

(a) Use CDC procedures, including REP and DEBI, (*see* Attachment I) to provide counseling and voluntary HIV-testing services to high-risk individuals identified through your outreach strategies. CDC encourages recipients to use a Clinical Laboratory Improvement Amendments (CLIA) waived rapid test when appropriate and to process confirmatory tests at the state or local health department laboratory. (Research has shown that the use of rapid HIV tests increases the number of individuals who receive their results; and knowledge of HIV serostatus promotes safer behaviors.) Your proposed activities must meet all local, state, and federal requirements for HIV prevention counseling, testing, and referral services. If required by state regulations, provide a letter of intent from a physician stating his/her involvement in HIV-testing activities. This letter must address each item included in the sample letter (use Attachment VII).

Funding may be used to cover testing-related costs. You must share your plans with the health department and obtain a letter of support to be eligible for funding.

(b) Provide post-test prevention counseling services for persons whose HIV test results are negative, but who are at ongoing very high risk for HIV infection. You must also provide appropriate prevention interventions for this population. If you cannot provide these services directly, you must refer these individuals to appropriate prevention interventions. Contact your health department to identify available referral services in your area.

(c) Provide post-test counseling services for persons whose HIV test results are positive. You must refer these individuals to the health department for Partner Counseling and Referral Services (PCRS).

(d) Establish a formal agreement with a laboratory and provide a plan for ensuring training, oversight, quality assurance, and compliance with CLIA requirements and relevant state and local regulations applicable to waived testing, if you will be using a waived rapid HIV test. Obtain a CLIA Certificate of Waiver or approval to operate under that laboratory's CLIA certificate. Submit a letter of support from the laboratory. Include this document as Appendix C.

(e) Implement strategies to reduce your target population's barriers to accessing CTR services (*e.g.*, economic barriers, environmental barriers, cultural barriers, and social barriers).

(f) Collect and report counseling and testing data, including core performance

indicators, as directed in the PEMS and the Evaluation Guidance, and follow required health department reporting procedures.

(g) Report confirmed HIV-positive tests to state and local health departments, following all rules and regulations regarding HIV and AIDS surveillance.

2. In your application, please answer the following questions:

(a) How will you ensure that counseling and testing activities will reach high-risk individuals who have not tested in the last six months or do not know their HIV serostatus?

(b) How will you identify and address your target population's barriers to accessing voluntary HIV counseling and testing services?

(c) How will you ensure that clients receive their test results, particularly clients who test positive?

(d) How will you ensure that individuals with initial HIV-positive test results will receive confirmatory tests? (If you do not provide confirmatory HIV testing, you must provide a letter of intent or memorandum of agreement with an external laboratory documenting the process through which initial HIV-positive test results will be confirmed.)

(e) How will you involve the target population when planning and implementing your proposed services?

(f) How will you adapt, tailor, and implement relevant CDC procedures, including REP and DEBI?

(g) What are your quality assurance strategies?

(h) How will you train, support, and retain staff providing counseling and testing?

(i) How will you ensure client confidentiality?

(j) How will you ensure that your services are culturally sensitive and relevant?

(k) What are your baseline levels and projected one-year interim and five-year overall target levels of performance for the following core program indicators?

(1) Percent of newly identified, confirmed HIV-positive test results among all tests funded by CDC and reported by your organization.

(2) Percent of newly identified, confirmed HIV-positive test results delivered to clients.

#### E. Prevention Interventions

Suggested length: seven pages.

1. If you are applying for funding to provide prevention services, you must conduct activities listed in sections F, G, H, and I. You must also:

(a) Implement one or more of the interventions below using standard CDC

procedures; including REP and DEBI (*see* Attachment I):

(1) Prevention interventions for individuals living with HIV, and their sex and injection drug-using partners who are HIV negative or are unaware of their HIV serostatus.

(2) Prevention interventions for seronegative individuals at very high risk for HIV infection.

(3) Partner Counseling and Referral Services (PCRS).

(b) If you want to provide PCRS, you must work with your health department and meet all local, state, and federal requirements for providing these services. Obtain a letter of agreement from your health department which must also state that your CBO meets all local, state, and federal requirements. This letter must address each item included in the sample letter. (Use Attachment VII.)

(c) Collect and report process and monitoring data on these services, including core performance indicators, as directed in the PEMS and Evaluation Guidance.

2. In your application, for each service you plan to provide, please answer the following questions:

(a) What are your proposed prevention interventions?

(b) How will you identify and offer services to individuals living with HIV, and their sex and injection drug-using partners who are HIV negative or who do not know their HIV status?

(c) How will you identify and offer services to individuals at very high risk for HIV infection?

(d) Where will you provide prevention services? (Please describe the setting.)

(e) How will you maintain and retain individuals in your prevention intervention(s)?

(f) How will you coordinate prevention services with other case management and/or treatment providers for individuals living with HIV?

(g) How will you ensure that prevention services do not duplicate services provided by the Ryan White Care Act program?

(h) How will you address barriers related to partner counseling and referral services?

(i) What are the qualifications of staff providing prevention services?

(j) How will you involve the target population when planning and implementing your proposed services?

(k) How will you adapt, tailor, and implement relevant CDC procedures, including REP and DEBI?

(l) What are your quality assurance strategies?