



Fiscal Year 2023 Ending the HIV Epidemic – Primary Care HIV Prevention (PCHP) FY 2020 Award Recipient Supplemental Funding Submission Instructions

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Purpose

HRSA provides more than 360 health centers with Ending the HIV Epidemic – Primary Care HIV Prevention (PCHP) funding to expand HIV prevention services¹ that decrease the risk of HIV transmission in geographic locations identified by [Ending the HIV Epidemic in the U.S.](#) Additional HIV prevention funding may be available to these health centers in FY 2023 to support current and new HIV prevention efforts. These supplemental PCHP funding instructions are for Health Center Program (H80) award recipients that received FY 2020 PCHP funding (HRSA-20-091).²

HRSA anticipates that up to \$45,000 in supplemental PCHP funds may be available in FY 2023 for each health center that received PCHP funding in FY 2020 to support [Ending the HIV Epidemic in the U.S.](#) You will use the Electronic Document Management (EDM) submission to request or reject supplemental PCHP funds and to document activities that you will carry out with these supplemental funds. Submission and approval of this PCHP EDM will provide funding for use from September 1, 2023 through August 31, 2024. Future funding is dependent upon congressional appropriation, satisfactory progress on PCHP objectives and implementation of your proposed project activities, and a decision that continued funding is in the best interest of the federal government.

¹ The Centers for Disease Control and Prevention (CDC) describes HIV prevention to include multiple strategies, such as pre- and post-exposure prophylaxis, and taking antiretroviral therapy as prescribed. HIV prevention services are part of comprehensive primary care services.

² Supplemental PCHP funding is being made available to other cohorts of PCHP award recipients through a separate process.

Submission and Award Information

EDM submissions will be available starting March 3, 2023, and are due in the HRSA Electronic Handbooks (EHBs) by **5 p.m. ET on April 4, 2023**. HRSA anticipates releasing supplemental PCHP funding on or around the start date of September 1, 2023.

General Instructions

You will complete your EDM submission in EHBs by providing a supplemental PCHP funds budget and by proposing activities in a PCHP Work Plan. To find your EDM submission in EHBs:

- Click on the **Grants tab** on the HRSA EHBs Home page to navigate to the My Grant Portfolio – List page
- Click on the **Grants Folder** for your H80 grant
- Click on the **Work on My EDM Submission** link under the Submissions section
- Locate the record titled “PCHP Supplemental Funds Submission”

You will click on the **Start** link to begin working on your PCHP EDM submission. After you start working on the EDM, the system will display an Edit link instead of the Start link the next time you access this page. In your EDM submission you must include all forms and attachments identified in [Table 1: Forms and Attachments](#). Complete all forms online, including the Work Plan, directly in EHBs. Attachments must be uploaded into EHBs.

EDMs that lack required information will be considered incomplete or non-responsive and will be returned via a “Change Requested” notification in EHBs. If HRSA receives an incomplete or non-responsive EDM, a delay in Notice of Award (NoA) issuance could occur. If you are rejecting supplemental PCHP funds, you must still respond to the EDM submission by April 4, 2023.

HRSA recommends that attachments not exceed **10 pages**. Do not count the standard OMB-approved forms or your indirect cost rate agreement, if applicable, in the page limit. Narrative documents submitted as attachments must be single-spaced with 12 point, easily readable font (e.g., Times New Roman, Arial, and Calibri) and one-inch margins. You may use smaller font (no less than 10 point) for tables, charts, and footnotes.

Table 1: Forms and Attachments

PCHP EDM Submission Section	Form or Attachment	Instructions
Budget Information: SF-424A	Form	Refer to the Budget Information section.
Attachment 1: Budget Narrative	Attachment	Refer to the Budget Narrative section.
Work Plan	Form	Refer to the Work Plan section.
Attachment 2: Other Relevant Documents (if applicable)	Attachment	Refer to the Attachment 2 section.

Budget Information: SF-424A

In **Section A: Budget Summary**, Under New or Revised budget in the federal column, enter the federal funding requested, up to \$45,000. Use a separate row in Section A for each type of Health Center Program section 330 funding that you currently receive (Community Health Center – 330(e), Migrant Health Center – 330(g), Health Care for the Homeless – 330(h), and/or Public Housing Primary Care – 330(i)). Enter all other project costs in the Non-Federal column. Estimated Unobligated Funds are not applicable for this funding opportunity.

Note: The EDM may **not** be used to request changes in funding type(s) or allocation of Health Center Program funds between funding types. **Funding must be requested and will be awarded proportionately for all funding types as currently funded under the Health Center Program.** On March 3, 2023, HRSA provided the individuals registered in EHBs as the project director (PD), business official (BO), and authorizing official (AO) with an email detailing your funding types for these supplemental PCHP funds.

In the Non-Federal column provide the total of the non-federal funding sources. Enter all other project costs in the non-federal column. As per [45 CFR §75.302](#), you must document use of supplemental PCHP funds separately and distinctly from other Health Center Program funds and other federal award funds.

The amount(s) in the total column will be calculated automatically as the sum of the federal and non-federal columns. The amounts for each category in the federal and non-federal columns, as well as the totals, should align with the Budget Narrative.

In **Section B: Budget Categories**, Enter an object class category (line item) budget. The amounts for each category in the Federal and Non-Federal columns, as well as the totals, should align with the Budget Narrative. You may not request to use supplemental PCHP funding for construction (minor A/R).

Indirect costs may only be claimed with an approved indirect cost rate (see details in the [Budget Narrative](#) section below).

In **Section C: Non-Federal Resources**, provide a breakdown of non-federal funds by funding source (e.g., state, local) for each type of Health Center Program funding (CHC, MHC, HCH, PHPC). If you are a State agency, leave the State column blank and include State funding in the Applicant column. When providing Non-Federal Resources by funding source, include non-PCHP federal funds supporting the proposed project in the “other” category. Program Income must be consistent with the Total Program Income (patient service revenue) presented in the budget narrative and other EDM submission components, as applicable.

Salary Limitation

The Consolidated Appropriations Act, 2022 (P.L. 117-103), Division H, § 202, states “None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II,” which is currently \$212,100 as of January 2023. However, this rate may change in 2023. Please use the link under [Personnel Costs](#) to ensure your budget request reflects the most current rate.

The salary limitation reflects an individual’s base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to your organization. This salary limitation also applies to subrecipients under a HRSA grant. See Section 5.1.iv Budget – Salary Limitation of HRSA’s [SF-](#)

[424 Application Guide](#) for additional information. Note that these or other salary limitations will apply in the following fiscal years, as required by law.

Attachment 1: Budget Narrative

You are required to upload a line-item Budget Narrative as Attachment 1 in EHBs that outlines federal and non-federal costs for the supplemental PCHP budget period (September 1, 2023 to August 31, 2024) by object class category. This attachment should align with the budget information provided in the [Budget Information: SF-424A](#) and with the [Work Plan](#). In addition, provide a table of personnel to be paid with federal funds, if applicable, as shown in the example provided in the Budget Narrative on the [PCHP TA webpage](#). Your budget narrative must:

- Demonstrate that you will use supplemental PCHP funds for costs that will advance progress on the PCHP objectives.
- Include detailed calculations explaining how each line-item expense is derived (e.g., cost per unit).
- Not include [ineligible costs](#).
- Provide HRSA with sufficient information to determine that you will use supplemental PCHP funds separately and distinctly from other Health Center Program support (e.g., operational H80 awards).
- Highlight changes from the first budget year.

Include the following in the Budget Narrative:

Personnel Costs: List all direct hire personnel to be supported with supplemental PCHP funds, and include their names (if possible), position titles, percent full time equivalency (FTE), and annual salaries. Document this information in your personnel justification table as well. PCHP funding must not be used to pay the salary of an individual at a rate in excess of [Federal Executive Level II of the Federal Executive Pay scale](#).³ Do not include fringe benefits and travel.

Fringe Benefits: List the components of the fringe benefit rate for proposed direct hire staff. Fringe benefits should be directly proportional to the personnel costs allocated for the supplemental PCHP funding activities.

Travel: List expenses associated with both local and long-distance travel for consultants, direct hire personnel, and/or contractors. Detail travel costs consistent with the organization's established travel policy and in compliance with [45 C.F.R. § 75.474](#).

Supplies: List supplies that will support your supplemental PCHP funding project individually, separating items into three categories: office, medical, and educational.

Contractual Services: Clearly state the purpose of each contract, including specific deliverables. You must have an established and adequate procurement system with fully developed written procedures for awarding and monitoring contracts.

Indirect Costs: Include indirect costs in your budget request only if your organization has a negotiated indirect cost rate agreement or is claiming a de minimis rate of 10 percent of modified total direct costs. If your budget includes indirect costs, you must upload a copy of your most recent

³ OPM "Rates of Pay for the Executive Schedule" link on this webpage has the most current rates.

indirect cost rate agreement as [Attachment 2: Other Relevant Documents](#) or indicate that you are using the de minimis indirect cost rate of 10 percent of modified total direct costs under the requirements detailed at [45 C.F.R. § 75.414](#).

Note: If you carry out all or a portion of their project through a subaward (as defined in [45 CFR part 75.2](#)), you must document your determination that, at the time such a subaward is made, the subrecipient meets all the Health Center Program requirements. See Chapter 12: Contracts and Subawards of the [Health Center Program Compliance Manual](#) for additional information.

Supplemental PCHP funds may only be used for allowable costs. These funds may not be used for the following:

- Costs already paid for by other Health Center Program funds;
- Purchase or upgrade of an electronic health record (EHR) that is not certified by the Office of the National Coordinator for Health Information Technology;
- Equipment;
- New construction activities, including additions or expansions;
- Minor A/R projects;
- Installation of trailers and pre-fabricated modular units;
- Facility or land purchases;
- Purchase of vehicles to transport patients or health center personnel (including mobile units);
- Needles and syringes for illegal drug injection; or
- Devices solely used for illegal drug injection (e.g., cookers).

HRSA recommends the [HHS Grants Policy Statement](#) to facilitate development of an appropriate budget.

Work Plan

In your Work Plan, you will:

- Request supplemental PCHP funds
- Outline proposed activities

An example [Project Overview Form](#) is available for your reference.

1. Supplemental Funds

HRSA anticipates that supplemental PCHP funds may be available in FY 2023, up to \$45,000 per award recipient. This supplemental funding must be used to support current or new efforts to expand HIV prevention services that decrease the risk of HIV transmission in geographic locations identified by [Ending the HIV Epidemic in the U.S.](#) You must submit a budget narrative attachment under [Attachment 1](#), which documents your plan to spend \$45,000 in supplemental PCHP funds between September 1, 2023 through August 31, 2024.

You will use this part of the form to request or reject supplemental PCHP funds (if supplemental funds are available in FY 2023), by:

- Answering a question about whether you are requesting supplemental PCHP funds.
- Certifying that you will use any supplemental PCHP funds in alignment with the terms of your current PCHP funding to expand HIV prevention services that decrease the risk of HIV transmission.

You will complete a work plan to reflect your proposed use of these funds in the next part of the form.

Actual supplemental funding amounts may vary based on available funding (e.g., they may increase if not all PCHP award recipients request supplemental funding).

2. Work Plan

Your Work Plan must support one or more of the PCHP objectives:

- Increase the number of patients counseled and tested for HIV.
- Increase the number of patients prescribed PrEP.
- Increase the percentage of patients newly diagnosed with HIV who are linked to care and treatment within 30 days of diagnosis.

You will advance PCHP objectives with work under one or more of four focus areas:

- PrEP Prescribing
- Outreach
- Testing
- Workforce Development

You must select at least one activity, but no more than five, within at least one of the focus areas.

The work plan will include selectable activities, similar to your FY 2020 PCHP work plan. You must complete two fields in the work plan table: activity and activity selection rationale. The list of activities is presented in [Appendix A: Example Uses of Funds](#). You must provide a description of the activity if you select “Other” (up to 300 characters, including spaces). In the Activity Selection field for each activity, describe how the activity will connect to one or more of the PCHP objectives (up to 400 characters, including spaces).

- **Activity Field:** Select from the list of activity options within the focus areas, or write in your own after selecting “other.” You must select or write in at least one activity within at least one of the focus areas. See [Appendix A: Example Uses of Funding](#) for a complete list. If you selected an activity in your FY 2020 PCHP work plan and intend to do more of that activity with this supplemental PCHP funding, select that activity again in this work plan.
- **Activity Selection Rationale Field:** Describe how each selected activity will help you advance progress on one or more of the PCHP objectives. Information included in your work plan should be consistent with the information in other application components (e.g., Budget Narrative). If you selected an activity in your FY 2020 PCHP work plan and intend to do more of that activity with this FY 2023 PCHP supplemental funding, use this field to explain this (e.g., We will conduct 2 additional testing activities with the FY 2023 supplemental PCHP funding which will advance progress on Objective 1: Increase the number of patients counseled and tested for HIV).

Attachment 2: Other Relevant Documents

If applicable, upload an indirect cost rate agreement or other relevant documents to support the proposed project as attachment(s). If you propose to use PCHP funds to support participation in a syringe services program (SSP), you are required to submit supporting documentation. For information on required documentation, see the [Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016](#) and the [HRSA-Specific Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016](#).

Reporting

Award recipients must complete **Semi-Annual Reports**. New semi-annual reporting requirements will be generated under your H80 award for you to describe accomplishments and barriers toward implementing your proposed activities.

Note that the OMB revisions to Guidance for Grants and Agreements termination provisions located at [2 CFR § 200.340 - Termination](#) apply to all federal awards effective August 13, 2020. No additional termination provisions apply unless otherwise noted.

Technical Assistance Contacts

ASSISTANCE NEEDED	CONTACT
General Technical Assistance	The PCHP TA webpage includes example forms, a technical assistance webinar recording, and other resources.
Budget/Fiscal Questions	Doris Layne-Sheffield Office of Financial Assistance and Management Division of Grant Management Operations Health Center Branch (301) 945-9881 DLayne-Sheffield@hrsa.gov
PCHP EDM Submission Requirements Questions	PCHP Technical Assistance Team 301-594-4300 Submit a Web Request at BPHC Contact Form <ul style="list-style-type: none"> • Under <i>Funding</i>, select Non-competing Continuation (NCC) Progress Reports Select <i>Primary Care HIV Prevention (PCHP)</i>
HRSA EHBs Submission Assistance	Health Center Program Support 877-464-4772 Contact Health Center Program Support at BPHC Contact Form

Appendix A: Example Uses of PCHP Funding

The following list of example uses of funding is organized by focus area and is the same as the list of activity options presented in the Work Plan. All PCHP-supported activities must be conducted in alignment with your scope of project.

Health centers treat patient [populations that are disproportionately affected by HIV](#) that should be supported through your PCHP activities.

PrEP Prescribing

- Support PrEP access through care coordination that will help patients obtain PrEP medication through [patient assistance programs](#) (e.g., [Ready, Set, PrEP](#)) and the [340B Drug Discount Program](#).
- Purchase Food and Drug Administration (FDA)-approved PrEP medications for patient use to facilitate same-day PrEP initiation.⁴
- Enhance workflows and use of technology, including EHR enhancements and [tele-PrEP](#), to improve PrEP access and adherence, support for the appropriate transition from PEP to PrEP, evaluation for co-occurring conditions, and necessary monitoring and follow up.
- Support PrEP adherence through care integration and coordination support that address co-existent behavioral health conditions and health-related social needs.
- Revise policies and procedures to better ensure a culturally competent, welcoming environment to engage all patients, including people who can benefit from PrEP.
- Support PrEP access and adherence through such strategies as using a PrEP navigator to provide care coordination to patients at risk for acquiring HIV, providing patient education and counseling, and collaborating with community-based organizations working with people who can benefit from PrEP, giving particular priority to supporting persons identified as part of the risk network of any identified HIV clusters and outbreaks.
- Leverage partnerships with [Health Center Controlled Networks](#) and the [Health Information Technology NTTAP](#) to support data-driven quality improvement of PrEP and other prevention services through such strategies as strengthening information exchange with community-based organizations implementing PrEP and health departments regarding referrals and re-engaging patients in care, and using pharmacy data on PrEP prescriptions filled to promote adherence.
- Leverage partnerships, including those with [NTTAPs](#), to build health center capacity to identify patients in need of PrEP.
- Purchase systems and/or contract for services to provide virtual care, such as those that increase patient engagement and self-management, home monitoring of symptoms and medication adherence, 24-hour access, and synchronous and asynchronous patient visits.

⁴ Kamis K, Scott K, Gardner E, et al. 859. Same-Day HIV Pre-exposure Prophylaxis (PrEP) Initiation During Drop-in STD Clinic Appointments Is a Safe, Feasible, and Effective Method to Engage Patients at Risk for HIV in PrEP Care. *Open Forum Infect Dis*. 2018;5(Suppl 1):S20. Published 2018 Nov 26.

- Purchase for patient use home oral HIV test kits and home specimen kits for laboratory testing to support adherence to PrEP follow-up test recommendations.
- Update health center emergency operation plans to ensure continuity of PrEP access during emergencies (e.g., natural disasters, public health emergencies).
- Enhance the use of telehealth to deliver HIV prevention services, such as [tele-PrEP](#), including by establishing contracts to provide peer coaching, receiving referred patients from HIV-testing sites, integrating with home oral HIV testing and home specimen kits for laboratory testing, embedding live streaming consulting into the EHR, and leveraging the technical assistance available through HRSA-funded [Telehealth Resource Centers](#) and the [Health Information Technology NTTAP](#).
- Enhance the EHR to facilitate reporting, including to UDS, of PrEP prescription, follow-up testing, and adherence.
- Enhance the EHR to support or improve health information exchange with clinical and community-based partners, such as health departments and pharmacies for prescription fill information (i.e., [RxFill](#)).

Outreach

- Organize and participate in community health fair events to attract and enroll community members; raise awareness of HIV, PrEP, and [post-exposure prophylaxis \(PEP\)](#); and provide HIV prevention education.
- Engage new patients by providing outreach and HIV prevention education and services at community locations throughout the service area, accurately reflecting such activities on current scope of project Form 5C: Other Activities/Locations.
- Leverage and coordinate partnerships with health departments, RWHAP-funding organizations, and other community and faith-based organizations (e.g., emergency departments, emergency medical services, police departments, corrections departments, opioid treatment programs, housing programs) to increase referrals received for HIV prevention services.
- Collaborate with health departments, RWHAP-funded organizations, and other community and faith-based organizations to respond to identified cluster or outbreaks of HIV by providing outreach, education, and services to persons in the identified clusters or outbreaks and people vulnerable to HIV acquisition in their networks.
- Create status-neutral systems of care in which people receiving HIV testing can rapidly access PrEP or SSP services upon receiving an HIV negative test result and can quickly be linked to HIV care and treatment upon receiving an HIV positive diagnosis by coordinating with health departments, RWHAP-funded organizations, HIV testing centers, and other community and faith-based organizations.
- Coordinate with health departments and other community and faith-based organizations to develop and enhance joint social media campaigns to reach and provide online resources to individuals at risk for HIV infection.
- Provide training and education to patients, families, and communities on the availability of

evidence-based resources and strategies to prevent HIV and related conditions, including mental health conditions, substance use disorders, viral hepatitis, endocarditis, and sexually transmitted infections.

- Strengthen partnerships to ensure use of culturally-appropriate approaches to engage communities at risk for HIV, including partnerships with [NTTAPs](#), opioid treatment programs, medication-assisted treatment providers, organizations providing counseling and behavioral therapy, [SSPs](#) (consistent with applicable federal and state law, including but not limited to federal restrictions on use of grant funds), housing programs, faith-based organizations, and community centers.
- Participate in [SSPs](#) (consistent with applicable federal and state law, including but not limited to federal restrictions on use of grant funds) and [condom distribution programs](#) to increase access to interventions to reduce HIV transmission, to the extent legally permissible.
- To develop data collection and reporting processes that foster real-time use of clinical data, leverage and coordinate strategic partnerships with Health Center Controlled Networks and the Health Information Technology NTTAP to reduce risk of co-occurring conditions such as substance use disorders and mental health conditions, sexually transmitted infections, viral hepatitis, and other infectious diseases, among patients with HIV.
- To support data driven quality improvement, leverage and coordinate strategic partnerships with Health Center Controlled Networks and the Health Information Technology NTTAP through activities such as enhancing electronic patient engagement and achieving cost efficiencies through care integration.
- Update health center website and social media feeds to disseminate [resources](#) that will increase community knowledge of the impact of COVID-19 and monkeypox on patients with and at risk for HIV.

Testing

- Enhance workflows to support universal HIV testing (i.e., an opt-out screening protocol) by enhancing clinical decision support, EHR forms and reports, and data extraction from health information exchanges.
- Establish workflows to support rapid access to HIV testing and referrals for rapid linkage to other services such as PrEP or ART depending on test results, including those that facilitate access through any service, such as behavioral health, oral health, and women's health.
- Enhance the EHR to support HIV testing by including domains to record HIV risk factors, post-hospitalization or emergency department follow up, and history of related co-occurring conditions, including infectious diseases and substance use disorders.
- Enhance test result reporting workflows, care coordination, and supporting enabling services to link individuals newly diagnosed with HIV to appropriate care and treatment.
- Enhance test result reporting workflows to report increases in HIV diagnoses or other concerns about HIV clusters and outbreaks to the appropriate public health authorities.

- Support rapid access to HIV testing as part of a collaborative response to identified HIV clusters or outbreaks through established and enhanced mechanisms (e.g., opt-out screening, HIV home tests or home specimen collection kits, mobile testing, or new testing sites at locations frequented and trusted by members of the communities affected by the cluster or outbreak).
- Increase use of clinical decision support and enhanced workflows to facilitate routine and risk-based HIV testing and to provide appropriate follow-up HIV testing and other recommended laboratory tests for patients using PrEP and patients who previously tested negative for HIV who are at risk for acquiring HIV.
- Increase use of clinical decision support to screen for common co-occurring conditions including sexually transmitted infections, viral hepatitis, endocarditis, mental health conditions, and substance use disorders, and provide appropriate care as indicated, such as education and counseling, vaccination, and treatment, and referral to specialty behavioral health services.
- Purchase HIV tests and other tests for commonly co-occurring sexually transmitted infections, and tests for serum creatinine for patient use to ensure safe use of PrEP.
- Purchase and provide to health center patients home oral HIV tests or home specimen collection kits to be mailed to laboratories used to test for HIV and related conditions, and integrate HIV home testing with PrEP services, where feasible (see the BPHC Bulletin on HIV self-testing, for more information: <https://content.govdelivery.com/accounts/USHHSHRSA/bulletins/28da1bc>).
- Enhance the EHR with clinical decision support to facilitate the consistent use of [clinical guidelines](#) on HIV testing, prevention, referral, and treatment, as well as appropriate management of PrEP.
- Promote use of home HIV testing through national, state, and/or local programs.
- Leverage strategic partnerships, including those with NTTAPs, to enhance health center capacity to identify patients in need of HIV testing.

Workforce Development

- Support training for providers and staff in accessing available resources to help patients access PrEP.
- Provide professional development about PrEP prescribing practices and guidelines addressing barriers to PrEP, such as follow up for required testing and reducing stigma, to increase PrEP initiation, patient engagement, and self-management.
- Provide education and training regarding response to HIV clusters and outbreaks. Build partnerships with health departments, RWHAP-funding organizations, and other agencies that would be involved in cluster and outbreak response.
- Support the preparation of licensed and pre-license professionals and paraprofessionals to provide HIV prevention services through such activities as peer mentorship; learning collaboratives; targeted recruiting; developing, implementing, and evaluating experiential training; coordinating student and post-graduate rotations, residencies, and/or fellowships; and building academic partnerships.

- Enhance strategic partnerships, including those with [AIDS Education and Training Centers](#), [RWHAP-funded organizations](#), [PCAs](#), and [NTTAPs](#), to support provider and staff professional development through such activities as education, clinical consultation, peer coaching, learning collaboratives, and other technical assistance.
- Enhance strategic partnerships, including those with [NTTAPs](#), to support provider and staff professional development related to topics such as providing gender-affirming care and culturally-affirming care and developmentally-appropriate care.
- Conduct provider stigma assessments to better focus training and education activities and reduce the impact of stigma during HIV prevention service provision.
- Integrate trauma-informed care practices at all levels of the organization to improve HIV testing and prevention services, including PrEP and SSP activities.
- Develop mentorship and internships opportunities with local universities, nursing, pharmacy, and medical schools as a way to train the next generation of professionals on HIV prevention work and increase capacity at the organization to provide HIV prevention services.
- Support providers to serve as on-hand consultants at the point of care for other health center providers and staff in topics essential to HIV prevention services (e.g., diagnosing and treating common co-occurring conditions such as substance use disorders and mental health conditions, sexually transmitted infections, and viral hepatitis; risk reduction counseling; patient engagement; and care coordination).
- Support training and accredited continuing education for providers and staff in taking sexual health histories; supporting patients' behavior changes to reduce risk; maximizing the success of PrEP; and implementing effective [HIV prevention interventions](#), including testing, PrEP, PEP, diagnosis, and linkage to treatment.
- Support SSPs by supporting training and accredited continuing education for leadership, providers, and staff on the allowed activities, such as providing comprehensive primary care services including testing for HIV, sexually transmitted infections, and vital hepatitis; provision of PrEP and PEP; substance use disorder and mental health services; immunizations including hepatitis A and B; and increasing access to these services through peer counseling, care management, and transportation.
- Create a welcoming environment by supporting training and accredited continuing education for leadership, providers, and staff that addresses stigma, trauma, cultural competence, patient health literacy, and financial and other barriers that may impede access to needed HIV prevention services.
- Support training and accredited continuing education for health center personnel, including physicians, nurses, assistants, pharmacy staff, community health workers, patient advocates, and other personnel on [guidelines](#) for HIV testing and delivering test results to patients.
- Hire primary care providers and clinical pharmacists who can deliver HIV prevention services, including follow-up HIV testing, prescribing PrEP and PEP, co-occurring condition management, and HIV treatment.

- Hire primary care and/or enabling service providers to support the delivery of integrated primary and HIV care services, linkage to treatment, and care coordination necessary for persons who test positive for HIV, including internal and external referrals for appropriate treatment.
- Support culturally appropriate and trauma-informed HIV prevention services by hiring and/or contracting with enabling services providers such as outreach and enrollment specialists, care coordinators, patient educators, patient navigators, and translators.
- Contract with a practice transformation facilitator to implement evidence-based prevention and treatment strategies within an integrated HIV-primary care model by redefining roles, creating new roles, and modifying workflows.
- Build new and enhance existing care coordination infrastructures, including infrastructure to support the delivery of virtual care, to help address barriers to HIV prevention and treatment services, and the identification and management of co-occurring conditions, including viral hepatitis, sexually transmitted infections, bacterial and fungal infections associated with injection drug use (e.g., endocarditis, cellulitis), and mental health and substance use disorder services.
- Follow and educate staff on the principles and standards in the [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](#) to strengthen participation in cybersecurity information sharing and analysis systems that protect patients' clinical information, and provide necessary training to personnel to ensure robust and consistent security of patients' health information.