



AGENDA PLACEMENT REQUEST NOTICE OF INTENT

(revised 08/02/10)

Board Clerk Use Only

Meeting Date:	<u>2/17/11</u>
Agenda Item #:	<u>C-1</u>
Est. Start Time:	<u>9:30 am</u>
Date Submitted:	<u>2/9/11</u>

Agenda Title: NOTICE OF INTENT to Submit a Proposal to the Health Resources and Services Administration HIV Early Intervention Services (EIS) Program Ongoing Expansion Funds for Current Part C Grantees Grant Competition

Note: If Ordinance, Resolution, Order or Proclamation, provide exact title. For all other submissions, provide a clearly written title sufficient to describe the action requested.

Requested Meeting Date:	<u>February 24, 2011</u>	Amount of Time Needed:	<u>N/A – Consent Item</u>
Department:	<u>Health</u>	Division:	<u>ICS-HIV Health Services Center</u>
Contact(s):	<u>Nicole Hermanns, Jodi Davich</u>		
Phone:	<u>503-988-3663</u>	Ext.	<u>26314</u>
Presenter Name(s) & Title(s):	<u>N/A – Consent Item</u>		
I/O Address:	<u>160/9</u>		

General Information

1. What action are you requesting from the Board?

Authorization to submit a proposal for up to \$140,000 to the Health Resources and Services Administration HIV EIS Program for ongoing expansion funds.

2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.

MCHD has provided medical care to HIV infected individuals from the onset of HIV disease, through its primary care clinics. To respond to the growing number of HIV/AIDS clients, and the demand for specialized care from "expert" providers, MCHD applied for and was awarded Ryan White Title III/Part C Early Intervention funds in 1990 which established the HIV Health Services Center (HIV Clinic).

Over the past several years, the HIV Clinic has experienced a significant increase in both the number of clients it serves and in the complexity of the care its clients require. During 2010, the HIV Clinic provided care to 1,037 individuals, a 16% increase in the patient population since 2008.

**Notice of Intent APR
Submit to Board Clerk**

In addition to the increase in patient numbers, between 2008 and 2010 there was a 19% increase in the percentage of clients that were reliant on Medicaid and a 12% increase in clients without any insurance at all. Despite this increase in need, funding for these critical HIV services has remained flat since 2008. This grant will provide additional funding to the HIV Clinic's current Part C grant award on an annual basis to provide medical care to individuals living with HIV.

3. Explain the fiscal impact (current year and ongoing).

This grant will provide the HIV Health Services Center with additional funding to its current Ryan White Part C base award. This additional funding will be included in the base for the remaining Part C project period, and can then be renewed at this higher level once the current project period is over.

4. Explain any legal and/or policy issues involved.

None.

5. Explain any citizen and/or other government participation that has or will take place.

None.

ATTACHMENT A

Grant Application/Notice of Intent

If the request is a Grant Application or Notice of Intent, please answer all of the following in detail:

- **Who is the granting agency?**
The Health Resources and Services Administration (HRSA), HIV/AIDS Bureau is the granting agency.
- **Specify grant (matching, reporting and other) requirements and goals.**
This is an ongoing expansion funding opportunity for current Part C grantees, in order to support increased costs of care including increased numbers of patients and unmet need for early intervention services in the community. Successful applicants will receive an ongoing expansion, which will be added to the grantee's base award. Ryan White Program funds are intended to be the payer of last resort, and cannot be used to supplement payments for covered services from other sources such as Medicaid, Medicare, private insurance, or other grant programs. There is no matching requirement. Grant reporting will be included as part of the reporting for the current Part C grant.
- **Explain grant funding detail – is this a one time only or long term commitment?**
We will request an increase of up to \$140,000 to our base grant award. The increase to the base funding will be ongoing.
- **What are the estimated filing timelines?**
The grant application is due on February 28, 2011. Award notifications will be made prior to the project start period of September 1, 2011.
- **If a grant, what period does the grant cover?**
The project period begins September 1, 2011. If funded, this award will be wrapped into our current Part C grant which provides continuous funding through the Ryan White Care Act.
- **When the grant expires, what are funding plans?**
If funded, this grant will be wrapped into our current Part C grant which provides continuous funding through the Ryan White Care Act.
- **Is 100% of the central and departmental indirect recovered? If not, please explain why.**
All indirect costs, and any facilities/internal services costs that are not currently budgeted for, will be covered by the grant.

ATTACHMENT B

Required Signatures

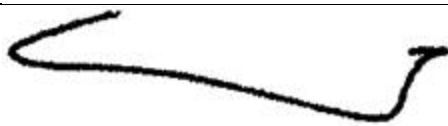
Elected Official or
Department/
Agency Director:

KJ

02/08/2011

Date:

Lillian Shirley



02/08/2011

Budget Analyst:

Date: