# **Form F, Work Plan**

Instructions: Applicant must describe its plan to provide routine screening services and its implementation timeline. The Applicant’s narrative must address all items listed below, and responses must be numbered to match the items in the Work Plan. The Work Plan response for this funding opportunity must be no longer than ten (10) pages, not counting required attachments.

If the Applicant will use in-kind resources or other grant funds to provide required activities, it should indicate this in its responses. Note: subcontracting is allowed and collaboration with community partners is encouraged.

Many of the items request that Applicant add attachments. The attachments are for DSHS’ use during Grant Agreement negotiations if the Applicant is considered for an award. Evaluators will not be asked to review the contents of attachments, so Applicant must ensure that its narrative response contains required information.

In writing the Applicant’s Work Plan, note that references to “systems” include systems such as the electronic health record systems, financial systems, and administrative systems.

1. **Routine HIV Testing** 
   1. Identify the type of Health-Care Settings where routine screening will be provided (e.g., emergency department, primary care center).
   2. Describe the hours and location of the settings where screening will occur.
   3. Describe the eligibility criteria the Applicant will use in its screening program (e.g., all patients between the ages 13 and 65 who receive blood work).
   4. Describe how medical leadership will be involved in the screening program.
   5. Describe how procedures and protocols such as standing delegation orders are developed.
   6. Describe how the Applicant will ensure that these procedures and protocols are followed by staff.
   7. Describe how patients will be informed of routine opt-out screening at the Applicant’s facility and how consent for HIV screening will be obtained and documented. If available, Applicant may attach supporting documentation such as policy/procedures.
   8. Describe the test technology and laboratory approaches used to conduct screening activities.
   9. Describe the process staff will use to secure blood specimens for screening and how and where screening specimens will be processed (e.g., hospital facility laboratory, external reference laboratory).
   10. Describe potential or existing barriers to implementing routine Opt-Out HIV Screening in the Applicant’s organization and how these barriers will be addressed.
2. **Status Neutral Linkage and Engagement to Comprehensive Prevention and Care**
   1. Describe the Applicant’s status-neutral model. Include details on the Applicant’s process to refer clients to prevention services, such as PrEP and nPEP or link new or previously diagnosed clients to comprehensive HIV medical care.
   2. List any formal referral relationships with PrEP/nPEP or HIV-Related Medical Care providers and attach MOUs, if applicable.
   3. Describe how program staff assist with linkage to medical care, including how staff work with clients to make appointments and work to ensure appointments are kept. If the Applicant provides navigation services through peers, include this in the Applicant’s description.
   4. Describe how the Applicant will ensure that positive test results, including HIV preliminary positive results, STI, and other reportable conditions, are reported to disease surveillance units.
   5. Describe how the Applicant will work with its local /regional public health office to develop a partner services procedure (PSP) that describes how they will jointly ensure that clients with positive test results receive partner services.
3. **Data**
   1. Describe how the required data set will be collected for submission to DSHS.
   2. Identify the electronic health record system and other IT systems to collect required data and support quality assurance and quality improvement activities (QA/QI).
   3. Identify who will be responsible for data collection and submission.
   4. Collecting and entering data is key to successful evaluation of Applicant’s program. Enter the role of the person(s) responsible to conduct these activities and how often the Applicant’s staff will perform these duties in the table below:

|  |  |
| --- | --- |
|  | Position (s) Responsible: |
| Data Entry |  |
| Data Collection |  |
| Data Quality Management |  |

* 1. Describe the frequency of data collection and how often it will be entered.
  2. Describe any additional data systems Applicant uses to collect and store program data.

1. **Program Evaluation** 
   1. Program evaluation is important to ensuring that high quality services are delivered, and the goals and objectives of the program are met. Describe the Applicant’s plan to use information from program performance data to periodically assess progress toward goals and outcomes. Detail how the Applicant will use this information to modify its program activities based on the information from the evaluation.

|  |  |  |
| --- | --- | --- |
| Name of evaluator(s) and their role(s): | How will information from the evaluation be used for quality assurance (QA)/ quality improvement (QI) activities? | How will information from the evaluation be used and shared with stakeholders? |
| (Add rows as needed) |  |  |

1. **Timeline**
   1. Use the following table to summarize Applicant’s work plan timeline for year 1 of the project. See examples below:

|  |  |  |  |
| --- | --- | --- | --- |
| Task to be Accomplished | Position(s) Responsible | Start Date | End (Due) Date |
| Development of Policies and Procedures |  |  | 90 Day from start of Project Period |
| Staff hiring or appointment of staff |  |  | 90 Day from start of Project Period |
| Staff Training |  |  | 12 months from hire date |
| Set up of billing system to send monthly billing to DSHS |  |  | 90 Day from start of Project Period |
| Set up of Data accounts with GlobalScape and Evaluation Web |  |  | 90 Day from start of Project Period |
| (Add rows as needed) |  |  |  |