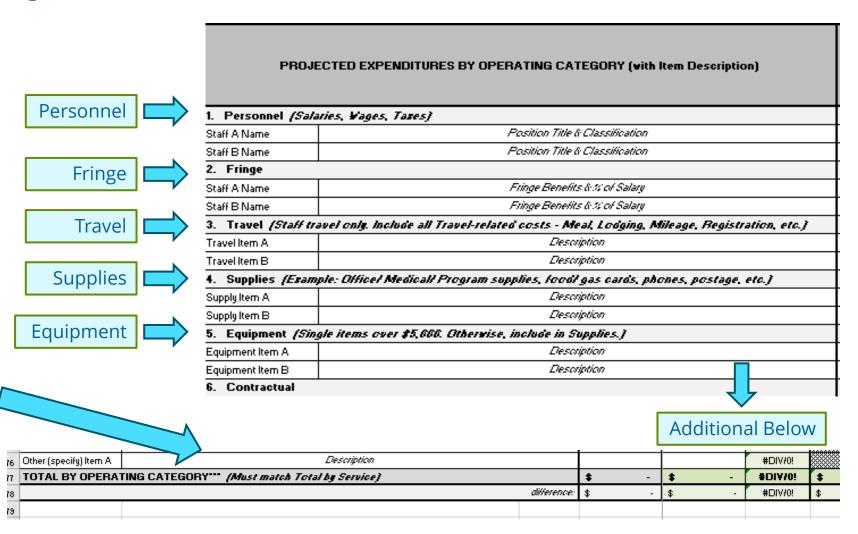
| 1. Outpatient Ambulatory M | ledical Care / Outpatient Ambulatory Health Services |
|----------------------------|--|
| Staff A Name | Position Title, Description & Classification> Salaries & Wages |
| | Fringe Benefits & % of Salary> Fringe |
| Travel Item A | Description |
| Supply Item A | Description |
| Equipment Item A | Description |
| Contractual A | Description |
| Other (specify) Item A | Description |
| 2. Local AIDS Pharmaceuti | cal Assistance |
| Staff A Name | Position Title, Description & Classification> Salaries & Wages |
| | Fringe Benefits & 2 of Salary> Fringe |
| Travel Item A | Description |
| Supply Item A | Description |
| Equipment Item A | Description |
| Contractual A | Description |
| Other (specify) Item A | Description |
| 3. Oral Health Care | |
| Staff A Name | Position Title, Description & Classification> Salaries & Wages |
| | Fringe Benefits & % of Salary> Fringe |
| Travel Item A | Description |
| Supply Item A | Description |
| Equipment Item A | Description |
| Contractual A | Description Additional E |



Budget Narrative & Cost Allocation Plan

In the lower portion of the BNCAP, costs should be allocated by operating category. This section also includes Administration and CQM.

These costs should match those listed above. As shown below, the BNCAP will automatically calculate differences between the total budget in the service vs. operating totals. Ensure that the total is \$0.00.

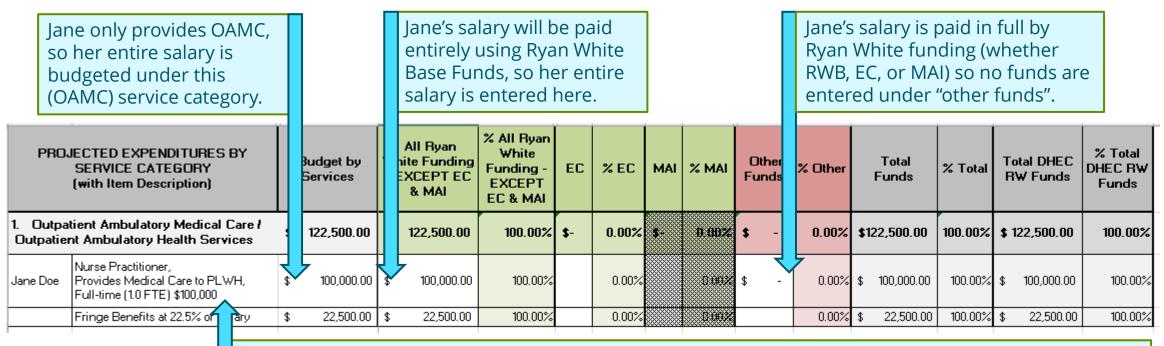




Allocating Personnel in the BNCAP



Jane Doe: Is a full-time, salaried NP, she will be funded 100% by Ryan White B Outpatient Ambulatory Medical Care funds. Her annual salary is \$100,000. Fringe is charged at 22.5% of her annual salary.



Jane's description includes her job title, a short description of her responsibilities, states that she is a full-time employee (1.0 FTE) on OAMC (versus split between two or more service categories) and her total annual salary (versus the total charged to the service category, which may be less in some instances – as shown in later examples).



Jane Doe: Is a full-time, salaried NP, she will be funded 100% by Ryan White B Outpatient Ambulatory Medical Care funds. Her annual salary is \$100,000. Fringe is charged at 22.5% of her annual salary.

Total funds should match the amount in the "Budget by Service Category".

| PRO | JECTED EXPENDITURES BY SERVICE CATEGORY (with Item Description) | Budget by Services | All Ryan hite Funding EXCEPT EC & MAI | Funding - | EC | %EC | МАІ | % MAI | Other Funds | % Other | Fotal unds | % Total | Total DHEC RW Funds | % Total DHEC RW Funds |
|----------|--|-----------------------|--|-----------|-------------|-------|-----|-------|----------------|---------|------------------|---------|------------------------|-----------------------------|
| - | tient Ambulatory Medical Care / nt Ambulatory Health Services | \$ 122,500.00 | \$ 122,500.00 | 100.00% | \$ - | 0.00% | \$- | 0.00% | s - | 0.00% | \$,500.00 | 100.00% | \$ 122,500.00 | 100.00% |
| Jane Doe | Nurse Practitioner, Provides Medical Care to PLWH, Full-time (1.0 FTE) \$100,000 | \$ 100,000.00 | \$ 100,000.00 | 100.00% | | 0.00% | | 0:02 | \$ - | 0.00% | \$ 100,000.00 | 100.00% | \$ 100,000.00 | 100.00% |
| | Fringe Benefits at 22.5% of Salary | \$ 22,500.00 | \$ 22,500.00 | 100.00% | | 0.00% | | 000% | | 0.00% | \$ 22,500.00 | 100.00% | \$ 2 00.00 | 100.00% |

Because OAMC cannot be funded using MAI funds, these boxes are shaded. You should not allocate any of Jane's salary costs to this funding source.

Total DHEC funds should equal all funds allocated to RWB, EC, and MAI.



John Brown: Is a full-time, salaried Outreach Coordinator, he only provides outreach services. He will be funded 50% by Ryan White B funds, 25% by MAI funds, and 25% using 340B income. His annual salary is \$50,000. Fringe is charged at 22.5% of his annual salary.

John only provides Outreach Services, so 100% of his salary is budgeted under the Outreach service category.

| PRO | JECTED EXPENDITURES BY SERVICE CATEGORY (with Item Description) | _ | udget by iervices | F | All Ryan White unding - CEPT EC & MAI | % All Ryan White Funding - EXCEPT EC & MAI | EC | % EC | | MAI | % MAI | Other Funds | % Other | Total Funds | % Total | Total DHEC RW Funds | % Total DHEC RW Funds |
|---------------|--|----|----------------------|----|---|--|-----|-------|------------|--------------|--------|----------------|---------|----------------|---------|------------------------|-----------------------------|
| 21. Outrea | nch Services | П | 61,250.00 | \$ | 30,625.00 | 50.00% | \$- | 0.002 | <u>د</u> ع | \$ 15,312.50 | 25.00% | \$ 15,312.50 | 25.00% | \$ 61,250.00 | 100.00% | \$ 45,937.50 | 75.00% |
| John Brown | Outreach Coordinator, Direct Outreach to PLWH to re-engage them in care, Full-time (1.0 FTE), \$50,000 | \$ | 50,000.00 | \$ | 25,000.00 | 50.00% | | 0.003 | % \$ | 12,500.00 | 25.00% | \$ 12,500.00 | 25.00% | \$ 50,000.00 | 100.00% | \$ 37,500.00 | 75.00% |
| | Fringe Benefits at 22.5% of Salary | \$ | 11,250.00 | \$ | 5,625.00 | 50.00% | | 0.003 | % \$ | 2,812.50 | 25.00% | \$ 2,812.50 | 25.00% | \$ 11,250.00 | 100.00% | \$ 8,437.50 | 75.00% |

John is funded 50% using RWB Base funds. Those funds are entered in the RWB column.

John is funded 25% using MAI funds. Those funds are entered in the MAI column.



John Brown: Is a full-time, salaried Outreach Coordinator, he only provides outreach services. He will be funded 50% by Ryan White B funds, 25% by MAI funds, and 25% using 340B income. His annual salary is \$50,000. Fringe is charged at 22.5% of his annual salary.

John is funded 25% by 340B income, so those funds are entered under "other funds". This would be the same for any non-RWB funding including HOPWA.

Total funds equal the annual salary for the service.

| PROJ | JECTED EXPENDITURES BY SERVICE CATEGORY (with Item Description) | Budget by Services | All Ryan White Funding - EXCEPT EC & MAI | % All Ryan White Funding - EXCEPT EC & MAI | EC | % EC | MAI | % MAI | Other Funds | % Other | Total Funds | % Total | Total DHEC RW Funds | % Total DHEC RW Funds |
|---------------|--|-----------------------|--|--|-----|-------|---------------------|--------|----------------|---------|----------------|---------|------------------------|-----------------------------|
| 21. Outrea | nch Services | \$ 61,250.00 | \$ 30,625.00 | 50.00% | \$- | 0.00% | \$ 15,312.50 | 25.00% | \$ 15,312. | 25.00% | \$ 61,250. | 100.00% | \$ 45,937.50 | 75.00% |
| John Brown | Outreach Coordinator, Direct Outreach to PLWH to re-engage them in care, Full-time (1.0 FTE), \$50,000 | \$ 50,000.00 | \$ 25,000.00 | 50.00% | | 0.00% | \$ 12,500.00 | 25.00% | \$ 12,500.00 | 25.00% | \$ 50,000.00 | 100.00% | \$ 37,500.00 | 75.00% |
| | Fringe Benefits at 22.5% of Salary | \$ 11,250.00 | \$ 5,625.00 | 50.00% | | 0.00% | \$ 2,812.50 | 25.00% | \$ 2,812.50 | 25.00% | \$ 11,250.00 | 100.00% | \$ 8,437.50 | 75.00% |

Total DHEC RWB Funds equals all costs allocated to RWB funding sources, including RWB, MAI, and/or EC. Note - because John is partially funded using 340B income, the DHEC total is lower than the total funds.



Sam White: Is a full-time Case Manager. They're paid \$20/hours and typically work 40 hours a week. Sam's time is split between *Medical Case Management* (67% of their time) and *Non-Medical Case Management* (33% of their time). Sam's Medical Case Management work is funded 50% by RWB Base and 50% by EC. Their Non-Medical Case Management time is funded 34% by RWB Base, 33% funded by EC, and 33% funded by HOPWA. Fringe is paid at 22.5% of annual salary.

Sam's description includes .67 FTE and .33 FTE for Medical and Non-Medical Case Management, respectively, to represent how their time is spent between service categories. The hourly rate has been converted to an estimated annual salary.

| | ECTED EXPENDITURES BY SERVICE CATEGORY with Item Description) | | dget by rvices | All Ryan White Funding - EXCEPT EC & MAI | % All Ryan White Funding - EXCEPT EC & MAI | EC | %EC | MAI | % MAI | Other Funds | % Other | Total Funds | % Total | Total DHEC RW Funds | % Total DHEC RW Funds |
|-----------------------|--|------|-------------------|--|--|--------------|--------|------------|-------|----------------|---------|---------------------|---------|------------------------|-----------------------------|
| | al Case Management (Inc. t Adherence Services) | | 34,143.20 | \$17,071.60 | 50.00% | \$ 17,071.60 | 50.00% | t . | 0.00% | \$ - | 0.00% | \$34,143.20 | 100.00% | \$34,143.20 | 100.00% |
| Sam White | Case Manager, provides case management services to PLWH, .67 FTE Medical CM, Annual Salary \$41,600. | | 27,872.00 | \$ 13,936.00 | 50.00% | \$ 13,936.00 | 50.00% | | O.#3X | | 0.00% | \$ 27,872.00 | 100.00% | \$ 27,872.00 | 100.00% |
| Sam White | Fringe Benefits at 22.5% of Salary | F | 6,271.20 | \$ 3,135.60 | 50.00% | \$ 3,135.60 | 50.00% | | 8000 | | 0.00% | \$ 6,271.20 | 100.00% | \$ 6,271.20 | 100.00% |
| 13. Non-M Services | edical Case Management | \$ 1 | 16,816.80 | \$ 5,717.71 | 34.00% | \$ 5,549.54 | 33.00% | 1 . | 0.00% | \$5,549.54 | 33.00% | \$ 16,816.80 | 100.00% | \$11,267.26 | 67.00% |
| Sam White | Case Manager, provides case management services to PLWH, .33 FTE Non-Medical CM, Annual Salary \$41,600. | \$ | 13,728.00 | \$ 4,667.52 | 34.00% | \$ 4,530.24 | 33.00% | | 0## | \$ 4,530.24 | 33.00% | \$ 13,728.00 | 100.00% | \$ 9,197.76 | 67.00% |
| Sam White | Fringe Benefits at 22.5% of Salary | \$ | 3,088.80 | \$ 1,050.19 | 34.00% | \$ 1,019.30 | 33.00% | | 800% | \$ 1,019.30 | 33.00% | \$ 3,088.80 | 100.00% | \$ 2,069.50 | 67.00% |



Sam White: Is a full-time Case Manager. They're paid \$20/hours and typically work 40 hours a week. Sam's time is split between *Medical Case Management* (67% of their time) and *Non-Medical Case Management* (33% of their time). Sam's Medical Case Management work is funded 50% by RWB Base and 50% by EC. Their Non-Medical Case Management time is funded 34% by RWB Base, 33% funded by EC, and 33% funded by HOPWA. Fringe is paid at 22.5% of annual salary.

Sam's annual salary has been divided between service categories in the same manner their time is allocated (67% MCM, 33% Non-Medical CM) under "Budget by Services".

| | ECTED EXPENDITURES BY SERVICE CATEGORY with Item Description) | | get by vices | All Ryan White Funding - EXCEPT EC & MAI | % All Ryan White Funding - EXCEPT EC & MAI | EC | % EC | MAI | % MAI | Other Funds | % Other | Total Funds | % Total | Total DHEC RW Funds | % Total DHEC RW Funds |
|-----------------------|---|----|-----------------|--|--|--------------|--------|-----|-------|----------------|---------|----------------|---------|------------------------|-----------------------------|
| | al Case Management (Inc. t Adherence Services) | 3 | ,143.20 | \$17,071.60 | 50.00% | \$ 17,071.60 | 50.00% | \$ | 9 anz | s - | 0.00% | \$34,143.20 | 100.00% | \$34,143.20 | 100.00% |
| Sam White | Case Manager, provides case management services to PLWH, .67 FTE Medical CM, Annual Salary \$41,600. | 4 | 27,872.00 | \$ 13,936.00 | 50.00% | \$ 13,936.00 | 50.00% | | 81#12 | | 0.00% | \$ 27,872.00 | 100.00% | \$ 27,872.00 | 100.00% |
| Sam White | Fringe Benefits at 22.5% of Salary | 3 | 6,271.20 | \$ 3,135.60 | 50.00% | \$ 3,135.60 | 50.00% | | 0.00% | | 0.00% | \$ 6,271.20 | 100.00% | \$ 6,271.20 | 100.00% |
| 13. Non-M Services | edical Case Management | • | 6,816.80 | \$ 5,717.71 | 34.00% | \$ 5,549.54 | 33.00% | • | 0.00% | \$5,549.54 | 33.00% | \$16,816.80 | 100.00% | \$11,267.26 | 67.00% |
| Sam White | Case Manager, provides case management services to PLWH, .33 FTE Non-Medical CM, Annual Salary \$41,600. | \$ | 13,728.00 | \$ 4,667.52 | 34.00% | \$ 4,530.24 | 33.00% | | 01412 | \$ 4,530.24 | 33.00% | \$ 13,728.00 | 100.00% | \$ 9,197.76 | 67.00% |
| Sam White | Fringe Benefits at 22.5% of Salary | \$ | 3,088.80 | \$ 1,050.19 | 34.00% | \$ 1,019.30 | 33.00% | | 800% | \$ 1,019.30 | 33.00% | \$ 3,088.80 | 100.00% | \$ 2,069.50 | 67.00% |



Sam White: Is a full-time Case Manager. They're paid \$20/hours and typically work 40 hours a week. Sam's time is split between *Medical Case Management* (67% of their time) and *Non-Medical Case Management* (33% of their time). Sam's Medical Case Management work is funded 50% by RWB Base and 50% by EC. Their Non-Medical Case Management time is funded 34% by RWB Base, 33% funded by EC, and 33% funded by HOPWA. Fringe is paid at 22.5% of annual salary.

50% of Sam's MCM time will be paid using RWB Base funds. Therefore, 50% of the annual salary amount charged to the MCM service category was entered under RWB Base.

50% of Sam's MCM time will be paid using EC funds. Therefore, 50% of the annual salary amount charged to the MCM service category was entered under EC.

All of Sam's MCM time is funded by a RWB funding source, so the Total DHEC RWB Funds is 100%.

| SERVICE CATEGORY | Budget by Services | All I Wh Fund EXC EC & | an g - PT Al | % All Ryan White Funding - EXCEPT EC & MAI | | С | % EC | MAI | % MAI | Other Funds | % Other | Total Funds | % Total | Total DHEC RW Funds | % DHE Fi | ital RW ds |
|---|---|--|---|---|--|---|--|---|--|---|---|--|---|--|-----------------------|--|
| | \$ 34,143.20 | \$17,0 | 60 | 50.00% | \$ 17 | 71.60 | 50.00% | • | D 00% | s - | 0.00% | \$34,143.20 | 100.00% | \$34,143.20 | 1 | 00% |
| Case Manager, provides case management services to PLWH, .67 FTE Medical CM, Annual Salary \$41,600. | \$ 27,872.00 | \$ 13,9 | 36.00 | 50.00% | \$ 1 | 13,936.00 | 50.00% | | 0:#12 | | 0.00% | \$ 27,872.00 | 100.00% | \$ 27,872.00 | 1 | 00.00% |
| Fringe Benefits at 22.5% of Salary | \$ 6,271.20 | \$ 3,1 | 35.60 | 50.00% | \$ | 3,135.60 | 50.00% | | 0.00% | | 0.00% | \$ 6,271.20 | 100.00% | \$ 6,271.20 | 1 | 00.00% |
| ledical Case Management | \$ 16,816.80 | \$ 5,71 | 17.71 | 34.00% | \$ 5. | ,549.54 | 33.00% | • | B 00% | \$5,549.54 | 33.00% | \$16,816.80 | 100.00% | \$11,267.26 | 6 | 7.00% |
| Case Manager, provides case management services to PLWH, .33 FTE Non-Medical CM, Annual Salary \$41,600. | \$ 13,728.00 | \$ 4,6 | 67.52 | 34.00% | \$ | 4,530.24 | 33.00% | | 8000 | \$ 4,530.24 | 33.00% | \$ 13,728.00 | 100.00% | \$ 9,197.76 | | 67.00% |
| Fringe Benefits at 22.5% of Salary | \$ 3,088.80 | \$ 1,0 | 050.19 | 34.00% | \$ | 1,019.30 | 33.00% | | 8002 | \$ 1,019.30 | 33.00% | \$ 3,088.80 | 100.00% | \$ 2,069.50 | ı | 67.00% |
| | management services to PLWH, 67 FTE Medical CM, Annual Salary \$41,600. Fringe Benefits at 22.5% of Salary Medical Case Management Case Manager, provides case management services to PLWH, 33 FTE Non-Medical CM, Annual | SERVICE CATEGORY (with Item Description) Cal Case Management (Inc. at Adherence Services) Case Manager, provides case management services to PLWH, 841,600. Fringe Benefits at 22.5% of Salary \$6,271.20 Medical Case Management \$16,816.80 Case Manager, provides case management services to PLWH, 33 FTE Non-Medical CM, Annual Salary \$41,600. | ECTED EXPENDITURES BY SERVICE CATEGORY (with Item Description) Case Management (Inc. at Adherence Services) Case Manager, provides case management services to PLWH, .67 FTE Medical CM, Annual Salary \$41,600. Fringe Benefits at 22.5% of Salary Medical Case Management Case Manager, provides case management services to PLWH, .33 FTE Non-Medical CM, Annual Salary \$41,600. | SERVICE CATEGORY (with Item Description) Case Management (Inc. at Adherence Services) Case Manager, provides case management services to PLWH, .67 FTE Medical CM, Annual Salary \$41,600. Fringe Benefits at 22.5% of Salary \$6,271.20 \$3,135.60 \$16,816.80 \$5,717.71 Case Manager, provides case management services to PLWH, .33 FTE Non-Medical CM, Annual Salary \$41,600. | SERVICE CATEGORY (with Item Description) Case Management (Inc. at Adherence Services) Case Manager, provides case management services to PLWH, 67 FTE Medical CM, Annual Salary \$41,600. Fringe Benefits at 22.5% of Salary Case Manager, provides case management \$16,816.80 Case Manager, provides case management \$16,816.80 Case Manager, provides case management services to PLWH, 67,871.71 Case Manager, provides case management \$16,816.80 Case Manager, provides case management services to PLWH, 63 FTE Non-Medical CM, Annual Salary \$41,600. | SERVICE CATEGORY (with Item Description) Budget by Services Sal Case Management (Inc. at Adherence Services) Case Manager, provides case management services to PLWH, 67 FTE Medical CM, Annual Salary \$41,600. Fringe Benefits at 22.5% of Salary Medical Case Manager, provides case management \$16,816.80 Case Manager, provides case for Salary \$13,936.00 Solution | Budget by Services Services | SERVICE CATEGORY (with Item Description) Services Sudget by Services Services | Budget by Services Services | Budget by Services Sudget | Services Services | Budget by Services Fund EXCEPT Funding - EXCE | Budget by Services Fund Fund | Budget by Services Services | Case Management (Inc. | Budget by Services Services |



Sam White: Is a full-time Case Manager. They're paid \$20/hours and typically work 40 hours a week. Sam's time is split between *Medical Case Management* (67% of their time) and *Non-Medical Case Management* (33% of their time). Sam's Medical Case Management work is funded 50% by RWB Base and 50% by EC. Their Non-Medical Case Management time is funded 34% by RWB Base, 33% funded by EC, and 33% funded by HOPWA. Fringe is paid at 22.5% of annual salary.

33% of Sam's Non-Medical CM time will be paid using EC funds. Therefore, 33% of the annual salary amount charged to the Non-Medical CM service category was entered under EC.

Because 33% of Sam's Non-Medical CM time is funded by HOPWA, it was put under other funds.

| | ECTED EXPENDITURES BY SERVICE CATEGORY with Item Description) | Budget by Services | All Ryan White Funding - EXCEPT EC & MAI | % All Byan White Funding - EXCEPT EC & MAI | EC | | % EC | МАІ | % MAI | Oth Fun | | % Other | Total Funds | % Total | Total DHEC RW Funds | % Total DHEC RW Funds |
|-----------------------|---|-----------------------|--|--|----------|-------|--------|-----|-------|------------|------|---------|----------------|---------|------------------------|-----------------------------|
| | al Case Management (Inc. Adherence Services) | \$ 34,143.20 | \$17,071.60 | 50.00% | \$ 17,07 | 0 | 50.00% | 1 | 0 00% | \$ | | 0.00% | \$34,143.20 | 100.00% | \$34,143.20 | 100.00% |
| Sam White | Case Manager, provides case management services to PLWH, .67 FTE Medical CM, Annual Salary \$41,600. | \$ 27,872.00 | \$ 13,936.00 | 50.00% | \$ 13,93 |)0 | 50.00% | | 8,00% | | | 0.00% | \$ 27,872.00 | 100.00% | \$ 27,872.00 | 100.00% |
| Sam White | Fringe Benefits at 22.5% of Salary | \$ 6,271.20 | \$ 3,135.60 | 50.00% | \$ 3,13 | 0 | 50.00% | | 000% | | Г | 0.00% | \$ 6,271.20 | 100.00% | \$ 6,271.20 | 100.00% |
| 13. Non-M Services | edical Case Management | \$ 16,816.80 | \$ 5,717.71 | 34.00% | \$ 5,549 | 4 | 33.00% | | 0.00% | \$5,54 | 4 | 33.00% | \$16,816.80 | 100.00% | \$11,267.26 | 67.00% |
| Sam White | Case Manager, provides case management services to PLWH, .33 FTE Non-Medical CM, Annual Salary \$41,600. | \$ 13,728.00 | \$ 4,667.52 | 34.00% | \$ 4,530 | 0.24 | 33.00% | | BINE | \$ 4,530 | 0.24 | 33.00% | \$ 13,728.00 | 100.00% | \$ 9,197.76 | 67.00% |
| Sam White | Fringe Benefits at 22.5% of Salary | \$ 3,088.80 | \$ 1,0 19 | 34.00% | \$ 1,01 | 19.30 | 33.00% | | 0.00% | \$ 1,019 | 3.30 | 33.00% | \$ 3,088.80 | 100.00% | \$ 2,069.50 | 67.00% |
| | | | | | | | | | | | | | | | | |

34% of Sam's Non-Medical CM time will be paid using RWB Base funds. Therefore, 34% of the annual salary amount charged to the Non-Medical CM service category was entered RWB Base.



Sam White: Is a full-time Case Manager. They're paid \$20/hours and typically work 40 hours a week. Sam's time is split between *Medical Case Management* (67% of their time) and *Non-Medical Case Management* (33% of their time). Sam's Medical Case Management work is funded 50% by RWB Base and 50% by EC. Their Non-Medical Case Management time is funded 34% by RWB Base, 33% funded by EC, and 33% funded by HOPWA. Fringe is paid at 22.5% of annual salary.

10.89% of Sam's time Sam only provides MCM 44.39% of Sam's time Total of 44.72% of and NMCM, so their total is spent providing is spent providing Sam's time is spent salary and fringe are MCM and NMCM HOPWA services paid providing MCM and using other funds. budgeted under services paid using EC NMCM services paid these operating category. funds. using RWB Base funds. Ryan White % All Ryan PROJECTED EXPENDITURES BY OPERATING ial Salary/ unding -White Funding Total DHEC RW % Total DHEC EC % EC % MAI Other Fu % Other Total Funds % Total cy Budget CEPT EC & **EXCEPT EC & RW Funds** CATEGORY (with Item Description) Funds MAI MAI 1. Personnel (Salaries, Wages, Taxes) 41,600.00 41,600.00 18,603.52 44.72% \$ 18,466. 44.39% 0.00% \$ 100.00% \$ 37.069.76 10.89% 89.11% Case Manager, provides case Sam White management services to PLWH, 1 41.600.00 | \$ 18,603.52 44.72% \$ 18,466,24 44.39% 0.00% \$ 4.530.24 10.89% \$ 41,600.00 100.00% \$ 37.069.76 89.11% FTE CM, Annual Salary \$41,600 2. Fringe 9,360.00 \$ 4,154.90 4.185.79 44.72% \$ 44.39% \$ 0.00% \$ 1.019.30 10.89% 9.360.00 100.00% \$ 8.340.70 89.11% 0.00% \$ Sam White Fringe Benefits at 22.5% of Sala 9,360.00 \$ 4.185.79 44.72% \$ 4.154.90 44.39% 1.019.30 10.89% 100.00% \$ 8.340.70 89.11% 9.360.00

Sam's description adds up to 1 FTE for 67% Medical and 33% Non-Medical Case Management, respectively, to represent his total time spent between service categories.



Sally Hunt: Is a full-time, salaried Program Director. Their time is split between *Medical Case Management* (50% of their time), *Outreach* (30% of their time), *Admin* (12% of their time), and *CQM* (8% of their time). Sally's Medical Case Management work is funded 70% by RWB Base and 30% by 340B. Their Outreach time is funded 60% by RWB Base, and 40% funded by MAI. Their Admin time is funded 50% by RWB Base, 30% funded by MAI, and 20% funded by 340B. Their Outreach time is funded 100% by RWB Base. Her annual salary is \$90,000. Fringe is charged at 22.5% of his annual salary.

Sally's description includes .50 FTE, .30 FTE, .12 FTE and .08 FTE for Medical Case Management, Outreach, Admin and CQM respectively, to represent how their time is spent between service categories. The hourly rate has been converted to an estimated annual salary.

| P | XPENDITURES BY SERVICE CATEGORY (with Item Description) | Budget by Services | All Ryan W Funding EXCEPT E MAI | - Whi | % All Ryan ite Funding - (CEPT EC & MAI | EC | % EC | MAI | % MAI | Other | Funds | % Other | Total Funds | % Total | Total DHEC RW Funds | % Total DHEC RW Funds |
|------------|--|-----------------------|--|-------|--|------|-------|--------------|--------|----------------|--------|---------|--------------|---------|------------------------|--------------------------|
| 12. Ser | e Management (Inc. Treatment Adherence | \$ 55,125.00 | \$ 38,587 | .50 | 70.00% | \$ - | 0.00% | . | 0.00% | \$ 1 6, | 537.50 | 30.00% | \$ 55,125.00 | 100.00% | \$ 38,587.50 | 70.00% |
| Sall | rogram Director, oversees case management services PLWH, .50 FTE Medical CM, Annual Salary \$90,000 | \$ 45,000.00 | \$ 31,500 | .00 | 70.00% | | 0.00% | | 0.00% | \$ 13 , | 500.00 | 30.00% | \$ 45,000.00 | 100.00% | \$ 31,500.00 | 70.00% |
| Sall | ringe Benefits at 22.5% of Salary | \$ 10,125.00 | \$ 7,08 | 7.50 | 70.00% | | 0.00% | | 0.00% | \$ 3, | 037.50 | 30.00% | \$ 10,125.00 | 100.00% | \$ 7,087.50 | 70.00% |
| 21. | Services | \$ 33,075.00 | \$ 19,849 | .00 | 60.00% | \$ - | 0.00% | \$ 13,230.00 | 40.00% | \$ | - | 0.00% | \$ 33,075.00 | 100.00% | \$ 33,075.00 | 100.00% |
| Sall | Program Director, oversees case outreach services to PLWH, .30 FTE Outreach, Annual Salary \$90,000 | \$ 27,000.00 | \$ 16,200 | .00 | 60.00% | | 0.00% | \$ 10,800.00 | 40.00% | | | 0.00% | \$ 27,000.00 | 100.00% | \$ 27,000.00 | 100.00% |
| Sall | Fringe Benefits at 22.5% of Salary | \$ 6,075.00 | \$ 3,64 | 5.00 | 60.00% | | 0.00% | \$ 2,430.00 | 40.00% | | | 0.00% | \$ 6,075.00 | 100.00% | \$ 6,075.00 | 100.00% |
| 28. | nistration (10% cap) | \$ 13,230.00 | \$ 6,61 | 5.00 | 50.00% | \$ - | 0.00% | \$ 3,969.00 | 30.00% | \$ 2, | 646.00 | 20.00% | \$ 13,230.00 | 100.00% | \$ 10,584.00 | 80.00% |
| Sall unt | t Program Director, oversees administrative services, .12 FTE Admin, Annual Salary \$90,000 | \$ 10,800.00 | \$ 5,40 | 0.00 | 50.00% | | 0.00% | \$ 3,240.00 | 30.00% | \$ 2, | 160.00 | 20.00% | \$ 10,800.00 | 100.00% | \$ 8,640.00 | 80.00% |
| Sau unt | t Fringe Benefits at 22.5% of Salary | \$ 2,430.00 | \$ 1,21 | 5.00 | 50.00% | | 0.00% | \$ 729.00 | 30.00% | \$ | 486.00 | 20.00% | \$ 2,430.00 | 100.00% | \$ 1,944.00 | 80.00% |
| 29. Cynica | al Quality Management (CQM) (5% cap) | \$ 8,820.00 | \$ 8,82 | .00 | 100.00% | \$ | 0.00% | \$ - | 0.00% | \$ | - | 0.00% | \$ 8,820.00 | 100.00% | \$ 8,820.00 | 100.00% |
| Sally Hunt | t Program Director, oversees quality management, .08 FTE CQM, Annual Salary \$90,000 | \$ 7,200.00 | \$ 7,20 | 0.00 | 100.00% | | 0.00% | | 0.00% | | · | 0.00% | \$ 7,200.00 | 100.00% | \$ 7,200.00 | 100.00% |
| Sally Hunt | t Fringe Benefits at 22.5% of Salary | \$ 1,620.00 | \$ 1,62 | 0.00 | 100.00% | | 0.00% | | 0.00% | | | 0.00% | \$ 1,620.00 | 100.00% | \$ 1,620.00 | 100.00% |



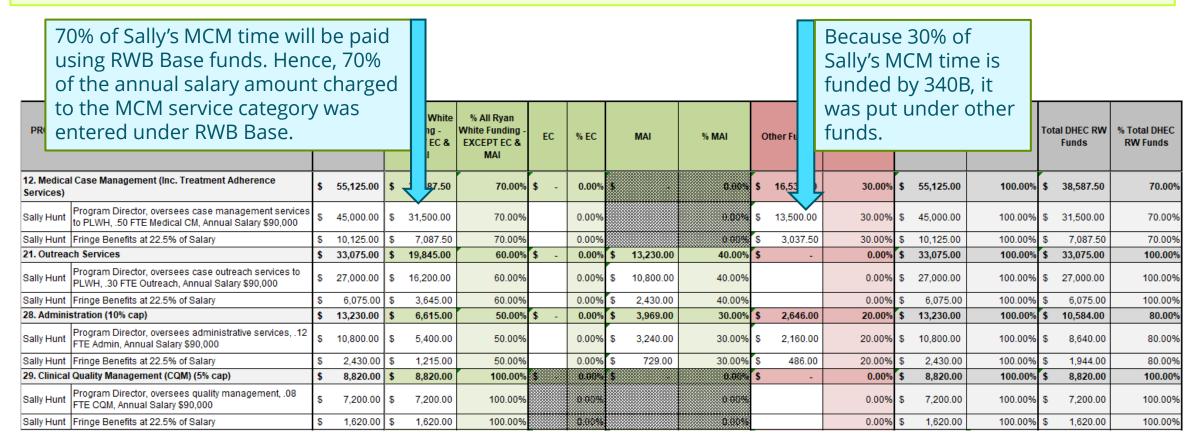
Sally Hunt: Is a full-time, salaried Program Director. Their time is split between *Medical Case Management* (50% of their time), *Outreach* (30% of their time), *Admin* (12% of their time), and *CQM* (8% of their time). Sally's Medical Case Management work is funded 70% by RWB Base and 30% by 340B. Their Outreach time is funded 60% by RWB Base, and 40% funded by MAI. Their Admin time is funded 50% by RWB Base, 30% funded by MAI, and 20% funded by 340B. Their Outreach time is funded 100% by RWB Base. Her annual salary is \$90,000. Fringe is charged at 22.5% of his annual salary.

Sally's annual salary has been divided between service categories in the same manner their time is allocated (50% MCM, 30% Outreach, 12% Admin, 8% CQM) under "Budget by Services".

| PROJECTED EXPENDITURES BY SERVICE CATEGOR Description) | | Budget by Services | All Ryan White Funding - EXCEPT EC & MAI | % All Ryan White Funding - EXCEPT EC & MAI | EC | % EC | MAI | % MAI | Other Funds | % Other | Total Funds | % Total | Total DHEC RW Funds | % Total DHEC RW Funds |
|--|-----|-----------------------|---|---|------|-------|--------------|--------|--------------|---------|--------------|---------|------------------------|--------------------------|
| 12. Medical Case Management (Inc. Treatment Adhere Services) | 14 | 55,125.00 | \$ 38,587.50 | 70.00% | \$ - | 0.00% | s . | 0.00% | \$ 16,537.50 | 30.00% | \$ 55,125.00 | 100.00% | \$ 38,587.50 | 70.00% |
| Sally Hunt Program Director, oversees case management to PLWH, .50 FTE Medical CM, Annual Salary \$ | | \$ 45,000.00 | \$ 31,500.00 | 70.00% | | 0.00% | | 0.00% | \$ 13,500.00 | 30.00% | \$ 45,000.00 | 100.00% | \$ 31,500.00 | 70.00% |
| Sally Hunt Fringe Benefits at 22.5% of Salary | 14 | 7 10,125.00 | \$ 7,087.50 | 70.00% | | 0.00% | | 0.00% | \$ 3,037.50 | 30.00% | \$ 10,125.00 | 100.00% | \$ 7,087.50 | 70.00% |
| 21. Outreach Services | | \$ 33,075.00 | \$ 19,845.00 | 60.00% | \$ - | 0.00% | \$ 13,230.00 | 40.00% | \$ - | 0.00% | \$ 33,075.00 | 100.00% | \$ 33,075.00 | 100.00% |
| Sally Hunt Program Director, oversees case outreach service PLWH, .30 FTE Outreach, Annual Salary \$90,000 | | \$ 27,000.00 | \$ 16,200.00 | 60.00% | | 0.00% | \$ 10,800.00 | 40.00% | | 0.00% | \$ 27,000.00 | 100.00% | \$ 27,000.00 | 100.00% |
| Sally Hunt Fringe Benefits at 22.5% of Salary | 7 | 6,075.00 | \$ 3,645.00 | 60.00% | | 0.00% | \$ 2,430.00 | 40.00% | | 0.00% | \$ 6,075.00 | 100.00% | \$ 6,075.00 | 100.00% |
| 28. Administration (10% cap) | M | 13,230.00 | \$ 6,615.00 | 50.00% | \$ - | 0.00% | \$ 3,969.00 | 30.00% | \$ 2,646.00 | 20.00% | \$ 13,230.00 | 100.00% | \$ 10,584.00 | 80.00% |
| Sally Hunt Program Director, oversees administrative services, FTE Admin, Annual Salary \$90,000 | \ | \$ 10,800.00 | \$ 5,400.00 | 50.00% | | 0.00% | \$ 3,240.00 | 30.00% | \$ 2,160.00 | 20.00% | \$ 10,800.00 | 100.00% | \$ 8,640.00 | 80.00% |
| Sally Hunt Fringe Benefits at 22.5% of Salary | 7 [| 2,430.00 | \$ 1,215.00 | 50.00% | | 0.00% | \$ 729.00 | 30.00% | \$ 486.00 | 20.00% | \$ 2,430.00 | 100.00% | \$ 1,944.00 | 80.00% |
| 29. Clinical Quality Management (CQM) (5% cap) | | 8,820.00 | \$ 8,820.00 | 100.00% | \$ | 0.00% | \$ | 0:00% | \$ - | 0.00% | \$ 8,820.00 | 100.00% | \$ 8,820.00 | 100.00% |
| Sally Hunt Program Director, oversees quality management, .0 FTE CQM, Annual Salary \$90,000 | 8 | \$ 7,200.00 | \$ 7,200.00 | 100.00% | | 0.00% | | 0.00% | | 0.00% | \$ 7,200.00 | 100.00% | \$ 7,200.00 | 100.00% |
| Sally Hunt Fringe Benefits at 22.5% of Salary | ; | \$ 1,620.00 | \$ 1,620.00 | 100.00% | | 0.00% | | 0.00% | | 0.00% | \$ 1,620.00 | 100.00% | \$ 1,620.00 | 100.00% |



Sally Hunt: Is a full-time, salaried Program Director. Their time is split between *Medical Case Management* (50% of their time), *Outreach* (30% of their time), *Admin* (12% of their time), and *CQM* (8% of their time). Sally's Medical Case Management work is funded 70% by RWB Base and 30% by 340B. Their Outreach time is funded 60% by RWB Base, and 40% funded by MAI. Their Admin time is funded 50% by RWB Base, 30% funded by MAI, and 20% funded by 340B. Their Outreach time is funded 100% by RWB Base. Her annual salary is \$90,000. Fringe is charged at 22.5% of his annual salary.





Sally Hunt: Is a full-time, salaried Program Director. Their time is split between *Medical Case Management* (50% of their time), *Outreach* (30% of their time), *Admin* (12% of their time), and *CQM* (8% of their time). Sally's Medical Case Management work is funded 70% by RWB Base and 30% by 340B. Their Outreach time is funded 60% by RWB Base, and 40% funded by MAI. Their Admin time is funded 50% by RWB Base, 30% funded by MAI, and 20% funded by 340B. Their Outreach time is funded 100% by RWB Base. Her annual salary is \$90,000. Fringe is charged at 22.5% of his annual salary.

40% of Sally's Outreach time will be paid using MAI funds. Hence, 40% of the annual salary amount charged to the Outreach service category was entered under MAI.

All of Sally's Outreach time is funded by a RWB funding source, so the Total DHEC RWB Funds is 100%.

| | | | | | | | | | - | | | _ | | | | | | _ | | - 1 | |
|--|-----------------------|----|------|--------|---|------|-------|-----|------|-------|------------------------|----|------------|----------|------|------------|---------|------|----------------------|-----|----------------------|
| PROJECTED EXPENDITURES BY SERVICE CATEGORY (with Item Description) | Budget by Services | F | undi | FEC & | % All Ryan White Funding - EXCEPT EC & MAI | EC | % EC | | | | % MAI | O | ther Funds | % Other | To | otal Funds | % Total | Tot | tal DHEC RW Funds | | otal DHEC W Funds |
| 12. Medical Case Management (Inc. Treatment Adherence Services) | \$ 55,125.00 | \$ | 38,5 | 587.50 | 70.00% | \$ - | 0.00% | \$ | | | 0.00% | \$ | 16,537.50 | 30.00% | \$ | 55,125.00 | 100.00% | \$ | 38,587.50 | | 70.00% |
| Sally Hunt Program Director, oversees case management services to PLWH, .50 FTE Medical CM, Annual Salary \$90,000 | \$ 45,000.00 | \$ | 31,5 | 500.00 | 70.00% | | 0.00% | | | | 0.00% | \$ | 13,500.00 | 30.00% | \$ | 45,000.00 | 100.00% | 5 \$ | 31,500.00 | | 70.00% |
| Sally Hunt Fringe Benefits at 22.5% of Salary | \$ 10,125.00 | \$ | 7,0 | 087.50 | 70.00% | | 0.00% | | | | 0.00% | \$ | 3,037.50 | 30.00% | \$ | 10,125.00 | 100.00% | 5 | 7,087.50 | ξ, | 70.00% |
| 21. Outreach Services | \$ 33,075.00 | \$ | 19,8 | 345.00 | 60.00% | \$ - | 0.00% | \$ | 13,2 | 30.00 | 40.00% | \$ | - | 0.00% | \$ | 33,075.00 | 100.00% | 6 \$ | 33,075.00 | | 100.00% |
| Sally Hunt Program Director, oversees case outreach services to PLWH, .30 FTE Outreach, Annual Salary \$90,000 | \$ 27,000.00 | \$ | 16,2 | 200.00 | 60.00% | | 0.00% | \$ | 10,8 | 00.00 | 40.00% | | | 0.00% | \$ | 27,000.00 | 100.00% | 5 | 27,000.00 | | 100.00% |
| Sally Hunt Fringe Benefits at 22.5% of Salary | \$ 6,075.00 | \$ | 3,0 | 645.00 | 60.00% | | 0.00% | \$ | 2,43 | 30.00 | 40.00% | | | 0.00% | \$ | 6,075.00 | 100.00% | 5 \$ | 6,075.00 | | 100.00% |
| 28. Administration (10% cap) | \$ 13,230.00 | \$ | 7 | 5.00 | 50.00% | \$ - | 0.00% | \$ | 3,90 | 9.00 | 30.00% | \$ | 2,646.00 | 20.00% | \$ | 13,230.00 | 100.00% | 6 \$ | 10,584.00 | | 80.00% |
| Sally Hunt Program Director, oversees administrative services, .12 FTE Admin, Annual Salary \$90,000 | \$ 10,800.00 | \$ | 5 | 0.00 | 50.00% | | 0.00% | \$ | 3,24 | 10.00 | 30.00% | \$ | 2,160.00 | 20.00% | \$ | 10,800.00 | 100.00% | 5 | 8,640.00 | | 80.00% |
| Sally Hunt Fringe Benefits at 22.5% of Salary | \$ 2,430.00 | \$ | ╗ | 60 | 0% of Sal | lv's | Outr | eac | h t | im | e will be | na | aid usir | ng RWB I | Ra | se fun | ids. 1% | 5 \$ | 1,944.00 | | 80.00% |
| 29. Clinical Quality Management (CQM) (5% cap) | \$ 8,820.00 | \$ | 8 | | | | | | | | | | | | | | 0% | 6 \$ | 8,820.00 | | 100.00% |
| Sally Hunt Program Director, oversees quality management, .08 FTE CQM, Annual Salary \$90,000 | \$ 7,200.00 | \$ | 7 | | | | | | | | ıal salary was ente | | | | ו נ(| o the |)% | 5 | 7,200.00 | | 100.00% |
| Sally Hunt Fringe Benefits at 22.5% of Salary | \$ 1,620.00 | \$ | 4, | | | | | | | | • | | | | | ., |)% | 5 | 1,620.00 | | 100.00% |
| | | | | | | | | | | | | | | | | | | | | | |



Sally Hunt: Is a full-time, salaried Program Director. Their time is split between *Medical Case Management* (50% of their time), *Outreach* (30% of their time), *Admin* (12% of their time), and *CQM* (8% of their time). Sally's Medical Case Management work is funded 70% by RWB Base and 30% by 340B. Their Outreach time is funded 60% by RWB Base, and 40% funded by MAI. Their Admin time is funded 50% by RWB Base, 30% funded by MAI, and 20% funded by 340B. Their Outreach time is funded 100% by RWB Base. Her annual salary is \$90,000. Fringe is charged at 22.5% of his annual salary.

30% of Sally's Admin time will be paid using MAI funds. Hence, 30% of the annual salary amount charged to the Admin service category was entered under MAI.

Because 20% of Sally's Admin time is funded by 340B, it was put under other funds.

| PROJECT | ED EXPENDITURES BY SERVICE CATEGORY (with Item Description) | Budget by Services | Ryan White Funding - (CEPT EC & MAI | % All Ryan White Funding - EXCEPT EC & MAI | EC | % EC | | | % MAI | Other Fun | % Other | | Total Funds | % Total | | ni DHEC RW Funds | % Total DHEC RW Funds |
|--------------------------|--|-----------------------|--|---|------|-------|--|-----------|---------------------|------------|------------|-------|-------------|----------|---------|---------------------|--------------------------|
| 12. Medical Services) | Case Management (Inc. Treatment Adherence | \$ 55,125.00 | \$ 38,587.50 | 70.00% | \$ - | 0.00% | \$ | | 0.00% | \$ 16,537 | 30.00 | \$ | 55,125.00 | 100.00% | \$ | 38,587.50 | 70.00% |
| | Program Director, oversees case management services to PLWH, .50 FTE Medical CM, Annual Salary \$90,000 | \$ 45,000.00 | \$ 31,500.00 | 70.00% | | 0.00% | | | 0.00% | \$ 13,500 | 30.00 | % \$ | 45,000.00 | 100.00% | \$ | 31,500.00 | 70.00% |
| Sally Hunt | Fringe Benefits at 22.5% of Salary | \$ 10,125.00 | \$ 7,087.50 | 70.00% | | 0.00% | | | 0.00% | \$ 3,037 | 30.00 | % \$ | 10,125.00 | 100.00% | \$ | 7,087.50 | 70.00% |
| 21. Outread | ch Services | \$ 33,075.00 | \$ 19,845.00 | 60.00% | \$ - | 0.00% | \$ | 13,230.00 | 40.00% | \$ | 0.00 |)% \$ | 33,075.00 | 100.00% | \$ | 33,075.00 | 100.00% |
| | Program Director, oversees case outreach services to PLWH, .30 FTE Outreach, Annual Salary \$90,000 | \$ 27,000.00 | \$ 16,200.00 | 60.00% | | 0.00% | \$ | 10,800.00 | 40.00% | | 0.00 | % \$ | 27,000.00 | 100.00% | \$ | 27,000.00 | 100.00% |
| Sally Hunt | Fringe Benefits at 22.5% of Salary | \$ 6,075.00 | \$ 3,645.00 | 60.00% | | 0.00% | \$ | 2,430.00 | 40.00% | 7 | 0.00 | % \$ | 6,075.00 | 100.00% | \$ | 6,075.00 | 100.00% |
| 28. Adminis | stration (10% cap) | \$ 13,230.00 | \$ 6,615.00 | 50.00% | \$ - | 0.00% | \$ | 3,969.00 | 30.00% | \$ 2,646.0 | 0 20.00 |)% \$ | 13,230.00 | 100.00% | \$ | 10,584.00 | 80.00% |
| Sally Hunt | Program Director, oversees administrative services, .12 FTE Admin, Annual Salary \$90,000 | \$ 10,800.00 | \$ 5,400.00 | 50.00% | | 0.00% | \$ | 3,240.00 | 30.00% | \$ 2,160.0 | 0 20.00 | % \$ | 10,800.00 | 100.00% | \$ | 8,640.00 | 80.00% |
| Sally Hunt | Fringe Benefits at 22.5% of Salary | \$ 2,430.00 | \$ 1,215.00 | 50.00% | | 0.00% | \$ | 729.00 | 30.00% | \$ 486.0 | 20.00 | % \$ | 2,430.00 | 100.00% | \$ | 1,944.00 | 80.00% |
| 29. Clinical | Quality Management (CQM) (5% cap) | \$ 8,820.00 | \$ 8,820.00 | 4 | 006 | of Co | ران | c / d ~ | ain time | ، مطالنيم | ممنط ببجنة | 200 | | oco fund | _ | | 100.00% |
| | Program Director, oversees quality management, .08 FTE CQM, Annual Salary \$90,000 | \$ 7,200.00 | \$ 7,200.00 | | | | | | nin time the ann | | | | | | | | 100.00% |
| Sally Hunt | Fringe Benefits at 22.5% of Salary | \$ 1,620.00 | \$ 1,620.00 | 400.0 | | | ore, 50% of the annual salary amount charged to the service category was entered RWB Base. | | | | | | | I | 100.00% | | |



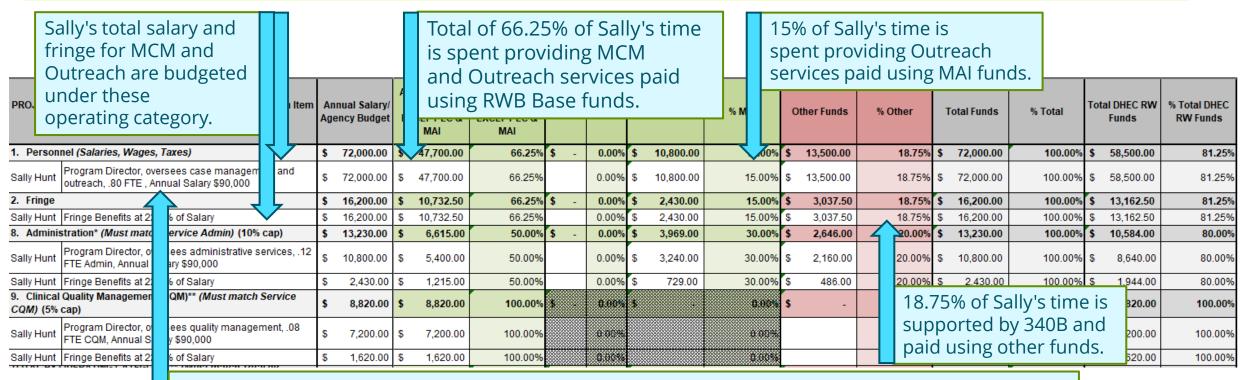
Sally Hunt: Is a full-time, salaried Program Director. Their time is split between *Medical Case Management* (50% of their time), *Outreach* (30% of their time), *Admin* (12% of their time), and *CQM* (8% of their time). Sally's Medical Case Management work is funded 70% by RWB Base and 30% by 340B. Their Outreach time is funded 60% by RWB Base, and 40% funded by MAI. Their Admin time is funded 50% by RWB Base, 30% funded by MAI, and 20% funded by 340B. Their Outreach time is funded 100% by RWB Base. Her annual salary is \$90,000. Fringe is charged at 22.5% of his annual salary.

100% of Sally's CQM time will be paid using RWB Base funds. Hence, 100% of the annual salary amount charged to the QCM service category was entered under RWB Base.

| PROJECTED EXPENDITURES BY SERVICE CATEGORY (with Item Description) | Budget by Services | Ryan White Funding - CEPT EC & MAI | % All Ryan White Funding - EXCEPT EC & MAI | EC | % E0 | | MAI | % MAI | O | Other Funds | % Other | To | otal Funds | % Total | Tot | al DHEC RW Funds | % Total DHEC RW Funds |
|--|-----------------------|---|---|------|------|------|--------------|--------|----|-------------|---------|----|------------|---------|-----|---------------------|--------------------------|
| 12. Medical Case Management (Inc. Treatment Adherence Services) | \$ 55,125.00 | 38,587.50 | 70.00% | \$ - | 0.00 |)% | \$ · | 0.00% | \$ | 16,537.50 | 30.00% | \$ | 55,125.00 | 100.00% | \$ | 38,587.50 | 70.00% |
| Sally Hunt Program Director, oversees case management services to PLWH, .50 FTE Medical CM, Annual Salary \$90,000 | \$ 45,000.00 | 31,500.00 | 70.00% | | 0.00 | % | | 0.00% | \$ | 13,500.00 | 30.00% | \$ | 45,000.00 | 100.00% | \$ | 31,500.00 | 70.00% |
| Sally Hunt Fringe Benefits at 22.5% of Salary | \$ 10,125.00 | 7,087.50 | 70.00% | | 0.00 | % | | 0.00% | \$ | 3,037.50 | 30.00% | \$ | 10,125.00 | 100.00% | \$ | 7,087.50 | 70.00% |
| 21. Outreach Services | \$ 33,075.00 | 19,845.00 | 60.00% | \$ - | 0.00 |)% (| \$ 13,230.00 | 40.00% | \$ | - | 0.00% | \$ | 33,075.00 | 100.00% | \$ | 33,075.00 | 100.00% |
| Sally Hunt Program Director, oversees case outreach services to PLWH, .30 FTE Outreach, Annual Salary \$90,000 | \$ 27,000.00 | 16,200.00 | 60.00% | | 0.00 | % 3 | \$ 10,800.00 | 40.00% | | | 0.00% | \$ | 27,000.00 | 100.00% | \$ | 27,000.00 | 100.00% |
| Sally Hunt Fringe Benefits at 22.5% of Salary | \$ 6,075.00 | 3,645.00 | 60.00% | | 0.00 | % | \$ 2,430.00 | 40.00% | | | 0.00% | \$ | 6,075.00 | 100.00% | \$ | 6,075.00 | 100.00% |
| 28. Administration (10% cap) | \$ 13,230.00 | 6,615.00 | 50.00% | \$ - | 0.00 |)% (| \$ 3,969.00 | 30.00% | \$ | 2,646.00 | 20.00% | \$ | 13,230.00 | 100.00% | \$ | 10,584.00 | 80.00% |
| Sally Hunt Program Director, oversees administrative services, .12 FTE Admin, Annual Salary \$90,000 | \$ 10,800.00 | 5,400.00 | 50.00% | | 0.00 | 1% | \$ 3,240.00 | 30.00% | \$ | 2,160.00 | 20.00% | \$ | 10,800.00 | 100.00% | \$ | 8,640.00 | 80.00% |
| Sally Hunt Fringe Benefits at 22.5% of Salary | \$ 2,430.00 | 1,215.00 | 50.00% | | 0.00 | % 3 | \$ 729.00 | 30.00% | \$ | 486.00 | 20.00% | \$ | 2,430.00 | 100.00% | \$ | 1,944.00 | 80.00% |
| 29. Clinical Quality Management (CQM) (5% cap) | \$ 8,820.00 | \$ 8,820.00 | 100.00% | \$ - | 0.01 | | \$ - | 0.00% | \$ | - | 0.00% | \$ | 8,820.00 | 100.00% | \$ | 8,820.00 | 100.00% |
| Sally Hunt Program Director, oversees quality management, .08 FTE CQM, Annual Salary \$90,000 | \$ 7,200.00 | \$ 7,200.00 | 100.00% | | 0.00 | | | 0.00% | | | 0.00% | \$ | 7,200.00 | 100.00% | \$ | 7,200.00 | 100.00% |
| Sally Hunt Fringe Benefits at 22.5% of Salary | \$ 1,620.00 | \$ 1,620.00 | 100.00% | | 0.00 | *** | | 8.00% | | | 0.00% | \$ | 1,620.00 | 100.00% | \$ | 1,620.00 | 100.00% |



Sally Hunt: Is a full-time, salaried Program Director. Their time is split between *Medical Case Management* (50% of their time), *Outreach* (30% of their time), *Admin* (12% of their time), and *CQM* (8% of their time). Sally's Medical Case Management work is funded 70% by RWB Base and 30% by 340B. Their Outreach time is funded 60% by RWB Base, and 40% funded by MAI. Their Admin time is funded 50% by RWB Base, 30% funded by MAI, and 20% funded by 340B. Their Outreach time is funded 100% by RWB Base. Her annual salary is \$90,000. Fringe is charged at 22.5% of his annual salary.



Sally's description adds up to 0.8 FTE for 50% MCM and 30% Outreach, respectively, to represent her total time spent between service categories.



Budget Narrative & Cost Allocation Plan

Remember:

For RWB Base and EC Funds, a minimum of 75% must be spent on Core Services after subtracting Administration and CQM.

Only RWB Base Funds may be spent on Quality Management. Therefore, the Quality boxes under EC and MAI are shaded.

| Funds | All Ryan White Funding - EXCEPT EC & MAI | % All Ryan White Funding - EXCEPT EC & MAI | EC | % EC | MAI | % MAI |
|----------------|--|--|-------------|---------|-------------|---------|
| Budget | \$ 282,976.31 | 100.00% | \$25,044.14 | 100.00% | \$17,062.50 | 100.00% |
| 10% Admin Cap | \$ 25,750.00 | 9.10% | \$ 2,423.00 | 9.67% | \$ 1,750.00 | 10.26% |
| 5% Quality Cap | \$ - | 0.00% | - | 0.00% | *** | 0.00% |
| Core | \$ 220,883.60 | 85.87% | \$17,071.60 | 75.47% | \$ | 0.00% |
| Supportive | \$ 36,342.71 | 14.13% | \$ 5,549.54 | 24.53% | \$15,312.50 | 100.00% |

If you go over an allotted percentage, the % box should turn red. Do not rely on this feature, double check your percentages!

If you have added additional lines, please ensure that the formula for each service category includes that line. If it does not, please adjust.

Your budget total under each funding source (both under the service and operating costs) should match the total above.



Questions?