Introduction

Applicants should read the information below in conjunction with the PCHP Instructions, PCHP Electronic Handbooks (EHBs) User Guide for Applicants, and example forms. These and additional technical assistance resources are available on the PCHP technical assistance webpage.

Eligibility

1. **How did HRSA notify eligible health centers about this funding opportunity?**

   Individuals at eligible health centers who are registered as the project director, business official, and authorizing official in the Health Center Program operational grant (H80) folder in EHBs received a notification email that provides the total maximum federal funding amount that you may request distributed by sub-program (i.e. Community Health Center (CHC), Migrant Health Center (MHC), Health Care for the Homeless (HCH), and/or Public Housing Primary Care (PHPC)), and links to the EHBs application module and PCHP technical assistance webpage.

2. **Who do I contact if I think my health center is eligible for PCHP funding but we did not receive the notification email?**

   First, review the list of eligible health centers available on the PCHP technical assistance webpage. If your health center is eligible, check with the individuals with the project director, business official, and authorizing official EHBs roles for your H80 award. If none of these individuals received the notification email, contact the PCHP technical assistance team.
3. **How did Ending the HIV Epidemic: A Plan for America identify the targeted geographic locations?**
   Using Centers for Disease Control and Prevention (CDC) analysis of 2016-2017 HIV data, Ending the HIV Epidemic: A Plan for America selected 48 counties, Washington, DC, and San Juan, Puerto Rico, where the majority of the new HIV cases are reported, as well as seven states with a disproportionate occurrence of HIV in rural areas.

4. **Updated:** **Which health centers are eligible to apply for PCHP funding?**
   Eligible health centers currently (as of November 1, 2019) receive Ryan White HIV/AIDS Program (RWHAP) directly or as a sub-recipient (co-funded) that have at least one operational service delivery site (as of November 1, 2019) in one of the geographic locations. In counties without co-funded health centers, all health centers are eligible. In Oklahoma, a state with no co-funded health centers, the four health centers near the five RWHAP-funded organizations are eligible. See the PCHP technical assistance webpage for a full list of eligible health centers.

5. **Do partners, such as health departments and RWHAP-funded organizations, need to be located in a targeted geographic location?**
   No. However, a partnering organizations’ locations and populations served should support the health center’s achievement of the PCHP purpose and objectives.

**Scope of Project**

6. **How would I document HIV prevention services on Form 5A: Services Provided?**
   HIV prevention services would be included as part of comprehensive primary care services.

7. **What resources are available to help me determine if my PCHP project will require a change in scope?**
   The technical assistance materials on the scope of project webpage can support you in completing the Project Overview Form, through which you will review Form 5A: Services Provided, Form 5B: Service Sites, and Form 5C: Other Activities/Locations. Contact your H80 project officer for any additional guidance.

8. **How can I make necessary changes to my scope of project through the PCHP application so that I can implement the change promptly upon award?**
   You must obtain HRSA approval before implementing a new service, service delivery method, or site. You may submit a request for HRSA approval of a scope adjustment or change in scope prior approval through your H80 project officer--even before receiving your PCHP award.

**Budget Requirements**

9. **Who can I contact with questions about the sub-program funding distribution provided in my PCHP notification email?**
   If you have questions about the maximum funding request distributed by sub-program that HRSA provided in the notification email, contact the PCHP technical assistance team through the BPHC Contact Form.
10. **What is considered non-federal funding?**

The non-federal share of the project budget includes all anticipated program income sources, such as fees, premiums, third party reimbursements, and payments that are generated from delivering services. Program income also includes “other revenue sources,” such as state, local, or other federal grants or contracts; and private support or income generated from fundraising or contributions.

11. **What non-federal funding should I include in my PCHP budget proposal?**

Include only non-federal funds that you will leverage to support your PCHP project, and do not duplicate previously projected non-federal resources under your H80 award. Include non-federal funds in the SF-424 Budget Information Form, the Federal Object Class Categories Form, and the Budget Narrative attachment.

12. **Will PCHP funding continue beyond the two years?**

Although you will apply for two years of funding, PCHP funding is expected to extend to future years to support the Ending the HIV Epidemic initiative.

13. **Can I use PCHP funds to cover associated costs incurred before the April 1, 2020 project start date if my PCHP application is funded?**

No. PCHP funds may not be used for expenses incurred before receiving your PCHP award.

14. **Can I use PCHP funding for minor alterations and renovations (A/R) costs, such as for installing equipment purchased with PCHP funding?**

No. Installation costs (e.g., wiring) are considered minor A/R costs, and are not permitted uses of PCHP funds. Minor A/R includes work to repair, improve, and/or reconfigure the interior arrangements or other physical characteristics of a location.

15. **May PCHP funding be used to provide transportation vouchers for patients?**

Yes. PCHP funds may be used to support enabling services such as patient transportation vouchers to increase patient access to HIV prevention services. The transportation must be to or from a site in the health center’s scope of project to receive an in-scope service.

16. **May PCHP funding be used to increase the salary of existing personnel?**

PCHP funding may not be used for raises without a commensurate increase in FTE or role change.

17. **May PCHP funding be used to incentivize health center and patients’ participation in PCHP-supported activities?**

PCHP funding may not be used to provide incentives (e.g., bonuses, over-time, gift cards, food) to encourage participation in patient education or HIV prevention services.

18. **May PCHP funding be used to reimburse my health center for revenue lost when a provider is participating in a PCHP-supported activity, such as a training?**

No. PCHP funding may not be used to offset lost revenue or productivity. However, you may use PCHP funding to support a substitute provider who provides temporary clinical services in the absent provider’s place.
19. **If I plan to contract FTEs, must I include them on the Personnel Justification Table?**

   Yes. You must include on the Personnel Justification Table all direct hire and contract personnel FTE that you propose to support with PCHP funding.

20. **Am I required to have an indirect cost rate agreement?**

   No. You are only required to have an indirect cost rate agreement if indirect costs are included in your proposed budget. If you do not have an indirect cost rate agreement, costs that would be included into such a rate (e.g., accounting services) may be charged as direct line-item costs. If you have an indirect cost rate agreement, you must upload a copy of the agreement in Attachment 2: Negotiated Indirect Cost Rate Agreement. Under 45 CFR §200.414(f), organizations that have never received a negotiated indirect cost rate may elect to charge a de minimis rate of 10 percent of modified total direct costs (MTDC), which may be used indefinitely.

21. **Are there any formatting guidelines for the Budget Narrative attachment?**

   Yes. Use single line spacing and an easily readable font, such as Times New Roman, Arial, or Courier. The font should be size 10-point or larger. You may submit a Microsoft Excel file, but limit the Excel workbook to one tab (i.e., spreadsheet) and ensure that the print area is set to the information HRSA needs to review, minimizing blank cells where possible. See the PCHP technical assistance webpage for an example Budget Narrative.

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**Project Planning**

22. **Who should outreach activities engage?**

   Proposed outreach should reach new and existing patients who may be at risk for HIV infection or who may otherwise benefit from HIV prevention and related health center services.

23. **How much of my PCHP budget can be used to purchase PrEP?**

   HRSA does not limit the amount you may request to support the purchase of PrEP. However, you should incorporate the use of available [medication assistance](#) and [donation](#) programs before using PCHP funds to purchase PrEP.

24. **How can I leverage PCHP funding to support access to PrEP?**

   Health centers may use PCHP funding to support care management, including PrEP navigators, to help individuals clinically indicated for use of PrEP to secure their medication through private insurance, Medicaid, or [medication assistance](#) and [donation](#) programs. While you should incorporate use of [medication assistance](#) and [donation](#) programs before using PCHP funds to purchase PrEP, funding may be used to purchase PrEP to facilitate same-day start and to assist individuals who require but cannot afford the medication and do not qualify for other types of assistance. PCHP funding may also be used to support staffing and/or systems needed to satisfy application and/or data tracking requirements associated with PrEP donation and assistance programs.

25. **Can I use PCHP funding to provide treatment to patients who test positive for HIV?**

   Yes. While treatment is not the primary focus of PCHP funding, integrated primary and HIV care may necessitate that health centers expand their HIV treatment capacity, in addition to leveraging
partnerships with RWHAP-funded organizations. In such circumstances, PCHP funds may be used to support HIV treatment.

26. **How do I identify a RWHAP-funded organization to establish a new partnership?**

One method is to use HRSA’s [Find a Ryan White HIV/AIDS Program Medical Provider](https://www.hrsa.gov) locator tool to search for Ryan White HIV/AIDS medical providers in your local area.

**Project Overview Form**

27. **Is there a minimum requirement for the HIV testing, PrEP prescriptions, and linkage to treatment estimates?**

   Estimates should reflect health center capacity and the service area’s unmet need, and consider available PCHP funding as well as health centers’ role in ending the HIV epidemic by supporting access to and use of PrEP. Estimates must be whole numbers greater than zero.

28. **What are resources to help me understand how HIV-related Uniform Data System (UDS) measures are changing?**

   [Program Assistance Letter (PAL) 2019-05: Uniform Data System (UDS) Changes for Calendar Year (CY) 2020](https://www.hrsa.gov) provides an overview of proposed changes. Detailed information regarding these changes will be included in the 2020 UDS Manual.

**Project Plan Form**

29. **Is there a minimum and maximum number of activities and outputs that I may enter?**

   You must enter at least two activities and at least two outputs per objective.

30. **My project plan components appear out of order after I enter them into EHBs. Can I manually reorder them?**

   No. The activities and outputs may not display in the same order that you entered them, or display in the same order each time you reload the Project Plan Form. Additionally, the Project Plan Form does not allow you to link an output to a specific activity. Activities and outputs will, however, consistently align with their related objectives.

**Staffing Impact and Form**

31. **Can I hire more than one provider to meet the minimum 0.5 FTE increase requirement?**

   Yes. For example, you may support 0.25 FTE direct hire PrEP navigator and 0.25 FTE contracted licensed clinical social worker to address your community’s unmet HIV prevention needs.

32. **Do all PCHP-supported personnel have to provide clinical services?**

   No. A variety of services are essential for HIV prevention. The Staffing Impact Form lists all personnel categories that may be supported by PCHP funding. Your Budget Narrative and Project Plan Form must clearly describe how each PCHP-supported personnel will directly contribute to achieving the PCHP purpose and objectives. The PCHP personnel who will fulfill the 0.5 FTE increase requirement...
must identify individuals for whom PrEP is clinically indicated and support their access to and use of PrEP.

33. Can I add the personnel who will fulfill the required 0.5 FTE increase requirement before the April 1, 2020 project start date?

Yes. Any new FTE added before April 1 who will be counted toward the 0.5 FTE minimum increase must be specifically hired for new activities that address the PCHP purpose and objectives, and paid through funding other than your H80 award. Any pre-award action you take is at your own risk as your PCHP application is a request, not a guarantee of funding.

34. Can I use PCHP funding to rehire staff previously supported by a funding source that will end before April 1, 2020 and have it fulfill the 0.5 FTE increase requirement?

Yes. The other funding source must end before April 1, and will not be renewed. Also, the personnel’s role that will be supported by PCHP funding must specifically identify individuals for whom PrEP is clinically indicated and support their access to and use of PrEP, and the employee’s FTE cannot be counted toward both the PCHP staffing increase and another H80 funding FTE increase requirement (e.g., FY 2019 Integrating Behavioral Health Services proposed 0.5 FTE). Succinctly explain this situation in your PCHP application Budget Narrative.

35. Can I use PCHP funding to hire a driver to transport patients?

Yes. Transportation is an allowed enabling service if it moves health center patients to or from a service on your currently approved Form 5A (i.e., the service is within the scope of your Health Center Program project) and the service is provided by a health center provider. The driver would not count toward the 0.5 FTE increase, and PCHP funds cannot be used to purchase or lease a vehicle to transport patients.

36. Can I use PCHP funding for recruitment bonuses to secure qualified personnel for this project?

Yes. Recruitment bonuses may be part of a salary package supported by PCHP funding, if consistent with your health center’s standard practice.

37. Can I use PCHP funding to pay recruitment agency fees?

Yes. Costs or fees associated with an outside recruitment agency to hire personnel to support the PCHP project are allowed.

Equipment List Form

38. How do I determine if an equipment item is clinical or is non-clinical?

To differentiate between non-clinical and clinical equipment, refer to the definitions of “general equipment” and “specialized equipment,” respectively, in 45 CFR § 75.2. An example of non-clinical equipment is office furnishings. Examples of clinical equipment include point of care laboratory tests, electronic health record systems and upgrades, telehealth systems, and examination room furniture.
Award Information

39. **How could my current H80 award affect HRSA’s decision to award PCHP funding?**

   You are not eligible to receive PCHP funding if you meet any of the following exclusionary criteria at the time of award:
   - Have stopped receiving H80 funding.
   - Have any Health Center Program requirements-related conditions that are in the 30-day final phase of progressive action.
   - Are in the process of phasing out your H80 award (e.g., relinquishment, discontinuation).

Other

40. **In the EHBs application module, what application type should I select on the Grant Application - Create page?**

   Select “Revision (Supplemental)” as the application type. Step-by-step instructions for completing your PCHP application are provided in the PCHP EHBs User Guide available on the PCHP technical assistance webpage.

41. **Is the PCHP application subject to review by State Executive Order 12372?**

   Yes. State Executive Order 12372 establishes a system for state and local government review of proposed federal applications, if the state chooses to participate. Visit the White House Intergovernmental Review (SPOC List) webpage to determine if your state participates in this intergovernmental review process and has a single point of contact (SPOC). If your state has no SPOC listed, you may contact your Primary Care Office (PCO) for further guidance, if applicable.

42. **If State Executive Order 12372 applies to me, how can I ensure compliance?**

   Contact your SPOC as soon as you decide to apply for PCHP funding to:
   1. Notify of intent to apply,
   2. Ask if the SPOC will review applications for this funding opportunity, and
   3. Obtain instructions for your state’s submission and review process.

   Use this information to correctly respond to question 19 of the SF-424 Form in the PCHP EHBs application module (Is Application Subject to Review By State Under Executive Order 12372 Process?). By certifying the SF-424, you confirm that the SPOC received or will receive a copy of your submitted PCHP application, if review is required by your state. If required, send the application to the SPOC promptly after submitting it to HRSA so the SPOC can review it within the 60-day comment period. Send upon receipt any SPOC comments about your application to the PCHP technical assistance team through the BPHC Contact Form.