



Entering HIV Testing (Counseling, Testing and Referrals)

Entering HIV Testing (Counseling, Testing and Referrals) in AIRS

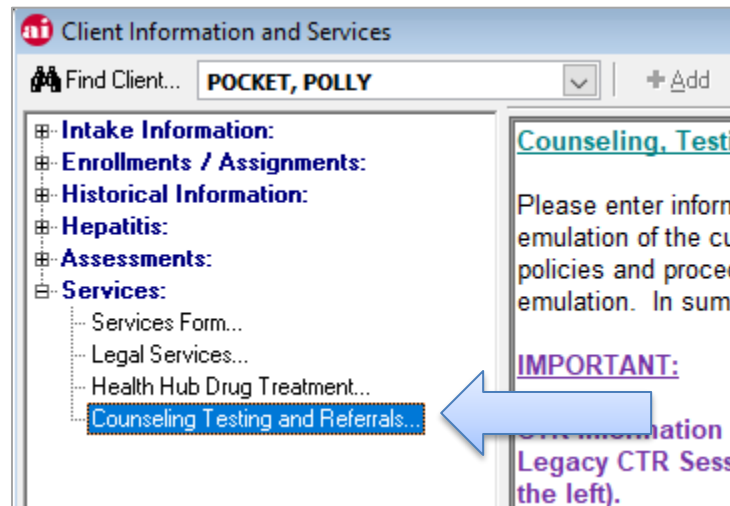
Prevention-funded contracts providing direct HIV testing are required to document and enter the following activities for all individuals screened for HIV, regardless of whether confirmatory testing is directly provided or referred to another agency:

1. CTR Module **Pre-Test: Part A**;
2. CTR Module **Testing: Rapid** and/or **Testing: Standard** as appropriate depending on the test type(s) provided;
 - a. Either the **Negative Test Result Assessment** or the **Positive Result: Post Test Questionnaire** based on the result from the test of final determination

*Please note that beginning with **AIRS version 9.0.4** the previously required data entry/selection of specific AIRS services (e.g. Risk Reduction Services) and referrals within the CTR Module has been replaced by post-test assessment questions that will generate services and track outcomes in the Service Encounter associated with the test.*

Pre-Test: Part A

- After selecting the client, navigate to the **Counseling Testing and Referrals Form**



- A new window will pop up that contains all of the modules that are required to document HIV test(s), results and post-test assessments
- Select **<Add>**

- Enter the **Session Date** of the test, **Program** performing the test, **Site** where the test occurred, and **Worker** who administered the test
 - Please note** that:
 - No Testing Provided* is not typically selected except in rare circumstances. Clarification should be sought prior to use
 - The **Form ID** will automatically fill in once Part A is saved
 - The *Testing Strategy* field should not be used except by programs that have either Testing Together or [Social Networking Strategy](#) listed in their workplans

- If a **Risk History** does not already exist in AIRS for the date of the test, select the responses as appropriate on both tabs of the Risk Assessment in the module (if the **Risk History** was entered as part of an Intake that occurred on the same date as the HIV test this information will auto-populate)

Counseling, Testing & Referrals
Client: **POCKET, POLLY...** + Add Edit X Remove... Save Cancel

Form **New Part A in progress...**

CTR Modules...
Pre-Test: Part A
Testing: Rapid
Testing: Standard

View/Edit Legacy CTR Sessions

CTR Details...
Pre-Test Part A: No
Testing - Rapid: No
Testing - Standard: No

Legacy CTR sessions
Use the link to Edit or View the sessions.

HIV C.T. & R. - Part A: Pre-test Counseling and Risk Assessment

Session Date: 03/05/2020 No Testing was provided Locator Code: _____

Program: FWAAT Everything Prog Svcs Forms Form ID: _____ (Form ID is auto-assigned when saved)

Site: FWAAB000000 Site One Testing Strategy: _____

Worker: 1111111111 Harbinger, Spring A Tested with/Referred by: _____

Have you had sex with?	In the last 5 years...	In the last 6 months...
Women	<input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Chose not to respond/Unknown	<input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Chose not to respond/Unknown If Yes, Select all that apply: <input type="checkbox"/> Vaginal <input type="checkbox"/> Anal <input type="checkbox"/> Oral Sex without a condom? <input type="radio"/> Yes <input type="radio"/> No
Men	<input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> Chose not to respond/Unknown	<input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> Chose not to respond/Unknown If Yes, Select all that apply: <input checked="" type="checkbox"/> Vaginal <input checked="" type="checkbox"/> Anal <input type="checkbox"/> Oral Sex without a condom? <input checked="" type="radio"/> Yes <input type="radio"/> No
Transgender women	<input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Chose not to respond/Unknown	<input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Chose not to respond/Unknown If Yes, Select all that apply: <input type="checkbox"/> Vaginal <input type="checkbox"/> Anal <input type="checkbox"/> Oral Sex without a condom? <input type="radio"/> Yes <input type="radio"/> No
Transgender men	<input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Chose not to respond/Unknown	<input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Chose not to respond/Unknown If Yes, Select all that apply: <input type="checkbox"/> Vaginal <input type="checkbox"/> Anal <input type="checkbox"/> Oral Sex without a condom? <input type="radio"/> Yes <input type="radio"/> No
Gender non-conforming, non-binary, or questioning persons	<input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> Chose not to respond/Unknown	<input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Chose not to respond/Unknown If Yes, Select all that apply: <input type="checkbox"/> Vaginal <input type="checkbox"/> Anal <input type="checkbox"/> Oral Sex without a condom? <input type="radio"/> Yes <input type="radio"/> No
Were any of your partners...		In the last 6 months...
A person who is living with HIV?		<input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Chose not to respond/Unknown
A person who is living with HCV?		<input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Chose not to respond/Unknown
A person diagnosed with an STI?		<input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> Chose not to respond/Unknown
A person who engages in sex in order to get something they needed such as money, drugs, food, or housing?		<input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Chose not to respond/Unknown
A person who injects drugs?		<input checked="" type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Chose not to respond/Unknown
Have you...		In the last 6 months...
Been diagnosed with an STI?		<input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> Chose not to respond/Unknown
Had sex in order to get something you needed such as money, drugs, food, or housing?		<input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> Chose not to respond/Unknown

Other Risk ▶

Counseling, Testing & Referrals
Client: **POCKET, POLLY...** + Add Edit X Remove... Save Cancel

Form **New Part A in progress...**

CTR Modules...
Pre-Test: Part A
Testing: Rapid
Testing: Standard

View/Edit Legacy CTR Sessions

CTR Details...
Pre-Test Part A: No
Testing - Rapid: No
Testing - Standard: No

Legacy CTR sessions
Use the link to Edit or View the sessions.

HIV C.T. & R. - Part A: Pre-test Counseling and Risk Assessment

Session Date: 03/05/2020 No Testing was provided Locator Code: _____

Program: FWAAT Everything Prog Svcs Forms Form ID: _____ (Form ID is auto-assigned when saved)

Site: FWAAB000000 Site One Testing Strategy: _____

Worker: 1111111111 Harbinger, Spring A Tested with/Referred by: _____

Have you ever...

Heard of PrEP? No Yes Chose not to respond/Unknown

If Yes, On PrEP in last 12 months? No Yes Chose not to respond/Unknown

If Yes, Currently on PrEP? No Yes Chose not to respond/Unknown

Injected Drugs? No Yes Chose not to respond/Unknown

If Yes, within last 5 years? No Yes Chose not to respond/Unknown

If Yes, within last 12 months? No Yes Chose not to respond/Unknown

Had a previous HIV Test? No Yes Chose not to respond/Unknown

If Yes, Date: 03/01/2019

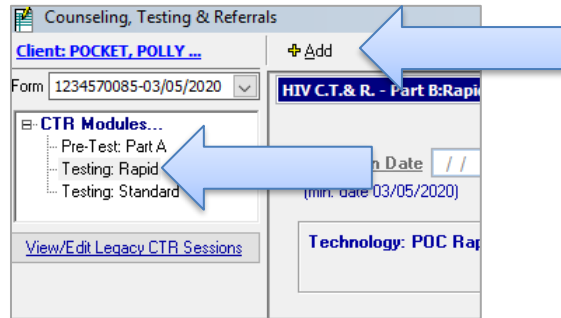
Result: Positive Negative Chose not to respond Result not known

Sexual Risk ▶

- Select **<Save>**

Testing: Rapid

- Select **Testing: Rapid** from the CTR Modules and click **<Add>**



- The **Specimen Date**, **Site** and **Worker** will automatically fill in with information entered in Part A
- Select the **Test Election** type (*Please note*: this is almost always Confidential)
- Select the **Test Result**, **Result Provided?** and the **Date** the result was provided (if applicable)

- Enter any Referrals you want to document by right-clicking Not Entered in the Referrals box
 - *Please note* that if you are required to capture referrals in order to meet deliverables for referring clients to STI/HCV screening you should follow the steps outlined [here](#)
- If the **Test Result** is Negative and **Results Provided?** is Yes
 - A **Negative Test Result Assessment** will appear on the screen for data entry

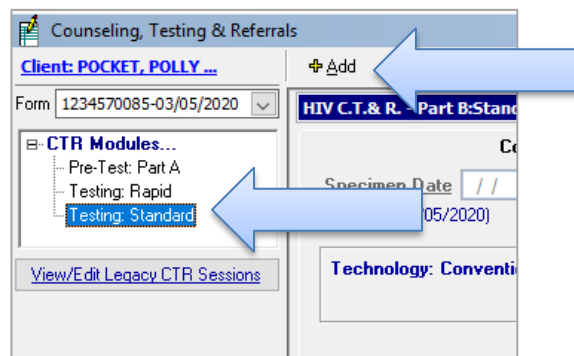
	Screened for need	Need determined	Service Provided	Service Referred
Health benefits navigation and enrollment	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes
Evidence-based risk reduction intervention	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Behavioral health services	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Social services	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes

- Select **<Save>**

- If the **Test Result** is Preliminary Positive and **Results Provided?** is Yes
 - Select **<Save>** and continue on to the next section to complete the **Testing: Standard** module
 - **Please note** that **all programs** funded to provide HIV Testing, whether they perform the confirmatory test directly or refer to an outside provider, are **REQUIRED** to enter information about the confirmatory test, laboratory result and responses in the Post-Test Questionnaire as outlined in the following section

Testing: Standard

- Select **Testing: Standard** from the CTR Modules and click **<Add>**



- The **Specimen Date**, **Site** and **Worker** will automatically fill in with information entered in Part A
- Select the **Test Election** type (**Please note**: this is almost always Confidential)
- Select the **Test Result**, **Result Provided?** and the **Date** the result was provided (if applicable)

HIV C.T. & R. - Part B: Standard / Confirmatory Testing

Confirmatory Test Positive Result: Post Test Questionnaire

Specimen Date 03/05/2020 **Site** FWAA000000 Site One
(min. date 03/05/2020) **Worker** 1111111111 Harbinger, Spring A

Technology: Conventional **Test Election:** Anonymous Confidential

Test Result: HIV-1 Positive HIV-1 Negative, HIV-2 Inconclusive
 HIV-1 Positive, possibly acute HIV-1 Negative
 HIV-2 Positive HIV Negative
 HIV Positive, undifferentiated Inconclusive

Result Provided? Yes Yes, from another agency No
 If Yes, Date: //

- Enter any Referrals you want to document by right-clicking Not Entered in the Referrals box
 - **Please note** that if you are required to capture referrals in order to meet deliverables for referring clients to STI/HCV screening you should follow the steps outlined [here](#)

- If the **Test Result** is one of the HIV Negative results and **Results Provided?** is Yes
 - A **Negative Test Result Assessment** will appear on the screen for data entry

Negative Test Result Assessment...

Screened for PrEP Eligibility No Yes
 Eligible for PrEP No Yes
 Referred to PrEP Provider No Yes
 Assistance with Linkage to a PrEP Provider No Yes

	Screened for need	Need determined	Service Provided	Service Referred
Health benefits navigation and enrollment	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes
Evidence-based risk reduction intervention	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Behavioral health services	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No <input type="radio"/> Yes
Social services	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes

- Select <Save>

- If the **Test Result** is one of the HIV Positive results and **Results Provided?** is Yes or Yes, from another agency

- The **Positive Result: Post Test Questionnaire** tab will become active for data entry

HIV C.T.& R. - Part B:Standard / Confirmatory Testing

Confirmatory Test

Attend an HIV medical care appointment after this positive test? Yes, Confirmed
 Yes, client/patient self-reported
 No Don't know

Ever have a positive HIV test? No Yes
 Don't know

Provided with individualized behavioral risk-reduction counseling? No Yes
 Contact information provided to DOH Partner Services? No Yes
 Provider Report Form (PRF-4189) submitted to DOH? No Yes
 Most unstable housing status in the last 12 months? Literally homeless Stably housed Declined to answer
 Unstably housed at risk Not asked Don't know

If Client is Female... Is the client pregnant? No Yes Declined to answer Don't know
 is the client in prenatal care? No Yes Not asked Declined to answer Don't know

Positive Result: Post Test Questionnaire

Date Attended

If Yes...
 If the day is unknown, use the 15th of the month.
 If the month and day are unknown use 1/15.
 If the complete date is unknown use 01/01/1800.
 Date of first positive HIV test

Seen a provider for ART in the past 6 mo? No Yes

	Screened for need	Need determined	Service Provided	Service Referred
Perinatal HIV service coordination	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes
All Clients...				
Navigation services for linkage to HIV medical care	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Linkage services to HIV medical care	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No <input type="radio"/> Yes
Medication adherence support	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No <input type="radio"/> Yes
Health benefits navigation and enrollment	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes
Evidence-based risk reduction intervention	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No <input type="radio"/> Yes
Behavioral health services	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Social services	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes

- Select <Save>

Data Monitoring and Reporting

Coming Soon...