

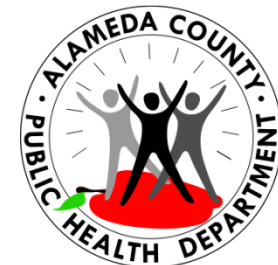


Lake Merritt, Oakland ,California

# Alameda County Ryan White Services Onboarding Contract and Fiscal Workshop

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Karman V. Wright, MPA  
Fiscal/Contract Manager  
Office of HIV CARE



# Overview of Contracting with the County

- A Notice of Intent to Award letter is sent by Program Managers (PM's) to the Community Based Organization's (CBO's) notifying them of the contract terms, amount, and what contract documents that CBO's need to submit for their contract to be executed.
- Contract documents needed for signature(s) will come from Program Managers (PM's) via email that are also attached to the award letter that will include the following: ***Program Requirements, and the Debarment and HIPAA Agreement.***



# Overview of Contracting with the County

- The Board needs to approve all CBO contracts “in principle” before or during the month that the contract is set to begin. This process takes anywhere from **6 to 8 weeks** and happens concurrently with the contract negotiations and packaging of contracts. Required documents must be received to start the contract development process.



# Overview of Contracting with the County

- Required documents that must be received to start the contract development process
1. Program Description
  2. Scope of work (SOW)
  3. Budget
  4. Budget narrative/justification





Alameda County Office of HIV Care  
Program Description – FY: 2021-2022  
Ryan White Part A and B

# Overview of Contracting with the County

- Program Description includes information regarding the agency. It also describes the purpose of the program, target population, key activities, interventions, goals, objectives, desired outcomes, program site location, and hours and days of operation.

AGENCY INFORMATION											
Agency Name:								City:		Zip:	
Mailing Address:								Main Phone Number:		Main Fax Number:	
Agency / Program Web Site:											
DEDICATED PROGRAM STAFF											
Primary Contact :								Alternate Contact:			
Phone Number (direct):								Phone Number (direct):			
Fax Number:								Fax Number:			
Email Address:								Email Address			
FTE:								FTE:			
PROGRAM INFORMATION											
Program (include Ryan White Part)											
Alameda County Region(s) Served:		<input type="checkbox"/> North		<input type="checkbox"/> South		<input type="checkbox"/> East		<input type="checkbox"/> West			
Amount of Funds:								Total Program Budget:			
CONTRACT AMENDMENT											
<i>To be completed only if contracted deliverables have been renegotiated</i>											
Amendment	1	2	3	4	Amended Funds				Revised Budget		
PROGRAM SUMMARY											
<i>Include purpose of the program, target population, key activities, interventions, goals, objectives, desired outcomes, program site location, hours and days of operation.</i>											
*****											



# Overview of Contracting with the County

- Scope of work (SOW) must have indicators, minimum of 3 Process Objectives for each Outcome Objective that is listed. It must be listed in order of importance.

Office of HIV Care SCOPE OF WORK (SOW) FY 2021-2022						
CONTRACTOR:		AGENCY NAME		SERVICE CATEGORY:		Medical Transportation Services
MAIN PROGRAM GOAL:		By February 28, 2022, people living with HIV/AIDS residing in Alameda County will have access to appropriate medical transportation services.				
INDICATORS:	1. Total number of individuals made aware of available services. 2. Number of individuals receiving transportation services. 3. Number of newly diagnosed individuals. 4. Number of individuals completing a client satisfaction and service improvement survey.			UDC	46	Amended UDC/UOS
				UOS	786	
				1 UOS = 1 ride		
OUTCOME OBJECTIVES		PROCESS OBJECTIVES		TIMELINE	STAFF	EVALUATION
		(Minimum of 3 Process Objectives for each Outcome Objective. List in order of importance)		Objectives to be completed by?	Who on will provide services?	How will objectives obtainment be tracked?
OUTCOME OBJECTIVE #1		PROCESS OBJECTIVE #1		TIMELINE	STAFF	EVALUATION
By February 28, 2022, a minimum of 70 unduplicated PLWHA residing in Alameda County will be made aware of Agency Name medical transportation services.	1	Distribute information regarding Medical services in areas in which the target population congregate and/or receive services.		By February 28, 2022	RR Counselor/ Driver	Client contact sheets
	2	All contacts will be properly documented on Agency Name client contact sheet.		By February 28, 2022	RR Counselor/ Driver	Client contact sheets
	3	Potential clients will be provided with an overview of Agency Name services and other Agency Name available services.		By February 28, 2022	RR Counselor/ Driver	Referral log, client contact sheet and field notes
	4	Expand route based on clients' needs.		By February 28, 2022	RR Counselor/ Driver	Client surveys
	5	Conduct a minimum of three presentations to clients at provider sites detailing Agency Name medical services and other Agency Name services available.		By February 28, 2022	RR Counselor/ Driver	Sign in sheets and field notes
OUTCOME OBJECTIVE #2		PROCESS OBJECTIVE #2		TIMELINE	STAFF	EVALUATION
By February 28, 2022, a minimum of 46 unduplicated HIV positive individuals residing in Alameda County	1	Agency Name will provide a minimum of 786 units of services to at least 46 unduplicated HIV positive individual.		By February 28, 2022	RR Counselor/ Driver	Client contact sheet, OAA required forms and transportation log



# Overview of Contracting with the County

- **This budget format is required.**  
Budget should include indirect and direct cost it should only be 10% of total budget awarded.
- For an example, if awarded \$60,000, only \$6,000 should go towards indirect and direct cost.

## OFFICE OF HIV CARE, RYAN WHITE PROGRAMS March 1, 2021 - February 28, 2022

### A. Personnel

Position	Annual Salary	FTE	Direct Cost	Indirect Cost	Total
Program Director: PROVIDE FULL NAME OF STAFF	\$116,412	1.0%		\$ 1,164	\$ 1,164
Program Manager: PROVIDE FULL NAME OF STAFF	\$ 74,984	5.0%	\$ 3,749	\$ -	\$ 3,749
Quality Assurance Coordinator: PROVIDE FULL NAME OF STAFF	\$ 56,368	2.0%		\$ 1,127	\$ 1,127
Accounting: PROVIDE FULL NAME OF STAFF	\$ 78,144	1.0%		\$ 781	\$ 781
Driver/RR Counselor: PROVIDE FULL NAME OF STAFF	\$ 43,680	80%	\$34,944		\$ 34,944

**Subtotal** \$38,693 \$ 3,073 \$ 41,766

**B. Fringe Benefits (15% of Personnel Cost)** \$ 5,804 \$ 461 \$ 6,265

**Total Personnel** \$ 44,497 \$ 3,534 \$ 48,031

<b>C. Other Expenses</b>	\$ 3,615	\$ 319	\$ 3,934
Communication	\$ 600		\$ 600
Van Maintenance/Gas	\$ 3,015		\$ 3,015
Medical Van Insurance		\$ 319	\$ 319

**Total Personnel & Operating Expenses** \$ 48,112 \$ 3,853 \$ 51,965



# Overview of Contracting with the County



Direct Costs (Client Service Costs):



Personnel – are the costs directly related to patient care or can be directly linked to the provision of services



Non-Personnel – includes operating costs associated with direct client care (supplies, materials, nutritional supplements, laboratory tests, food, transportation vouchers, etc.)



# Overview of Contracting with the County

## Indirect Costs:

- 10% Service Provider's Administrative Costs – the sum of the Administrative Personnel and Operating Expenses includes:
- Administrative Personnel – costs of management oversight of specific programs, including program coordination, clerical, financial and management staff not directly linked to the provision of services.
- Operating Expenses – typically those costs that can be assigned to a specific program but are not dedicated to providing direct client services. Examples: usual and recognized overhead activities including rent, utilities, facility costs, program evaluation, liability insurance, audit, office supplies, postage, telephone, and internet connection.



# Overview of Contracting with the County

**The following programmatic activities related to HIV Care Program are NOT required to be included in the 10% administrative cost cap**

1. Annual eligibility recertification;
2. The portion of malpractice insurance related to clinical care;
3. The portion of fees and services for electronic medical records maintenance, licensure, annual updates, and staff time for data entry related to clinical care and support services;
4. The portion of the clinic receptionist's time providing direct patient services (e.g. scheduling appointments and other intake activities);



# Overview of Contracting with the County

## **The following programmatic activities related to HIV Care Program are NOT required to be included in the 10% administrative cost cap continued**

5. The portion of medical waste removal and linen services related to the provision of RW Part A and MAI services;
6. The portion of medical billing staff related to RW Part A & MAI services;
7. The portion of a supervisor's time devoted to providing professional oversight and direction regarding funded core medical or support service activities, sufficient to assure the delivery of appropriate and high-quality HIV care, to clinicians, case managers, and other individuals providing services to clients (would not include general administrative supervision of these individuals);
8. The portion of direct facilities expenses such as rent, maintenance, and utilities for areas primarily utilized to provide core medical and support services for eligible clients (e.g., clinic, pharmacy, food bank, substance abuse treatment facilities).



# Overview of Contracting with the County

- *This budget narrative/justification format provided is required.*

## Budget Justification

### A. Personnel

#### Project Director: **PROVIDE FULL NAME OF STAFF**

Provides program direction and responsible for supervision of agency Staff.  
Provides project oversight for all agency projects. Quality assurance for all programs.  
(1.0 % FTE: INDIRECT)

\$ 1,164

#### Program Manager: **PROVIDE FULL NAME OF STAFF**

Will direct and supervise the staff that provide transportation services. The Program Coordinator will serve as a backup driver for Keith Williams. The Coordinator will also network with organizations to increase rider participation and interact with passengers to evaluate their project related transportation needs.

(5.0% FTE: Direct)

\$ 3,749

#### Quality Assurance Coordinator: **PROVIDE FULL NAME OF STAFF**

The Quality Assurance Coordinator will support the project components by entering project data and preparing ongoing data analysis and reports to track both the quantitative and qualitative impacts of the program.

(2.0% FTE: INDIRECT)

\$ 1,127

#### Accounting: **PROVIDE FULL NAME OF STAFF**

Responsible for maintaining program accounts receivable, invoicing and preparing other related fiscal matters.  
(1.0% FTE: INDIRECT)

\$ 781

#### Driver/RR: **PROVIDE FULL NAME OF STAFF**

Responsible for the safe and efficient operation of the medical transportation passenger van: providing prevention and risk reduction information and referrals to passengers. Responsible for documenting and reporting client-level information and service utilization; maintaining upkeep of van to ensure efficient operation.

(80% FTE: DIRECT)

\$ 34,944

#### Fringe Benefits @ 15% of personnel cost

**\$5,804.00 Direct and \$461.00 Indirect**

\$ 6,265

Social Security 7.65%  
Unemployment Insuran 5.20%  
Workmen's Compensa 2.15%

#### Communication

Monthly service on mobile phones to enable driver to communicate with office and clients.  
Monthly Service Charge @ \$50.00 x 12 mos. = \$600

\$ 600

#### Van Gas/Maintenance

Funds are requested to purchase gasoline for the van for local outreach efforts. Also, to cover any for maintenance of the van.  
Monthly Gas and/or Maintenance @ \$251.25 per mo x 12 mos. = \$3,015.00

\$ 3,015

#### Medical Van insurance

A portion of Medical Van Vehicle Insurance Cost and the general liability insurance required  
\$26.58 per mo. X 12 mos. = \$319.

\$ 319

#### Total Operating Expense:

\$ 3,934

#### TOTAL BUDGET

\$ 51,965



# Overview of HIV CARE Contract



ALAMEDA COUNTY  
**HEALTH CARE SERVICES**  
AGENCY  
COLLEEN CHAWLA, Director



Master Contract No. **900231**  
Procurement Contract No. **19427**  
Procurement Contract History **Original**

## COMMUNITY-BASED ORGANIZATION (CBO) MASTER CONTRACT EXHIBIT COVERSHEET

This Master Contract Amendment, effective as of 03/01/2020, is a part of the Community Based Organization Master Contract (No. 900231) made and entered into by and between the County of Alameda "County", and CAL-PEP, hereinafter referred to as the "Contractor".

The Master Contract is hereby amended by adding the following described exhibits, all of which are attached and incorporated into the Master Contract by this reference, and hereinafter referred to as "Procurement Contract No. 19427" or the "Procurement Contract".

1. **Exhibit A – Program Description and Performance Requirements**
2. **Exhibit B – Terms of Payment**
3. **Exhibit C – Insurance Requirements**
4. **Exhibit D – Audit Requirements**
5. **Exhibit E – HIPAA Business Associate Agreement**
6. **Exhibit F – Debarment and Suspension Certification**

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# Overview of HIV CARE Contract

## Reviewing Your HIV Care Contract

- Exhibit A Program Requirements to Review

1. A. Grant Period-Dates of contract
2. D. Program Modifications-Changes to program
3. E. Budget Revisions-Request should be made 60 days before the end of the contract period (December 31 for RWA/MAI and January 31 for RWB)

 Alameda County Public Health Department

**Office of HIV CARE**  
Ryan White Program Requirements  
FY 2020-2021

**CONTRACT TERMS**

Contractors must follow the guidance for all applicable Ryan White HIV/AIDS Program (RWHAP) Requirements including Health Resources and Services Administration (HRSA) HIV/AIDS Bureau Policy Notices and Program Letters, National Monitoring Standards, the State Office of AIDS-HIV Care Program (HCP) and Minority AIDS Initiative (MAI) Program guidance to ensure compliance with programmatic requirements. For further information refer to:  
<http://hab.hrsa.gov/programgrantsmanagement/policynoticesandprogramletters>  
*\*All providers of services available in the State Medi-Cal program must have entered into a participation agreement under Medi-Cal and be qualified to receive payments under Medi-Cal, or receive a waiver from this requirement.*

**A. GRANT PERIOD**  
The standard terms are as follows:  
1. Part A and MAI funds are available from March 1<sup>st</sup> of the current year to February 28<sup>th</sup> of the following year.  
2. State HIV Care Program (HCP), or Part B funds, are available from April 1<sup>st</sup> of the current year to March 31<sup>st</sup> of the following year.

The contract may be renewed on a year-to-year basis at the end of each term for one (1) year contingent upon factors such as County practice to periodically put services out for bid, funding availability, Oakland Transitional Grant Area Planning Council (OTGA-PC) priority setting and allocations, as well as overall contract compliance and performance.

**B. RULES AND REGULATIONS**  
The Contractor is required to be familiar with all Federal, State, and local laws, ordinances, codes, rules, and regulations that pertain to Ryan White funding and may in any way affect the delivery of services. The facilities, used during the performance of this agreement, will meet all applicable Federal, State and local regulations throughout the duration of the agreement. The failure to meet all requirements is a basis for termination of the agreement. In addition, the sub-recipient must comply with all laws, ordinances and regulations applicable to the contracted services, including those applicable to conflict of interest. RWHAP funds are to be used as the payer of last resort (see Program Requirements Attachment I).

**C. PROGRAM IMPLEMENTATION and CONTRACTING PROCESS**  
The Contractor is required to submit all requested documents necessary for contract development (i.e. Program Description, Scope of Work, Budget Summary and Justification, signed Contract Cover Sheets, current Insurance Certificates, etc.) for each funded service or program by the date specified on the Office of HIV Care (OHC) Award Letter.

**D. PROGRAM MODIFICATIONS**  
The Contractor is required to inform the OHC within 60 days, in writing, of any proposed deviation from the approved Scope of Work and to obtain written approval prior to implementing any changes.

**E. BUDGET REVISIONS**  
The Contractor must submit an OHC Budget Revision Form and have obtained written approval prior to implementing any changes in its contracted budget. The final budget revision must be submitted no later

Ryan White HIV/AIDS Program Requirements 2020-2021 Page 1

005





# Overview of HIV CARE Contract

## Reviewing Your HIV Care Contract

- Program Requirements to Review

4. M. Personnel-Any changes to personnel you must contact your HIV Care Program Manager and provide them with an updated personnel list on your Agencies letterhead with the following information: full name, job title, and email address.

Each Contractor is required to have a grievance policy and procedure specifying timelines at each step of the grievance process, and ensures that no retaliatory action is taken against clients filing grievances. The language in which the policy is written, and the process of the conflict resolution shall be both culturally and linguistically appropriate. The policy and a patient/client rights and responsibilities statement shall be posted in an accessible and open location within the service facility. These documents are to be signed by the client during the initial certification visit, when revisions are made to the policy, and every three years. A copy shall be given to the client and maintained in the client record. All client complaints and grievances shall be investigated, resolved and documented. *The OHC may intervene in grievances at its discretion.*

### **J. RIGHT TO INSPECT**

For RYAN WHITE Part A and MAI contracts, all records, including fiscal, personnel, and client files, must be made available for inspections and/or audits conducted by HRSA, OHC, and any entity conducting reviews on behalf of HRSA or OHC, without notice. In addition, the Contractor must retain all records pertaining to the grant in proper order for at least five (5) years following the expiration of the contract. Such access must be consistent with the California Government Data Practices Act.

For the HCP contracts, the Contractor agrees to maintain and preserve any pertinent records and/or documents, related to this contract for three (3) years after termination of the contract and final payment from HCP to the OHC, and to permit HCP or any duly authorized representative to have access to examine or audit such records and/or documents related to this contract. In addition, the Contractor is to allow interviews from any employee who might reasonably have information related to such records.

### **K. SUBCONTRACTS**

The OHC reserves the right to approve or disapprove any subcontracts. It is the sole responsibility of the Contractor to ensure that any subcontractor(s) are compliant with all RWHAP requirements, and to ensure that all client level data, is entered on a monthly basis into ARIES by the 10th day of the following month. The Contractor remains fully responsible for services performed including those performed by the subcontractor(s). The Contractor must develop a formal process for determining subcontractor compliance with the RWHAP requirements, and also remains the sole point of contact with regard to all communications, including timely payment of all charges.

### **L. LICENSING REQUIREMENTS**

The Contractor and key staff must possess all required State of California licenses as well as required occupational licenses. All employees requiring certification and licensing must have current records on file with the Contractor. Additionally, the Contractor is required to notify the OHC of any changes in licensure, including but not limited to the failure to maintain the required California State licenses as a result of suspension or revocation within 20 days from the date said event occurs. According to HRSA Policy Clarification Notice (PCN) 11-04, RYAN WHITE funds may not be used to pay for professional licensure.

### **M. PERSONNEL**

The personnel described in the contract must be available to perform services described, barring illness, accident, or other unforeseeable events of a similar nature, in which case, the Contractor must be able to provide a qualified replacement. The OHC must be notified of all changes in personnel within five (5) working days of the change. Furthermore, all personnel are considered to be, at all times, employees of the Contractor under the sole direction of the Contractor and not employees or agents of the County of Alameda.

According to Federal Regulations, under this contract, no staff salary shall exceed the Federal Executive Schedule level II, i.e., RYAN WHITE funds may not be used to pay the base salary of an individual (exclusive of fringe and income unrelated to duties performed under this contract), when calculated at



# Overview of HIV CARE Contract

## Reviewing Your HIV Care Contract Ryan White Federal Requirement Health Resources & Services Administration (HRSA)

- Program Requirements to  
Review Continued  
Attachment 1

5. HIV Care per HRSA is payor  
of last resort

Alameda County Public Health Department



### ATTACHMENT I

#### Office of HIV Care

2020-2021

#### Ryan White HIV/AIDS Program Requirements

##### CLIENT ELIGIBILITY

The Contractor must have policies and procedures in place to confirm and document client eligibility. Ryan White services funded through the Office of HIV Care (OHC) are intended for people living with HIV/AIDS (PLWH), also identified as client(s), in Alameda County, who are uninsured or underinsured, and low-income, with an annual gross income at or below 300% of the Federal Poverty Level (FPL) guidelines (see Table 2).

RWHAP funds are the funds of "last resort," which means that funds may not be used for any item or service for which payment has been made or can reasonably be expected to be made by another payment source or third-party insurance. For this reason, Contractors must vigorously pursue the client's eligibility for other funding sources (e.g., Medi-CAL, Medicaid, Medicare, CHIP, CHDP, other public health insurance, other state-funded HIV/AIDS Programs, employer-sponsored health insurance coverage, and/or other private health insurance, etc.), in order to extend the limited RWHAP grant resources to new clients and/or needed services. The Contractor must also document in client files and/or in ARIES, all instruction provided to the client about medical insurance enrollment, evidence of insurance enrollment, or the client's refusal to enroll into Covered California or other health insurance.



# Overview of HIV CARE Contract

## Reviewing Your HIV Care Contract

- Exhibit C Insurance Requirement

5. Provide Exhibit C to your insurance agent

### EXHIBIT C

#### COUNTY OF ALAMEDA MINIMUM INSURANCE REQUIREMENTS

Without limiting any other obligation or liability under this Agreement, the Contractor, at its sole cost and expense, shall secure and keep in force during the entire term of the Agreement or longer, as may be specified below, the following minimum insurance coverage, limits and endorsements:

TYPE OF INSURANCE COVERAGES		MINIMUM LIMITS
A	<b>Commercial General Liability</b> Premises Liability; Products and Completed Operations; Contractual Liability; Personal Injury and Advertising Liability	\$1,000,000 per occurrence (CSL) Bodily Injury and Property Damage
B	<b>Commercial or Business Automobile Liability</b> All owned vehicles, hired or leased vehicles, non-owned, borrowed and permissive uses. Personal Automobile Liability is acceptable for individual contractors with no transportation or hauling related activities	\$1,000,000 per occurrence (CSL) Any Auto Bodily Injury and Property Damage
C	<b>Workers' Compensation (WC) and Employers Liability (EL)</b> Required for all contractors with employees	WC: Statutory Limits EL: \$1,000,000 per accident for bodily injury or disease
D	<b>Endorsements and Conditions:</b> <ol style="list-style-type: none"><li><b>ADDITIONAL INSURED:</b> All insurance required above with the exception of Commercial or Business Automobile Liability, Workers' Compensation and Employers Liability, shall be endorsed to name as additional insured: County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees, volunteers, and representatives. The Additional Insured endorsement shall be at least as broad as ISO Form Number CG 20 38 04 13.</li><li><b>DURATION OF COVERAGE:</b> All required insurance shall be maintained during the entire term of the Agreement. In addition, Insurance policies and coverage(s) written on a claims-made basis shall be maintained during the entire term of the Agreement and until 3 years following the later of termination of the Agreement and acceptance of all work provided under the Agreement, with the retroactive date of said insurance (as may be applicable) concurrent with the commencement of activities pursuant to this Agreement.</li><li><b>REDUCTION OR LIMIT OF OBLIGATION:</b> All insurance policies, including excess and umbrella insurance policies, shall include an endorsement and be primary and non-contributory and will not seek contribution from any other insurance (or self-insurance) available to the County. The primary and non-contributory endorsement shall be at least as broad as ISO Form 20 01 04 13. Pursuant to the provisions of this Agreement insurance effected or procured by the Contractor shall not reduce or limit Contractor's contractual obligation to indemnify and defend the Indemnified Parties.</li><li><b>INSURER FINANCIAL RATING:</b> Insurance shall be maintained through an insurer with a A.M. Best Rating of no less than A:VII or equivalent, shall be admitted to the State of California unless otherwise waived by Risk Management, and with deductible amounts acceptable to the County. Acceptance of Contractor's insurance by County shall not relieve or decrease the liability of Contractor hereunder. Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor.</li><li><b>SUBCONTRACTORS:</b> Contractor shall include all subcontractors as an insured (covered party) under its policies or shall verify that the subcontractor, under its own policies and endorsements, has complied with the insurance requirements in this Agreement, including this Exhibit. The additional Insured endorsement shall be at least as broad as ISO Form Number CG 20 38 04 13.</li><li><b>JOINT VENTURES:</b> If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by one of the following methods:<ul style="list-style-type: none"><li>Separate insurance policies issued for each individual entity, with each entity included as a "Named Insured" (covered party), or at minimum named as an "Additional Insured" on the other's policies. Coverage shall be at least as broad as in the ISO Forms named above.</li><li>Joint insurance program with the association, partnership or other joint business venture included as a "Named Insured".</li></ul></li><li><b>CANCELLATION OF INSURANCE:</b> All insurance shall be required to provide thirty (30) days advance written notice to the County of cancellation.</li><li><b>CERTIFICATE OF INSURANCE:</b> Before commencing operations under this Agreement, Contractor shall provide Certificate(s) of Insurance and applicable insurance endorsements, in form and satisfactory to County, evidencing that all required insurance coverage is in effect. The County reserves the rights to require the Contractor to provide complete, certified copies of all required insurance policies. The required certificate(s) and endorsements must be sent as set forth in the Notices provision.</li></ol>	

Certificate C-1

Page 1 of 1

Form 2001-1 (Rev. 02/26/14)



# Overview of HIV CARE Contract

## Reviewing Your HIV Care Contract

- Exhibit C Insurance Requirement Example

ACORD™		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.				
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).				
PRODUCER Propel Insurance Seattle Commercial Insurance 601 Union Street, Suite 3400 Seattle, WA 98101-1371		CONTACT NAME: [REDACTED] PHONE (A/C No. Ext): 800 499-0933 FAX (A/C No.): 866 577-1326 E-MAIL ADDRESS: [REDACTED]		
INSURED		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Philadelphia Indemnity Ins Company		18058
		INSURER B : Oak River Insurance Company		34630
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		
COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.				
INSR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	PHPK1924626	01/01/2019
				POLICY EXP. DATE (MM/DD/YYYY)
				LIMITS
				EACH OCCURRENCE \$1,000,000
				DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000
				MED EXP (Any one person) \$5,000
				PERSONAL & ADV INJURY \$1,000,000
				GENERAL AGGREGATE \$2,000,000
				PRODUCTS - COM/PO/ AGG \$2,000,000
				\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>		PHPK1924626	01/01/2019
				01/01/2020
				COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
				BODILY INJURY (Per person) \$
				BODILY INJURY (Per accident) \$
				PROPERTY DAMAGE (Per accident) \$
				\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$10000	X	PHUB660278	01/01/2019
			No Coverage for Per Location Aaa	01/01/2020
				EACH OCCURRENCE \$15,000,000
				AGGREGATE \$15,000,000
				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X	REWC016432	01/01/2019
				01/01/2020
				X PER STATUTE   OTH-ER
				E.L. EACH ACCIDENT \$1,000,000
				E.L. DISEASE - EA EMPLOYEE \$1,000,000
				E.L. DISEASE - POLICY LIMIT \$1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder is additional insured per written contract/agreement. Forms attached. Waiver of Subrogation included under Workers Compensation if required by contract only.  *County of Alameda, its Board of Supervisors, the individual members thereof, and all County Officers, (See Attached Descriptions)				
CERTIFICATE HOLDER			CANCELLATION	
County of Alameda* 125 12th Street, 3rd Floor Oakland, CA 94607			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
			AUTHORIZED REPRESENTATIVE [Signature]	

# Overview of HIV CARE Contract

## Reviewing Your HIV Care Contract

- Exhibit C Insurance Requirement Additional Insured

Additional insured is required  
“County of Alameda, its Board of Supervisor, the individual members...”

00 20 20 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

**Name Of Additional Insured Person(s) Or Organization(s):**

County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



# HIV Care Invoices and Billing



## Submitting Monthly Invoices

- Invoices and supporting collateral are sent by CBOs to the [HIVInvoices@acgov.org](mailto:HIVInvoices@acgov.org) mailbox and cc their respective Program Manager (PM) to the 20<sup>th</sup> of every month. Fiscal and Contract Unit (FCU) will acknowledge receipt of the invoice and check the mathematical accuracy of the invoice. PMs will simultaneously do their programmatic review of the invoice and necessary back-up documentations.



# HIV Care Invoices and Billing



## Submitting Monthly Invoices

- Contractor must provide invoice and all supporting collateral by the 20<sup>th</sup> of each month.
- It takes 30 business days to process invoices (although payment may be received sooner).
- Supporting collateral must be submitted for invoices to be approved and paid. Collateral includes itemized receipts, cancel checks, check copies, etc.



# HIV Care Invoices and Billing

## Submitting Monthly Invoices

- Sample of collateral acceptable receipts.



### Example of Itemized Receipt For Green Exchange Rebate Program

The format requested to process invoices submitted for the Green Exchange Rebate Program is an "itemized" invoice. Please ask your landscape professional to format the itemized bill as shown. While the sample invoice provides all associated costs to the job, the rebate only covers the cost of the materials. Cost per unit must not exceed manufacturer's suggested retail price (MSRP). Please refer to additional terms and conditions found on the rebate eligibility form.

Name and Full Address of Company including City, State, and Zip Code

Date of Invoice

Name of Community Based Organization

Full Address of Community Based Organization including City, State and Zip Code

Product	Cost Per Unit*	Quantity	Total Cost
Hunter MPR40-06 spray head	\$15.00	20	\$300.00
Hunter 1000 series MP Rotator nozzle	\$ 5.00	20	\$100.00
Toro 1/2" poly distribution tubing, 100' roll	\$12.50	5	\$ 62.50
Jute stakes (ea.)	\$ 0.14	500	\$ 70.00
Netafim emitters (.5 gph)	\$ 0.35	150	\$ 52.50
Hunter Mini-Click rain sensor	\$18.00	1	\$ 18.00
			Materials \$ 603.00
			Sales Tax \$ 48.24
			Delivery \$ 50.00
			Labor \$ 4,600.00
Total Due			\$ 5,301.24

\*Must not exceed MSRP.

123 Public Health Circle • [Oakland, CA](#) 9607  
Phone (510) 268-7630 • Fax: (510) 268-7631



# HIV Care Invoices and Billing

## Unallowable Costs Per HRSA

- Budgeted Labor (vs. Actual Labor)
- Meals and Food (Conference Fees)
- Incentives
- Promotional Items
- Entertainment Costs
- Contributions and Donations
- Fundraising and Investment Management Costs
- Goods or Services for Personal Use
- Lobbying
- Travel
- Non-budgeted cost



# HIV Care Ryan White HRSA Required Reports and Program Site Visits

## Ryan White Required Reports

1. Ryan White Semi-Annual (Mid Year) Progress Report
2. Ryan White (Annual) Final Progress Report

## Yearly Program Site Visits Required

1. Program Site Visits
2. Fiscal Site Visits-This has not been done in the past and Alameda County is out of compliance. There will be more information provided when this does happen.

Currently, all site visits have been put on hold, but it is required that all agencies continue with appropriate record keeping.



# HIV Care Alameda County Requirements

# Financial Audits

- Must be provided for the entire year. Some agencies go by fiscal year and some agencies by calendar year. CBO's auditors should know what type of audit to submit depending on how much total Federal dollars that they receive.



# HIV Care Year End Contract Closeout

The following end of year closeout items are for the entire funding year that you received an award. This is due by **April 20<sup>th</sup>** of each year.

1. General Ledger (GL's)-GL's should show a summary of what was spent and received from each specific funding source's, broken down by categorical line item, for the entire funding year.
2. Ryan White Final Progress Report
3. Ryan White Data Sheet
4. Final HIV Care Invoice and supporting collateral



Thank You!

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July  
17  
Questions

**Mini**

**Quiz**



# QUIZ

1. CBO's budget should include indirect and direct cost it should only be \_\_\_\_\_ of total budget awarded?

A. 5%

B. 2%

C. 10%

D. None of the above

Go to [www.menti.com](https://www.menti.com) and use the code 3998 2651





# QUIZ

2. Fill in the blank invoices and supporting collateral must be sent by the CBOs to the [HIVInvoices@acgov.org](mailto:HIVInvoices@acgov.org) mailbox and cc' their respective Program Manager (PM) to the \_\_\_\_\_ of every month.



# QUIZ

3. True or False is the Ryan White Semi-Annual (Mid Year) Progress Report a HIV Care Ryan White HRSA Required Reports?



# Thank you!

