



Fiscal Year 2022 Ending the HIV Epidemic – Primary Care HIV Prevention (PCHP) Non-Competing Continuation Progress Report Instructions

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Purpose

The purpose of Ending the HIV Epidemic – Primary Care HIV Prevention (PCHP) funding is 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.](#) Submission and approval of this PCHP Non-Competing Continuation (NCC) will provide funding for the PCHP year 2 budget period (September 1, 2022-August 31, 2023). Year 2 funding is dependent upon congressional appropriation, satisfactory progress on PCHP objectives, and a decision that continued funding is in the best interest of the federal government.

Submission and Award Information

NCC submissions will be available starting February 25, 2022, and are due in the HRSA Electronic Handbooks (EHBs) by **5 p.m. ET on April 15, 2022**. HRSA anticipates releasing PCHP year 2 funding on or around the start date of September 1, 2022.

General Instructions

You will complete your NCC in EHBs by providing updated information about your PCHP budget and activities proposed in your FY 2021 PCHP application (HRSA-21-092). To find your PCHP NCC 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 H8H grant, then click on the **Work on My NCC Report** link under the Submissions section. Finally, you will locate the record titled “Noncompeting Continuation Progress Report” and you will click on the **Start** link to begin working on your PCHP NCC. Please note after you

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.

have started working on the NCC, the system will display an Edit link instead of the Start link the next time you access this page. In your NCC you must include all forms and attachments identified in [Table 1: Forms and Attachments](#). Complete all forms online, including the Project Work Plan Update, directly in EHBs. Attachments must be uploaded into EHBs.

NCCs that lack required information will be considered incomplete or non-responsive and will be returned via a “Change Requested” notification in EHBs to provide missing information. If HRSA does not receive your NCC by April 15, 2022, or receives an incomplete or non-responsive NCC, a delay in Notice of Award (NoA) issuance or a lapse in funding could occur.

Attachments in the NCC are recommended not to exceed **10 pages** in total when printed by HRSA. 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 NCC Progress Report Section	Form or Attachment	Instructions
SF-PPR and SF-PPR-2	Form	Complete the SF-PPR and SF-PPR-2. Refer to the Basic Information instructions.
Budget Information: Budget Details	Form	Provide the budget for the upcoming budget period broken down by object class categories and federal/nonfederal funding.
Budget Narrative	Attachment	Upload the Budget Narrative. Refer to the Budget Narrative instructions.
Project Work Plan Update	Form	Complete the Year 2 Work Plan Update. Refer to the Year 2 Work Plan Update instructions.
Attachment 1: Other Relevant Documents (if applicable)	Attachment	Upload an indirect cost rate agreement, if applicable. Include other relevant documents to support the proposed project, as desired. If you propose to use year 2 PCHP funds to support participation in a syringe services program (SSP), you are required to submit supporting documentation.

Basic Information

The SF-PPR form displays basic information about your health center. Review and update the information as necessary.

The SF-PPR-2 form displays project information related to lobbying activities, areas affected by the project, and the point of contact. Review and update the information as necessary.

Budget Information: Budget Details Form

In **Section A: Budget Summary**, verify the pre-populated Federal, Non-Federal, and Total budget numbers. The total federal funding requested must equal the Recommended Federal Budget figure that is pre-populated at the top of the Budget Information: Budget Details form. This figure should correspond with the recommended future support figure (Item 33) on the H8H Notice of Award.

Note: The NCC may **not** be used to request changes in the total award, 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.** You may not add new population types.

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 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**, by object class category, provide the Health Center Program federal funding request for the upcoming budget period in the first column and the non-federal funding in the second column. Each line represents a distinct object class category that must be addressed in the Budget Narrative.

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 NCC components, as applicable.

Salary Limitation

The Consolidated Appropriations Act, 2021 (P.L. 116-260), 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 \$199,300. However, this rate may change in 2022. 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 or cooperative agreement. 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.

Budget Narrative

You are required to upload a line-item Budget Narrative in EHBs that outlines federal and non-federal costs for the PCHP year 2 budget period (September 1, 2022 to August 31, 2023) by object class category. This attachment should align with the budget information provided in the [Budget Information: Budget Details form](#) and with the [Project Work Plan Update](#). 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 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 PCHP funds separately and distinctly from other Health Center Program support (e.g., H80 awards).
- Highlight changes from the first budget year (September 1, 2021-August 31, 2022).

Include the following in the Budget Narrative:

Personnel Costs: List all direct hire personnel to be supported with 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](#).² 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 PCHP project.

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](#).

Equipment: List tangible personal property (including information technology systems) that has a useful life of more than 1 year and a per-unit acquisition cost of at least \$5,000. Annual federal total equipment costs may not exceed \$150,000. Licenses for EHRs for new personnel and health information technology should be reported in "Other" costs in your budget, and not considered equipment.

Supplies: List supplies that support your PCHP project individually, separating items into three categories: office, medical, and educational. Include equipment that does not meet the \$5,000 threshold listed above.

² OPM "Rates of Pay for the Executive Schedule" link on this webpage has the most current rates.

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 indirect cost rate agreement as [Attachment 1: 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.

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

- 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;
- 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 (mobile units are allowed);
- 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.

Project Work Plan Update

In your Project Work Plan Update you will:

- Provide an update on activities you proposed in your FY 2021 PCHP application Project Work Plan, and
- Propose new activities that will be supported with PCHP funds, as needed.

Your work plan update must demonstrate that you will conduct activities in year 2 that will advance progress on the PCHP objectives:

- Increase the number of patients counseled and tested for HIV.

- Increase the number of patients prescribed PrEP.
- Increase the number of patients linked to HIV care and treatment within 30 days of diagnosis.

You will advance progress on the PCHP objectives by continuing to implement activities, or by implementing new activities, within four focus areas:

- PrEP Prescribing
- Outreach
- Testing
- Workforce Development

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

Your Project Work Plan Update Form will pre-populate the Focus Area, Activity, and Activity Selection Rationale from your FY 2021 PCHP application Project Work Plan. Contact your program contact if the project work plan submitted in your application does not match the Project Work Plan Update in EHBs.

You will review and complete the following fields on the Project Work Plan Update Form in EHBs:

- Activity Progress
 - Indicate the completion status (Not started; In progress; Completed; Will not complete; or New) of each [activity](#).
- Activity Progress Update
 - For each activity, describe what has been completed to date and what you expect to complete for the remainder of the current budget period (through August 31, 2022), including an expected completion date.
 - If you are adjusting an activity, describe any activity revisions.
 - For each activity that you mark as ‘Will not complete,’ explain the reason that you will not complete the activity and indicate if you are proposing a new activity as a replacement.
 - For each activity marked as ‘New,’ explain the reason for adding the activity.

As needed, add activities using the “Add Activity” button, which is located at the top of the screen, above the Project Work Plan Update table. Note that you may have only 5 activities under each focus area. You will complete the following fields for all new activities:

- Focus Area
 - Select a Focus Area for each activity you add using the pre-populated [list of Focus Areas](#). At least one focus area is required.
- Activity
 - At least one activity is required per focus area.
 - You may add new activities to your work plan by selecting from the [pre-populated list](#) or writing in your own “other” activity.

- Activity Selection Rationale
 - Describe how the newly selected activity addresses an unmet need or barrier to achieving the PCHP objectives that is specific to your service area and/or health center. Do not use a generic rationale throughout your work plan.
- Activity Progress Update
 - Provide a reason for adding each new activity (e.g., new activity for year 2 based on lessons learned in year 1 regarding outreach to and enrollment of new LGBTQ+ patients).

Attachment 1: 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) in year 2, 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](#).

Technical Assistance Contacts

ASSISTANCE NEEDED	CONTACT
General Technical Assistance	The PCHP TA webpage includes example forms, the Electronic Handbooks (EHBs) user guide, frequently asked questions (FAQs), 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 NCC Progress Report Requirements Questions	PCHP Technical Assistance Team 301-594-4300 Submit a Web Request at BPHC Contact Form
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 Year 2 Work Plan Update. All PCHP-supported activities must be conducted in alignment with your scope of project.

PrEP Prescribing

- Support PrEP access through care coordination that will help patients obtain PrEP medication through [patient assistance programs](#), [donation programs](#), including [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.³
- 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 social determinants of health.
- Revise policies and procedures to better ensure a culturally competent, welcoming environment to engage all patients, including at-risk populations.
- 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 at-risk populations.
- 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 health departments regarding referrals and re-engaging patients in care, and using pharmacy data on PrEP prescriptions filled to promote adherence.
- 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.
- Purchase home laboratory kits for patient use 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 HIV home 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](#).

³ 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.

- 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 and raise awareness of HIV, PrEP, [post-exposure prophylaxis \(PEP\)](#), and how to reduce HIV infection risk.
- 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 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.
- Coordinate with health departments and other community and faith-based organizations to develop and enhance joint social media campaigns to reach 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 people experiencing homelessness, people who inject drugs, migrant communities, gay and bisexual cis-gender men, and people identifying as transgender (e.g., 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 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 living with HIV.
- To support data driven quality improvement, leverage 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 on patients living with 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, 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.
- Increase use of clinical decision support and enhanced workflows to facilitate 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.
- 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 HIV home-tests or home specimen collection kits 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/USHSHRSA/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.

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 addressing barriers to PrEP, such as follow up for required testing and stigma, to increase PrEP initiation, patient engagement, and self-management.
- 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.
- 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 high-impact 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, 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.