

## **SECTION 6100**

### **AIDS ACTIVITIES COORDINATING OFFICE**

#### **SECTION 6101 - GENERAL INFORMATION**

**.01** The mission of the AIDS Activities Coordinating Office (AACO) is to stop the transmission of the Human Immunodeficiency Virus (HIV) in Philadelphia through education and prevention activities and to provide services to people with AIDS and to individuals with HIV infection related conditions. The Office is charged with coordination of all City of Philadelphia activities related to AIDS.

**.02** The AIDS Activities Coordinating Office includes four major divisions. These are: Medical Affairs, Policy and Planning; AIDS Prevention and Education Services; AIDS Agency Services; and AIDS Program Administration. Of these four divisions, the two with responsibility for the development and monitoring of contract service activities are AIDS Agency Services and AIDS Program Administration. Program development and monitoring are the responsibility of the former while contract and fiscal management rests with the latter.

#### **SECTION 6110 - PROGRAM DESCRIPTIONS AND OPERATIONS**

**.01** Some of the services provided by AACO include the following:

a. AIDS Care Services:

Support services consist of those services that are provided directly to those individuals who are HIV positive and/or have been diagnosed as having Acquired Immunodeficiency Syndrome (AIDS). In addition, care services are intended to provide support for family members and the loved ones of those who are infected with the Human Immunodeficiency Virus (HIV). Services usually consist of helping the individual in maintaining their self worth, independence, and human dignity while living with AIDS.

AIDS case management services consists of performing a needs assessment and developing, implementing, and monitoring a service/care plan as well as arranging for or referring a client to needed services. Such services, to which clients may be referred or which are arranged for clients, can be any services needed for activities of daily living, caring for HIV/AIDS infected individuals, and alleviation of psychological and social consequences of infection. Case management services require a thorough needs assessment and the development and monitoring of a formal services plan for the client.

b. Education:

Education consists of activities aimed at changing knowledge, attitudes, and behaviors of individuals or groups for the purpose of motivating them to avoid contracting or transmitting HIV or alleviating anxiety about transmission and effects of the virus. Education is further defined as activities geared to increasing knowledge and skills of those who perform services for the HIV infected or their friends, families or significant others. Education activities normally consist of presentations, consultations, training, instruction, outreach, hotline operations, and media efforts.

## SECTION 6110 (CONT.)

**.02** All agencies under contract with the City of Philadelphia through AACO must submit monthly financial status reports. The purpose of the procedures package is to effectively and efficiently process requests for payment from each contract agency. The package indicated what types of reports were required, information to be included in each report and examples of how each report should look.

**.03** In order for an agency to invoice AACO (City of Philadelphia) for the expenditure of funds allocated through a contract, the submission of a cover letter, an invoice, a monthly budget performance report, and a personnel roster is required. Authorized advance payments must be requested in a letter. Additional information may also be required. Actual requirements for the preceding documents are detailed as follows:

- Invoices may differ in format but must include all of the following:
  - a) date submitted;
  - b) period of service for which invoice is being submitted for;
  - c) contract number;
  - d) contract name;
  - e) current period's expenses (as categorized in the contract budget.)
- (*Exhibit 1*) Monthly Budget Performance Reports must accompany each invoice. This report identifies expenditures in the categories listed on the AACO approved line item budget form and must show current month and year-to-date expenses as well as total budget and the total amount remaining for each line item of the budget. Each column (current month, year-to-date, annual budget, budget amount remaining) must be totaled. Revenue offsetting program/contract costs must be indicated and subtracted from total expenses in all columns.
- (*Exhibit 2*) Personnel Rosters must also accompany each invoice. Each roster must identify names of personnel being charged to a specific program/contract as well as expenditures for each position title. Columns showing current month and year-to-date expenses as well as total budget and total amount remaining for each position must be included and each column must be totaled.
- Advance Payments allow for a percentage of the total contract to be paid upon conformation of the contract and must be requested in the form of a letter on Agency/Corporate letterhead. All of the following must be included in each letter:
  - a) contract name;
  - b) contract number;
  - c) signature of authorized corporate official;
  - d) percentage of the contract total requested and the amount.

## SECTION 6120 - FEDERAL CFDA NUMBERS/OTHER REGULATIONS

.01 The following Federal CFDA numbers are applicable to AACO Programs:

<u>Program</u>	<u>CFDA No.</u>
AIDS Surveillance and Seroprevalence Grant	93.118, 93.944
AIDS Prevention Project	93.940
HIV Emergency Relief Grant (Formula) (Ryan White)	93.915
HIV Emergency Relief Grant (Supplemental) (Ryan White)	93.914
HIV Early Intervention Project	93.918
HIV Early Intervention Services Network Demonstration Project	93.118

## SECTION 6130 - PROGRAM COMPLIANCE PROCEDURES

.01 As discussed in Sections 300 and 500 of this Audit Guide, each City of Philadelphia Department program has specific auditing requirements. These requirements are in addition to those areas of audit specified in Sections 300 and 500 of this Guide. The audit requirements listed on the following pages are not all inclusive and do not represent an audit program for conducting a financial and compliance audit of the program(s). The audit requirements listed are presented as highlights of areas of special interest to the Department. Any deficiencies noted as a result of the procedures are to be disclosed in the Schedule of Findings and Questioned Costs.

### Program Description and Personal Data Questionnaire

.02 The AIDS Agency Services Unit monitors and evaluates programs and direct services for persons with HIV infection. These services include, but are not limited to, AIDS education, support, case management, housing, and HIV counseling and testing. Epidemiology and miscellaneous service contracts are also the responsibility of this unit. All agencies are required to report to their respective AACO program analyst on the progress of the services being rendered.

.03 Each service is different in nature and requires specific reporting procedures to be followed; however, there are a few reports which AACO requires all contract agencies to submit. These reports include a Position Description and Personal Data Questionnaire (PDPDQ) (*Exhibit 3*) and monthly statistical and narrative reports. At this time, the PDPDQ is the only standardized form relevant to all AACO contract agencies. Each Agency is required to submit this form to AACO within six months of the contract effective date for all personnel funded by the contract. New staff are required to fill the questionnaires out at the time of their hiring and the agency must submit the forms within thirty (30) days of the hiring date.

## SECTION 6130 (CONT.)

**.04** Audit procedures are to include a determination that the PDPDQ is on file at the Organization and that the reporting and filing requirements described above have been met

### Aids Care Services

**.05** AACO has many contracts with agencies whose services are provided directly to those individuals who are HIV positive and/or have been diagnosed as having AIDS. Care services help individuals maintain their self worth, independence and dignity while living with AIDS. Such services include, but are not limited to primary care, dental, skilled nursing, transportation, homemaker services, respite care, case management and other required services. Quarterly narrative reports (see Exhibit 7) must contain specific information. In addition to the reporting requirements, the resultant auditing procedure is also stipulated.

- Skilled nursing agencies are required to submit in their monthly reports statistics reflecting the number of Medicaid waivers completed per month. The auditor should determine, on a test basis, that reports include this information and are in compliance with the contract service provisions.
- Agencies providing homemaker services must include in their monthly reports statistics reflecting the number of clients served each month and the number of hours provided per client per month. Minimum and maximum numbers of clients and hours are provided in the contract service provisions. The auditor should determine, on a test basis, that reports include this information and are in compliance with the provisions.
- Agencies providing transportation services must include statistics reflecting the number of trips taken per month and the number of clients transported per month in each monthly report. As with homemaker services, minimum and maximum numbers of trips to be taken and clients to be transported are provided in the contract service provisions. The auditor should determine, on a test basis, that reports include this information and are in compliance with the provisions.

**.06** AIDS Case Management services consist of thorough assessments of clients' needs and the development and monitoring of a formal services plan for each client. Agencies providing this type of service assign case managers who aid clients with their daily living needs. These needs vary with each client; therefore, documentation of services provided is extremely important.

**.07** AACO's analytical staff must be able to make their programmatic decisions based on monthly reports from provider agencies. These reports are similar in format to other services' monthly reports; however, more specific information is required. Although no standardized forms are available to agencies at the present time, AACO program staff are in the process of developing a standardized statistical form to be included in future contracts. Nonetheless, statistical information regarding number of clients seen per month, per case manager, is important to AACO.

**.08** Currently, all case management service providers are required to keep a file on each client served. Each client case record file should contain the following list of documents:

## SECTION 6130 (CONT.)

- Assessment Form
- Data Entry Form
- Case Management - Client Agreement Form
- Authorization to obtain release of information.
- Surveillance letters:
  - (a) To physician
  - (b) To AACO Surveillance Unit.
- Agency Consent Form
- Buddy Agreement Form
- Buddy Program Work Sheet
- Treatment Care Plan
- Physician Release Form
- Case Management Activities Log
- Progress Notes Form

**.09** The auditor should determine on a test basis that:

- The statistical information reported by the organization to AACO on the monthly statistical reports are traceable to, and in agreement with, supporting records.
- Client files contain the information required under Section 6130.21.

### **Counseling and Testing Services**

**.10** The counseling and testing programs are required to provide AACO with a monthly report (*Exhibit 4*) which includes various statistical, programmatic, and staffing information.

**.11** The auditor should determine, on a test basis, that the:

- Statistical information included on the report is traceable to records maintained by the Organization to support the report submitted to AACO. The statistical information needed to be verified by the auditor includes number of individuals pre-tested, number of individuals counseled and not tested, number of individuals tested, and number of individuals post-tested. The source document to be used in verifying the above information is included in *Exhibit 4*.

## SECTION 6130 (CONT.)

### **HIV Prevention: Education and Risk Reduction**

.12 The education and risk reduction programs are required to provide AACO with a monthly report (*Exhibit 5*) which includes various statistical, programmatic, and staffing information.

.13 The auditor should determine, on a test basis that the statistical information included on the report is traceable to records maintained by the organization to support the report(s) submitted to AACO.

.14 For hotline services, all calls received must be documented on a hotline call record form (*Exhibit 6*). This is a standardized form which must be completed by a counselor during each telephone conversation.

.15 The auditor should determine, on a test basis, that the hotline call record forms are utilized and maintained on file at the organization.

### **AIDS Education**

.16 Other than the Position Description and Personal Data Questionnaire (PDPDQ) which all providers must submit to AACO, AIDS Education Programs must submit a monthly statistical report with narratives within ten working days after the end of each month. These reports document the various education activities performed by each agency. There are no format requirements; however, each report should include the same information regarding the activities conducted during the report period, projected activities for subsequent periods, problems encountered and how they were solved, and supporting statistical data for quantifiable information.

.17 Each agency is required to track participant attendance for all presentations, workshops, consultations, trainings, and instructions. Attendance sheets are the responsibility of the agency and may be in whatever format they choose to follow; however, participants' names, instructors'/educators' names, and the date of the activity must be included on the form.

.18 Before and after each educational activity, the instructor/educator must test the knowledge of each participant. This is done through a standardized test which the agency or AACO has developed. Each test, although very often the same, must be presented as two separate distinguishable tests. The first test should be labeled "Pre-test" and the second test should be labeled "Post-test."

.19 The monthly statistical/narrative report should include a summary of the above information.

.20 The auditor should determine, on a test basis, the counseling and testing services, that:

- Statistical information reported corresponds with supporting documents/records maintained at the Organization.
- Attendance records are utilized and kept on file for participants attending presentations, workshops, consultations, training and instruction.

## SECTION 6140 - FINANCIAL COMPLIANCE PROCEDURES

Revenues:

**.01** Program-funding is the most common method employed by AACO to fund its provider agencies. This method allows AACO to fund a provider agency's actual eligible expenditures for a provider agency's service(s), offsetting these expenses by anticipated revenues to be received directly by the provider, and establishing the remaining deficit as its authorized level of funding (allocation). Reimbursement is affected on a "last-dollar-in" basis and is based upon actual eligible expenses incurred less actual revenue generated, up to the maximum contract funding.

**.02** Audit procedures should include the following:

- Does the Agency have a system in place to adequately account for all applicable income received or earned by the agency and that such income was properly reported to AACO.
- Determine that billings to AACO and reimbursement from AACO are net of other non-AACO revenue.

## SECTION 6150 - SUPPLEMENTAL FINANCIAL SCHEDULES AND REPORTS

**.01** The organization's audit report must include the following supplemental financial schedule for each City of Philadelphia contract with \$300,000 or more of expenditures in addition to the financial statements as specified in Sections 400 and 500 of this Audit Guide. A designation has been made for the supplemental schedule required for a "single audit" report (Section 400) on a "program audit" report (Section 500). The auditor will be required to issue an opinion on the Supplemental Schedules listed below as specified in Section 400 of this Audit Guide.

<u>Supplemental Financial Schedule</u>	<u>Section Ref. to Sample Format</u>	<u>Single Audit Report</u>	<u>Program Audit Report</u>
• Schedule of Program Expenditures and Program Revenue (1)	6150.02	Yes	No (2)

Explanatory Notes:

- (1) The schedule must reflect the categorization of expenditures by the AACO budget with the organization.
- (2) The categories of expenditures provided on the program audit financial statement should coincide with the categories of expenditures on the AACO budget.

**SECTION 6150.02**

ABC NOT-FOR-PROFIT CORPORATION  
AACO CONTRACT NUMBER XX-XXXX  
STATEMENT OF PROGRAM EXPENDITURES AND PROGRAM REVENUE  
FOR THE YEAR ENDED JUNE 30, 19XX

<u>Expenditures</u>		
Personnel:		
Salaries	\$ XXX,XXX	
Fringe benefits	<u>XX,XXX</u>	
Total personnel expenditures		\$ XXX,XXX
Operating:		
Occupancy	XX,XXX	
Renovation	X,XXX	
Communications	XXX	
Office Supplies	XXX	
Education/Program supplies	X,XXX	
Travel	X,XXX	
Contract Services	X,XXX	
Insurance	X,XXX	
Condoms	<u>X,XXX</u>	
Total operating expenditures		XX,XXX
Equipment:		
Purchase	XX,XXX	
Lease/rental	X,XXX	
Repairs	<u>X,XXX</u>	
Total equipment expenditures		<u>XX,XXX</u>
Total direct expenditures		XXX,XXX
Administration		<u>XX,XXX</u>
Total expenditures		XXX,XXX
<u>Program Revenue</u>		<u>(X,XXX)</u>
Net AACO funded expenditures		<u>\$ XXX,XXX</u>

# AACO - EXHIBITS

## TABLE OF CONTENTS

<u>EXHIBIT</u>	<u>DESCRIPTION</u>
1	Monthly Budget Performance Report
2	Personnel Roster
3	Position Description and Personal Data Questionnaire
4	Counseling and Testing Package
4	Education and Risk Reduction Package
4	Hotline Call Record Form
4	Aids Care Services/Ryan White Package

BUDGET STATEMENT  
AIDS AGENCY XYZ  
COUNSELING SERVICES  
(CONTRACT XX-XXXX)  
AUGUST, 19XX

	<u>August</u>	<u>Year To-Date</u>	<u>Total Budget</u>	<u>Budget Remaining</u>
<u>Expenses</u>				
Personnel:				
Salaries	\$ 18,510	\$ 35,489	\$ 267,000	\$ 231,511
Benefits	2,124	4,072	30,638	26,566
Other	<u>-0-</u>	<u>-0-</u>	<u>300</u>	<u>300</u>
Sub-total personnel	<u>20,634</u>	<u>39,561</u>	<u>297,938</u>	<u>258,377</u>
Operating:				
Occupancy	3,045	6,090	36,540	30,450
Renovation	-0-	-0-	-0-	-0-
Communications	1,245	1,900	8,700	6,800
Office Supplies	603	603	2,500	1,897
Education/Program supplies	262	524	1,750	1,226
Travel	174	348	2,784	2,436
Contract Services	-0-	-0-	-0-	-0-
Insurance	85	170	1,025	855
Condoms	<u>150</u>	<u>250</u>	<u>1,500</u>	<u>1,250</u>
Sub-total operating	<u>5,564</u>	<u>9,885</u>	<u>54,799</u>	<u>44,914</u>
Equipment:				
Purchase	-0-	-0-	3,000	3,000
Lease/rental	39	78	468	390
Repairs	<u>-0-</u>	<u>-0-</u>	<u>500</u>	<u>500</u>
Sub-total equipment	<u>39</u>	<u>78</u>	<u>3,968</u>	<u>3,890</u>
Subtotal direct	26,237	49,524	356,705	307,181
Administration	<u>933</u>	<u>1,874</u>	<u>13,500</u>	<u>11,626</u>
Sub-total	27,170	51,398	370,205	318,807
Revenue	<u>(500)</u>	<u>(1,000)</u>	<u>(7,121)</u>	<u>(6,121)</u>
Grand total	<u>\$ 26,670</u>	<u>\$ 50,398</u>	<u>\$ 363,084</u>	<u>\$ 312,686</u>

AIDS AGENCY XYZ  
CONTRACT XX-XXXX

	<u>August Billing</u>	<u>Cumulative Billings</u>	<u>Budget Per Contract</u>	<u>Budget Remaining</u>
Personnel Service (by position):				
Prog. Coord. B. Smith	\$ 3,333	\$ 6,666	\$ 40,000	\$ 33,334
Counselor J. Jones	2,500	5,000	30,000	25,000
Educator A. Carter	2,667	5,334	32,000	26,666
Secretary M. Cuyler (hired 7/15/XX)	1,625	2,437	19,500	17,063
Educator C. Jackson (term. 7/31/XX)	-0-	2,667	32,000	29,333
D. Kelly (hired 8/1/XX)	2,667	2,667	-0-	(2,667)
Counselor G. Martin	2,500	5,000	30,000	25,000
Counselor F. Berk	2,500	5,000	30,000	25,000
Education Vacant	-0-	-0-	32,000	32,000
Phlebotomist N. Mill (hired 8/10/XX)	<u>718</u>	<u>718</u>	<u>21,500</u>	<u>20,782</u>
Total	<u>\$ 18,510</u>	<u>\$ 35,489</u>	<u>\$ 267,000</u>	<u>\$ 231,511</u>

**ATTACHMENT C**

**Exhibit 3**

<b><u>POSITION DESCRIPTION AND PERSONAL DATA</u></b> QUESTIONNAIRE  CITY OF PHILADELPHIA <b>AIDS ACTIVITIES COORDINATING OFFICE</b> PERSONNEL ACTION PLAN		1. Position Number	
		. Request for personnel action on Existing position New Incumbent New Position (Explain)	
		Position (Explain)  Conversion	
3. Last Name	First	Mi	4. Agency
5. Service, division, unit		6. Total working hrs per week in agcy.	7. No. working hrs. chgd to county prog.
8. Requested "Pap" title		9. Usual working title	10. Annual salary (for total hrs. worked, #6)
11. Describe types of work you do during working hours on County Program. Use separate paragraph for each kind of work and explain in detail. List your duties in order of importance, showing estimate of time spent on each duty by percentage, fractions, days or hours in "Time" column. Special or occasional duties should be last.			

Time	Work Performed

(Continue on additional sheets)

12. Name and title of your immediate supervisor	Are you in a supervisory capacity Yes                  No
---	--

13. Give name and title of employees you supervise if five or less, if more than five, give the number under each title.			
Name	Title	Name	Title

. Describe your contact with other agencies outside organizations and general public.

**Personal Data**

Home Address Zip	Birthdate	Sex	Date started this position	Starting salary
---------------------	-----------	-----	----------------------------	-----------------

Educ ation	Schools (Circle highest grade or year completed)	College	Postgrad/Professional	Degree Major/Specialty
	1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4		1 2 3 4	

Describe other education or training

**Previous employment** (List related experience. Begin with the most recent employment and work backward)

Title	Major duties
-------	--------------

Employer	
----------	--

From (Mo. Yr)	To (Mo. Yr)	Last salary	
---------------	-------------	-------------	--

Title	Major duties
-------	--------------

Employer	
----------	--

From (Mo. Yr)	To (Mo. Yr)	Last salary	
---------------	-------------	-------------	--

Title	Major duties
-------	--------------

Employer	
----------	--

From (Mo. Yr)	To (Mo. Yr)	Last salary	
---------------	-------------	-------------	--

**STATEMENT OF IMMEDIATE SUPERVISOR**

. Comment on statements of employee. Indicate any exceptions or additions and what you consider the most important duties of this position.

<p>17. Background desirable of a new appointee to fill this position in case of a vacancy. Disregard qualifications present incumbent may happen to have or not have.</p>	<p>Training and experience give kind and length</p>	
<p>Signature immediate supervisor</p>		
<p><b>STATEMENT OF DEPARTMENT HEAD OR OTHER ADMINISTRATIVE OFFICER</b></p>		
<p>Comment on above statements of employee and supervisor. Indicate any inaccuracies or statement with which you disagree. Also, comment on qualifications suggested by supervisor.</p>		
<p>Signature department head/administrative officer</p>	<p>Title</p>	<p>Date</p>

**PATIENT FOLLOW-UP/PARTNER NOTIFICATION FORM**

Check One:

Patient Follow-Up

Partner Notification

Date Tested \_\_\_\_\_

Date Interviewed \_\_\_\_\_

Name: _____		Alias/Nickname: _____	
Address: _____ _____		DOB: _____	
		Age: _____	
		Sex: _____	
Work Address/Hangouts: _____ _____ _____		Marital Status: _____	
		Work Hours: _____	
Home Phone #: _____	Work Phone#: _____		
Exposure Information:		First:	
Sex _____	Needle Sharing _____	Other Last: _____	Freq: _____

Race: Asian Black Hispanic White Other		Skin Complexion: _____	
Facial Hair: Beard Mustache	Height: _____	Weight: _____	
Identifying Information: (i.e. scars/tattoos)	Hair Color: _____	Glasses: _____	

Reporting Agency: _____	Site #: _____	Date: _____
Counselor: _____		Phone Number: _____

Submit to: Kevin F. Green

Program Administrator, Counseling & Testing  
500 S. Broad St. 3<sup>rd</sup> Floor  
Philadelphia, PA 19146

**COUNSELOR OBSERVATION**

Pretest Counseling

1 How long did the observed pretest counseling session last?

2. Did the counselor (s) introduce her/himself and explain the purpose of the session?

Yes No

3. Did the counselor(s) use open-ended questions? (Give examples)

Yes No

4. Was a risk assessment conducted?

Yes No

If yes, how was it conducted? (check appropriate box)

as an interactive process which provided the client(s) opportunities to ask questions and explored their ongoing behaviors and circumstances, (e.g., sexual history, STD history, drug use)?

or

as a data collection, form driven, appraisal of the client(s) behavior?

If no, please explain how this impacted the counseling session.

5. Describe the HIV education and prevention information presented to the client (e.g., accurate, relevant, lecture format).

Pretest Counseling/Observation

Counselor Observation

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5. Did the client have-an opportunity to talk? If yes, how much?

7. Did the counselors(s) explore past attempts at prevention behaviors tried by the clients(s)?

Yes No

If yes, describe how the counselor did this (e.g., reinforced successful strategies, discussed prevention failures or flawed strategies).

8. Was a personalized incremental risk reduction plan(s) negotiated with the client(s), e.g., tailored to the behaviors, circumstances and special needs of the clients(s)?

Yes No

If yes, was the plan documented in the record for review in post-test sessions or subsequent retesting sessions?

Yes No

If no, what risk reduction messages were provided to the client?

9. Were condoms discussed?

Yes No

If yes, did the counselor:

a.	Demonstrate their proper use?	Yes	No
b.	Rose play condom negotiating strategies?	Yes	No
c.	Provide condoms? How many?	Yes	No

10. Client was provided information on the following:

	Counselor	Video/Pamphlet	Not Provided
a.	Purpose of the test		
b.	Meaning of results		
c.	AIDS prognosis		
d.	Value of testing		

e. Condom use

Please provide examples for questions #11-16.

Pretest Counseling/Observation

Counselor Observation

Page 3

11. How well did the counselor provide information at a level of comprehension which was consistent with the client's age and learning skills? Explain.
  
12. How well did the counselor provide/demonstrate culturally competent messages, (e.g., provided in a style and format respectful of cultural norms)? Explain.
  
13. How linguistically appropriate was the counselor with the client, (e.g., presented in a dialect and terminology consistent with the clients native language and style of communication)? Explain.
  
14. How do clients schedule appointments to return for results at the time of the pretest session?
  
15. How well did the counselor reinforce the importance of returning for test results/counseling? Explain.
  
16. What and when is related paperwork completed by the counselor? Explain.

Pretest Counseling/Observation  
Counselor Observation  
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**OBSERVATIONAL COMMENTS**



Recommend retesting if unsafe behaviors  
occurred within the last three months or should occur in the future?  
Not discuss retesting?

Posttest Counseling/Observation  
Counselor Observation  
Page 2

**OBSERVATIONAL COMMENTS (IF ANY):**

City of Philadelphia  
Department of Public Health  
AIDS Activities Coordinating Office  
HIV Prevention Services Unit

**PREVENTION COUNSELING**  
**PROGRAM PROGRESS REPORT**  
**AGENCY**

Program/Activity

Report Period

Contract Period

AACO Funding for this Program

Funding Source

Report Submitted by

**Section I – Goals**

A.

1.

2.

3.

4.

B.

1.

2.

3.

4.

**Section II – Progress in Meeting Goals**

A.

	Number Prevention Counseled	Number Counseled/ Not Tested	Number Tested	Number of Result Sessions	Number of Counselor/s Hours Worked
Site No.					
Site No.					
Site No.					
Site No.					
Site No.					
Totals					

B.

1.

a.

b.

2.

a.

b.

3.

a.

b.

**Section III Accomplishments**

A. Programmatic

A. Administrative

A. Fiscal

**Section IV – Challenges**

A. Programmatic

A. Administrative

A. Fiscal

**Section V – Plan of Action to Meet Challenges in Section IV**

A. Programmatic

A. Administrative

A. Fiscal

**Section VI – Collaboration**

- Please footnote all changes that relate to the addition or deletion of agencies with which you hold Letters of Agreement.

A. Names of agencies with Letters of Agreement on file and numbers of referrals:

**Name**

**Number**

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

A. Other (specify):

**Name**

**Number**

1.	
2.	

- 3.
- 4.
- 5.