



Counseling, Testing & Referrals Guide (CTR)

AIRS Version 7.x

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Introduction

Overview of Counseling, Testing & Referrals (CTR)

This is an emulation of the current CTR Forms being used by CDC Counseling and Testing providers. The same policies and procedures that dictate action with the CDC scannable forms apply to the AIRS CTR emulation. In summary, they are:

PART A:

Part A is used to capture Pre-Test information. It must be created before entering Post-Test data. Part A is used to record information that includes how the client found out about testing and the identification of the client's current HIV/AIDS Risks.

LOCAL VARIABLES:

If needed, the State local use fields can be accessed and entered.

PART B:

This form allows the user to enter multiple HIV Tests. Included are the Test Date, Worker who performed the test, ID, Test Type, Specimen Type, Test Result, and Date when the results were provided to the client. For Positive Test Results, the user will be required to make a Referral.

PART C:

We are not including PART C that contains the Behavior Details section. The "Local Variables" form, however, is accessible after completing Part A.

PART D:

The HIV Test History and ARV/HIV Medications sections in PART D are required entries for HIV Positive test results from Conventional/Confirmatory tests identified in PART B. Otherwise, PART D is optional for Rapid Positive test results and not applicable to Negative results.

Change from URS Regarding Activities

Important: The Activities (formally Topics) that were available for entry with each Service in URS have been moved to Services. Therefore:

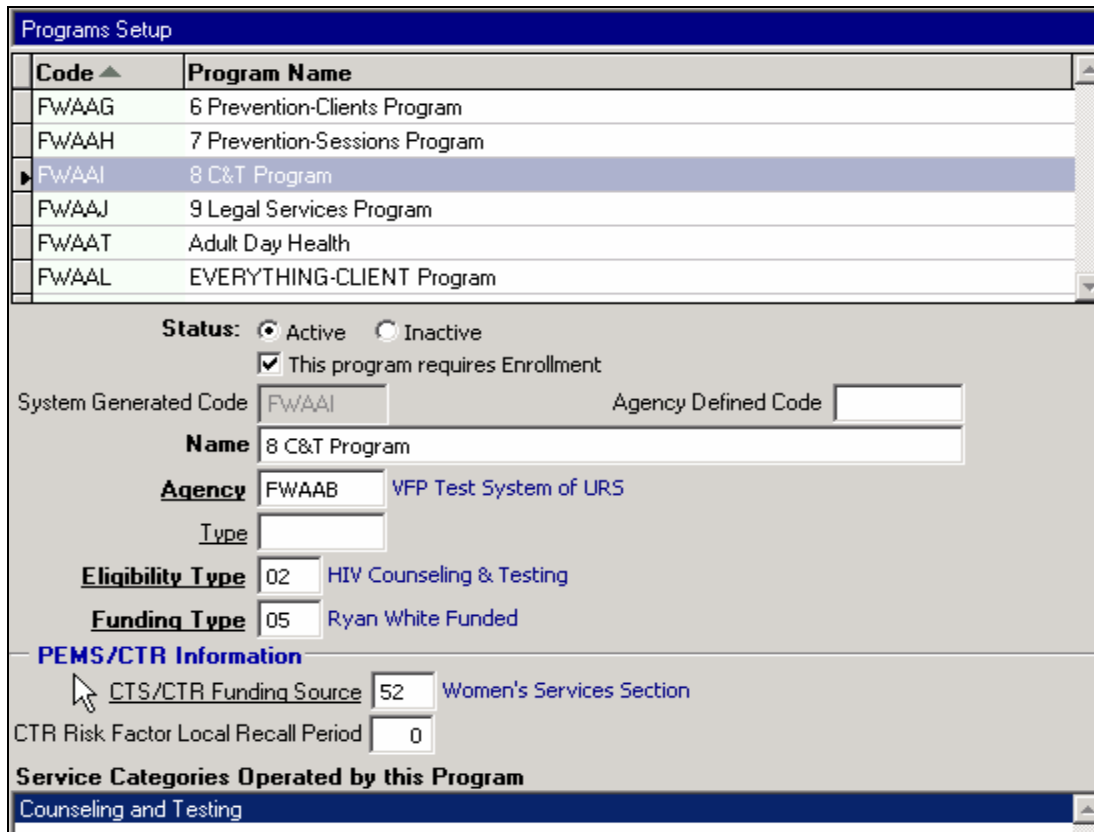
- Activities are no longer separate entries required when entering Services.
- In AIRS, Activities are part of the available Services (for each Encounter).
- Any Activities entered for C&T Services in URS will be converted in AIRS as Services associated with Encounters.

CTR Setup

In order to use the Counseling, Testing, & Referral (CTR) module in AIRS, there are several setup items that must be completed. In most situations, the AIRS System Administrator would complete these tasks.

Program Information (Agency Module)

For programs that cover the “Counseling & Testing” Service Category (00008), please note the following:



Code	Program Name
FWAAG	6 Prevention-Clients Program
FWAAH	7 Prevention-Sessions Program
FWAAI	8 C&T Program
FWAAJ	9 Legal Services Program
FWAAT	Adult Day Health
FWAAL	EVERYTHING-CLIENT Program

Status: Active Inactive
 This program requires Enrollment
 System Generated Code: FWAAI Agency Defined Code:
Name: 8 C&T Program
Agency: FWAAB VFP Test System of URS
Eligibility Type: 02 HIV Counseling & Testing
Funding Type: 05 Ryan White Funded
PEMS/CTR Information
 CTS/CTR Funding Source: 52 Women's Services Section
 CTR Risk Factor Local Recall Period: 0
Service Categories Operated by this Program
 Counseling and Testing

PEMS/CTR Information

- CTS/CTR Funding Source:** Because this field is not included in CTR PART A, the only place to identify the “Funding Source” is on this screen.
 - Note: If this field is not filled in, the user will receive a message that this field must be entered before the CTR PART A record can be saved.
- CTR Risk Factor Local Recall Period:** The *Local Recall Period* is defined by the funding agency. They will provide this number to you. It will not, however, prevent the user from saving any information.

Site Information (Agency Module)

For every Site that performs CTR, please note the following:

Code ▲	Site Name
FWAAB	SITE 1
FWAAC	SITE 2
FWAAD	SITE 3
FWAAE	SITE 4 (Inactive)

Status Active Inactive
Agency FWAAB VFP Test System of URS
Name SITE 1
Address 101 First Avenue
 First Floor
Zip Code 10001-5231
City New York **State** NY
County New York
AI Site ID# 1111111111
Contact Bill First
Title CEO
Phone (212) 555-1212 **Fax** (212) 555-9898
CDC Setting Type 03 Clinic/Health Care Facility

Counseling & Testing Locator Code (Legacy)
Facility ID 7777
Site ID 24

PEMS/CTR Site Information
Site Type F06.09 Community Setting - Workplace
 Disable CTR Form ID AutoAssign
HIV Testing Laboratory ID#

Counseling & Testing Locator Code (Legacy)

- Every site that is funded to perform CTR will need to have a **Facility ID** (4 digits) and **Site ID** (2 digits) entered in the Site Setup screen in AIRS. These IDs are provided by the AIDS Institute and comprise the Locator Code.

PEMS/CTR Site Information

- **Site Type** is a required field. Select the appropriate choice from the pick list.
- **Disable CTR Form ID AutoAssign:** If your agency decides to manually enter the FORM IDs instead of having AIRS automatically increment the ID with each new entry, place a check next to the “Disable CTR Form ID AutoAssign” field. (WARNING: Be extremely careful since once this option is checked and used, AIRS will not allow the CTR Form IDs for this Site to be changed back to being auto-assigned.)

- **Agencies that have AIRS automatically assign the CTR Form IDs:**
(*We strongly suggest this option.*) The Form ID is automatically incremented by 1. The user cannot change the Form ID. (This is based on information entered into the “Counseling & Testing Setup” form).

- **Agencies that have *disabled* the auto-assignment of the CTR Form IDs in AIRS:** CTR PART A will force the user to enter the Form ID. It must be a number which 1) is part of the range of “Counseling & Testing Form IDs” entered in the Counseling & Testing Setup AND 2) has not been used for any other CTR Form.

Staff Information (Agency Module)

For every staff person that delivers CTR services, please note the C&T Counselor ID and PEMS Worker ID fields.

Staff Info		
Worker ID	Name ▲	Job Title
FWAAG	LEAH, PRINCESS	Social Worker
FWAAF	LIBRE, NACHO	Social Worker
FWAAD	POTTER, HARRY	Social Worker
FWAAJ	TEST-A, STAFF	Manager

General	Access	Access to Services in Programs	Remarks
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<p>Personal Information</p> <p>Last Name: POTTER</p> <p>First Name: HARRY</p> <p>Middle Initial: []</p> <p>Date of Birth: [][]</p> <p>Gender: []</p> <p>Race / Ethnicity: []</p> <p>Primary Language: []</p> <p>Second Language: []</p> <p>Degree: []</p>	<p>Licensing Information</p> <p><input type="checkbox"/> Medicaid Licensed</p> <p>License #: []</p> <p>License Date: [][]</p> <p>Provider Type: []</p>
<p>Employment</p> <p>Start Date: [][]</p> <p>End Date: [][]</p> <p>Worker Type: <input type="radio"/> Volunteer <input checked="" type="radio"/> Paid</p> <p><input type="checkbox"/> Peer</p> <p>Team: []</p>	<p>Identifiers</p> <p>Tax ID or SSN: [][]</p> <p>C&T Counselor ID: 9865</p> <p>PEMS Worker ID: FWAAD00000</p> <p>System Generated Worker ID: FWAAD</p>

C&T Counselor ID

The **C&T Counselor ID** field is a unique four-digit number that must be assigned to all staff members who serve as either a Pre-test or Post-test Counselor. If the C&T Counselor ID is not entered, the staff member will not appear on the list of available staff names who can be assigned as the Worker on PARTs A, B, & D.

PEMS Worker ID

When the agency obtains the actual PEMS Worker ID from the CDC, the PEMS Worker ID field should be edited and changed. Until this ID is obtained, please leave this field alone.

- FYI: AIRS populates the field with the combination of the “System Generated Worker ID” + “00000”. This is the code the user will see when selecting a Worker in the CTR Forms.

Counseling and Testing Setup – Form IDs (Agency Module)

This screen is used to enter the range of CTR Form IDs that have been assigned to your agency/sites.

Counseling And Testing Setup					
Site Code ▲	Site Name	Starting ID	Next ID	Last ID	
FWAAB	SITE 1	1234567890	1234570005	1345678901	
FWAAD	SITE 3	3000000	3000555	3999999	

Site: [SITE 1](#)

First ID In Series:

Next ID To Use:

Last ID In Series:

- Agencies will obtain the range of unique Form ID’s from the AIDS Institute. Identify the range of Form ID’s for each CTR Site in AIRS. For each CTR site, click on ADD, select the name of the site from the pick list, and add the first Form ID # in the series and the last Form ID # in the series.
- **Agencies that have AIRS automatically assign the CTR Form IDs:** The value of the Next ID field is the next Form ID that will be used for client at the Site in AIRS. It is counter-based and will automatically increment the value in the Next ID field after each CTR Form ID is used (saved).
- **Agencies that have disabled the auto-assignment of the CTR Form IDs for the Site:** As mentioned in the Site Information screen, CTR PART A will force the user to enter the Form ID. It must be a number which 1) is part of the range of Counseling & Testing Form IDs entered in the Setup and 2) has not been used for any other CTR Form.

When all the FORM IDs have been used:

- It is a good idea to occasionally refer to the Next ID field in the *Add C&T IDs* screen to see if you are nearing the end of your batch and need to request additional CTR Form IDs from the AIDS Institute.
- After using the last Form ID for a site in AIRS, the next user who attempts to add a new CTR Form will receive a message from the system indicating that there are no more CTR Form IDs available. When this happens, a new batch of Form ID's must be added. You must obtain a new batch of CTR Form #'s from the AIDS Institute and add the numbers into the *Counseling and Testing Setup* screen.

Print C&T Form IDs

You can select a range and quantity of FORM ID Numbers to print on labels.

- Right-click on the appropriate Site - Form ID range and choose "Print C&T Form IDs".

Counseling And Testing Setup					
Site Code ▲	Site Name	Starting ID	Next ID	Last ID	
FWAAB	SITE 1	1234567890	1234570005	1345678901	
FWAAD	SITE 3	3000000	3000555	3999999	

Form ID Label Printer Help

Print Form IDs Label For...

Site Code: FWAAB Site Name: SITE 1
 Starting ID: 1234567890 Last ID: 1345678901

Label Options...

Enter the Range of Form IDs to Print on Labels:

First ID:

Last ID:

Enter the Number of Copies (1-4) of Each Label to Print:

CTR DATA IN AIRS

Counseling, Testing and Referrals (CTR) is entered through the *Counseling Testing, & Referrals* option on the *Clients & Services* module.

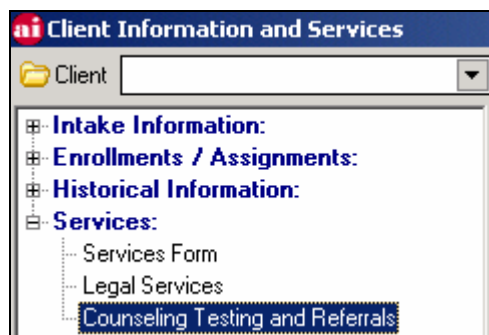
CTR Encounters

Please note that in CTR, there are only 3 possible Encounter types. Their codes (in parentheses) and descriptions are:

- (211) HIV Counseling (Positive)
 - (212) HIV Counseling without Testing
 - (214) HIV Testing
- If only Counseling was provided (no testing), the **HIV Counseling without Testing** encounter is created (Part A).
 - If Pre-test Counseling was done on site, AIRS will create the **HIV Testing** encounter (Part A). If Part A was done at another agency, no Encounter is created in Part A. Only the Form ID is asked for.
 - There are no encounters created for Rapid HIV Positive test results or any type of Negative/Indeterminate result.
 - The **HIV Counseling (Positive)** encounter will only be created for a Conventional/Confirmatory HIV Positive Test where the results have been provided to the client. (Part B).

Entering CTR Data

Expand *Services*, select *Counseling Testing and Referrals*.



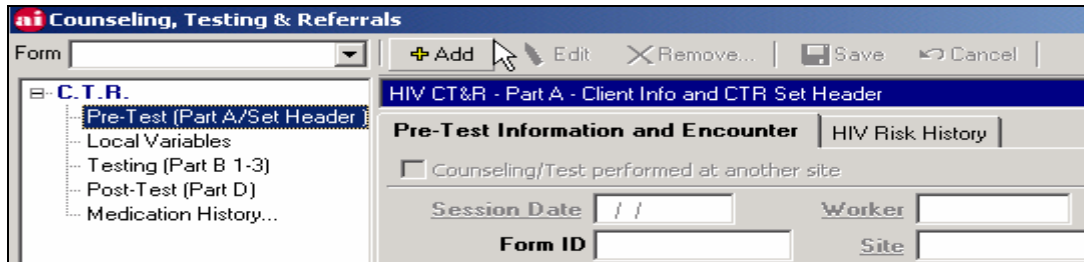
A new window will appear. Expand the CTR Module to view the available forms.

Pre-Test (Part A/Set Header)

Entering Part A Information

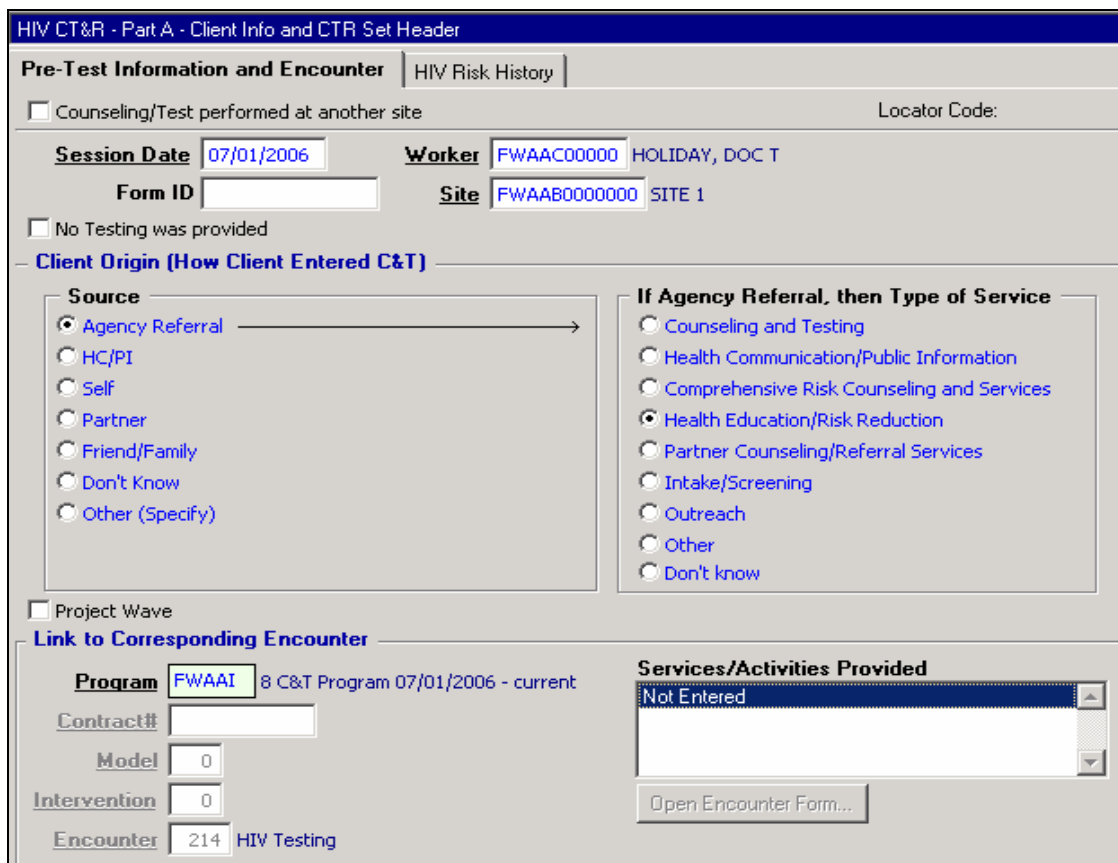
Select Pre-Test (Part A/Set Header) and click on ADD to enter Part A information.

- Note that Part A is used to capture Pre-Test information. It must be created before entering Test data (Part B).



- Enter the appropriate information under the *Pre-Test Information and Encounter* and *HIV Risk History* tabs.

Pre-Test Information and Encounter Tab



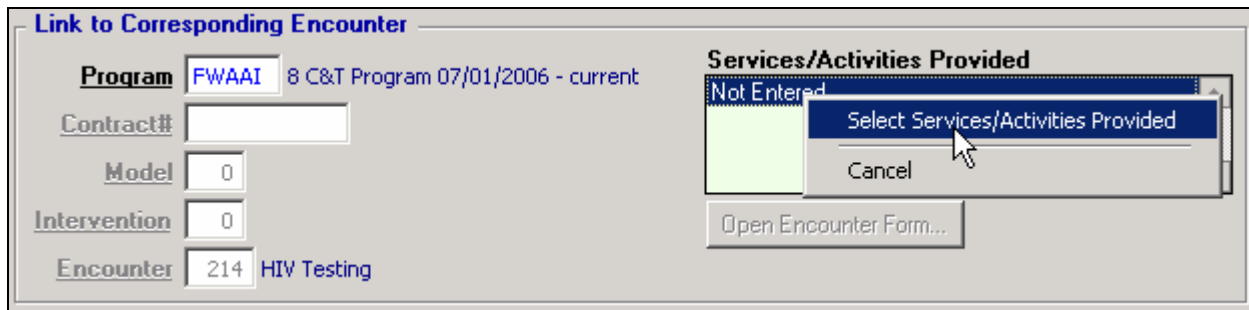
- If counseling (but not testing) was performed at another agency/site, place a check in the box next to **Counseling/Test performed at another site**. Since this is not common occurrence, please see Appendix 1 for additional detailed information.
 - The user will be required to enter the FORM ID from the other agency/site. A Form ID that is part of the range set up in this AIRS will not be accepted.
 - No Encounter will be created from Part A.
 - Part B will be available for entering the test(s).

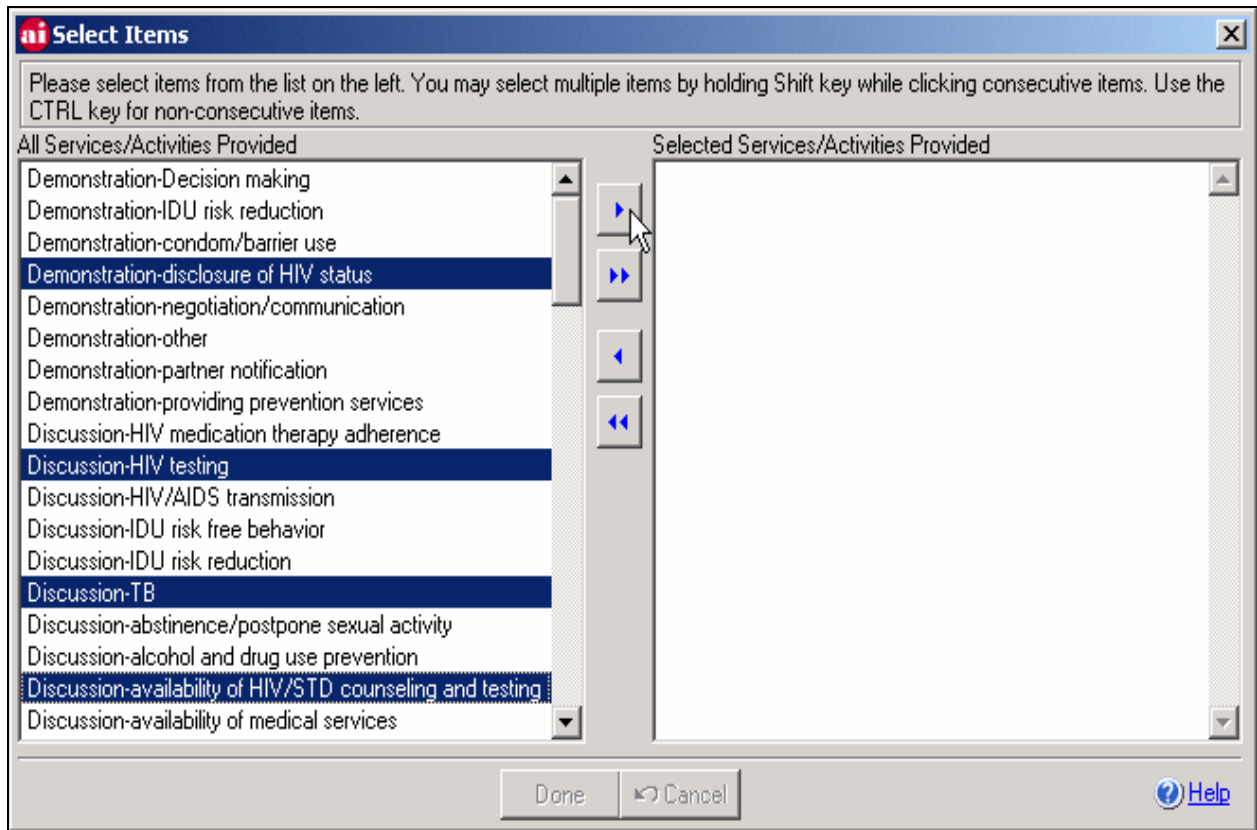
- If only counseling was provided but no testing, the user must check the box next to **No Testing was provided**.
 - **The HIV Counseling without Testing** encounter will be created.
 - Local Variables, Part B, and Part D forms will not be available.



- If neither of the boxes are checked, entering Pre-Test (Part A) information will automatically create the **HIV Testing** encounter when Part A is saved. This is the most common scenario.

Whenever an encounter is auto-loaded, the user is required to enter at least 1 Service in the *Services/Activities Provided* section.

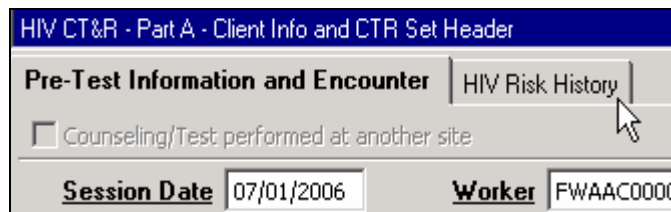
- Right-click your mouse under *Services/Activities Provided* to enter one or more services.





- Click the single arrow  to add selected items from the list, click the double arrow  to add all items from the list. Click [Done] after adding the Services for Part A.

To complete Part A, select the **HIV Risk History Tab** to enter Risk History Information.



HIV Risk History Tab

Please note the following:

- If the Session Date is the same date as the Intake, an HIV Risk History record for this date has already been entered and the user will not be able, nor need to add another HIV Risk record.
- The *Effective Date* in HIV Risk History is automatically entered with the *Session Date* from PART A.
- All required fields found on the 3 tabs (Factors, Risk in the past 3 months, and Characteristics) must be entered before CTR PART A can be saved.
- A new HIV Risk History record is required each time a new PART A is created.

HIV CT&R - Part A - Client Info and CTR Set Header

Pre-Test Information and Encounter **HIV Risk History**

Effective Date: 05/01/2006 Recall Period: CDC Local

Factors Risk in the past 3 months Characteristics

For all of the questions on this page: No Risk identified Refused Not Asked

Sexual Risk Factors: Sex (vaginal or anal) with...

<input checked="" type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> Transgender	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In exchange: Sex for drugs/money.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	While intoxicated and/or high on drugs.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	With a person who is an IDU.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	With a person who is HIV positive.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	With person of unknown HIV status.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	With person who exchanges sex for drugs/money.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	With anonymous partner.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	With hemophillac or transfusion/transplant recipient.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	With person who is a known MSM (Female client only)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No additional risk information specified.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Refused to report additional risk factors.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not asked additional risk factors.

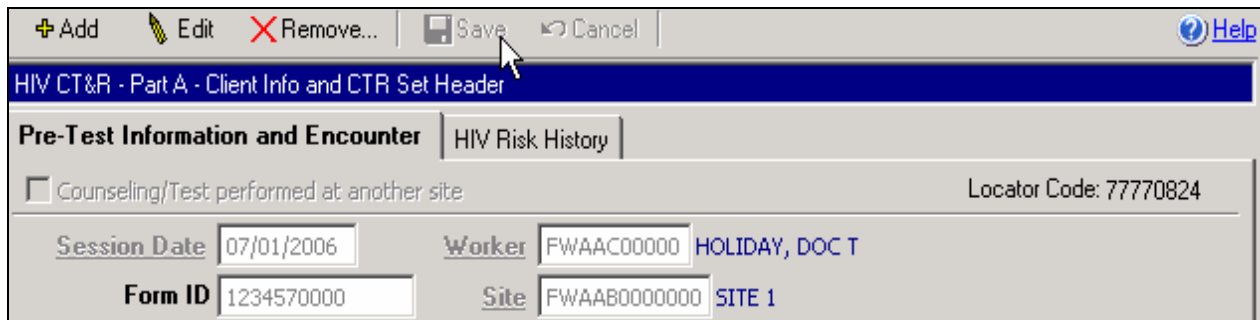
Non-Sexual

- Injection Drug Use (IDU)
- Hemophilia/Coagulation disorder
- Blood product or transplant recipient
- Mother at risk/perinatal
- Other

Saving Part A Information

After completing both “Pre-Test Information” and “HIV Risk History”, click **SAVE**.

- For Agencies that have AIRS auto-assign the Form ID, a Form ID will be created and displayed after completing and saving Part A.
- Agencies that have disabled the auto-assignment of the Form ID will be required to enter the Form ID (if they have not already done so).



Saving PART A will automatically create the **HIV Testing** encounter if the Pre-Test was performed on-site.

Open Encounter Form

You may add information to the encounter (such as a Progress Note, Problems Identified, etc.) by selecting the **OPEN ENCOUNTER FORM** button.

- This button is located at the bottom right corner of PART A and will open the Individual Encounter screen where you may edit the record.



Form 1234570000-C **Individual Encounter** [X] [Help]

Encounter Data

Encounter Info | Progress Note | Additional Info

Program: FWAAI 8 C&T Program 07/01/2006 - current
Contract#: [] Serv. Cat.: 00008 Counseling and Testing
Model: 0 Intervention: 0

Encounter Type: 214 HIV Testing Actual Date: 07/01/2006
Location: [] Start Time: []
Encounter With: [] End Time: []
Staff: FWAAC HOLIDAY, DOC T Total: 00:00
Team: [] Date Completed: []
Site: FWAAB SITE 1

PEMS Related Information **Next Scheduled Appointment**

Incentive Provided Date: []
Session Number: 0 Location: []
Unit of Delivery: []

Services/Activities Provided

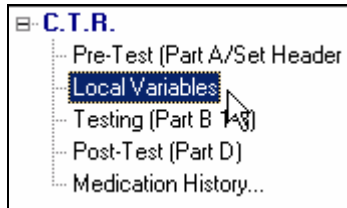
- Demonstration-disclosure of HIV status
- Discussion-HIV testing
- Discussion-TB
- Discussion-availability of HIV/STD counseling and testing

Service: [Counseling and Testing]

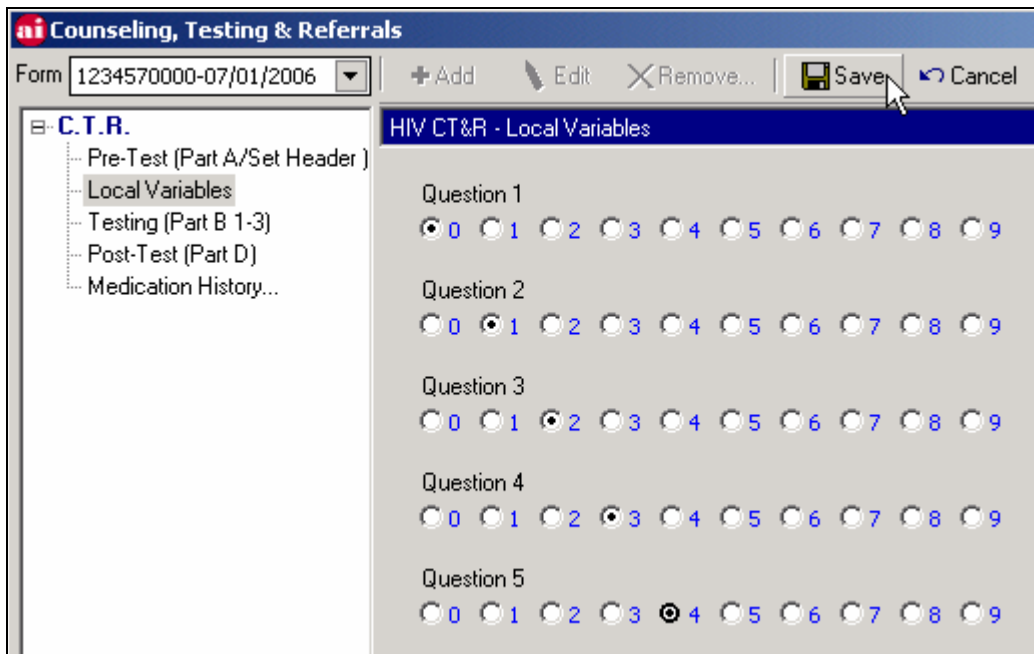
- Note: You will not be able to change the Date, Program, Service Category, or Encounter type on the Encounter form.

Local Variables

This is not a required step for CTR. It is only for agencies that are required to answer the Local Variables questions. If your agency does not need to enter this, skip to “Entering Part B Information”.



- Because Questions 1-5 vary for different types of agencies, the actual questions are intentionally not displayed on the screen. Refer to your contract for the questions specific to your agency.



- The Local Variables form is only available when:
 - PART A **HIV Testing** encounter is created OR
 - The Override ID is used when the Counseling was performed at another agency/site.
- The Local Variables form is not available when there is no test provided.

Testing (Part B 1-3)

The PART B screen in AIRS allows the user to enter information for multiple HIV tests, identify the results from each, and make associated referrals.

- *Part B will only create a Post Test **HIV Counseling (Positive)** encounter for Conventional HIV+ Results provided to the client.*
- *Note there are no encounters for Rapid HIV Positive test results or any type of Negative/Indeterminate result.*

Entering Part B Information

Select Testing (Part B) and click on ADD to enter test information. See next page for screen.

Enter the appropriate information for the test. Note the following when adding a CTR Part B.

- The *Sample Date* field will only accept dates equal to or greater than the Part A Session Date but not greater than Today's Date.
- *Sequence #* is system-generated consecutive number display field starting at 1.
- The *Test ID*, which is a required field, is defined as "A free form text field to enter the rapid test or laboratory identification number for the test" in the PEMS document.
- The *Sample #* (or Lab Accession Number) is a required field. There are two tiers of information for the Lab, the Lab's ID # (which stays the same) and the number assigned to the test in order to track it in the Lab System. This can be different from the Test ID number that is usually assigned by the testing site when the sample is obtained. In some cases where the Lab is on-site, the Sample # and Test ID might be the same.
- The *Confirmatory Test* field is only available when the *Technology* is "Conventional".
- The *Confirmatory Sample Provided?* field is only available when the *Technology* is "Rapid".
- A Referral is required for every Positive test result.

Sample	Sample #	Test Election	Technology	Confirmatory?	Specimen	Results
07/01/2006	12345678900000					

Sample Date
Sequence # 1
 Test ID
Sample#

Worker HOLIDAY, DOC T

Test Election
 Anonymous Confidential Refused

Technology
 Conventional Rapid Other

Confirmatory Test
 Yes No

Specimen Type
 Blood-finger stick Blood-venapunc. Blood spot Oral Mucosal Urine

Confirmatory Sample Provided?
 Yes No - Refused No - Referred

Results
 Positive/Reac. NAAT-Positive Negative Indeterminate Invalid No result

Results Provided?: Yes No **If Yes, Date** **If No, Reason**

Corresponding Encounter Anonymous to Confidential

Program: 8 C&T Program 07/01/2006 - current
 Contract #:
 Model:
 Intervention:

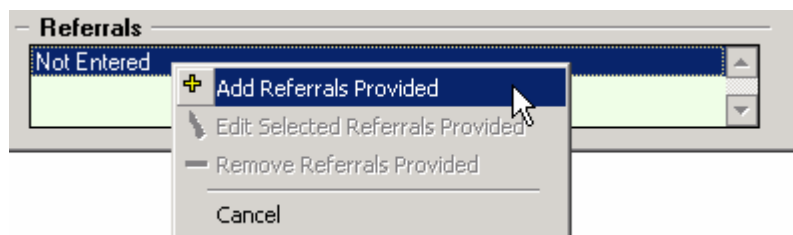
Encounter **Services/Activities Provided**

Referrals

Entering Referral Information

A Referral is required when any Positive Test Result is entered.

- Right-click on the Referrals section to add information into the Referral screen.



Referral

Service Need

Category: 950 C&T Referrals

Service: 020 HIV confirmatory test

Priority:

Referral Information

On site

Referred To: FWAAD Referral Agency 2

Date Need Identified: 07/01/2006

Follow-up Method: Active referral
 Passive referral-agency verification
 Passive referral-client verification
 None

Referral Verification

Date Service Verified: //

Status:

Appointments Per Week: 0

Appointments Being Kept

Done Cancel

- The *Category* field is a required field that is auto-loaded with code 950 (C&T Referrals).
- The *Service* field is a required field that the user must select from the pick-list. It is auto-loaded with code 020 (HIV confirmatory test) for Positive Rapid Test results. The user can change this if desired.
- *Follow-up Method* is a required field.
- Referral Verification: CTR requires follow-up. Therefore, the referral should be accessed and edited directly from the *Clients & Services* menu to enter *Date Service Verified* and *Status* after follow-up at a later time.

Saving Part B Information

After entering Part B information and Referral Information (if appropriate), click **SAVE**. The screen shot on the next page displays information for 2 tests (a *Rapid Positive* and a *Confirmatory/Conventional Positive*).

Sample	Sample #	Test Election	Technology	Confirmatory?	Specimen	Results
07/01/2006	2222222	Confidential	Conventional	Yes	Blood-venapunc.	NAAT-Positive
07/01/2006	12345678900000	Confidential	Rapid	N/A	Oral Mucosal	Positive/Reac.

Sample Date 07/01/2006 Sequence # 2 **Test ID** 2222222 **Sample#** 2222222
Worker FWAAI00000 **DEVIL, TASMANIAN**

Test Election
 Anonymous Confidential Refused

Technology
 Conventional Rapid Other

Confirmatory Test
 Yes No

Specimen Type
 Blood-finger stick Blood-venapunc. Blood spot Oral Mucosal Urine

Results
 Positive/Reac. NAAT-Positive Negative Indeterminate Invalid No result

Confirmatory Sample Provided?
 Yes No - Refused No - Referred

Results Provided?: Yes No **If Yes, Date** 07/14/2006 **If No, Reason**

Corresponding Encounter Anonymously to Confidential

Program: 8 C&T Program 07/01/2006 - current
 Contract #:
 Model:
 Intervention:

Encounter 211 HIV Counseling (Positive)
Open Form... 07/14/2006 - HIV Counseling (Positive)

Services/Activities Provided
 Demonstration-condom/barrier use
 Demonstration-partner notification
 Discussion IDU risk reduction

Referrals
 C&T Referrals - General medical care

- For a Conventional/Confirmatory Positive Result that has been provided to the client:
 - An **HIV Counseling (Positive)** encounter with the selected service(s) will be created.
 - An **HIV Positive, AIDS Status Unknown** record will be added to the client’s HIV Status History.



- After saving, the user is required to enter “Post-Test (Part D)” HIV survey. The user will not be able to exit Part B until PART D is completed with the required information.

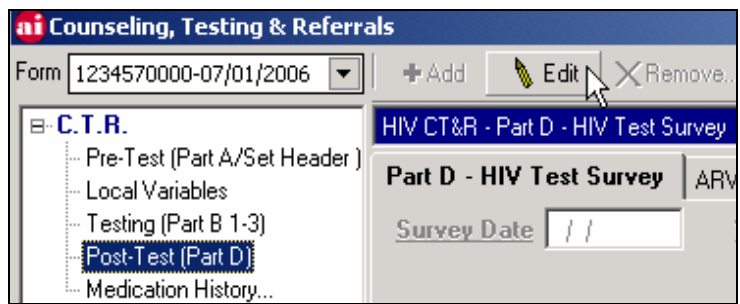
Post-Test (Part D)

PART D is a survey of a client’s HIV Testing and ARV/HIV Medications History.

- Entry is required when a client has a Positive Test Result from a Conventional or Confirmatory HIV Test and the results have been provided to the client.

Entering PART D Information

Select Post-Test (Part D) and click on [EDIT] to enter the information on the form.



Note the following when adding a CTR Part D.

- The user is required to complete the information in the *Part D - HIV Test Survey* and *ARV/HIV Medication Survey* tabs.

Part D – HIV Test Survey Tab

HIV CT&R - Part D - HIV Test Survey

Part D - HIV Test Survey ARV/HIV Medications

Survey Date Worker HOLIDAY, DOC T
 Site SITE 1

Information Obtained: Pre-Test (HIV test status unknown) Post-Test (HIV test status known)

First Positive HIV Test

Is this the 1st Positive Test?: Yes No Don't Know Refused

Anonymous Test?
 Yes Don't Know
 No Refused

Prior Test Site Name
 Prior Test Site State
 Prior Test Site Type
 Prior Test Date (mm/yyyy) Don't know date Refused date Not asked date

Last Negative HIV Test

Ever Test Negative?
 Yes Don't Know
 No Refused

Prior Test Site Name
 Prior test Site State
 Prior Test Site Type
 Prior Test Date (mm/yyyy) Don't know date Refused date Not asked date

Test History...

First Test Date (mm/yyyy)
 Don't know date
 Refused date
 Not asked date

Number of times tested for HIV in the past 2 years or in 2 years prior to first positive test:

Reason

1st Pos.	Current
<input checked="" type="checkbox"/>	<input type="checkbox"/> < Possible HIV exposure last 6 mos.
<input type="checkbox"/>	<input checked="" type="checkbox"/> < Time for routine testing
<input checked="" type="checkbox"/>	<input type="checkbox"/> < Making sure HIV negative
<input checked="" type="checkbox"/>	<input type="checkbox"/> < Required for insurance, military, etc.
<input type="checkbox"/>	<input type="checkbox"/> < Don't know
<input type="checkbox"/>	<input type="checkbox"/> < Refused
<input type="checkbox"/>	<input type="checkbox"/> < Other

- If the answer to *Is this the 1st Positive Test* is “Yes”, “Don’t Know” or “Refused” the associated *Prior Test Site Name*, *Prior Test Site State*, *Prior Test Site Type*, *Prior Test Date*, and *Anonymous Test?* fields will not be available for entry (screen shot above). These fields will only be available when the answer is “No” (screen shot on next page).
- If the answer to *Last Negative HIV Test* is “No”, “Don’t know”, or “Refused”, the associated *Test Site Name*, *Test Site State*, *Test Site Type*, and *Test Date* fields will not be available for entry (screen shot on prior page). These fields will only be available when the answer is “Yes” (screen shot on next page).

HIV CT&R - Part D - HIV Test Survey

Part D - HIV Test Survey | ARV/HIV Medications

Survey Date **Worker** HOLIDAY, DOC T
Site SITE 1

Information Obtained: Pre-Test (HIV test status unknown) Post-Test (HIV test status known)

First Positive HIV Test

Is this the 1st Positive Test?: Yes No Don't Know Refused

Anonymous Test?
 Yes Don't Know
 No Refused

Prior Test Site Name
Prior Test Site State New York
Prior Test Site Type Outpatient - Private Medical Practice
Prior Test Date (mm/yyyy) Don't know date Refused date Not asked date

Last Negative HIV Test

Ever Test Negative?
 Yes Don't Know
 No Refused

Prior Test Site Name
Prior test Site State New York
Prior Test Site Type Inpatient Facility
Prior Test Date (mm/yyyy) Don't know date Refused date Not asked date

Test History...

First Test Date (mm/yyyy)
 Don't know date
 Refused date
 Not asked date

Number of times tested for HIV in the past 2 years or in 2 years prior to first positive test:

Reason

1st Pos.	Current	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	< Possible HIV exposure last 6 mos.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	< Time for routine testing
<input checked="" type="checkbox"/>	<input type="checkbox"/>	< Making sure HIV negative
<input checked="" type="checkbox"/>	<input type="checkbox"/>	< Required for insurance, military, etc.
<input type="checkbox"/>	<input type="checkbox"/>	< Don't know
<input type="checkbox"/>	<input type="checkbox"/>	< Refused
<input type="checkbox"/>	<input type="checkbox"/>	< Other

- “Number of times tested for HIV in the past 2 years or in 2 years prior to first positive test” field should be Zero (0) if this is the client’s 1st Positive Test.
 - This question is intended to exclude the current Positive Test.
- At least 1 Reason for the first Positive (1st Pos.) Test must be entered.
- At least 1 Reason for the Current test must be entered.

ARV/HIV Medications Tab

HIV CT&R - Part D - HIV Test Survey

Part D - HIV Test Survey **ARV/HIV Medications**

Are you currently taking ARV or HIV medication?

Yes
 No
 Don't Know
 Refused

Have you taken ARV or HIV medication in the past 6 months?

Yes
 No
 Don't Know
 Refused

Enter ARV/HIV Medications Taken in Past 6 Months

Select Up to 3 ARV/HIV Medications from the Medication table

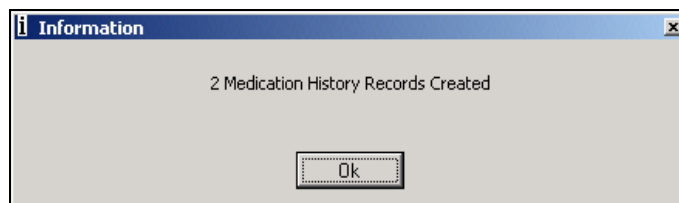
Medication #1 Invirase
Medication #2 Norvir
Medication #3

Write the name of other medication not found in the Medication table.

First Day of ARV or HIV Medication
Last Day of ARV or HIV Medication

Note the following when adding:

- **First Day of ARV or HIV Medication:** Is required when either “Are you currently taking ARV or HIV medication?” OR “Have you taken ARV or HIV medication in the past 6 months?” is “Yes”.
- **Last Day of ARV or HIV Medication:** Is required when “Are you currently taking ARV or HIV medication?” is “No” AND “Have you taken ARV or HIV medication in the past 6 months?” is “Yes”.
- **Medication (# 1-3):** When Part D is saved, the user is notified that Medication History record(s) is created in AIRS for the entered Medications.



- **Write the name of the other medication not found in the Medication Table:** Whatever the user enters remains here. It is not written to the client’s Medication History record.

APPENDIX 1

Use of the "Override" Form ID for CTR

A situation may arise where a client has:

1. Counseling at one agency and HIV Testing at another agency
OR
2. A Rapid Test and one agency and is referred to another for a Confirmatory Test.

In these situations, it is necessary to have the same Form ID entered in the CTR module for both agencies/locations. To keep the Form IDs the same (synchronized), the situation is handled with the use of the *Override Form ID* field.

- Check the box next to the *Counseling/Test performed at another site* field.
 - Checking this box will disable all fields and change the *Form ID* field to the **Override Form ID** field.

HIV CT&R - Part A - Client Info and CTR Set Header

Pre-Test Information and Encounter | HIV Risk History

Counseling/Test performed at another site

Session Date: // Worker: _____

Form ID: _____ Site: _____

HIV CT&R - Part A - Client Info and CTR Set Header

Pre-Test Information and Encounter | HIV Risk History

Counseling/Test performed at another site

Override Form ID: 4564564564

- The user must know/find out the Form ID used on CTR Part A from the original location and enter it into the field labeled *Override Form ID*.
 - The number entered into the *Override Form ID* field will ultimately be identified as the Form ID and will carry over to Part B (as well as the Local Use and Part D screens, if necessary)
 - The *Override Form ID #* field is only available from PART A.

- The rule is that whatever number is entered as the *Override Form ID #* is an external ID to the C&T Setup of the AIRS being utilized. Therefore, the ***Override Form ID # that is entered can not be a number contained in the range of Form IDs that have been set up in the AIRS being used.***
 - If the Override Form ID is a number within the CTR range set up in this AIRS, the user will not be able to save the record since this violates the rule of it being an external ID.
- When data is sent to the AIDS Institute and added to their data repository (all agency data), the Form IDs from both locations will be matched up allowing correct identification of the complete view of the clients' testing information for the testing cycle.

Example: This is how we envision the flow of information between agencies in relation to the Override Form ID.

1. Agency1 performs a *Rapid Test* and refers client to Agency2 for the *Confirmatory Test*.
2. Agency1 enters a) PART A information and b) the Rapid Test-Positive in PART B.
3. The FORM ID = 1234567890 is created.
4. Agency1 refers client to Agency2 for Confirmatory Test.
5. Agency2 calls Agency1 (or vice-versa) for the associated FORM ID
6. Agency2 enters Part A, checks box next to *Counseling/Test performed at another site* field and enters "*Override Form ID*" = 1234567890.
7. Agency2 enters the Confirmatory Test information into Part B.