

Instructions for the Fiscal Year (FY) 2016  
Partnerships for Care (P4C) Progress Update and Budget Request Submission

**Attachment 5: P4C HIV Care Team Composition Table**

**Instructions**

1. Complete one HIV Care Team Composition Table for each proposed/established team.
2. Enter one team member in each row of the table. Add as many rows as needed to capture all team members.
3. If the same individual is a member of more than one team, then Columns A-D must be completed for each table (Columns E-H do not need to be repeated).
4. Instructions for completing each cell in the table are provided below. A blank table appears on the next page.

HIV CARE TEAM COMPOSITION TABLE							
<b>Point of Contact</b>		Enter name, title, email, and phone number of individual who can address questions regarding this table					
<b>Grantee Name</b>		Enter the H80 grantee name					
<b>HIV Care Team #</b>		Number the HIV Care Teams consecutively (i.e., 1, 2, 3)					
<b>Sites Served</b>		Provide a bulleted list all sites where this HIV Care Team provides services directly to patients (Reminder: All sites served by the HIV care team must be in scope)					
A	B	C	D	E	F	G	H
Name	Title	Current Status	FTE	Degrees and certifications	Primary Service Category	OPTIONAL: Secondary Service Category	Years of HIV Experience
Full name of team member	Title within health center and on the P4C project, if different.  Be sure to identify at least one member of each HIV care team as the <b>“HIV Care Team Lead”</b>	Indicate whether the position is currently “Filled” or “TBH” (to be hired)	Total FTE put toward HIV Care Team related activities (e.g., service delivery, care coordination, quality assurance, etc.)	Degrees or certifications held by team member	Select the <u>primary</u> service category for each team member using the categories listed below (based on UDS Table 5 – Staffing and Utilization). Please limit your entry to <u>one of the 11 categories</u> below.  <ol style="list-style-type: none"> <li>1. <b>Physician</b></li> <li>2. <b>NP, PA, CNM</b></li> <li>3. <b>Other Medical</b> (i.e., nurses, other medical, lab/ x-ray personnel)</li> <li>4. <b>Dental</b></li> <li>5. <b>Mental health</b> (i.e., psychiatrists, clinical psychologists/social workers, lic. mental health provider)</li> <li>6. <b>Substance abuse</b></li> <li>7. <b>Vision</b></li> <li>8. <b>Case manager</b></li> <li>9. <b>Education/outreach</b></li> <li>10. <b>Other Enabling</b> (e.g., transportation, eligibility assistance, interpretation)</li> <li>11. <b>Other Program</b> (i.e., management/ support, fiscal/ billing, IT, facility, patient support)</li> </ol>	OPTIONAL: Select a <u>secondary</u> service category for team members fulfilling more than one role, using the list provided in column F.	Years of professional experience providing or coordinating services to people living with HIV or at high risk for HIV infection.

