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COUNSELING, TESTING AND REFERRAL SERVICES

EXECUTIVE SUMMARY

SERVICE INTRODUCTION

Counseling, testing and referral services provides non-rapid and/or rapid HIV antibody testing on a confidential or anonymous basis to people who want to determine their HIV status. Services also include pre-and post-test or single-session counseling and providing appropriate HIV risk reduction interventions based on the client's risk assessment. As needed, clients are referred to appropriate health and social service providers.

Counseling, testing and referral services include:

- ◆ Rapid and/or non-rapid testing
- ◆ Confidential and/or anonymous testing
- ◆ HIV risk assessments that assist clients in identifying behaviors that place them at risk for contracting HIV
- ◆ Client-centered counseling sessions
- ◆ Client-centered disclosure counseling sessions
- ◆ Assessment of need for referrals and provision of linked referrals as appropriate

The goal of counseling, testing and referral services is to help prevent the spread of HIV in California and to identify and move into care newly identified HIV-positive individuals.

SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

All counseling, testing and referral services will be provided in accordance with procedures consistent with California law, California Office of AIDS (OA) guidelines, federal Centers for Disease Control and Prevention (CDC) guidelines and the Division of HIV and STD Programs (DHSP)—formerly referred to as the Office of AIDS Programs and Policy (OAPP). Risk assessment and disclosure counseling shall follow Los Angeles County guidelines for HIV Prevention Counseling as adopted by the CDC and OA.

SERVICE CONSIDERATIONS

General Considerations: All counseling and testing will be culturally and linguistically appropriate to the target population. Because of the highly emotional nature of HIV testing services and the importance of ensuring the safety of counseling, testing and referral staff, at no time should an HIV counselor providing direct care services work alone.

Pre-Test Client Procedures: Staff providing pre-test client-centered counseling will educate the client in general about testing procedures and options. Pre-test client-centered counseling sessions will strive to support informed decision-making about being tested and obtain informed consent from the client. If a client decides to proceed with rapid testing, staff will ensure the client understands the meaning of test results and assess a client's potential reaction to receiving a reactive rapid test

HIV Testing: Counseling and testing programs will operate in accordance with local, State and federal guidelines. Programs providing HIV testing, counseling and referral services will use FDA approved test kits. Staff will follow the test kit manufacturer's exact instructions and guidelines for testing procedures.

Conditions for Testing: Programs are strongly encouraged to provide separate physical spaces for the processing of tests and the provision of counseling services. Programs will also adhere to specific lighting, temperature, space, safety and cleanliness standards necessary for optimal HIV testing.

Documentation of Result: Programs will document and maintain results in a confidential place according to local, State and contract requirements. For clients with preliminary positive results who have elected to test anonymously, staff will ask client to consider converting to confidential testing to enable future contact for confirmatory test results.

Confirmatory Testing: If a client receives a reactive rapid result should immediately have a specimen collected for confirmatory testing to confirm their HIV status. All clients consenting to test will be asked for an additional confirmatory specimen. If a client's rapid test is preliminary positive, such serum or oral fluid specimen will be sent to a laboratory for confirmation.

Client-Centered Disclosure: Client-centered disclosure provides clients with their results and integrates the test results in a meaningful and productive manner, based on their reported risk factors and consistent with their personal risk reduction strategies.

Referral: Certified HIV counselors will assess the need for referrals and provide specific, written, linked referrals, as appropriate. HIV-positive clients will be provided written referrals to a minimum of three primary medical care providers and any other linked referrals appropriate to his or her immediate needs, including legal services, case management and drug reimbursement or health insurance programs.

Confirmatory: A client receives a reactive rapid test, a blood or oral mucosal transudate specimen will be obtained immediately for confirmatory testing. Counselors will obtain a commitment from, and set an appointment with, the client to return for confirmatory results. Counselors will discuss coping strategies that the client will employ during the waiting time before confirmatory results are given, and who, if anyone, he or she intends to tell about the rapid test result.

Confirmed Positive Result Disclosure Counseling: Throughout the testing process, certified counselors will provide emotional support to assist the client in coping with his or her newly determined HIV status. Counselors may call upon their designated case manager or social worker (if available) to help provide confirmed positive results.

Crisis Intervention: Programs providing counseling, testing and referral services will develop written procedures for responding to crisis situations. If a crisis situation warrants the involvement of another agency, such as law enforcement or mental health services, client confidentiality must be strictly maintained.

Reporting: Programs will report positive results in a manner consistent with California state law.

Program Records: Programs will maintain adequate health records on each client in detail consistent with good medical and professional practice in accordance with the California Code of Regulations.



*Counselors
provide
emotional
support to
clients.*

STAFFING REQUIREMENTS AND QUALIFICATIONS

At minimum, all counseling, testing and referral providers will be able to provide linguistically and culturally appropriate services for people testing for or living with HIV and complete documentation as required by their positions. Staff will be sensitive to the needs of people of diverse life experiences, including substance users, people with mental illness, transgendered individuals and people with co-occurring disorders. Counseling, testing and referral staff will complete an agency-based orientation before providing services.

All counseling, testing and referral staff will meet guidelines as set forth by the California Department of Public Health (CDPH)-OA and the CDC. All HIV risk assessment and disclosure counseling sessions will be conducted by Certified HIV Counselors trained by the CDPH-OA and/or DHSP. All Certified HIV Counselors must attend an annual one-day HIV recertification training approved by DHSP.

In addition to meeting the guidelines above, all counseling, testing and referral staff are required to attend 16 hours of continuing education annually.



COUNSELING, TESTING AND REFERRAL SERVICES

SERVICE INTRODUCTION

Counseling, testing and referral services in care and treatment settings are regulated by State and local guidelines. Programs are required to meet these guidelines and should refer back to those guidelines for reference. The scope of this document is not to provide comprehensive guidance for all testing settings, but to address core elements of counseling, testing and referral services that cross-cut multiple testing settings.

HIV counseling, testing and referral services in care and treatment settings provide non-rapid and/or rapid HIV antibody testing on a confidential or anonymous basis to people who want to determine their HIV status. Services also include pre-and post-test or single-session counseling and the provision of appropriate HIV risk reduction interventions based on the client's risk assessment. As needed, clients are referred to appropriate health and social service providers.

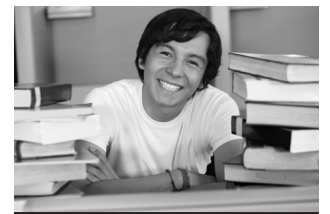
All programs will use available standards of care to inform clients of their services and will provide services in accordance with legal and ethical standards. Maintaining confidentiality is critical and its importance cannot be overstated. All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards for information disclosure.

The goal of counseling, testing and referral services is to help prevent the spread of HIV in California and to identify and move into care newly identified HIV-positive individuals.

Recurring themes in this standard include:

- ◆ Counseling, testing and referral services in care and treatment settings must be delivered in a culturally and linguistically appropriate manner.
- ◆ Counseling, testing and referral services must guard the confidentiality of clients at all times.
- ◆ Counseling services will be client-centered and respect a client's right to self determination.
- ◆ Counseling, testing and referral staff require specialized training.

The Los Angeles County Commission on HIV and the Division of HIV and STD Programs (DHSP)—formerly referred to as the Office of AIDS Programs and Policy (OAPP)—have developed this standard of care to set minimum quality expectations for service provision and to guarantee clients consistent care, regardless of where they receive services in the County.



Services help move individuals into care.

This document represents a synthesis of published standards and research, including:

- ◆ *HIV/AIDS Counseling, Testing and Referral Services Agreement Exhibit*, Office of AIDS Programs and Policy
- ◆ *1997 HIV Counseling and Testing Guidelines, Policies and Recommendations*, California Department of Health Services, Office of AIDS
- ◆ *Project 1 Protocol, March 1, 2005*, Los Angeles County Department of Health Services

SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

All counseling, testing and referral services in care and treatment settings will be provided in accordance with procedures consistent with California law, California OA guidelines, federal CDC guidelines and DHSP.

Risk assessment and disclosure counseling will follow Los Angeles County guidelines for HIV Prevention Counseling as adopted by the CDC and OA.

DEFINITIONS AND DESCRIPTIONS

Anonymous testing occurs when a client identifying information is not linked to testing information, including the request for tests or test results.

Client-centered counseling is a counseling process in which the counselor expresses unconditional positive regard for the client and frames the session in the client's terms.

Confidentiality pertains to the disclosure of personal information in a relationship of trust and with the expectation that it will not be divulged to others in ways that are inconsistent with the original disclosure. Confidentiality must be maintained for people who are recommended and/or who receive HIV counseling, testing, and referral services.

Confidential HIV test is an HIV test for which a record of the test and the test results are recorded in the client's chart and, if positive, reported to Public Health authorities as required by State law.

Confirmatory test is a highly specific test designed to confirm the results of an earlier (screening) test. For HIV testing, a Western blot or, less commonly, an immunofluorescence assay (IFA) is generally used as a confirmatory test.

Health Insurance Portability and Accountability Act (HIPAA) is a federal law that addresses the security, privacy and confidentiality of health data. (See <http://www.cms.hhs.gov/HIPAAgenInfo/> for more information.)

HIV test is a laboratory procedure that detects antibodies to HIV, rather than the virus itself. The HIV test is more correctly referred to as an HIV antibody test.

Informed consent is the legally effective permission of a client or legally authorized representative (e.g., parent or legal guardian of a minor child) to undergo a medical test or procedure.

Linked referral is any referral that is facilitated by providers and confirmed as met by the

referring agency. Linked referrals must include referral information provided in writing and verification regarding a client's access to services.

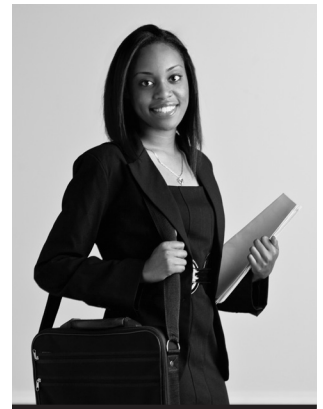
Oral fluid test is a test using oral mucosal transudate, a serous fluid. To differentiate this fluid from saliva, an absorbent material is left in the mouth for several minutes. In an HIV-infected person, oral mucosal transudate is likely to contain HIV antibodies.

Partner counseling referral service (PCRS) is one-on-one counseling that focuses on how to best inform a client's sexual or needle-sharing partners of their possible exposure to HIV. There are four service options within PCRS:

- ◆ **Self-referral:** Clients inform their partners themselves, with coaching from the counselor
- ◆ **Provider referral:** Clients provide the names and contact information of partners and the LA County Sexually Transmitted Disease Program informs them of their potential exposure
- ◆ **Dual referral:** Clients inform partners in the presence of a trained PCRS counselor
- ◆ **Contract referral:** Client and counselor agree upon a timeframe in which client informs partners

Rapid HIV test is designed to detect antibodies to HIV that can be collected and processed within a short interval of time (e.g., approximately 10 to 60 minutes).

Voluntary HIV testing is testing offered free of coercion. With voluntary HIV testing, participants have the opportunity to accept or refuse HIV testing.



Programs include disclosure counseling sessions.

HOW SERVICE RELATES TO HIV

At the end of 2013, approximately 60,050 people were estimated to be living with HIV infection in Los Angeles County. Los Angeles County comprises 40% of the total AIDS cases in the State of California (Epidemiologic Profile of HIV in Los Angeles County, 2013).

HIV testing and counseling has been documented as a cost-effective (Holtgrave et al., 1993; Farhamet et al., 2002) and critical component of HIV prevention in the United States (Irwin et al., 1996; Weinhardt et al., 1999; CDC, 2003). Early detection of the HIV virus yields significant benefits; those testing positive can be offered immediate referrals for medical care and a comprehensive continuum of services (Galvan, Bing & Bluthenthal, 2000). Early detection of HIV infection improves prognosis and reduces transmission rates (Klein, et al., 2003; New York City Commission on HIV/AIDS, 2005). People living with HIV who are aware of their status tend to reduce risk behaviors (New York City Commission on HIV/AIDS, 2005).

Despite access to testing and care, 30% to 40% of HIV cases are diagnosed late in the disease process (Klein, et al., 2003). A 2003 study found that minorities, women, heterosexuals, people under 30 and those with lower education were less likely to receive an early HIV diagnosis (Johnson et al., 2003). People with higher perceived risk of being HIV-positive have more fears about knowing their status and, as a consequence, may be less likely to be tested (Lauby et al., 2006). AIDS stigma has also been reported to affect people in their decision to be tested for HIV (New York City Commission on HIV/AIDS, 2005). Literature reviews have shown that clients perceive the need for a clinic appointment, venipuncture, face-to-face counseling, a wait for test results and a return visit to the clinic as barriers to traditional HIV counseling and testing (Spielberg et al., 2005).

The CDC estimates that nearly one third of people who get tested every year do not return for results, and one quarter of positive results are never delivered. The fear of finding out one's HIV status has been identified as a major barrier in returning for results (Wurcel, et al., 2005). Among those less likely to return for results are young people and black Americans (Galvan, Bing and Bluthenthal, 2000).

If testing is normalized and made a standard part of medical care, stigma and other barriers to testing can be reduced. In areas with high infection rates, where HIV tests are offered to individuals as a routine part of medical care, more infections are diagnosed than when HIV testing is offered based on risk factors alone. Rapid HIV testing increases the numbers of people testing and improves the likelihood that people will receive their test results (New York City Commission on HIV/AIDS, 2005). Wurcel and colleagues (2005) found rapid HIV testing to be at least as palatable as standard testing in a public health hospital setting. In outreach settings, oral fluid testing and rapid blood testing have shown a significant increase in people receiving test results compared with traditional HIV testing (Spielberg, et al., 2005). Bindman and colleagues (1998) found that people who tested anonymously presented earlier in the course of HIV disease for testing and care than those who tested confidentially.

HIV post-test counseling, especially when performed by trained personnel, has been shown to be effective in encouraging HIV-positive individuals to seek medical care. One study demonstrated that individuals counseled by a specially trained post-test counselor or social worker were 11.6 times more likely to follow up with medical care than those counseled by a physician or nurse (Eichler, Ray & del Rio 2002).

Deficiencies in HIV counseling and testing services have been documented in jails, in offices of private and HMO physicians, as well as in hospitals and emergency rooms (Rudy, et al., 2003). To successfully link testing to care, programs must provide appropriate counseling, offer convenient access to counseling and make available HIV care facilities and support services (Galvan, Bing & Bluthenthal, 2000).

SERVICE COMPONENTS

HIV counseling, testing and referral services in care and treatment settings include:

- ◆ Rapid and/or non-rapid testing
- ◆ Confidential and/or anonymous testing
- ◆ HIV risk assessments that assist clients in identifying behaviors that place them at risk for contracting HIV
- ◆ Client-centered counseling sessions
- ◆ Client-centered disclosure counseling sessions
- ◆ Assessment of need for referrals and provision of linked referrals as appropriate

All counseling and testing will be culturally and linguistically appropriate to the target population (see Program Requirements and Guidelines in the Standards of Care Introduction). Client concern over the loss of confidentiality is a barrier to accessing counseling and testing services. Maintaining confidentiality is critical and its importance cannot be overstated. All programs must comply with HIPAA standards for information disclosure.

All staff will be required to follow local guidelines, regulations and recommendations pertaining to HIV counseling and testing, rapid testing and phlebotomy.

Because of the highly emotional nature of HIV testing services and the importance of ensuring the safety of counseling, testing and referral services staff, at no time should an HIV counselor providing direct care services work alone.

PRE-TEST CLIENT PROCEDURES

Staff providing pre-test client-centered counseling will explain the following:

- ◆ The different methods of non-rapid and rapid testing
- ◆ The difference between confidential and anonymous testing—clients must be informed that if they are taking a confidential test, a positive result will require that their name be reported to the California Department of Public Health (CDPH)
- ◆ The difference between blood (serum) and oral tests
- ◆ The process related to each testing option, including how the test is done, duration of the process, timeframes for getting results, the meaning of results and the reasons for repeat or confirmatory testing
- ◆ Relevant information regarding the “window period”—clients with a non-reactive test who have had recent potential exposure (less than three months) will be counseled to retest three months from the potential exposure

Pre-test client-centered counseling sessions will strive to support informed decision-making about being tested and obtain informed consent from the client.

If a client decides to proceed with rapid testing, staff will:

- ◆ Ensure the client understands the meaning of test results, including that a preliminary positive result requires confirmatory testing
- ◆ Assess a client’s potential reaction to receiving a reactive rapid test
- ◆ Ensure that the client completes an DHSP-approved consent form (for confidential testing) signed by client and maintained in the client file in accordance with California Code of Regulations); such consent will include a commitment by the client for the collection of a second specimen if he or she receives a reactive test result
- ◆ Collect client demographic information using designated reporting forms provided by DHSP (All information on reporting forms and lab slips will be voluntarily supplied by client.)

Staff will strive to accomplish the following, either in the pre-test counseling session (for standard testing) or while waiting for rapid testing results:

- ◆ Improve the client’s self-perception of risk
- ◆ Support previous attempts at behavior change
- ◆ Negotiate workable short- and long-term risk reduction plans based on the client’s perceived ability to change behavior
- ◆ Review the connection between HIV and STD infections and alcohol and substance abuse

STANDARD	MEASURE
Staff will explain: <ul style="list-style-type: none"> • Different methods of testing • Testing processes • The “window period” and follow-up testing as appropriate 	Program review and monitoring to confirm.
For clients who proceed with testing, staff will: <ul style="list-style-type: none"> • Ensure the client understands the meaning of test results • Assess a client’s potential reaction to a reactive rapid test • Have the client complete a consent form (for confidential testing) • Collect demographic data 	Program review and monitoring to confirm. Demographic data and consents on file in client charts.

HIV TESTING

Counseling and testing programs will operate according to local, State and federal guidelines. Programs providing HIV testing, counseling and referral services will use Federal Drug Administration (FDA)-approved test kits. Staff will follow the test kit manufacturer’s exact instructions and guidelines for testing procedures.

CONDITIONS FOR TESTING

Programs are strongly encouraged to provide separate physical spaces for the processing of tests and the provision of counseling services.

In addition, the following conditions are necessary for optimal HIV testing:

- ◆ Sufficient lighting to safely and accurately perform the test and read result
- ◆ A level, clean surface where the testing is performed
- ◆ Temperature of the test kit and test area maintained according to manufacturer’s specifications
- ◆ Space that assures confidentiality for testing and counseling
- ◆ Use of universal precautions and appropriate waste disposal

STANDARD	MEASURE
Counseling and testing programs will operate in accordance with local, State and federal guidelines.	Program review and monitoring to confirm.
Programs will use FDA approved rapid test kits and use exact manufacturer’s instructions when testing.	Program review and monitoring to confirm.
Programs will ensure: <ul style="list-style-type: none"> • Sufficient lighting • A clean, level surface for testing • Temperature maintained according to manufacturer’s specifications • Confidential testing and counseling space • Universal precautions and appropriate waste disposal 	Program review and monitoring to confirm.

DOCUMENTATION OF RESULTS

Results will be documented and maintained in a confidential place according to local, State and contract requirements. For clients with preliminary positive results who have elected to test anonymously, staff will ask client to consider converting to confidential testing in order to enable future contact for confirmatory test results.

STANDARD	MEASURE
Results will be documented according to guidelines and contract requirements.	Program review and monitoring to confirm.
Staff will encourage preliminary positive, anonymously tested clients to convert to confidential testing to enable future contact for confirmatory test results.	Program review and monitoring to confirm.

CONFIRMATORY TESTING

All clients receiving a reactive rapid result should immediately have a specimen collected for confirmatory test to confirm their HIV status. All clients consenting to test will be asked for an additional confirmatory specimen. If a client’s rapid test is preliminary positive, such serum or oral fluid specimen will be sent to a laboratory for confirmation.

STANDARD	MEASURE
All clients receiving reactive rapid result will have additional specimen taken and sent to laboratory for confirmation.	Program review and monitoring to confirm.

CLIENT-CENTERED DISCLOSURE

Client-centered disclosure provides clients with their results and integrates the test results in a meaningful and productive manner, based on their reported risk factors and consistent with their personal risk reduction strategies. Test results will not be mailed, disclosed over the phone or given in the presence of others (with the exceptions stipulated by California Health and Safety Codes 121010, 121015, 121020, 120975, 120980 and 120985 (see <http://caselaw.lp.findlaw.com/cacodes/hsc/120975-121020.html>)).

Certified HIV counselors will describe the disclosure session steps to clients prior to disclosing test results. The counselor is responsible for:

- ◆ Disclosing the results
- ◆ Interpreting the test results
- ◆ Assessing the client’s emotional state, counseling needs, understanding of the test results and need to be retested based upon the window period and the client’s recent HIV risk behaviors
- ◆ Assessing the client’s understanding of and commitment to risk reduction guidelines
- ◆ Assessing the strength of the client’s social support network and plans for and consequences of disclosure to others

The following time parameters are recommended:

- ◆ **High risk HIV-negative clients (enhanced counseling clients):** A disclosure session lasting a recommended 30 minutes and, when provided, a post-disclosure session lasting a recommended 20 minutes.
- ◆ **HIV-positive clients (comprehensive counseling clients):** A disclosure session lasting a recommended 45 minutes and, when provided, a post-disclosure session lasting a recommended 20 minutes.

For those clients testing positive, the certified counselor plays a crucial role in explaining confirmatory testing, obtaining a commitment from the client to return for a confirmatory result and ensuring that clients keep their scheduled confirmatory test disclosure appointments. Counselors should make themselves available via phone or in person to answer any questions and provide support throughout the process.

Counselors will discuss the past and future risk of HIV transmission to sexual and drug-using partners. For women of childbearing age and/or their male partners, the counselor will discuss the risk of transmission to the fetus or newborn during pregnancy, labor, delivery and the post-partum period. Counselors will encourage clients to take precautions against transmitting the virus to others.

Counselors will actively attempt to elicit contact information for past sexual and drug-using partners, encourage clients to bring in their current and/or past sexual partners for testing, describe Partner Counseling Referral Services (PCRS), and/or link the client to the Los Angeles County Sexually Transmitted Disease Program for PCRS or other PCRS provider. Those clients who choose not to notify their partners personally, and who want assistance with notification, will be referred to LA County Sexually Transmitted Disease Program for field notification.

STANDARD	MEASURE
<p>Counselors are responsible for:</p> <ul style="list-style-type: none"> • Disclosing the results • Interpreting the test results • Assessing the client’s emotional state, needs, understanding and risk behaviors • Assessing commitment to risk reduction guidelines • Assessing strength of the social support network disclosure plans 	<p>Program review and monitoring to confirm.</p>
<p>Counselors will elicit contact information for past partners, encourage them to bring in partners for testing and/or link clients to PCRS services or to LA County STD Program for field notification.</p>	<p>Program review and monitoring to confirm.</p>

REFERRAL

Certified HIV counselors will assess the need for referrals and provide specific, written, linked referrals, as appropriate.

Based on client need, referrals to the following services should be made:

- ◆ HIV risk reduction and prevention
- ◆ Partner elicitation or partner counseling
- ◆ Sexually transmitted disease screening
- ◆ Tuberculosis (TB) screening
- ◆ Drug and alcohol treatment
- ◆ Medical outpatient services
- ◆ Mental health services or crisis line

HIV-positive clients will be provided written referrals to a minimum of three primary medical care providers and any other linked referrals appropriate to his or her immediate needs, including legal services, case management and drug reimbursement or health insurance programs. Programs are directed to the following Other Resources section in the Standards of Care Introduction, which contains a list of useful websites and hotlines for staff making client referrals.

Programs will develop a linked referral/no show follow-up plan to be implemented with their clients. Programs will document all linked referrals and follow-up plan for testing clients.

Documentation of linked referral follow-up will include (at minimum):

- ◆ Agency to which client was referred
- ◆ Any appointments met by client
- ◆ Appointments broken by client

STANDARD	MEASURE
<p>Counselors will assess referral need and provide linked referrals, as appropriate.</p>	<p>Documentation of linked referral in client file at provider agency to include agency to which client was referred and appointments met and/or broken.</p>
<p>HIV-positive clients will be provided written referrals to at least three primary care providers and other linked referrals, as appropriate.</p>	<p>Documentation of linked referral in client file at provider agency to include agency to which client was referred and appointments met and/or broken.</p>

STANDARD	MEASURE
Programs will develop a linked referral/no show follow-up plan.	Linked referral/no show follow-up plan on file at provider agency.

CONFIRMATORY TESTING

If a client receives a reactive rapid test, a blood or oral mucosal transudate specimen will be obtained immediately for confirmatory testing. It is preferred that a blood specimen be drawn; however, if the counselor does not perform phlebotomy, an oral fluid specimen can be taken.

Counselors will obtain a commitment from, and set an appointment with, the client to return for confirmatory results. All confirmatory results will be provided in person to facilitate linkage to further services and to provide emotional support.

Counselors will discuss coping strategies for the client to employ during the waiting time before confirmatory results are given, and who, if anyone, he or she intends to tell about the rapid test result. Clients will be encouraged to take precautions to avoid potentially transmitting the virus to others.

STANDARD	MEASURE
Counselors will immediately obtain an additional specimen from clients receiving reactive test results and make an appointment for confirmatory results.	Program review and monitoring to confirm.
Counselors will discuss coping strategies and disclosure issues with clients receiving reactive result and urge clients to take prevention precautions.	Program review and monitoring to confirm.

CONFIRMED POSITIVE RESULT DISCLOSURE COUNSELING

Throughout the testing process, certified counselors will provide emotional support to assist the client in coping with their newly determined HIV status. Counselors may call upon the client's designated case manager or social worker, when available, to help disclose confirmed positive results.

The case manager, social worker and/or certified counselor will offer post-disclosure services to the client that may include:

- ◆ Emotional and community support
- ◆ Information/assistance regarding entry into medical care
- ◆ PCRS services
- ◆ Medical and community linked referrals
- ◆ Follow-up

STANDARD	MEASURE
Counselors will provide emotional support to HIV-positive clients and will arrange additional assistance from the client's designated case manager or social worker, when available.	Program review and monitoring to confirm.

CRISIS INTERVENTION

Programs providing counseling, testing and referral services in care and treatment settings will develop written procedures for responding to crisis situations.

The procedures will include the following (at minimum):

- ◆ Definition of a crisis situation
- ◆ Protocol for client referral to mental health services
- ◆ Protocol for involving other systems (law enforcement, mental health, etc.)
- ◆ Protocol for initiating an emergency response for a client who appears to be a danger to self or others (5150 – detaining a client against his/her will)
- ◆ Requirement that an HIV counselor never works alone
- ◆ Protocol for protecting the safety of worker and client
- ◆ Documentation requirements

If a crisis situation warrants the involvement of another agency, such as law enforcement or mental health services, client confidentiality must be strictly maintained. Under no circumstance should the antibody status of a client be revealed during crisis mediation without prior consent of the client.

STANDARD	MEASURE
Programs will develop written procedures for crisis situations.	Crisis protocols on file at provider agency to include (at minimum): <ul style="list-style-type: none"> • Definition of a crisis situation • Protocol for mental health referral • Involving other systems • Initiating an emergency response (5150) • Requirement that an HIV counselor never works alone • Protecting the safety • Documentation requirements
HIV status of clients in crisis will be strictly confidential unless client has given prior written consent.	Program review and monitoring to confirm.

REPORTING

Programs will report positive results in a manner consistent with California state law.

STANDARD	MEASURE
Testing staff will report positive results consistent with California state law.	Program review and monitoring to confirm.

PROGRAM RECORDS

Programs will maintain adequate health records on each client in detail consistent with good medical and professional practice in accordance with the California Code of Regulations. Confidential counseling, testing and referral programs will ensure that client records are available only to those individuals granted access in accordance with HIPAA regulations. Service records will be documented in sufficient detail to permit an evaluation of services.

Client records will include (but not be limited to):

- ◆ Dates of the HIV risk assessment and disclosure sessions
- ◆ Signed consent form for confidential tests
- ◆ Test results
- ◆ Progress notes documenting referrals provided
- ◆ Record of services provided
- ◆ Demographic data and statistical summary reports

Because resource referral is such a vital component of counseling, testing and referral services in care and treatment settings, programs must maintain a comprehensive list of target providers (both internal and external), including, but not limited to, the HIV LA Resource Directory, for the full spectrum of HIV-related services.

STANDARD	MEASURE
Programs will maintain appropriate documentation.	Client records on file at provider agency to include (at minimum): <ul style="list-style-type: none"> • Dates assessment and disclosure sessions • Signed consent forms • Test results • Client interview • Referral progress notes • Record of services provided • Demographic data
Programs will maintain comprehensive list of HIV service providers.	Provider list on file at provider agency.
Programs will ensure that records are available only to staff who have HIPAA-approved access.	Program review and monitoring to confirm.

STAFFING REQUIREMENTS AND QUALIFICATIONS

At minimum, all counseling, testing and referral providers will be able to provide linguistically and culturally appropriate services for people testing for or living with HIV and complete documentation as required by their positions. The Office of Minority Health’s National Standards on Culturally and Linguistically Appropriate Services (CLAS), found at <http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=15>, should be considered a guide. Staff will be sensitive to the needs of people of diverse life experiences, including substance users, people with mental illness, transgendered individuals and people with co-occurring disorders. Counseling, testing and referral staff will complete an agency-based orientation before providing services.

All counseling, testing and referral staff will meet guidelines as set forth by the CDPH-OA and the CDC. All HIV risk assessment and disclosure counseling sessions will be conducted by certified HV counselors trained by the CDPH-OA and/or DHSP. All certified HIV counselors must attend an annual one-day HIV recertification training approved by OAPP.

In addition to the meeting the guidelines above, all counseling, testing and referral staff are required to attend 16 hours of continuing education annually. Required training should include (but not be limited to): Hepatitis A, B and Sexually transmitted diseases (STDs including chlamydia, gonorrhea and syphilis), substance abuse and PCRS training.

All direct service staff will attend in-service training on substance abuse knowledge, sensitivity, cultural approaches and related issues as directed by DHSP under the guidelines of the State Department of Alcohol and Drug Programs.

The program director of counseling, testing and referral services in care and treatment settings will be appropriately trained, knowledgeable and highly competent in the areas of HIV/AIDS testing and counseling, STD and Hepatitis screening, substance abuse, community referrals, educational services and general computer skills. Program directors will also complete CDPH-OA and/or DHSP’s HIV Counselor Certification Training and recertifications.

All staff will receive an annual performance evaluation. The results of performance evaluations will be discussed between the staff person and supervisor.

STANDARD	MEASURE
Programs will hire counseling, testing and referral staff that are able to provide culturally appropriate care to clients testing for HIV.	Resumes and job descriptions on file at provider agency to confirm.
All staff will be given orientation prior to providing services.	Orientation curriculum on file at provider agency which includes (but is not limited to): <ul style="list-style-type: none"> • Basic HIV/AIDS education • Client confidentiality and HIPAA regulations • Agency policy and goals • Facility operations • Cultural sensitivity • Resources and referrals • Appropriate client/staff boundaries
Staff will receive appropriate training.	Documentation of trainings on file in employee record to include certificates and/or letters of completion for: <ul style="list-style-type: none"> • HIV counselor certification • One-day recertification • Rapid testing training • Phlebotomy certification • PCRS certification/recertification • Select STD and HIV training as needed • Substance abuse training and sensitivity
Staff will receive 16 hours of continuing education per year.	Documentation of continuing education on file in employee record
Program director will be appropriately trained, knowledgeable and highly competent in the related areas. Program director will complete HIV Counselor Certification Training and recertifications.	Resume and documentation of training on file at provider agency in employee record.
All staff will receive an annual performance evaluation/discussion.	Copy of evaluation and documentation of discussion on file in employee record.

UNITS OF SERVICE

Unit of service: Units of service defined as reimbursement for counseling, testing and referral services in care and treatment settings are based on services provided to eligible clients.

- ◆ **Counseling units (pre-test, post-test, disclosure):** calculated in number of hours provided
- ◆ **Testing units:** calculated in number of tests performed
- ◆ **Linked referral units:** calculated in number of linked referrals provided

Number of clients: Client numbers are documented using the figures for unduplicated clients within a given contract period.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
CLAS	Culturally and Linguistically Appropriate Services
DHSP	Division of HIV and STD Programs
FDA	Food and Drug Administration
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
OA	Office of AIDS
PCRS	Partner Counseling Referral Service
STD	Sexually Transmitted Disease