



ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Office of Health Protection, Division of Infectious Diseases, HIV/AIDS Section

Guidance for IDPH Quality of Life Endowment Fund



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Applicant Eligibility Criteria

- Only organizations based within Illinois are eligible to compete for these funds.
- Applicant organizations may be local health departments or not-for-profit private community-based organizations including volunteer or religious organizations which effectively engage prioritized risk populations including gay or bisexually-active males, high risk heterosexual women and men, particularly racial and ethnic minorities impacted by poverty, current or former users of injection drugs.
- Applicants must provide proof that their organizational registration with the Illinois Secretary Of State is currently in good standing.
- Applicants must pay all due County, State and Federal Taxes or have an approved payment plan in place.
- Applicants may not be a 501(c) (4) organization, or an organization whose primary mission is to engage in Illinois or federal lobbying activities.
- Applicant organizations may not been convicted of bribing or attempting to bribe an officer or employee of the State of Illinois or any other State, nor has made an admission on the record of having so bribed or attempted to bribe (30 ILCS 500/50-5).
- If the applicant organization has been convicted of a felony, at least five years must have passed after the date of completion of the sentence for such felony, unless no person held responsible by a prosecutor's office for the facts upon which the conviction was based continues to have any involvement with the business (30 ILCS 500/50-10).
- If the applicant organization, or any officer, director, partner, or other managerial agent, has been convicted of a felony under the Sarbanes-Oxley Act of 2002, or a Class 3 or Class 2 felony under the Illinois Securities Law of 1953, at least 5 years have passed since the date of the conviction. (30 ILCS 500/50-10.5).

Request for Application Specifications

- The applicant organization and its affiliates may not be delinquent in the payment of any debt to the State (or if delinquent has entered into a deferred payment plan to pay the dept). (30 ILCS 500/50-11)
- The applicant organization has not committed a willful or knowing violation of the Environmental Protection Act (relating to Civil Penalties under the Environmental Protection Act) within the last five (5) years. (30 ILCS 500/50-14).

- The applicant organization has not paid any money or valuable thing to induce anyone to refrain from bidding on a State Grant, nor accepted any money or valuable thing, or acted upon the promise of same, for not bidding on a State Grant (30 ILCS 500/50-25).
- The applicant organization has not violated the “Revolving Door” section of the Illinois Procurement Code (30 ILCS500/50-30).
- The applicant organization has not been convicted of the offense of bid rigging or bid rotating or any similar offense of any State or of the United States (720 ILCS 5/33E-3, 5/33E-4).
- The applicant organization has not violated Section 50-14.5 of the Illinois Procurement Code (30 ILCCS 500/50-14.5) that states: “Owners of residential buildings who have committed a willful or knowing violation of the Lead Poisoning Prevention Act (410 ILCS 45) are prohibited from doing business with the State until the violation is mitigated”.
- The applicant organization is not in default on an educational loan (5 ILCS 385/3).
- Organizations must have or budget to purchase computer equipment meeting the minimal technical requirements for IDPH’s electronic Prevention Evaluation Monitoring System supported by PROVIDE® Enterprise:
 - A PC computer (not Apple Macs or Unix-Based Workstations) capable of running XP, Windows Vista, or Windows 7 with all Windows Updates applied
 - An internet connection (high-speed or broadband strongly encouraged);
 - Suggested PC configuration -
 - minimal 128 MB of RAM
 - minimal Pentium 3, 600 MHz processor or equivalent
 - 8 GB hard drive
 - Super VGA or better monitor, minimum resolution 800x600, 256 colors
 - Agency Firewall opened to allow outbound TCP traffic on Port 1433
 - Administrative Access to install software on the computer
 - A document scanner connected to the computer running PROVIDE® Enterprise with a TWAIN-compliant printer to allow the direct scanning of documents into Provide® Enterprise (rather than scanning outside of Provide® and then attaching as a file).
 - Scanner Requirements: Any type of scanner that can save scanned images to a standard format like PDF or JPG or TIF.
 - Scanner Optimal Recommendations:
 - Scanner should be direct-PC attached or network-attached to the PC where the Provide® Enterprise installation exists
 - Advanced features like duplex scanning are helpful though not necessary.
 - A scanner accepting various document sizes and types (legal size, photo, etc).
 - Auto-feed for multiple pages at once is also highly desirable.

Performance Standards for all interventions:

- At least 75% of clients served must disclose an Illinois HIV Planning Group (HPG) - prioritized risk history.

Standards for HIV Counseling and Testing (HCT) interventions:

Agencies providing HIV prevention services:

- Must identify sites or targeting methods (e.g. risk pre-screening or risk-peer social network recruitment) likely to reach high concentrations of the each specific Illinois HPG-prioritized populations they apply to serve.
- Must ensure that counselors conducting any HIV prevention intervention have accurate knowledge about HIV transmission and risk reduction and have completed the required training.
- Must ensure their counselors provide services competently for a client's risk and culture.
- Must provide condoms and other appropriate HIV prevention tools available.
- Should preferably sign Memoranda of Understanding with proposed service sites associated with other businesses or organizations demonstrating the site's agreement to HIV prevention service promotion or delivery on their premises
- Should preferably document referral collaborations with other service provider organizations in a Memoranda of Understanding to facilitate referrals and confirm their use
- Must develop and maintain a Quality Assurance Manual including:
 - agency policies relevant to HIV prevention
 - agency protocols for all funded HIV prevention interventions
 - documentation of required training completion for any staff conducting any intervention with training requirements
- Must receive Site Authorization from and receive a site number issued by IDPH before delivering services used at the site.

HCT Performance Standards

- 100% of clients tested for HIV will sign an informed testing consent authorizing the input of the testing record information into Provide Enterprise for quality assurance review by IDPH and the designated Lead Agency of that region.
- At least 1.0% of clients tested for HIV testing through this grant will be newly identified as HIV-positive (i.e. not previously reported as HIV-positive to IDPH HIV Surveillance).
- At least 90% of HIV tests with preliminary positive results will be documented as confidential tests with written client consent.
- At least 85% of persons who test positive for HIV will receive their confirmatory test results.
- At least 80% of persons who receive their HIV positive test results will be authorize transmission of their referral information to medical primary care (referral) and will attend their first appointment (linkage) within three months of learning their results.
- At least 90% of persons who receive their HIV positive test results will be *offered* Partner Services
- At least 75% of persons who receive their HIV positive test results will *participate* in Partner Elicitation and individualized Partner Notification Planning.
- At least 90% of persons who receive their HIV positive test results must be linked into Ryan White Case Management services within 48 hours of delivery of the confirmed HIV diagnosis.
- At least 90% of *partners* elicited from HIV-positive clients identified by Certified local health department HIV testing programs shall be offered partner counseling and referral (PCRS) follow-up services.

HCT Agency Requirements

All agencies funded to provide HIV counseling and testing (HCT) services shall:

- Do so according to current Department protocols, as outlined in the Department’s HIV/STD prevention interventions guidance and additional written guidance provided by the Department’s HIV Counseling and Testing Unit to all CTR and PCRS providers.
- Ensure that all staff delivering HCT have completed all training requirements outlined below in *HCT Staff Requirements*.
- Ensure attendance of at least one agency staff member at any HIV counseling and testing updates offered by IDPH and maintain documentation of that attendance.
- Obtain annually and maintain on file a Physician Standing Orders from a licensed physician, specifying type of IDPH-approved specimen collected (finger stick, or oral) and type of venue (street outreach, mobile, fixed site, etc.) where testing will be conducted.
- Obtain every two years and maintain on file a current CLIA Waiver for IDPH approved HIV Rapid testing.
 - CLIA Waiver application on line www.cms.hhs.gov/clia
 - click on “how to apply”
 - You can also call the CLIA Waiver office at 217-782-6747 for assistance
- Maintain updated written protocols to provide rapid testing to prioritized risk clients.

HCT Staff Requirements

All HIV counseling testing and referral (CTR) Partner Services (PS) shall be provided only by counselors who have successfully completed:

- IDPH Counseling and Testing Home study course with a score of 80% or higher;
- An IDPH-approved Fundamentals of HIV Prevention Counseling Course.
- IDPH Partner Counseling and Referral Services (PCRS) training within 3 months of completion of Fundamentals course
- At least one HIV-related continuing education/skill development course each year with proof of completed course documented in the organization’s Quality Assurance Manual

HCT Service Delivery Requirements

- Provide client-centered counseling, testing, partner services and linkage to care services using the six-step protocol described in the US Centers for Disease Control and Prevention (CDC) document Fundamentals of HIV Prevention Counseling and the Illinois HIV/AIDS Confidentiality and Testing Code, Section 697.300 (d).
- Offer HIV testing only to persons 12 years of age or older in accordance with limits on a minor’s right to consent granted through the Illinois STD Control Act
- In accordance with FDA-approved kit instructions described in the package inserts,
 - offer OraQuick Advance testing only to persons 12 years and older.
 - offer Clearview testing only to persons 13 years and older.
 - offer Orasure testing only to persons 13 years and older.

- Conduct test counseling sessions *individually* in a *private* setting where discussion cannot be overheard or interactions visually observed by others in the vicinity
- Include in the pre-test counseling session discussion:
 - the natural history of HIV infection and HIV transmission,
 - the meaning and limitations of the test and test results,
 - its purpose and potential uses,
 - the statutory rights to anonymous testing and to confidentiality,
 - availability of additional or confirmatory testing,
 - the availability of referrals for further information, or counseling,
 - individually appropriate HIV risk reduction methods instruction, including demonstration of proper syringe cleaning, condom use and latex barrier use.
 - assessment of the client's ability to safely cope with a positive test result
 - assessment of the client's HIV exposure risk behaviors including partner risk,
 - assessment of the conditions facilitating or inhibiting risk and risk reduction,
 - identification of safer goal behaviors and action steps towards achieving them the client wants to attempt
 - individualized referrals to support the client's specific safer behavior goals
- Use the Rapid HIV Testing protocol in accordance with current CDC guidelines.
- Use Orasure conventional testing only for confirmation of rapid preliminary positive or rapid indeterminate results.
- Provide directly or offer referrals for syphilis and Mantoux tuberculosis (TB) testing for prioritized risk clients and document referral use
- Provide post-test counseling sessions privately, individually, and face-to-face for all persons who remain or return for their test results
 - informing clients of their results, their meaning and limitations
 - reviewing the client's prevention plan and referrals offered
- For clients with preliminary positive rapid HIV test results
 - request a confirmation test specimen and submit it to the IDPH laboratory
 - request a written release to submit their contact information and testing record information to a competent HIV primary medical care provider of their choice
 - explain Partner Services options, and initiate a discussion to elicit potentially exposed sex or injecting partners who may need notification if the positive result is confirmed and develop a plan for the notification (client vs. public health notification) of each exposed partner
- For clients with confirmed positive results
 - Forward contact information for partner(s) elicited from persons testing positive to the local/state health department for partner notification and follow up
 - request a written release to submit their contact information and testing record information to the regional Ryan White Part B Case Management consortium
- Provide and document verbal explanation of Illinois law 720 ILCS 5/12 - 16.2 addressing criminal transmission of HIV.

HCT Documentation Requirements

All agencies shall submit the following to the Department's HIV Counseling and Testing Unit via the Provide Enterprise system within the time frames specified:

- Electronic submission of required information from a completed HIV Counseling and Testing Report Form before the fifteenth day of the month following the month in which HIV testing was provided or if the client declined to be tested. (e.g., for all clients served in March, data must be submitted by April fifteenth.)
- Document the Linkage to Care referrals in Provide Enterprise.
- Document anonymously tested client records using the IDPH approved client coded system.
- Forward Partner Service information to Department's HIV Testing Unit on IDPH forms.
- Out-of-jurisdiction exposed partner contacts should be forwarded to IDPH HIV Testing Unit.
- Submit the Initial Interview Record electronically for each client testing positive within ten working days of the actual or scheduled post-test counseling session, and a completed interview record, including all known partner dispositions documented, within 30 days after initial post-test counseling session.
- All testing providers are required by law to report a confidential (but not anonymous) HIV positive test result to the IDPH HIV Surveillance Unit on the IDPH HIV Case report form.

Documentation Requirements

- Must have Provide-licensed and -trained staff enter intervention sessions and referrals into the IDPH approved secure data base.
- Data for all interventions provided in a month must be entered into Provide service reports marked as completed (unless awaiting a confirmatory test result) by the fifteenth of the following month.

Evaluation

Process Evaluation will be monitored through:

- Provide Reports offering a comparison of service documentation entered into Provide to contracted scopes of services for each intervention and targeted population.
- IDPH program staff reports on observations of intervention (or of role-played interventions in the case of partner services and linkage to care interventions) conducted biannually by lead agencies assessing the fidelity to service standards of the service.

Outcome Evaluations will be monitored through:

- A comparison (baseline vs. most recent) of risk frequencies (number of occurrences in past 30 days) and risk latencies (length of time from the present without an occurrence of the risk behavior) assessed during service delivery for clients served at least two times, each following the installation of enhanced risk assessment in Provide.

Partner Services (PS) Guidance & Applicant Assessment

Partner Services (PS) involves working with people with HIV disease (PWHIV) upon first diagnosis and on an ongoing basis as needed to elicit and then notify partners potentially exposed through unsafe sex or injection practices of their exposure to HIV, providing risk reduction counseling, testing and referral to needed services.

- Testing-triggered PS is an integral component of the HCT intervention requiring no separate requests for PS service objectives. HCT service units automatically include initiating PS for testing-identified PWHIV in adherence to IDPH HCT policy and procedure manual.
- Surveillance-triggered PS is a stand-alone intervention for which Local Health Departments (LHDs) may request service objectives for partner elicitation and/or partner notification.

Surveillance-based PS Performance Standards

- At least 70% of surveillance-reported PWHIV referred by IDPH to Local Health Departments (LHD) for PS will be successfully contacted in a face-to-face meeting.
- At least 75% of PWHIV contacted will agree to Partner Elicitation and Notification Planning.
- At least 2.0 exposed partners (on average per agency per year) will be elicited per referred PWHIV who agrees to PS.
- At least 50% of Partners named for public health notification will be notified by the Illinois LHD with jurisdiction for the named partner's residence.
- At least 50% of notified Partners of unknown status will agree to HIV counseling, testing and referrals.
- All Performance Standards for HCT apply to Partners tested through PS.

Partner Services Agency Requirements

- Certified LHDs may provide all steps of partner elicitation and partner notification when either testing-triggered or surveillance-triggered.
- Community-Based Organizations may provide partner elicitation but may not provide direct notification of partners of HIV-positive person, unless officially designated by IDPH to do so.
- CBO's may be present as requested by an Index case PWHIV to support or facilitate the client's notification of a partner.
- CBO's should send paper field record referrals of exposed partners elicited during testing sessions to the LHD of the county where the testing session occurred.
- Local Health Departments should develop linkage agreements with local HIV health care providers and related support service agencies able to provide culturally- sensitive and risk-competent care and prevention services of PWHIV and their partners.

Partner Services Staff Requirements

All HIV counselors providing Partner Services for Testing must meet the following training requirements:

- Completion of the IDPH's Counseling and Testing Homestudy course with a score of 80% or higher;
- Completion of the Fundamentals of HIV Prevention and Counseling course
- Assignment by IDPH of an HCT counselor number;

- Completion of the Partner Services training within 3 months of the Fundamentals of HIV Counseling and Testing offered by the Department.

Partner Services Delivery Requirements

- IDPH will refer to LHDs HIV disease cases residing within their jurisdictions which were reported to IDPH HIV Surveillance by physicians, hospitals, laboratories and other health facilities as required by State law. LHD staff will then conduct follow-up with the HIV-positive person to provide partner services, confidential counseling and testing services, treatment, and referral to medical and support services.
- IDPH will also refer to LHDs elicited, exposed partners residing within their jurisdictions which were reported to the IDPH HIV Partner Services Coordinator on paper or electronic field records
- Local Health Departments applying to conduct surveillance-based PS should request sufficient service units to include both sessions with PWHIV (for partner elicitation) and sessions with partners (for exposure notification, testing, and risk reduction counseling, and referrals).

Documentation Requirements

- Field records should be generated on each partner named by either a newly diagnosed testing client or by a surveillance- reported PWHIV and forwarded in a confidential manner according to IDPH policy guidelines.
- If a named partner resides outside the county in which the Partner Elicitation occurred, this “Out of Jurisdiction” field record should be sent directly to the IDPH HIV Testing Unit.
- All Regional grant-funded PS providers should assign staff licensed and trained in using the Provide ® data management system to enter partner service data triggered by testing or surveillance.

Linkage to Care & Adherence Counseling (LTC/AC) for Positives Applicant Assessment

Linkage to Care & Adherence Counseling (LTC/AC) involves working with people with HIV disease (PWHIV) identified through IDPH HIV Surveillance records as having been diagnosed with HIV disease at least one year ago with no indication of receiving HIV medical evaluation or treatment as indicated by laboratory-reported HIV Viral Loads or CD4 Counts.

- Linkage to Care Counseling triggered by a testing session is a part of HIV Counseling and Testing and requires no separate scopes of service. HCT service units awarded to an applicant agency automatically include initiating LTC for testing-identified PWHIV per IDPH HCT policy.
- Surveillance-triggered LTC/AC is a stand-alone intervention for which Local Health Departments (LHDs) may request service units to serve clients diagnosed with HIV typically by other providers who never engaged in HIV medical treatment. This intervention was newly required by the CDC to be provided with Core HIV Prevention funds and is currently being phased into Illinois services in 2013. The intervention includes educating clients about the importance of early HIV treatment to preserving their health and their community's health, to identify the barriers to treatment engagement for the client
- Surveillance-triggered AC is a stand-alone intervention for which Local Health Departments (LHDs) may request service objectives specifically to counsel services for clients diagnosed with HIV typically by other providers who never engaged in HIV medical treatment.

Surveillance-triggered LTC/AC

Additionally, Surveillance data to help re-link, re-engage persons in care with elevated VL or drop in CD4 counts, or gaps of time without evidence of accessing medical service or updating lab values, and has been activated based on the new Illinois law.

LTC/AC Performance Standards

- At least 70% of surveillance-reported PWHIV referred by IDPH to Local Health Departments (LHD) for LTC will be successfully contacted in a face-to-face meeting.
- At least 75% of PWHIV contacted will agree to accept LTC support.
- At least 75% of PWHIV accepting LTC will complete a first HIV medical care visit resulting in a Viral Load or CD4 count being reported to IDPH HIV Surveillance within 3 months of first contact.
- At least 75% of PWHIV in LTC who complete a first HIV medical care visit will report starting Anti-retroviral therapy within 6 months of first contact.
- At least 75% of PWHIV in LTC who start Anti-retroviral therapy will accept an Adherence Counseling session within 9 months of the first contact.
- At least 75% of PWHIV in LTC who start Anti-retroviral therapy will within 9 months of first contact have a second Viral Load laboratory test reported to IDPH Surveillance lower than their baseline VL by at least 1 log.

LTC/AC Agency Requirements

- Based on legal statutes, surveillance-triggered LTC/AC may only be provided by Local Health Departments.

LTC/AC Staff Requirements

All DIS or counselors providing LTC/AC must meet the following training requirements:

- Linkage to Care Training
 - ARTAS training will occur March 27 -29th in Chicago as a resource for supplemental training. IDPH can refer funded agency staff to this ARTAS training
 - IDPH or its designees will also conduct training for all eligible staff and agencies.
- Training in Risk Reduction Counseling either through completion of Fundamentals of Prevention Counseling or of an Individual Level DEBIs PCPG-prioritized for HIV-positive individuals such as Respect
- Adherence Counseling Training
- Training in HIV Disease Progression and its clinical laboratory markers
- Training in current FDA approved Anti-retroviral therapies, their side effects, and
- Staff assigned to enter data in PROVIDE are required to be licensed and to receive training in PROVIDE

LTC/AC Service Delivery Requirements

This form of LTC/AC will follow the protocol below:

- IDPH Surveillance will identify PWHIV with no indication of care in the past 12 months refer these cases to funded LHD with trained Disease Intervention Staff (DIS) staff.
- Out of care PWHIV will be define as individuals reported with HIV disease for whom no reported clinical laboratory VL or CD4 tests have been received by IDPH Surveillance for the past 12 months.
- LHD through their DIS staff will contact these out of care individuals to:
 - Assess their current care and prevention needs by conducting a Risk and Needs assessment inventory using (list tool)
 - Identify any barriers to access to care
 - Link consenting individuals to medical care and HIV/AIDS Case Management
 - Monitor or assist to ensure that consenting client attends to 1st appt
 - Conduct adherence counseling to increase the probability of successful treatment adherence
 - Deliver individual risk reduction counseling where appropriate using the Fundamentals of HIV Prevention Counseling model or DEBIs prioritized for PWHIV and individually risk appropriate
 - Assess whether the client or their partner is pregnant and refer the woman to PACPI

Documentation Requirements

- Submit LTC/AC service data through the PROVIDE Surveillance-based Services input screens, recording LTC/AC session data into PROVIDE by the 15th of the following month.

Health Education and Risk Reduction (HERR) Guidance & Applicant Assessment

Agencies must implement interventions that are scalable, cost-effective and have demonstrated potential to reduce new infections, in the right populations, to yield a major impact on the HIV epidemic. High Impact Prevention is essential to achieving the ambitious HIV prevention goals of the National HIV/AIDS Strategy, which was announced in 2010. Further, the CDC has detailed characteristics of interventions that are “Emphasized” and “De-Emphasized” for implementation. Agencies shall consider implementing interventions defined as “Emphasized”. Agencies that can make a case to implement programs that do not fall within the “Emphasized” definition must secure approval from their respective Lead Agent.

1. Emphasized interventions shall be defined as:
 - a. Evidence-Based Behavioral Interventions for HIV/AIDS
 - b. Greater emphasis on DEBIs for people living with HIV
 - c. Greater emphasis on DEBIs for MSM populations of all races and ethnicities
 - d. Greater emphasis on single session interventions, particularly those which can be implemented in clinic settings
 - e. Greater emphasis on DEBIs that are community-level and can go to scale to reach large numbers
 - f. DEBIs that meet High Impact Prevention Goals
 - i. Effectiveness & Cost, Feasibility of full-scale implementation, Coverage in the target populations, Interaction and targeting, Prioritization
2. De-Emphasized interventions shall be defined as:
 - a. Interventions that serve populations at lower risk for HIV infection.
 - b. Interventions with large number of sessions

Please refer to <https://www.effectiveinterventions.org/en/Home.aspx> for details regarding the intervention listed above.

HERR Performance Standards

75% of HERR service units (person-sessions) will be conducted with persons with prioritized risk histories.

HERR Agency Requirements

- Agencies conducting HERR interventions for HIV-positive or HIV-negative persons with prioritized risk must meet *all* of the Intervention Guidelines on page 9.
- Agencies must request *separate* scopes of services for *HIV-positive* and *HIV-negative* persons (i.e. even if they will participate together in the same intervention) to ensure that sufficient percentage of risk reduction resources reach HIV-positive individuals to comply with new 2012 CDC guidelines.

HERR Staff Requirements

All staff conducting HERR intervention must have:

- completed the HIV Home study Course with a test score of 80% or higher.
- completed the IDPH HIV/STD Prevention Core Skills training
- completed the CDC-approved training for all DEBI's with schedules listed on www.effectiveinterventions.org.
- an MD, NP, PA, RN license in order to administer Hepatitis A&B Vaccinations. A copy of this license must be provided to the lead agent for each staff delivering this strategy.
- completed the IDPH STD Section online training to perform GC/CT urine testing.

HERR Service Delivery Requirements

- Agencies conducting HERR interventions for HIV-positive or HIV-negative persons with prioritized risk must meet all of the General Intervention Guidelines Service Delivery Requirements above.
- All funded public health strategies and interventions must include an approved recruitment component (outreach, social marketing, social networking, health communication/public information, internet, other approved).
- All agencies funded to conduct a Health Education intervention (DEBI or locally developed Risk Reduction intervention) must also directly provide or collaborate with another agency to provide onsite, or have referral agreements in place with other agencies to provide approved public health strategies (HCT, CRCS, STI screenings and vaccinations, Partner Services) to clients receiving the interventions who also need the strategy service(s).
- Locally developed Health Education interventions not certified as DEBIs must be evidence-based and must be approved by both the Illinois Department of Public Health (IDPH) and the regional prevention lead agent. Agencies must submit a copy of the intended curriculum and pre and post test instruments documenting behavioral change measured outcomes to regional lead agent for review and approval.

- Group Prevention Support (GPS) for PWHIV should focus on improving retention in treatment, medication adherence, partner notification and disclosure, risk reduction negotiation and methods skills, disclosure, and coping skills.
- IDPH must identify, evaluate and approve “home-grown” interventions used with special concerns populations when appropriate and when home grown interventions have proven behavioral outcome effectiveness.
 - Agencies choosing to implement a Home Grown Intervention must assure the following:
 - Be feasible, practical, cost-effective, and have good potential for sustainability.
 - Have a low potential for adverse short- and long-term, individual-level and community-level outcomes that could be attributed to the implementation of the intervention.
 - Be acceptable and relevant to the target population.
 - Have sufficient time to allow for the collection of data demonstrating the degree to which the intervention works, as well as the impact the intervention has on broader community health.
 - Have the potential for additional health or social benefits that could result from its implementation.
- Adapting DEBIs to new risk populations: When Diffused Effective Behavioral Interventions must be adapted to meet the needs of new risk populations or new venue types (i.e., not included in the efficacy studies):
 - adaptations must maintain the internal logic of intervention’s core elements while ensuring cultural relevance and effectiveness for the new population.
 - intervention specific adaptation must identify the health needs of the persons targeted, as well as their cultural needs and experiences to develop a culturally and linguistically appropriate services.
 - CDC guidance requires the following formative program evaluation procedures:
 - Identify intervention components that need adaptation.
 - Collect information to form the procedures and materials.
 - Test the procedures and materials.
 - Document revisions and the data-basis of the revisions.
 - Implement, monitor, and evaluate the revised intervention;
 - Revise implementation materials, as needed.
 - Providers approved to conduct an adaptation of a DEBI must provide the Lead Agent and IDPH with a report summarizing the formative and outcome evaluation of the intervention adaptation.
- Hepatitis B testing, though PCPG-approved for some populations, is no longer supported by the IDPH laboratory. Agencies wishing to conduct this screening will need to contract for laboratory services.
- Rapid HCV test kits for finger-stick whole blood specimens are currently available for purchase only through Orasure, Inc.,
- Rapid HCV test kits require a Physician’s Standing Order less than 12 months old and a CLIA waiver for Rapid HCV Testing.
- Conventional Hepatitis C testing for phlebotomy serum specimens, though PCPG-approved for some populations, is no longer supported by the IDPH laboratory. Agencies wishing to

conduct this screening will need to contract for laboratory services and obtain a Physician's Standing Order.

- Clients testing positive for HCV by rapid or conventional test should be referred to a physician for clinical evaluation.
- Outreach Targeted Syphilis Screening whether conducted by laboratory processing of venipuncture serum specimen or via a new rapid test using finger-stick whole blood specimens Physician's Standing Order less than 12 months old.
- The newly approved syphilis rapid test is not yet CLIA-waived and therefore requires the appropriate CLIA laboratory certification.
- For Prioritized-risk Targeted Outreach Chlamydia/Gonorrhea Urine Screenings
 - Female with PCPG-prioritized risk must be:
 - 25 years old or younger if sexually active
 - 26 years old w/ 1 or more of the following risks:
 - Std signs or symptoms
 - Vaginal discharge
 - Mucopurulent cervicitis
 - Pelvic pain or suspected pelvic inflammatory disease
 - Sex partner of individual diagnosed with Chlamydia and/or gonorrhea
- For Prioritized-risk Targeted Outreach Chlamydia/Gonorrhea Urine Screenings
 - Female with PCPG-prioritized risk must be:
 - 26 years old with one or more of the following risks, continued
 - High risk sex partner
 - New sex partner in past 3 months
 - More than 1 sex partner in past 3 months
 - STD Diagnosis/History in the past 3 years
 - Pregnant
 - IUD insertion
 - Re- screen infected with Chlamydia and/or gonorrhea three months after treatment to detect re-infection
 - Male with PCPG-prioritized risk must be:
 - 25 years old or younger if sexually active
 - 26 years old with one or more of the following risks:
 - Std signs or symptoms
 - Urethral discharge
 - Dysuria
 - Sex partner of individual diagnosed with Chlamydia and/or gonorrhea
 - If infected with Chlamydia and/or gonorrhea
 - report case to Local Health Department or IDPH STD Surveillance
 - link client to STD treatment
 - re- screen infected three months after treatment to detect re-infection
 - A 3% positivity rate is needed to maintain STD Section approval for this screening

HERR Documentation Requirements

- In order to document Hepatitis A&B Vaccinations in Provide a copy of the staff's MD, NP, PA, RN license must be provided to the IDPH HIV Data Unit to authorize entry of this intervention by that staff person.

Subgrantee Responsibilities

In setting up, subgrantees must:

- negotiate scopes of services that are clearly distinguishable from services funded through other local, state, or federal government funds or private funds.
- submit correct/current contact information of staff providing services to the Lead Agent.
- submit a proposed budget focused on the costs of efficiently delivering the requested service units in a culturally and technically competent manner.
- ensure that all project staff have regular access to email and to a computer with word processor software able to import and export Microsoft Word files and a spreadsheet program able to import and export Microsoft Excel files.
- refrain from utilizing a subcontractor to fulfill any obligations without the prior written consent of the Department and the Lead Agency.

In service provision, subgrantees must:

- ensure that all services funded through this service agreement are provided in a manner that is confidential, culturally competent, and appropriate with respect to HIV risk, language, gender, literacy level and ability.
- ensure that staff conduct themselves in a professional manner while providing services under the context of this grant agreement.
- ensure that all staff refrain from using alcohol, illicit drugs, or being under the influence of alcohol or illicit drugs while providing any and all services under this grant.
- adhere to HIPAA and AIDS Confidentiality Act to protect the confidentiality of information reported by HIV prevention recipients, including but not limited to substance use history, sexual history, HIV status, history of STD or other medical diagnoses.
- maintain signed documentation of collaborative agreements between sites and HIV testing outreach locations such as nightclubs, bars, businesses, etc.
- immediately place a notice on any applicable website, prominently displayed on the web page(s) most likely to be first encountered by viewers, notifying the potential viewing public that "this site contains HIV prevention messages that may not be appropriate for all audiences." This CDC requirement applies to those recipient web sites funded in whole or part with CDC funds that contain HIV/AIDS educational information subject to the CDC guidelines, even if the website itself is not funded by CDC. The complete guidelines are available from the CDC website at www.cdc.gov/od/pgo/forminfo.htm .
- submit all materials for publication for approval by the Regional Community Review Panel (RCRPA) or the Departments community review panel prior to printing, broadcast, or publication. Upon approval from the RCRP or IDPH community review panel, all brochures, booklets, flyers, journal articles, programs, advertisements (including print and out-of-home), multimedia presentations, videos, and other printed or electronic materials (including, but not limited to web sites), prepared with funds from this grant/contract must include the following

statement: Funding for this (event, publication, etc.) was made possible by funds received from the Office of Health Protection, Illinois Department of Public Health.

Subgrantee Responsibilities, continued

- provide interventions as outlined in the agency's work plan, targeting services provided under this grant for promoting and providing HIV prevention services to HIV+ persons and persons at increased risk, defined as MSM (Men who have Sex with Men), HRH (female and male heterosexuals with high-risk behavior or high risk sexual partners), IDUs (female and male Injection Drug Users) and MSM/IDU (males with both MSM and IDU risk history) and as specified in their current work plans

In reporting, subgrantees must:

- report data on delivered HIV prevention interventions using the Department's Provide Enterprise system. Data for all CTR and HE/RR interventions shall be entered to the Provide Enterprise system by the fifteenth day of the month following the month in which services were provided, (e.g., for all clients served in March, data must be submitted by April fifteenth).
- submit quarterly reporting to the Lead Agency utilizing the "quarterly report" form and schedule as provided by the Lead Agency

In assuring quality, subgrantees must:

- require Program managers to attend all of the required biannual site visits and intervention observations scheduled by the Lead Agency.

In planning and coordination efforts, subgrantees must:

- participate in planning and assessment activities as required by the Department and/or the Illinois Prevention Community Planning Group, including, but not limited to, regional needs assessments and resource inventory data collection.
- attend Regional Implementation Group (RIG) meetings with the Lead Agency Coordinator and other local service providers on a quarterly basis.
- participate in local community forum, focus group, community assessment and community planning activities, as requested by the Lead Agency Coordinator and/or the HIV/AIDS Section.

In billing, subgrantees must:

- expend moneys according to the funding level specified in the budget for each line item.
- request reimbursement from the Lead Agency in accordance with the Lead Agency instructions and forms and in adherence to the budget on file with the Lead Agency.