

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2023

Bureau of Primary Health Care

Health Center Program

Fiscal Year 2023 Ending the HIV Epidemic – Primary Care HIV Prevention

Funding Opportunity Number: HRSA-23-025

Funding Opportunity Type: New

Assistance Listings (AL) Number: 93.527

Application Due Date: January 17, 2023

Supplemental Information Due Date in EHBs: February 16, 2023

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: November 15, 2022

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PCHP Technical Assistance webpage: <https://bphc.hrsa.gov/funding/funding-opportunities/primary-care-hiv-prevention/fy-2023-pchp>

See [Section VII](#) for a complete list of agency contacts.

Authority: Section 330(e), (g), (h), and/or (i) of the Public Health Service Act (42 USC § 254b(e), (g), (h), and/or (i)), as appropriate.

508 COMPLIANCE DISCLAIMER

Note: Persons using assistive technology may not be able to fully access information in this file. For assistance, please email or call one of the Health Resources and Services Administration staff listed in [Section VII Agency Contacts](#).

EXECUTIVE SUMMARY

The [Health Resources and Services Administration \(HRSA\)](#) is accepting applications for the fiscal year (FY) 2023 Ending the HIV Epidemic – Primary Care HIV Prevention (PCHP) funding opportunity under the Health Center Program. The purpose of PCHP is to expand HIV prevention services that decrease the risk of HIV transmission in underserved communities in support of [Ending the HIV Epidemic in the U.S.](#) This FY 2023 funding will make available HIV prevention investments to Health Center Program operational (H80) grant award recipients located in the Ending the HIV Epidemic in the U.S. [geographic locations](#) that did not receive an FY 2020, FY 2021, or FY 2022 PCHP award.

Funding Opportunity Title:	Fiscal Year (FY) 2023 Ending the HIV Epidemic - Primary Care HIV Prevention (PCHP)
Funding Opportunity Number:	HRSA-23-025
Due Date for Applications – Grants.gov:	January 17, 2023 (11:59 p.m. ET)
Due Date for Supplemental Information – HRSA Electronic Handbooks (EHBs)	February 16, 2023 (5 p.m. ET)
Anticipated Total Annual Available FY 2023 Funding:	\$50 million
Estimated Number and Type of Awards:	Up to 140 grants
Estimated Award Amount:	Up to \$350,000 per year
Cost Sharing/Match Required:	No
Period of Performance:	September 1, 2023, through August 31, 2026 (3 years)
Eligible Applicants:	<p>Organizations that:</p> <ul style="list-style-type: none"> • Are Health Center Program operational (H80) grant award recipients, and • Are located in the 57 geographic locations identified by Ending the HIV Epidemic in the U.S., and • Did not receive an FY 2020, FY 2021, or FY 2022 PCHP award. <p>See Section III.1 for complete eligible applicants information.</p>

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in HRSA's [SF-424 Two-Tier Application Guide](#). Visit [HRSA's How to Prepare Your Application page](#) for more information.

Technical Assistance

Application resources, including example forms and documents, as well as frequently asked questions, are available at the PCHP Technical Assistance webpage (<https://bphc.hrsa.gov/funding/funding-opportunities/primary-care-hiv-prevention/fy-2023-pchp>). HRSA will hold a pre-application technical assistance (TA) webinar that will include an overview of these instructions and address questions on the application process and PCHP objectives. See the technical assistance webpage for pre-application webinar details.

The [HRSA Primary Health Care Digest](#) is a weekly email newsletter containing Health Center Program information and updates, including competitive funding opportunities. Organizations interested in seeking funding under the Health Center Program are encouraged to have several staff subscribe.

Health center strategic partners are available to assist you in preparing a competitive application, including National Training and Technical Assistance Partners ([NTTAPs](#)), Primary Care Associations ([PCAs](#)), and Health Center Controlled Networks ([HCCNs](#)). The [Lesbian, Gay, Bisexual, and Transgender Populations](#); [Asian American, Native Hawaiian, and Other Pacific Islander Communities](#); Individuals or Families Experiencing Homelessness¹; [School-Aged Children](#); and [Health Information Technology](#) NTTAPs have materials that may advance your work plan and support its successful implementation. For a list of HRSA-supported PCAs, NTTAPs, and HCCNs, refer to HRSA's [Strategic Partnerships webpage](#). The HRSA-supported AIDS Education and Training Centers ([AETCs](#)) offer technical assistance to support capacity building and practice transformation. The HRSA-supported [Telehealth Resource Centers](#) offer technical assistance and coaching specific to advancing the use of telehealth.

¹ [Corporation for Supportive Housing](#) and [National Health Care for the Homeless Council](#) provide training and technical assistance related to individuals and families experiencing homelessness.

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I. Program Funding Opportunity Description

1. Purpose

This notice announces the opportunity for certain Health Center Program award recipients to apply for FY 2023 Ending the HIV Epidemic – Primary Care HIV Prevention (PCHP) funding. PCHP funding will expand HIV prevention services² that decrease the risk of HIV transmission in underserved communities in support of [Ending the HIV Epidemic in the U.S.](#) This FY 2023 funding opportunity will make available HIV prevention investments to Health Center Program operational (H80) award recipients located in Ending the HIV Epidemic in the U.S. [geographic locations](#) that did not receive FY 2020, FY 2021, or FY 2022 PCHP funding.

For more details, see [Program Requirements and Expectations](#).

2. Background

The Health Center Program is authorized by section 330 the Public Health Service Act (PHS Act) ([42 USC § 254b](#)). For the purpose of this NOFO, health centers are defined as those receiving Health Center Program operational funding under Sections 330(e), (g), (h) and/or (i), otherwise referred to as H80 funding.

Announced in 2019, [Ending the HIV Epidemic in the U.S.](#) (EHE) is a Department of Health and Human Services (HHS) initiative to reduce the number of new HIV infections by 75 percent by 2025, and by at least 90 percent by 2030. Initiative activities are initially focused on identified communities most affected by HIV ([targeted geographic locations](#)³): 48 counties; Washington, D.C.; San Juan, Puerto Rico; and seven states that have a substantial rural HIV burden.⁴ The initiative includes four strategies:

- **Diagnose** all people with HIV as early as possible after transmission.
- **Treat** people with HIV rapidly and effectively to reach sustained viral suppression.
- **Prevent** new HIV transmission by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).⁵

² 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. See Appendix A for example activities that support HIV prevention, and CDC HIV prevention resources available at <https://www.cdc.gov/hiv/basics/prevention.html>.

³ Targeted geographic locations may be referred to in other resources as “geographic areas,” “Phase I jurisdictions,” or “priority jurisdictions.”

⁴ Centers for Disease Control and Prevention. *HIV Surveillance Report*, 2017; vol. 29. Published November 2018. Available at <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf>.

⁵ Under federal law and policy, Federal funds may not be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug. For SSP information see, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Summary of Information on The Safety and Effectiveness of Syringe Services Programs (SSPs). Published May 2019. Available at <https://www.cdc.gov/ssp/syringe-services-programs-summary.html>.

- **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

The [National HIV/AIDS Strategy](#) (Strategy) and EHE are complementary, with EHE serving as a leading component of the work by HHS, in collaboration with federal, state, tribal, territorial, and local partners, to end the HIV epidemic in the United States by 2030. Both the Strategy and EHE aim to reduce new HIV transmissions in the United States by 90 percent by 2030. The following [Strategy 2025 indicators](#) provide a means for reaching the 2030 goal:

- Increase knowledge of HIV status to 95 percent.
- Reduce new HIV infections by 75 percent.
- Reduce new HIV diagnoses by 75 percent.
- Increase PrEP coverage to 50 percent.
- Increase linkage to care within 30 days of diagnosis to 95 percent.

Testing, treatment, and PrEP are key to HIV prevention.⁶ Health centers are a key point of entry to HIV prevention and treatment services. In 2020, nearly 2.5 million health center patients received an HIV test. Of those who tested positive for HIV for the first time, over 81 percent were successfully linked to treatment within 30 days. Nearly 190,000 patients with HIV receive medical care services at health centers.

FY 2023 PCHP awards will build upon [FY 2020](#)⁷, [FY 2021](#)⁸, and [FY 2022](#)⁹ PCHP awards by funding additional health centers with service delivery sites in the [targeted geographic locations](#) at the time of the NOFO release.

For information on HRSA-supported HIV and primary care resources, technical assistance, and training, visit the HRSA webpages on [EHE](#) and [HIV and Health Centers](#).

II. Award Information

1. Type of Application and Award

Type of applications sought: New.

HRSA will provide funding in the form of a grant.

2. Summary of Funding

HRSA estimates approximately \$50,000,000 to be available annually to fund up to 140 recipients. The actual amount available will not be determined until enactment of the final FY 2023 federal appropriation. You may apply for a ceiling amount of \$350,000

⁶ Clinical indication for PrEP is described by the [U.S. Preventive Services Task Force Prevention of Human Immunodeficiency Virus \(HIV\) Infection: Preexposure Prophylaxis recommendations](#) released June 2019, and the Centers for Disease Control and Prevention U.S. Public Health Service "[Preexposure Prophylaxis for the Prevention of HIV Infection in the United States- 2017 Update](#)."

⁷ HRSA-20-091, awarded February 26, 2020.

⁸ HRSA-21-092, awarded September 16, 2021.

⁹ HRSA-22-104, awarded August 23, 2022.

(reflecting both direct and indirect costs) per year. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

The period of performance is September 1, 2023, through August 31, 2026 (3 years). You will apply for 3 years of funding. Funding beyond the first year is subject to the availability of appropriated funds for the Health Center Program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

HRSA may adjust the number of awards and/or final award amounts based on the number of fundable applications and final FY 2023 appropriations.

If funded, HRSA will award PCHP funding as a new grant award, separate from your H80 award. Under [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. If funded, you must maintain your H80 award status throughout the 3-year period of performance to maintain your PCHP funding.

While PCHP funding will be issued as a new award, the award will be made in the same subsection proportions of Section 330 as your H80 award (i.e., Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care), and all uses of PCHP funds must align with your H80 scope of project. Your scope of project includes the approved service sites, services, providers, service area, and target population, which are supported (wholly or in part) under your total approved H80 budget. When implementing your PCHP project, you must comply with all Health Center Program requirements as described in the [Health Center Program Compliance Manual](#), and applicable law.¹⁰

Additional funding to support EHE may be made available beyond the 3 years of initial funding under this NOFO. If additional funding is made available, HRSA will assess your performance on the [PCHP objectives](#) and activities through various means, including periodic progress reports and the calendar year 2025 Uniform Data System (UDS) data. Performance assessments may result in increased, level, reduced, or no funding beyond the initial 3-year funding period. If funding is continued, this initial award may be supplemented and/or additional funding may be made available under your H80 award.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at [45 CFR part 75](#).

¹⁰ Requirements are stated in [42 USC § 254b](#) (section 330 of the PHS Act), and in applicable program regulations (42 CFR parts [51c](#) and [56](#), as appropriate) and grants regulations (HHS Grants Policy Statement and [45 CFR part 75](#)).

III. Eligibility Information

1. Eligible Applicants

Organizations eligible for PCHP funding:

- Are Health Center Program operational grant (H80) award recipients,¹¹
- Have at least one operational service delivery site at a fixed address¹² in one of the [targeted geographic locations](#), and
- Did not receive a [FY 2020](#), [FY 2021](#), or [FY 2022](#) PCHP award.

See the [PCHP Technical Assistance webpage](#) for a list of eligible health centers.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

HRSA may not consider an application for funding if it contains any of the non-responsive criteria below:

- Exceeds the ceiling amount of \$350,000 for Year 1 on the SF-424A and Budget Narrative.
- Fails to include the [Project Narrative](#) described in [Section IV.2. ii](#).
- Fails to satisfy the deadline requirements referenced in [Section IV.4](#).

HRSA will only accept and review your first validated electronic submission under HRSA-23-025 in Grants.gov.¹³ Applications submitted after the first submission will be marked as duplicates and considered ineligible for review. If you wish to change attachments submitted in a Grants.gov application, you may do so in the [HRSA Electronic Handbooks \(EHBs\)](#) application phase.

If you wish to change information submitted in EHBs, you may reopen and revise your application. You must ensure that the application is resubmitted to HRSA before the EHBs deadline or HRSA will not consider it for funding under this notice.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA **requires** you to apply electronically through Grants.gov and EHBs. You must

¹¹ Funded under Sections 330(e), (g), (h), and/or (i) of the PHS Act.

¹² Intermittent and temporary sites do not qualify. Intermittent sites meet the definition of a service site but operate on a regularly scheduled basis for a short period of time (e.g., two months or less) at locations that change frequently as necessary to continue services to the target population. A temporary service site is added in response to an emergency event. See [PAL 2020-05](#).

¹³ Grants.gov has compatibility issues with Adobe Reader DC. Direct questions pertaining to software compatibility to Grants.gov. See [Section VII](#) for contact information.

use a two-phase submission process associated with HRSA-23-025 and follow the directions provided at [Grants.gov: HOW TO APPLY FOR GRANTS](#) and EHBs.

- **Phase 1 – Grants.gov** – Required information must be submitted and validated via Grants.gov with a due date of **January 17, 2023, at 11:59 p.m. ET**; and
- **Phase 2 – EHBs** – Supplemental information must be submitted via EHBs with a due date of **February 16, 2023, at 5 p.m. ET**.

Only applicants who successfully submit the workspace application package associated with this Notice of Funding Opportunity (NOFO) in Grants.gov (Phase 1) by the due date may submit the additional required information in EHBs (Phase 2).

The NOFO is also known as “Instructions” on Grants.gov. You must select “Subscribe” and provide your email address for HRSA-23-025 to receive notifications including modifications, clarifications, and/or republications of the NOFO on Grants.gov. You will also receive notifications of documents placed in the RELATED DOCUMENTS tab on Grants.gov that may affect the NOFO and your application. *You are ultimately responsible for reviewing the [For Applicants](#) page for all information relevant to this NOFO.*

2. Content and Form of Application Submission

Application Format Requirements

Section 5 of HRSA’s [SF-424 Two-Tier Application Guide](#) provides general instructions for the budget, budget narrative, staffing plan and personnel requirements, assurances, and certifications. You must submit the information outlined in the HRSA *SF-424 Two-Tier Application Guide* in addition to the program-specific information below. You are responsible for reading and complying with the instructions included in this NOFO and HRSA’s [SF-424 Two-Tier Application Guide](#). You must submit the application in the English language and in the terms of U.S. dollars ([45 CFR § 75.111\(a\)](#)).

The following application components must be submitted in Grants.gov:

- Application for Federal Assistance (SF-424)
- Project Abstract Summary
- Project/Performance Site Locations
- Grants.gov Lobbying Form
- Key Contacts

The following application components must be submitted in EHBs:

- Project Narrative
- Budget Information – Non-Construction Programs (SF-424A)
- Budget Narrative and Table of Personnel Paid with Federal Funds
- Program-Specific Forms
- Attachments

See Section 9.5 of the HRSA *SF-424 Two-Tier Application Guide* for the Application Completeness Checklist to assist you in completing your application.

Application Page Limit

The total of uploaded attachment pages that count against the page limit shall be no more than the equivalent of **60 pages** when printed by HRSA. Standard OMB-approved forms included in the workspace application package do not count in the page limit. The abstract is the standard form (SF) "Project Abstract Summary." If there are other attachments that do not count against the page limit, this will be clearly denoted in [Section IV.2.vi Attachments](#).

The abstract is no longer an attachment that counts in the page limit. Additionally, Indirect Cost Rate Agreement and proof of non-profit status (if applicable) do not count in the page limit. If you use an OMB-approved form that is not included in the workspace application package for HRSA-23-025, it may count against the page limit. Therefore, we strongly recommend you only use Grants.gov workspace forms associated with this NOFO to avoid exceeding the page limit.

- HRSA will flag any application that exceeds the page limit and redact any pages considered over the page limit. The redacted copy of the application will move forward to the objective review committee.

It is important to take appropriate measures to ensure your application does not exceed the specified page limit. See [Appendix A: Applicant Page Limit Worksheet](#) for additional information.

Applications must be complete and validated by Grants.gov, and submitted under HRSA-23-025 before the Grants.gov and EHBs [deadlines](#).

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- 1) You certify on behalf of the applicant organization, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- 2) Failure to make required disclosures can result in any of the remedies described in [45 CFR § 75.371](#), including suspension or debarment. (See also 2 CFR parts [180](#) and [376](#), and 31 USC § 3354).
- 3) If you are unable to attest to the statements in this certification, you must include an explanation in [Attachment 2: Other Relevant Documents](#).

See Section 5.1 viii of HRSA's [SF-424 Two-Tier Application Guide](#) for additional information on all certifications.

Program Requirements and Expectations

Program Requirements

You must propose to use PCHP funds to achieve three objectives:

1. Increase the number of patients counseled and tested for HIV.¹⁴
2. Increase the number of patients prescribed PrEP.¹⁵
3. Increase the percentage of patients newly diagnosed with HIV who are linked to care and treatment within 30 days of diagnosis.¹⁶

You will advance progress on the PCHP objectives by implementing activities within four focus areas:

- PrEP prescribing
- Outreach
- Testing
- Workforce development

See example activities in each of these areas in [Appendix B](#). To maximize PrEP access, your proposed project must make reasonable efforts to incorporate the use of available [medication assistance](#) programs (e.g., [Ready, Set, PrEP](#))¹⁷ before using PCHP funds to support access to PrEP for health center patients.¹⁸

Program Expectations

HRSA expects that you will leverage PCHP funds to address issues of equity¹⁹ in HIV prevention, including applying an understanding of intersectionality and how multiple forms of discrimination affect individuals' lived experiences. Individuals and communities often belong to more than one group that has been historically

¹⁴ Branson BM et al. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. *MMWR Recomm Rep* 2006 Sep 22; 55:1-17.

¹⁵ Centers for Disease Control and Prevention: US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States—2017 Update: a clinical practice guideline. Published March 2018. Accessed May 21, 2022 at <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf>.

¹⁶ For more information, see Understanding the HIV Care Continuum available at <https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf>.

¹⁷ HHS launched [Ready, Set, PrEP](#) as part of EHE. This national program makes PrEP medications available at no cost to people without prescription drug insurance coverage.

¹⁸ Medication assistance programs have their own application and/or data tracking requirements. PCHP funding can be used to support staffing and/or systems to satisfy those requirements.

¹⁹ Equity is “[T]he consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.” Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government, 86 FR 7009, at § 2(a) (Jan. 20, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01753.pdf>. See the [HRSA Office of Health Equity](#) and [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#) for additional information.

underserved, marginalized, or adversely affected by persistent poverty and inequality. Individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services.²⁰

Consider your team's cultural and clinical competence, and the barriers to patients seeking HIV prevention care, including trauma, stigma, and social risk factors such as food insecurity, housing insecurity, financial strain, lack of transportation/access to public transportation;²¹ and other health-related social needs that may affect access to care, contribute to poor health outcomes, and exacerbate health disparities.²²

Addressing health-related social needs, including intimate partner violence, is a HRSA objective to improve health and well-being of individuals and the communities in which they reside.

HRSA expects you to leverage PCHP funding to address:

- Equitable access to HIV prevention services;
- Current and anticipated HIV prevention needs in the service area; and
- Health-related social needs that may affect access to care, contribute to poor health outcomes, and exacerbate health disparities.

HRSA encourages you to:

- Create status-neutral systems of care in which people receiving HIV testing can rapidly access PrEP or SSPs upon receiving an HIV negative test result and can quickly be linked to HIV care and treatment upon receiving an HIV positive diagnosis.²³
- Provide gender-affirming care that recognizes and supports a patient's gender identity and expression. Gender-diverse patients are more likely to engage in HIV care when gender affirmation needs are met.²⁴

²⁰ See Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, 86 FR 2023, at § 1 (Jan. 20, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-01-25/pdf/2021-01761.pdf>.

²¹ See the [2022 UDS Manual](#) for additional information.

²² The PRAPARE Assessment Tool may support your health center with collecting data needed to understand and act on patients' health-related social needs. For additional information, see <https://prapare.org/>.

²³ The White House. 2021. National HIV/AIDS Strategy for the United States 2022–2025. Washington, DC. Available at <https://www.whitehouse.gov/wp-content/uploads/2021/11/National-HIV-AIDS-Strategy.pdf>. For more information about status-neutral systems of care, see <https://targethiv.org/library/tap-in-status-neutral#:~:text=%E2%80%9CStatus%2Dneutral%E2%80%9D%20is%20an,regardless%20of%20their%20HIV%20status.>

²⁴ Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Considerations for Antiretroviral Use in Special Patient Populations, Transgender People with HIV. Department of Health and Human Services. Available at <https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/adult-adolescent-arv/guidelines-adult->

- Utilize technology such as websites and applications to combat misinformation, support information dissemination, and promote access to testing and treatment.

HRSA also encourages you to establish or enhance partnerships with [Ryan White HIV/AIDS Program \(RWHAP\)](#)-funded organizations, health departments, and other community and faith-based organizations. These partnerships may facilitate referrals of individuals in need of HIV prevention services to health centers for testing and PrEP and, as appropriate, to link individuals newly diagnosed with HIV to these organizations for care and treatment within 30 days of diagnosis. Additionally, partnerships with health departments and other agencies may support comprehensive responses to identified HIV clusters and outbreaks.

Telehealth²⁵ and mobile units can be important tools for delivering HIV prevention services and resources to patients. You are strongly encouraged to use telehealth in your proposed service delivery plans when feasible or appropriate. Specifically, tele-PrEP (i.e., PrEP-related clinical services delivered virtually in alignment with your scope of project) can increase medication access and adherence for patients at risk for HIV who face barriers to accessing care.²⁶ Additional information on telehealth can be found at [Telehealth.HHS.gov](https://telehealth.hhs.gov), and information on telehealth for HIV care can be found at <https://telehealth.hhs.gov/providers/telehealth-for-hiv-care/>. Information specific to your health center scope of project is available at <https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/pdf/telehealth-pal.pdf>. BPHC-specific technical assistance around telehealth and health information technology is available at <https://www.hrsa.gov/library/hiteq-center>.

In addition, if you use broadband or telecommunications services for the provision of health care, HRSA strongly encourages you to seek discounts through the Federal Communication Commission's Universal Service Program. For information about such discounts, see the [Rural Health Care Program](#). The [Affordable Connectivity Program](#) (ACP) and [Lifeline](#) are federal government programs that help eligible households pay for internet services and internet connected devices. Patients living on tribal lands may be eligible for additional benefits through ACP.

Program-Specific Instructions

In addition to application requirements and instructions in Sections 4 and 5 of HRSA's [SF-424 Two-Tier Application Guide](#) (including the budget, budget narrative, staffing plan

[adolescent-arv.pdf](#). Accessed July 15, 2022. For additional information, see Centers for Disease Control and Prevention. Patient-Centered Care for Transgender People: Recommended Practices for Health Care Settings. <https://www.cdc.gov/hiv/clinicians/transforming-health/health-care-providers/affirmative-care.html>. Published 2022. Accessed August 8, 2022.

²⁵ Telehealth is the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, health administration, and public health. For more information, see HRSA Office of Rural Health webpage, "What is Telehealth?": <https://www.hrsa.gov/rural-health/topics/telehealth/what-is-telehealth>.

²⁶ For information about tele-PrEP delivery, see PrEP Telehealth, available at <https://www.ncsddc.org/wp-content/uploads/2018/04/PrEP-Telehealth-IB.pdf>.

and personnel requirements, assurances, certifications, and abstract), include the following:

i. *Project Abstract (Submit in Grants.gov)*

Use the Standard OMB-approved Project Abstract Summary Form that is included in the workspace application package. Do not upload the abstract as an attachment or it may count toward the page limit. For information required in the Project Abstract Summary Form, see Section 5.1.ix. of HRSA’s [SF-424 Two-Tier Application Guide](#). In addition, provide your Health Center Program grant number (H80CSXXXXX) and a summary of how your proposed project will increase the number of patients counseled and tested for HIV, the number of patients prescribed PrEP, and the percentage of patients newly diagnosed with HIV who are linked to care and treatment within 30 days of diagnosis.

NARRATIVE GUIDANCE

To ensure that you fully address the review criteria, the table below provides a crosswalk between the narrative language and where each section falls within the review criteria. Any forms or attachments referenced in a narrative section will be considered during the objective review.

Narrative Section, Forms, and Attachments	Review Criteria
Need section of the Project Narrative	(1) Need
Response section of the Project Narrative Project Overview Form: Work Plan	(2) Response
Collaboration section of the Project Narrative Attachment 1: Letters of Support	(3) Collaboration
Resources/Capabilities section of the Project Narrative	(4) Resources/Capabilities
Evaluative Measures section of the Project Narrative	(5) Evaluative Measures
Support Requested section of the Project Narrative Forms: SF-424A Budget Information Form, Equipment List Forms (if applicable) Budget Narrative	(6) Support Requested

ii. *Project Narrative (Submit in EHBs – required for completeness)*

In this section, you will provide a comprehensive description of all aspects of your proposed project. Your narrative should be succinct, self-explanatory, consistent with forms and attachments, and organized in alignment with the sections and format below so that reviewers can understand the proposed project.

Use the following section headers for the narrative: Need, Response, Collaboration, Resources/Capabilities, Evaluative Measures, and Support Requested.

NEED – Corresponds to [Section V.1 Review Criterion 1: NEED](#)

Information provided in the NEED section must:

- Serve as the basis for, and align with, the activities, focus areas, and objectives described throughout the application.
 - Be used to inform and improve the delivery of the proposed PCHP services.
- 1) Provide data that describe the HIV testing and treatment needs of your service area. Specifically:
 - a) Provide the estimated number of people, including current health center patients, in need of HIV testing in your service area and how you determined that number. Sources of needs information may include, but are not limited to, your current needs assessment,²⁷ as well as community health needs assessments (such as those conducted by a hospital, health department, or other organization that serves the service area).
 - b) Describe barriers to maximizing equitable access to HIV testing in your service area. Include identified workforce, care integration, care coordination, community outreach and education, assistance with enrollment in affordable health insurance, and other program and technology-related needs, as applicable.
 - c) Describe and provide data on the access needs and health-related social needs affecting equitable access to HIV testing in your service area, and highlight the barriers that your proposed PCHP project will address. Describe applicable barriers/needs as they relate to the following:
 - i. Language access
 - ii. Care coordination
 - iii. Cultural barriers
 - iv. Geographic barriers
 - v. Housing insecurity
 - vi. Food insecurity
 - vii. Financial strain
 - viii. Lack of transportation/access to public transportation
 - ix. Intimate partner violence
 - x. Other – please describe
 - 2) Provide data that describe the PrEP needs of the service area. Specifically:
 - a) Provide the estimated number of people, including current health center patients, in need of PrEP in your service area and how you determined that number. Sources of needs information may include, but are not limited to, your current needs assessment,²⁷ persons with PrEP indications estimation tool (<https://prepind.shinyapps.io/prepind2/>), and community health needs assessments.

²⁷ See [Chapter 3: Needs Assessment](#) of the Compliance Manual.

- b) Describe barriers to maximizing equitable access to PrEP in your service area. Include identified workforce, care integration, care coordination, community outreach and education, assistance with enrollment in affordable health insurance, and other program and technology-related needs, as applicable.
 - c) Describe and provide data on the access needs and health-related social needs affecting equitable access to PrEP in your service area, and highlight the barriers that your proposed PCHP project will address. Describe applicable barriers/needs as they relate to the following:
 - i. Language access
 - ii. Care coordination
 - iii. Cultural barriers
 - iv. Geographic barriers
 - v. Housing insecurity
 - vi. Food insecurity
 - vii. Financial strain
 - viii. Lack of transportation/access to public transportation
 - ix. Intimate partner violence
 - x. Other – please describe
- 3) Provide data that describe the linkage to HIV care and treatment needs in your service area. Specifically:
- a) Provide the estimated number of people, including current health center patients, in need of HIV care and treatment in your service area and how you determined that number. Sources of information may include, but are not limited to, your current needs assessment, as well as community health needs assessments (such as those conducted by a hospital, health department, or other organization that serves the service area).
 - b) Describe barriers to maximizing linkage to HIV care and treatment in your service area. Include identified workforce, care integration, care coordination, community outreach and education, assistance with enrollment in affordable health insurance, and other program and technology-related needs, as applicable.
 - c) Describe and provide data on the access needs and health-related social needs affecting linkage to HIV care and treatment in your service area, and highlight the barriers that your proposed PCHP project will address. Describe applicable barriers/needs as they relate to the following:
 - i. Language access
 - ii. Care coordination
 - iii. Cultural barriers
 - iv. Geographic barriers
 - v. Housing insecurity
 - vi. Food insecurity
 - vii. Financial strain
 - viii. Lack of transportation/access to public transportation

- ix. Intimate partner violence
- x. Other – please describe

RESPONSE – Corresponds to [Section V.1 Review Criterion 2: RESPONSE](#)

1) Complete the structured work plan on the Project Overview Form in EHBs by selecting or describing activities that you will conduct to achieve the PCHP objectives:

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

Describe in EHBs how each specific activity proposed addresses an unmet need or barrier to achieving one or more PCHP objectives. Refer to [Section IV.2.v. Program-Specific Forms](#) for detailed guidance.

[Appendix B: Example Uses of Funding](#) lists example activities that may help your health center to expand HIV prevention services. This is the same as the list of activity options presented in the work plan in EHBs.

2) Referencing your work plan, describe how PCHP-supported activities will:

- a) Promote equity in access to HIV prevention services for current patients, Health Center Program statutorily-defined special populations (migratory and seasonal agricultural workers, people experiencing homelessness, and residents of public housing), as applicable, and other residents of your service area.
- b) Enhance or expand strategies to improve the patient experience (e.g., engage patients, build trusting relationships, build partnership with families and caregivers, provide patient-centered care coordination).
- c) Incorporate medication assistance programs (e.g., [Ready, Set, PrEP](#)) to help patients afford PrEP.
- d) Leverage health IT, including electronic health record (EHR) systems and telehealth, to improve the quality of HIV prevention services. Specifically address plans for use of mobile technologies (e.g., text reminders) and tele-PrEP, including integration with home testing (see the BPHC Bulletin on HIV self-testing, for more information:

<https://content.govdelivery.com/accounts/USHSHRSA/bulletins/28da1bc>).

3) Describe your planned approach to gender-affirming care to facilitate equitable access to and use of HIV prevention and associated services.

COLLABORATION – Corresponds to [Section V.1 Review Criterion 3:](#)
[COLLABORATION](#)

- 1) Describe how you will leverage the resources of other providers/organizations in your service area to ensure that HIV testing, PrEP prescribing, and HIV care and treatment are available to all individuals in need in your service area. Other providers/organizations may include health departments, RWHAP-funded organizations, other health centers, and other community and faith-based organizations providing services to the target population. In your description, include how you will:
 - a) Establish or enhance partnerships.
 - b) Work together to build upon existing and forthcoming [EHE activities](#).
 - c) Leverage relationships to facilitate referrals of patients to your health center for PrEP.
 - d) Leverage relationships to link individuals newly diagnosed with HIV to care and treatment within 30 days of diagnosis.
 - e) Leverage relationships to prepare for or respond to identified clusters and outbreaks of HIV.
- 2) Provide letters of support from partnering providers/organizations that will play a significant role in the implementation of your project, if any (e.g., will provide HIV care and treatment for your referred patients). Letters of support must state how the partnership will minimize unnecessary duplication of HRSA-funded and non-HRSA-funded services. Letters of support should be addressed to the organization's board, CEO, or other appropriate key management staff member. See Attachment 1 for details. Additional letters of support may also be provided, as desired.

RESOURCES/CAPABILITIES – Corresponds to [Section V.1 Review Criterion 4:](#)
[RESOURCES/CAPABILITIES](#)

- 1) Summarize your current approach to HIV prevention. For example, if you are currently using status-neutral systems of care, provide a brief description of how your health center is implementing this approach.
- 2) Describe your capabilities and expertise to carry out the proposed project, including:
 - a) How the proposed personnel (direct hire and contracted) listed in the Budget Narrative will successfully implement the proposed project, including clearly describing each individuals' role in the proposed project. Reference the staff details listed in the Budget Narrative, as applicable.
 - b) The capability of key management staff to provide operational and clinical oversight to increase the number of patients accessing HIV prevention and associated services.

- 3) Describe how you ensure culturally-affirming, patient-centered care that considers individual patients' culture, values, and needs (including linguistic accessibility needs) to facilitate equitable access to and use of HIV prevention and associated services.
- 4) Describe resources that you will leverage to support project implementation, such as technical assistance providers (e.g., PCAs, NTTAPs, HCCNs, AETCs); peer support programs (e.g., hotlines, peer virtual groups, PrEP SMS support); other national, state, or local organization resources; and/or federal partners (e.g., Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration).

EVALUATIVE MEASURES – Corresponds to [Section V.1 Review Criterion 5: EVALUATIVE MEASURES](#)

- 1) Provide your baseline (2022 UDS) and projected calendar year 2025 data showing your estimated patient increases for the following metrics:²⁸
 - a) Patients tested for HIV.
 - b) Patients prescribed PrEP.
 - c) Percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 30 days of diagnosis.

Describe how you determined your estimates and why you consider them achievable by December 31, 2025.

- 2) Describe how your quality improvement/quality assurance (QI/QA) program will support the proposed PCHP project, including:
 - a) How you include or will incorporate HIV prevention activities and patient data into your QI/QA program.
 - b) How your QI/QA program will support the evolution of your HIV prevention activities to address the evolving needs of your patient population and service area.
 - c) How you will use QI/QA reports for PCHP project improvement.
 - d) How you include or will incorporate into your QI/QA procedures and processes current clinical guidelines, standards of care, and standards of practice in the provision of HIV-prevention services.

²⁸ For more information about these measures, see the 2022 UDS Manual, available at <https://bphc.hrsa.gov/sites/default/files/bphc/datareporting/pdf/2022-uds-manual.pdf>.

SUPPORT REQUESTED – Corresponds to [Section V.1 Review Criterion 6: SUPPORT REQUESTED](#)

- 1) Provide a budget that:
 - a) Is consistent across all documents (i.e., SF-424A, Budget Narrative),
 - b) Aligns with the proposed plan to expand HIV prevention services (as outlined in the [RESPONSE](#) section and the work plan), and
 - c) Will reasonably support the estimated increase in patients accessing HIV prevention services (see the [EVALUATIVE MEASURES](#) section).

iii. Budget (Submit in EHBs)

Follow the instructions included in Section 5.1.iv of HRSA's [SF-424 Two-Tier Application Guide](#) and the additional budget instructions provided below. A budget that follows the *Guide* will ensure that, if HRSA selects your application for funding, you will have a well-organized plan and, by carefully following the approved plan, may avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs²⁹ (inclusive of direct **and** indirect costs) you incur to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by you.

In addition, PCHP requires the following.

You must present the total budget for the project, which includes PCHP funds (up to \$350,000 annually) and all non-federal funds that will support the proposed project. You have discretion about how you propose to allocate the total budget between PCHP federal funds and other funding that supports the project, provided that the projected budget complies with all applicable HHS policies and other federal requirements.³⁰

PCHP funding may support eligible costs associated with [SSPs](#), which are an effective public health approach to reduce the spread of infectious diseases such as HIV.³¹ All activities must be carried out consistent with Health Center Program requirements as described in the [Health Center Program Compliance Manual](#), including those associated with [Chapter 9: Sliding Fee Discount Program](#).

²⁹ For details on allowable costs, see 45 CFR part 75, available at <http://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>.

³⁰ See [Chapter 17: Budget](#) of the Compliance Manual.

³¹ For guidance on using federal funding to support SSPs, see [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](#).

Budget Information Form (SF-424A):

- In Section A, enter the PCHP funding requested in the Federal column for **year 1 (12 months)** of funding. The maximum amount you may request cannot exceed \$350,000.
- In Section A – Budget Summary, under New or Revised Budget, in the Federal column, enter the federal funding requested for year 1 for each type of Section 330 funding that you currently receive. Funding must be requested and will be awarded proportionately to your current H80 funding. The funding types are Community Health Center (e), Migrant Health Center (g), Health Care for the Homeless (h), and/or Public Housing Primary Care (i). No new types may be added through this application. Enter all other project costs in the Non-Federal column. Estimated Unobligated Funds are not applicable for this funding opportunity.
- In Section B – Budget Categories, enter an object class category (line item) budget for year 1, broken out by federal and non-federal funding. 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 C – Non-Federal Resources, enter all other sources of funding for the proposal for year 1, not including the federal funding request. The total in Section C must be consistent with the Non-Federal Total in Section A. When providing Non-Federal Resources by funding source, include other federal funds supporting the proposed project in the “other” category.
- In Section E – Federal Funds Needed for Balance of the Project, enter your federal PCHP funding request for year 2 in the first column and year 3 for the second column, entered on separate rows for each type of section 330 funding that you currently receive (similar to Section A). The maximum amount that you may request for each outyear cannot exceed \$350,000.

As required by the Consolidated Appropriations Act, 2022 (P.L. 117-103), Division H, § 202, “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” (currently \$203,700 as of January 2022). See Section 5.1.iv Budget – Salary Limitation of HRSA’s [SF-424 Two-Tier Application Guide](#) for additional information. Note that these or other salary limitations will apply in the following fiscal years, as required by law.

iv. Budget Narrative (include a Table of Personnel to be Paid with Federal Funds, if applicable) (Submit in EHBs)

PCHP requires a detailed budget narrative that outlines federal and non-federal costs by object class category for **each requested 12-month period** (budget year) of the 3-year period of performance. The sum of line item costs for each category must align with those presented on the SF-424A Budget Information Form. See Section 5.1.v of HRSA’s [SF-424 Two-Tier Application Guide](#). For years 2 and 3, the narrative should highlight the expected changes from year 1 or clearly indicate that there are no

substantive changes. See the [PCHP Technical Assistance webpage](#) for an example Budget Narrative.

Your budget narrative must:

- Demonstrate that you will use PCHP funds for costs that will advance progress on the PCHP objectives.
- Clearly detail proposed costs for each line item on the SF-424A Budget Information Form, Section B, with calculations for how you derive each cost.
- 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).
- Provide a table of personnel to be paid with federal funds, as shown in the example provided in HRSA's [SF-424 Two-Tier Application Guide](#).

All contractual arrangements must be appropriate for health center oversight of the proposed project, and include any contractors and sub-recipients.

Format the budget narrative to have all columns fit on an 8.5 x 11 page when printed.

v. Program-Specific Forms (Submit in EHBs)

You will submit the required SF-424 information through Grants.gov. Phase 2 of your application requires the submission of supplemental information through EHBs. All of the following forms, with the exception of the [Equipment List Form](#), are required.

Project Overview Form (Required)

Work Plan

You must complete the work plan to outline your proposed 3-year project. A sample work plan is available on the [PCHP Technical Assistance webpage](#).

You must complete two fields in the work plan table: activity and activity selection rationale.

- **Activity Field:** Select from the list of activity options for each focus area, or write in your own after selecting “other.” You must select or write in at least two activities—and no more than five—per focus area. See [Appendix B: Example Uses of Funding](#) for a complete list.
- **Activity Selection Rationale Field:** Describe how each selected activity will address a specific unmet service area or health center need/barrier to achieving the [PCHP objectives](#). This rationale will provide critical information for reviewers as they assess your proposed project. Using a generic rationale throughout the work plan may negatively affect your review score. Information included in your work plan should be consistent with the information in other application components (e.g., Budget Narrative).

Scope of Project

Evaluate your current scope of project in light of your proposed project.³² Access the technical assistance materials on the [Scope of Project resource webpage](#) and contact your H80 program specialist for guidance in determining if a scope adjustment or change in scope will be necessary.

If your scope requires changes based on your proposed project, indicate if changes will be required to your Form 5A: Services Provided, Form 5B: Service Sites, and/or Form 5C: Other Activities/Locations. Then provide an overview of the change(s) along with a timeline for making the necessary request(s). You must submit scope adjustment and change in scope requests outside of the PCHP application, and obtain approval before implementing a new service, service delivery method, or site. You should allow 60 days for HRSA to review your request. You may use PCHP funds to support a new service, site, or activity once it is added to your approved H80 scope of project.

- **Review your Form 5A: Services Provided.** When reviewing this form, consider the following:
 - Your PCHP work plan may require a change in service delivery methods (e.g., to move screening or diagnostic laboratory services from Column III to Column I).
 - HIV prevention is a component of general primary medical care. Therefore, it is not a separate major service category on Form 5A.
- **Review your Form 5B: Service Sites.** A change is needed if you propose to use PCHP funds to purchase a mobile unit, requiring you to request a change in scope to add the new mobile site to Form 5B.
- **Review your Form 5C: Other Activities/Locations.** A change may be needed if you propose to use PCHP funds to provide services at locations that do not meet the definition of a service site or have irregular or limited timeframes (e.g., home visits, health fairs, portable clinical care).³³

Technical Assistance

Indicate up to three technical assistance topics that would support the successful implementation of your work plan. If you select “other” and/or “my health center could provide peer support to others,” you must provide additional information in the comment box. You may also use the comment box to describe your needs specific to the selected topic area(s). This information may inform HRSA’s HIV prevention technical assistance strategy.

³² You can view your scope of project in the Approved Scope section of your H80 grant folder in EHBs.

³³ See section III.B.1.g: Other Activities of Policy Information Notice 2008-01 for additional information, available at <https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/pdf/pin2008-01.pdf>.

Equipment List Form (If Applicable)

If you request to use PCHP funds for equipment on your [SF-424A](#), provide the required details on the Equipment List Form. Equipment costs are limited to year 1 only.

Each proposed equipment purchase must be listed separately and align with the [Budget Narrative](#). Total equipment costs in year 1 may not exceed \$200,000. Any equipment purchased with PCHP funds must support your PCHP work plan, be procured through a competitive process, and be maintained, tracked, and disposed of in accordance with [45 CFR part 75](#).

Equipment includes moveable items that are non-expendable, tangible personal property (including information technology systems) having a useful life of more than 1 year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the applicant for its financial statement purposes, or \$5,000. Moveable equipment can be readily shifted from place to place without requiring a change in the utilities or structural characteristics of the space. Permanently affixed equipment (e.g., heating, ventilation, and air conditioning (HVAC), generators, lighting) is categorized as minor alteration or renovation (A/R), and is not allowed.

If applicable, you should list yearly license renewals for existing EHRs or health information technology in "Other Costs" in your budget, not as equipment. You should list licenses for EHRs or health information technology that are part of an EHRs or health information technology system purchase as part of the overall equipment purchase.

For each item on the Equipment List Form, complete the following fields:

- **Type** – Select clinical or non-clinical.
- **Item Description** – Provide a description of each item.
- **Unit Price** – Enter the price of each item.
- **Quantity** – Enter of the number of each item to be purchased.
- **Total Price** – The system will calculate the total price by multiplying the unit price by the quantity entered.

The selection of equipment should be based on a preference for recycled content, non-hazardous substances, non-ozone depleting substances, energy and water efficiency, and consideration of final disposal (disposed in a manner that is safe, protective of the environment, and compliant with all applicable regulations), unless there are conflicting health, safety, and performance considerations. You are strongly encouraged to employ the standards established by either the Electronic Product Environmental Assessment Tool (EPEAT) or Energy Star, where practicable, in the procurement of equipment. Following these standards will mitigate the negative effects on human health and the environment. Additional information for these standards can be found at <http://www.epeat.net> and <http://www.energystar.gov>.

vi. Attachments (Submit in EHBs)

Provide the following items in the order specified below. **Unless otherwise noted, attachments count toward the [application page limit](#).** Your indirect cost rate agreement (provided in Attachment 2: Other Relevant Documents) will not count toward the page limit. **Clearly label each attachment** according to the number and title below (e.g., Attachment 1: Letters of Support). You must upload attachments into the application. HRSA and the objective review committee will not open/review any *hyperlinked* attachments.

Attachment 1: Letters of Support (as applicable)

Upload current dated letters of support to provide evidence of commitment to the project from partnering providers/organizations that will play a significant role in implementing your PCHP project. See the [Collaboration](#) section of the Project Narrative for details on required documentation.

You are encouraged to consider the effect on your application's page length when providing additional letters of support.

Attachment 2: Other Relevant Documents (as applicable)

Upload an indirect cost rate agreement, if applicable. Include other relevant documents to support the proposed project, as desired. Maximum of 5 uploads.

If you propose to use PCHP funds to support participation in an 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](#).

You are encouraged to consider the effect on your application's page length when providing additional documents.

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

Effective April 4, 2022:

- The UEI assigned by [SAM](#) has replaced the Data Universal Numbering System (DUNS) number.
- Register at [SAM.gov](#) and you will be assigned a UEI.

You must register with SAM and continue to maintain active SAM registration with current information at all times when you have: an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR § 25.110(d)). For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

If you are chosen as a recipient, HRSA will not make an award until you have complied with all applicable SAM requirements. If you have not fully complied with the requirements by the time HRSA is ready to make an award, you may be deemed not qualified to receive an award, and HRSA may use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in two separate systems:

- System for Award Management (SAM) (<https://sam.gov/content/home> | [SAM Knowledge Base](#))
- Grants.gov (<https://www.grants.gov/>)

For more details, see Section 3.2 of HRSA's [SF-424 Two-Tier Application Guide](#).

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO in Grants.gov (Phase 1) is **January 17, 2023 at 11:59 p.m. ET**. The due date to complete all other required information in EHBs (Phase 2) is **February 16, 2023 at 5 p.m. ET**. HRSA suggests submitting applications to Grants.gov at least **3 calendar days before the deadlines** to allow for any unforeseen circumstances. See Section 9.2.5 – Summary of emails from Grants.gov of HRSA's [SF-424 Two-Tier Application Guide](#) for additional information.

5. Intergovernmental Review

The Health Center Program is a program subject to the provisions of Executive Order 12372, as implemented by [45 CFR part 100](#).

See Section 5.1.ii of HRSA's [SF-424 Two-Tier Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 3 years, at no more than \$350,000 per year (including direct **and** indirect costs). Awards to support projects beyond the first budget year will be contingent upon congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

The General Provisions in Division H of the Consolidated Appropriations Act, 2022 (P.L. 117-103) apply to this program. See Section 5.1 of HRSA's [SF-424 Two-Tier Application Guide](#) for additional information. Note that these or other restrictions will apply in following fiscal years, as required by law.

[45 CFR part 75](#) and the [HHS Grants Policy Statement](#) (HHS GPS) include information about allowable expenses. You cannot use funds under this notice for the following costs:

- Costs already supported by H80 operational grant or related supplemental funding (e.g., H8F);
- Purchase or upgrade of an electronic health record (EHR) that is not certified to the 2015 edition of certification criteria under the Office of the National Coordinator for Health Information Technology Health IT Certification Program;³⁴
- Minor alteration/renovation activities;³⁵
- New construction activities, including additions or expansions;
- Purchase and/or installation of trailers and pre-fabricated modular units;
- Facility or land purchases;
- Purchase of vehicles to transport patients or health center personnel;
- Needles and syringes for illegal drug injection;³⁶ or
- Devices solely used for illegal drug injection (e.g., cookers).³⁷

Pursuant to existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortions, except in cases of rape or incest, or when a physician certifies that the woman has a physical disorder, physical injury, or physical illness that would place her in danger of death unless an abortion is performed. This includes all funds awarded under this notice and is consistent with past practice and long-standing requirements applicable to awards to health centers.

You are required to have the necessary policies, procedures, and financial and other internal controls³⁸ in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on use of funds for lobbying, executive salaries, gun control,

³⁴ The Centers for Medicare and Medicaid Services and the Office of the National Coordinator for Health Information Technology have established standards and other criteria for structured data. For additional information, refer to <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Certification.html>

³⁵ Minor A/R projects include work to repair, improve, and/or reconfigure the interior arrangements or other physical characteristics of a location.

³⁶ See the Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016, available at <https://www.cdc.gov/hiv/pdf/risk/hhs-ssp-guidance.pdf>.

³⁷ See the Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016, available at <https://www.cdc.gov/hiv/pdf/risk/hhs-ssp-guidance.pdf>.

³⁸ For more information see HRSA Internal Controls at a Glance: <https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/internal-controls-tip-sheet.pdf>

abortion, etc. Like all other applicable grants requirements, the effectiveness of these policies, procedures, and controls is subject to audit.

Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR § 200.216 regarding prohibition on certain telecommunications and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021-01E](#).

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

In accordance with section 330(e)(5)(D) of the PHS Act relating to the use of non-grant funds, health centers shall use non-grant funds, including funds in excess of those originally expected, “as permitted under this section [section 330],” and may use such funds “for such other purposes as are not specifically prohibited under this section [section 330] if such use furthers the objectives of the project.”

V. Application Review Information

1. Review Criteria

HRSA has procedures for assessing the technical merit of applications to provide for an objective review and to assist you in understanding the standards against which your application will be reviewed. HRSA has indicators for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

Six review criteria are used to review and rank PCHP applications. Below are descriptions of the review criteria and their scoring points. Reviewers will evaluate and score:

Criterion 1: NEED (20 Points) – *Corresponds to [Section IV.2.ii NEED](#)*

- The strength of the demonstrated need for increased access to HIV testing in the service area. The extent to which the applicant describes how the estimated unmet testing and treatment needs of the service area were determined and the factors that went into that determination.
- The extent to which the applicant demonstrates an understanding of barriers to maximizing equitable access to HIV testing in the service area.

- The extent to which the applicant provides relevant data for and clearly describes the access needs and health-related social needs that affect equitable access to HIV testing in the service area, including applicable barriers that the PCHP project will address (see [NEED](#) for a full list).
- The strength of the demonstrated need for increased access to PrEP within the service area. The extent to which the applicant describes how the estimated unmet PrEP needs of the service area were determined and the factors that went into that determination.
- The extent to which the applicant demonstrates an understanding of the barriers to maximizing equitable access to PrEP in the service area.
- The extent to which the applicant provides relevant data for and clearly describes the access needs and health-related social needs that affect equitable access to PrEP in the service area, including applicable barriers that the PCHP project will address (see [NEED](#) for a full list).
- The strength of the demonstrated need for increased linkage to HIV care and treatment within the service area. The extent to which the applicant describes how the estimated unmet linkage to HIV care and treatment needs of the service area were determined and the factors that went into that determination.
- The extent to which the applicant demonstrates an understanding of the barriers to maximizing linkage to HIV care and treatment in the service area.
- The extent to which the applicant provides relevant data for and clearly describes the access needs and health-related social needs that affect linkage to HIV care and treatment in the service area, including applicable barriers that the PCHP project will address (see [NEED](#) for a full list).

Criterion 2: RESPONSE (25 Points) – *Corresponds to [Section IV.2.ii RESPONSE](#)*

- The strength of the work plan to achieve the three PCHP objectives. The appropriateness of the activities to address identified needs to achieve one or more PCHP objectives.
- The extent to which the applicant's plan will promote equity in access to HIV prevention services for current patients, Health Center Program statutorily-defined special populations, as applicable, and other residents of the applicant's service area.
- The strength of the applicant's plan to enhance or expand strategies to improve the patient experience.
- The extent to which the applicant describes how medication assistance programs (e.g., [Ready, Set, PrEP](#)) will be incorporated to help patients afford PrEP.

- The extent to which the applicant’s plan to leverage health IT, including EHR and telehealth, will drive improvement in the quality of HIV prevention services and incorporate mobile technologies and tele-PrEP, including integration with home testing.
- The strength of the applicant’s plan to ensure gender-affirming care to facilitate equitable access to and use of HIV prevention and associated services.

Criterion 3: COLLABORATION (10 points) – *Corresponds to [Section IV.2.ii](#)*
[COLLABORATION](#)

- The strength of the applicant’s plan to leverage the resources of other providers/organizations delivering HIV testing, PrEP prescribing, HIV care and treatment, and other related services, as well as:
 - Plans to establish or enhance partnerships.
 - Plans to leverage these partnerships to build upon existing and forthcoming EHE activities.
 - Plans to leverage these partnerships to facilitate referrals of patients to the health center for PrEP.
 - Plans to leverage these partnerships to link individuals newly diagnosed with HIV to care and treatment within 30 days of diagnosis.
 - Plans to leverage these partnerships to prepare for or respond to identified clusters and outbreaks of HIV.
- The extent to which letters of support provided in [Attachment 1](#) document support from partnering providers/organizations that will play a significant role in implementing the PCHP project and state how the partnership will minimize unnecessary duplication of HRSA-funded and non-HRSA-funded services.

Criterion 4: RESOURCES/CAPABILITIES (20 points) – *Corresponds to [Section IV.2.ii](#)*
[RESOURCES/CAPABILITIES](#)

- The strength of the applicant’s current approach to HIV prevention.
- The extent of the applicant’s capabilities and expertise to carry out the PCHP project, including:
 - The degree to which the proposed personnel listed in the [Budget Narrative](#) are clearly described and will successfully implement the proposed project.
 - The capability of key management staff to provide the operational and clinical oversight necessary to increase the number of patients accessing HIV prevention and associated services.
- The strength of the applicant’s approach to ensuring culturally-affirming, patient-centered care to facilitate equitable access to and use of HIV prevention and associated services.
- The strength of the applicant’s plan to leverage resources to support project implementation.

Criterion 5: EVALUATIVE MEASURES (15 points) – Corresponds to [Section IV.2.ii](#)
[EVALUATIVE MEASURES](#)

- The reasonableness of the estimated increases in the number of patients tested for HIV, the number of patients prescribed PrEP, and the percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 30 days of diagnosis given the identified need, proposed activities, and requested funding. The strength of the applicant’s justification for the patient estimates to be achieved by December 31, 2025.
- The strength of the applicant’s current inclusion or plan to incorporate the following into their QI/QA program:
 - HIV prevention activities and patient data.
 - Support for the evolving HIV prevention needs of the patient population and service area.
 - Use of QI/QA reports to improve the proposed project over time.
 - Current clinical guidelines, standards of care, and standards of practice in the provision of HIV prevention services.

Criterion 6: SUPPORT REQUESTED (10 points) – Corresponds to [Section IV.2.ii](#)
[SUPPORT REQUESTED](#)

- The extent to which the applicant provides a budget that:
 - Is consistent across all documents (i.e., SF-424A, Budget Narrative),
 - Aligns with the proposed plan to expand HIV prevention services (as outlined in the [RESPONSE](#) section and the work plan).
 - Will result in an increased number and percentage of patients accessing HIV prevention services (see the [EVALUATIVE MEASURES](#) section) commensurate with the requested funding and proposed activities.

2. Review and Selection Process

The objective review process provides an objective evaluation of applications to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

In addition to the ranking based on merit criteria, HRSA approving officials will apply other factors in award selection. See section 6.3 of HRSA’s [SF-424 Two-Tier Application Guide](#) for more details. For this program, HRSA will use H80 award and compliance status as award factors as described below.

Compliance Status³⁹

You will not receive PCHP funding if you meet either of the following exclusion criteria at the time HRSA makes funding decisions:

- You are no longer an active Health Center Program (H80) award recipient under sections 330(e), (g), (h), and/or (i), or
- You have a 30-day condition on your H80 award related to Health Center Program requirement area(s).

3. Assessment of Risk

HRSA may apply special conditions of award or elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements ([45 CFR § 75.205](#)).

HRSA reviews applications receiving a favorable objective review for other considerations that include past performance, as applicable; cost analysis of the project/program budget; assessment of your management systems, ensuring continued applicant eligibility; and compliance with any public policy requirements, including those requiring just-in-time submissions. HRSA may ask you to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that HRSA will make an award. Following review of all applicable information, HRSA's approving and business management officials will determine whether HRSA can make an award if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

HRSA is required to review and consider any information about your organization that is in the [Federal Awardee Performance and Integrity Information System \(FAPIIS\)](#). You may review and comment on any information about your organization that a federal awarding agency previously entered. HRSA will consider your comments, in addition to other information in [FAPIIS](#) in making a judgment about your organization's integrity, business ethics, and record of performance under federal awards when completing the review of risk as described in [45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants](#).

HRSA will report to FAPIIS a determination that an applicant is not qualified ([45 CFR § 75.212](#)).

³⁹ See [Chapter 2: Health Center Program Oversight](#) of the Compliance Manual.

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of September 1, 2023. See Section 6.4 of HRSA's [SF-424 Two-Tier Application Guide](#) for additional information.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 Two-Tier Application Guide](#).

If you are successful and receive a NOA, in accepting the award, you agree that the award and any activities thereunder are subject to:

- All provisions of [45 CFR part 75](#), currently in effect or implemented during the period of the award,
- Other federal regulations and HHS policies in effect at the time of the award or implemented during the period of award, and
- Applicable statutory provisions.

Accessibility Provisions and Non-Discrimination Requirements

Should you receive an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an

environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.

- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

Contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance and assist HRSA recipients in meeting their civil rights obligations. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

Pursuant to the [Executive Order on Worker Organizing and Empowerment](#) (E.O. 14025), HRSA strongly encourages applicants to support worker organizing and collective bargaining and to promote equality of bargaining power between employers and employees. This may include the development of policies and practices that could be used to promote worker power. Applicants can describe their plans and specific activities to promote this activity in the application narrative.

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

Health Information Technology (IT) Interoperability Requirements

Successful applicants under this NOFO agree that:

Where award funding involves:	Recipients and subrecipients are required to:
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Implementing, acquiring, or upgrading health IT for activities by eligible clinicians in ambulatory settings, or hospitals, eligible under Sections 4101, 4102, and 4201 of the HITECH Act	Utilize health IT certified under the ONC Health IT Certification Program, if certified technology can support the activity. Visit https://www.healthit.gov/topic/certification-ehrs/certification-health-it to learn more.
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3. Reporting

Award recipients must comply with Section 7 of HRSA's [SF-424 Two-Tier Application Guide](#) and the following reporting and review activities:

- 1) **Non-Competing Continuation (NCC) Progress Report.** Streamlined NCC progress reports must be submitted and approved by HRSA to trigger the release of year 2 and year 3 funding (dependent upon congressional appropriation, satisfactory recipient performance, and a determination that continued funding would be in the best interest of the Federal Government). You will receive an email message via EHBs when it is time to begin working on the progress reports.
- 2) **Semi-Annual Reports.** You will complete semi-annual reports to describe accomplishments and barriers toward implementing the proposed project. These reports will be informed by your PCHP work plan.
- 3) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in [FAPIIS](#), as required in [45 CFR part 75 Appendix XII](#).

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.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Doris Layne-Sheffield
 Grants Management Specialist
 Division of Grants Management Operations
 Office of Financial Assistance Management (OFAM)
 Health Resources and Services Administration
 5600 Fishers Lane, MSC 10SWH03
 Rockville, MD 20857
 Telephone: (301) 945-9881
 Email: DLayne-Sheffield@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Emily Leonard
Public Health Analyst
Office of Policy and Program Development
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration
5600 Fishers Lane, Room 16N66B
Rockville, MD 20857
Telephone: (301) 594-4300
Contact: [BPHC Contact Form](#)
Web: [PCHP Technical Assistance webpage](#)

You may need assistance when working online to submit your application forms electronically in Grants.gov and EHBs. Always obtain a case number when calling for or otherwise requesting support.

For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov
[Self-Service Knowledge Base](#)

For assistance with submitting the remaining information in EHBs, contact Health Center Program Support, Monday-Friday, 7:00 a.m. to 8:00 p.m. ET, excluding federal holidays at:

Health Center Program Support
Telephone: 1-877-464-477
Web: [BPHC Contact Form](#)

VIII. Other Information

Technical Assistance

HRSA will hold a pre-application TA webinar for applicants seeking funding through this opportunity. Visit the [PCHP Technical Assistance webpage](#) for webinar details, instructions for and copies of forms, frequently asked questions, and other resources that will help you submit a competitive application.

See [TA details](#) in the Executive Summary.

HRSA Primary Health Care Digest

The HRSA [Primary Health Care Digest](#) is a weekly email newsletter containing information and updates pertaining to the Health Center Program, including release of

all competitive funding opportunities. You are encouraged to have several staff subscribe.

Federal Tort Claims Act (FTCA) Coverage

FTCA coverage for new services and sites is dependent, in part and where applicable, on HRSA approval of a post-award change in the scope of the project. For more information, review the FTCA Health Center Policy Manual, available at <https://bphc.hrsa.gov/sites/default/files/bphc/ftca/pdf/ftcahcpolicymanualpdf.pdf>.

Tips for Writing a Strong Application

See Section 5.7 of HRSA's [SF-424 Two-Tier Application Guide](#).

Appendix A: Page Limit Worksheet

The purpose of this worksheet is to give you a tool to ensure the number of pages uploaded into your application is within the specified [page limit](#). Do not submit this worksheet as part of your application.

The Standard Forms listed in the first column do not count against the page limit. Attachments listed in the second column do count toward the page limit.

Standard Form Name Submitted in Grants.gov or EHBs (Forms do not count against the page limit)	Attachment File Name (Unless otherwise noted, attachments count against the page limit)	Optional or Required	# of Pages Applicant Instruction – enter the number of pages of the attachment
Grants.gov Application for Federal Assistance (SF-424 - Box 14)	Areas Affected by Project (Cities, Counties, States)	Optional	<i>My attachment = ___ pages</i>
Grants.gov Application for Federal Assistance (SF-424 - Box 16)	Additional Congressional District	Optional	<i>My attachment = ___ pages</i>
Grants.gov Application for Federal Assistance (SF-424 - Box 20)	Is the Applicant Delinquent On Any Federal Debt?	Required if “Yes”	<i>My attachment = ___ pages</i>
Grants.gov Project/Performance Site Location Form	Additional Performance Site Location(s)	Optional	<i>My attachment = ___ pages</i>
EHBs	Project Narrative	Required	<i>My attachment = ___ pages</i>
EHBs	Budget Narrative	Required	<i>My attachment = ___ pages</i>
EHBs Appendices	Attachment 1: Letters of Support	Required if Applicable	<i>My attachment = ___ pages</i>
EHBs Appendices	Attachment 2: Other Relevant Documents	Optional	<i>My attachment = ___ pages</i>
# of Pages Attached that Count Toward the Page Limit		Applicant Instruction: Total the number of pages in the boxes above.	
Page Limit for HRSA-23-025 is 60 pages		My total = ___ pages	

Appendix B: 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 in EHBs. 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.⁴⁰
- 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

⁴⁰ 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.

of symptoms and medication adherence, 24-hour access, and synchronous and asynchronous patient visits.

- 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/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.
- 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 viral 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.