

# BUDGET SUMMARY

Ryan White Consortia  
 Patient Care Network

Organization Name: Area 12 Combined Total PCHAP

For Contract Period: April 1, 2017 - March 31, 2018

**A. ADMINISTRATIVE COSTS:**

(7.5% cap on Administrative costs inclusive of subcontracts)

	<u>Original Allocation</u>	<u>Increase/Decrease</u>	<u>Revised Allocation</u>
<b>Administration Subtotal:</b>	\$ <u>126,797</u>	\$ _____	\$ _____

**B. CORE MEDICAL AND SUPPORT SERVICES COSTS:**

**Core Medical Services:**

	<u>Original Allocation</u>	<u>Increase/Decrease</u>	<u>Revised Allocation</u>
a. Ambulatory/Outpatient Medical Care	\$ <u>144,422</u>	\$ _____	\$ _____
b. AIDS Pharmaceutical Assistance (Local)	\$ <u>273,036</u>	\$ _____	\$ _____
c. Early Intervention Services	\$ _____	\$ _____	\$ _____
d. Oral Health Care	\$ <u>215,555</u>	\$ _____	\$ _____
e. Health Insurance Premium/Cost Sharing	\$ <u>215,555</u>	\$ _____	\$ _____
f. Home and Community -Based Services	\$ _____	\$ _____	\$ _____
g. Home Health Care	\$ _____	\$ _____	\$ _____
h. Mental Health Services - Outpatient	\$ <u>29,459</u>	\$ _____	\$ _____
i. Medical Nutrition Therapy	\$ <u>17,963</u>	\$ _____	\$ _____
j. Medical Case Management (including treatment adherence)	\$ <u>258,665</u>	\$ _____	\$ _____
k. Substance Abuse Services - Outpatient	\$ _____	\$ _____	\$ _____

**Support Services:**

l. Case Management (Non-Medical)	\$ <u>165,258</u>	\$ _____	\$ _____
m. Emergency Financial Assistance	\$ _____	\$ _____	\$ _____
n. Food Bank/Home Delivered Meals	\$ <u>21,555</u>	\$ _____	\$ _____
o. Health Education/Risk Reduction	\$ _____	\$ _____	\$ _____
p. Linguistic Services	\$ <u>719</u>	\$ _____	\$ _____
q. Medical Transportation Services	\$ <u>14,370</u>	\$ _____	\$ _____
r. Outreach Services	\$ _____	\$ _____	\$ _____
s. Psychosocial Support Services	\$ _____	\$ _____	\$ _____
t. Referral for Health Care/Supportive Services	\$ <u>80,474</u>	\$ _____	\$ _____
u. Substance Abuse Services - Residential	\$ _____	\$ _____	\$ _____
v. Treatment Adherence Counseling	\$ _____	\$ _____	\$ _____

<b>Core Medical and Support Services Subtotal</b>	\$ <u>1,437,031</u>	\$ <u>0</u>	\$ <u>0</u>
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**C. CLINICAL QUALITY MANAGEMENT**

(5% cap on CQM costs inclusive of subcontracts)

	<u>Original Allocation</u>	<u>Increase/Decrease</u>	<u>Revised Allocation</u>
<b>Clinical Quality Management Subtotal:</b>	\$ <u>84,531</u>	\$ _____	\$ _____

**D. PLANNING AND EVALUATION**

(2.5% cap on Planning and Evaluation costs inclusive of subcontracts)

	<u>Original Allocation</u>	<u>Increase/Decrease</u>	<u>Revised Allocation</u>
<b>Planning and Evaluation Subtotal:</b>	\$ <u>42,266</u>	\$ _____	\$ _____

<b>GRAND TOTAL A, B, C &amp; D for Ryan White</b>	\$ <u>1,690,625</u>	\$ <u>0</u>	\$ <u>0</u>
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(Please use the signature block below if completing line-item revision)

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Contract Manager Signature	Date