**Advancing Health Equity through Comprehensive Community-Based HIV Ambulatory Care Services**

**RFA # 20185**

**Internal RFA #22-0005**

**Accessibility, Referral, Navigation, and Service Continuum Assessment Chart**

This RFA intends to support integrated patient-centered models that provide PLWH/A with a continuum of health promotion, disease prevention, diagnosis, treatment, and disease-management services at the proposed site. Effective partnerships are essential for advancing health equity for individuals diagnosed with HIV positive or at risk for HIV acquisition. Applicants must provide resource information, active referrals, and linkage and navigation to community partners to address identified non-medical needs impacting patient engagement and outcomes. Applicants are encouraged to seek and establish strategic partnership agreements with organizations that have demonstrated expertise in engaging the priority population(s) and the capacity to work collaboratively to address the health determinants identified, reduce disparity, and promote ongoing health care engagement. MOU/Linkage/Referral Agreements established should be based on identified service gaps, clearly defined service and referral processes, methods to track referral outcomes, and routine review to ensure efficiency and effectiveness. Additional MOU/Linkage/Referral Agreement considerations include:

* History and capacity to serve the priority population(s)
* Ability to engage referred individuals rapidly
* Ability to track referrals
* Range of services available to reduce the number of referrals
* Proximity of the provider to the applicant organization’s service area
* Ability to collect, analyze, and share data outcomes
* Willingness to participate in collaboration meetings as needed

**Instructions: Place an X in each applicable field to confirm the availability and delivery of the service type.**

***The chart contains the components successful applicants will integrate into proposed models to increase access and continuity of care. Once completed, this at-a-glance summary should delineate the range and delivery method(s) of available and anticipated services indicated in the proposal submission.***

|  | **Accessibility, Referral, Navigation, and Services Continuum Assessment** |
| --- | --- |
|  | **Available onsite** | **Accessible through Telehealth** | **Accessible as a Mobile Intervention** | **Accessible Through Community Partner Referral**\*If established at the time of the application, upload the referral agreement as part of the application  | **Proposed Onsite through RFA** | **Offsite Subcontractor Activity Supported Through Application**(Insert the subcontractor name if known) | **Not Available/Provided** |
| **Service Type** |
| Primary Health Care Services[[1]](#footnote-1) |  |  |  |  |  |  |  |
| HIV Primary Care[[2]](#footnote-2) |  |  |  |  |  |  |  |
| Laboratory Services |  |  |  |  |  |  |  |
| STI Screening  |  |  |  |  |  |  |  |
| HIV Testing |  |  |  |  |  |  |  |
| Partner Services |  |  |  |  |  |  |  |
| Hepatitis C Testing  |  |  |  |  |  |  |  |
| Hepatitis C Treatment |  |  |  |  |  |  |  |
| Behavioral Health Screening |  |  |  |  |  |  |  |
| Mental Health Assistance |  |  |  |  |  |  |  |
| Substance Use Treatment |  |  |  |  |  |  |  |
| Harm Reduction/Syringe Access |  |  |  |  |  |  |  |
| Care Management/Coordination Services |  |  |  |  |  |  |  |
| Food Assistance  |  |  |  |  |  |  |  |
| Education Assistance |  |  |  |  |  |  |  |
| Housing Assistance |  |  |  |  |  |  |  |
| Social Services  |  |  |  |  |  |  |  |
| Additional Services that Address Social Determinants of Health Specify: |  |  |  |  |  |  |  |

1. The provision of Primary health care services at the funded location is a core requirement not eligible for referral. If this service must be referred the applicant is ineligible [↑](#footnote-ref-1)
2. The provision of HIV Primary Care at the funded location is a core program component. If this service must be referred the applicant is ineligible [↑](#footnote-ref-2)