

- Number of HIV/AIDS cases 13–24 years of age diagnosed each year.

#### a. Counseling, Testing, and Referral (CTR) Services

All jurisdictions must provide counseling, testing, and referral services with a focus on diagnosing as many new cases of HIV as possible.

##### (1) *All recipients must:*

(a) Provide CTR services. These services must be consistent with the priorities identified in your Comprehensive HIV Prevention Plan and CDC's most current CTR guidelines (*CDC Revised Guidelines for HIV Counseling, Testing, and Referral*, MMWR 2001,50 (RR–19); 1–58) and should be designed to diagnose as many new HIV infections as possible.

(b) Provide, unless prohibited by law or regulation, opportunities for persons to receive anonymous CTR services.

(c) Ensure that appropriate CTR services are provided in settings most likely to reach persons who are likely to be infected, but unaware of their status. This means that CTR services should be provided in settings with high HIV prevalence, *e.g.*, greater than one percent or the one-year interim target for the jurisdiction (see 2b, below in this section). These services should include use of rapid and other test technologies where applicable.

(e) Ensure the provision of test results, particularly to clients testing positive.

(f) Provide support (*e.g.*, financial, technical assistance, training, coordination) to both health department and non-health department providers to increase the number of persons diagnosed with HIV through strengthening current CTR services or creating new services. Work with departments of corrections in their jurisdictions to encourage and, when appropriate, support routine voluntary HIV screening and referral in correctional facilities. Work with hospitals, health maintenance organizations, and other medical providers to provide routine HIV screening in high prevalence medical settings. Work with community-based organizations to develop or strengthen outreach into their communities to increase the number of HIV infections diagnosed by increasing the number of high-risk persons participating in counseling, testing and referral services.

(h) Collect and report CTR data as will be specified in the new Program Evaluation and Monitoring System (PEMS) (approximately January 2004), including core indicators.

(i) Encourage opportunities to integrate CTR and STD services.

##### (2) *In your application:*

(a) Describe your plan to provide CTR services, including:

- How you will improve your efforts to identify newly infected persons;
- How you will improve provision of test results (especially positive results),
- Your plan for providing and tracking the completion of referrals for persons with positive test results;
- How you will work with medical care entities to encourage and support routine HIV screening in high prevalence settings; and,
- How you will support providers of CTR services.

(b) Specify base-line level and a one-year interim target and a five-year overall target level of performance for the following core program indicators:

- Percent of newly identified, confirmed HIV-positive test results among all tests reported by CDC-funded HIV counseling, testing and referral sites.
- Percent of newly identified, confirmed HIV-positive test results returned to clients.
- Percent of facilities reporting a prevalence of new HIV-positive tests equal to or greater than the jurisdiction's target as specified in the first indicator immediately above.

#### b. Partner Counseling and Referral Services (PCRS)

##### (1) *All recipients must:*

(a) Ensure that PCRS is a high priority within the jurisdiction's HIV prevention activities and is so identified in the Comprehensive HIV Prevention Plan. These services must be consistent with the most current PCRS guidelines. The most current guidance is "HIV Partner Counseling and Referral Services Guidance" (December 30, 1998).

(b) Provide PCRS for HIV-infected persons who have been tested either anonymously or confidentially in CDC-funded sites. Ideally, PCRS should be offered to all persons with positive test results, regardless of where they are tested. Make a good faith effort to notify sexual or needle sharing partners. Efforts should be documented. Collaborate with STD programs and non-health department providers, including community-based organizations, to provide PCRS.

(d) Collect and report PCRS data consistent with core data elements as will be specified in PEMS, including core indicators.

##### (2) *In your application:*

(a) Describe your plan to provide PCRS, including how you will address provision of PCRS for clients from non-health department settings.

(b) Specify base-line level and a one-year interim target and a five-year

overall target level of performance for the following core program indicators:

- Percent of contacts with unknown or negative serostatus who receive an HIV test after PCRS notification.
- Percent of contacts with a newly identified, confirmed HIV-positive test among contacts who are tested.
- Percent of contacts with a known, confirmed HIV-positive test among all contacts.

#### c. Prevention for HIV-Infected Persons

##### (1) *All recipients must:*

(a) Provide prevention services to persons infected with HIV/AIDS as outlined in the Comprehensive HIV Prevention Plan.

(b) Develop a plan to provide financial assistance to CBOs and other HIV prevention providers (including local health departments) and to collaborate with health care providers to provide prevention services such as prevention case management (PCM) and prevention counseling.

(c) Work with primary care clinics in the community that serve persons with or at risk for HIV to integrate HIV prevention services into care and treatment services.

(d) Collect and report data on prevention for HIV-positives, including core indicators, as will be specified in PEMS.

##### (2) *In your application:*

(a) Describe your plan to provide prevention services for people living with HIV/AIDS.

(b) Describe your plan to provide financial assistance to CBOs and other HIV prevention providers (including local health departments) and to collaborate with health care providers to provide prevention services such as prevention case management (PCM) and prevention counseling.

(c) Describe how you will encourage primary care clinics to integrate prevention and care services; and,

(d) Specify base-line level and a one-year interim target and a five-year overall target level of performance for the following core program indicators:

- Of those enrolled in PCM, proportion of HIV-infected persons that completed the intended number of sessions for PCM.
- Percent of HIV-infected persons who, after a specified period of participation in PCM, report a reduction in sexual or drug using risk behaviors or maintain protective behaviors with seronegative partners or with partners of unknown status.

#### d. Health Education and Risk Reduction Services

(HE/RR)—These include individual, group, community, and structural level