

Uniform Reporting System (URS)

Entering Counseling and Testing (CTS) Data

- All bolded fields must be completed in all screens. Completing non-bolded fields is optional.
- Fields whose field names appear as raised boxes offer pick lists of available choices.
- Remember, entering a specific response to a required (bolded) field may cause other non-bolded fields to become required.
- Don't forget to save your work. You can save each screen as you complete it.
- The screen shots presented here are only samples of what may be entered.
- The System Administrator must complete set-up screens before CTS information is entered.

URS Set-Up Screens

Agency Information

Identifier
Name: DPH AIDS
Agency ID#: 01
Federal ID#: -

Address
Street: 410 Capitol Avenue
City: Hartford
State: CT Connecticut
Zip: 06134
Phone: (860)-509-7846
Fax: (860)-509-7853

Contact
Name: Robert Baume
Title: Associate Research Analyst
Phone: (860)-509-7846 Fax: (860)-509-7853
Email: robert.baume@po.state.ct.us

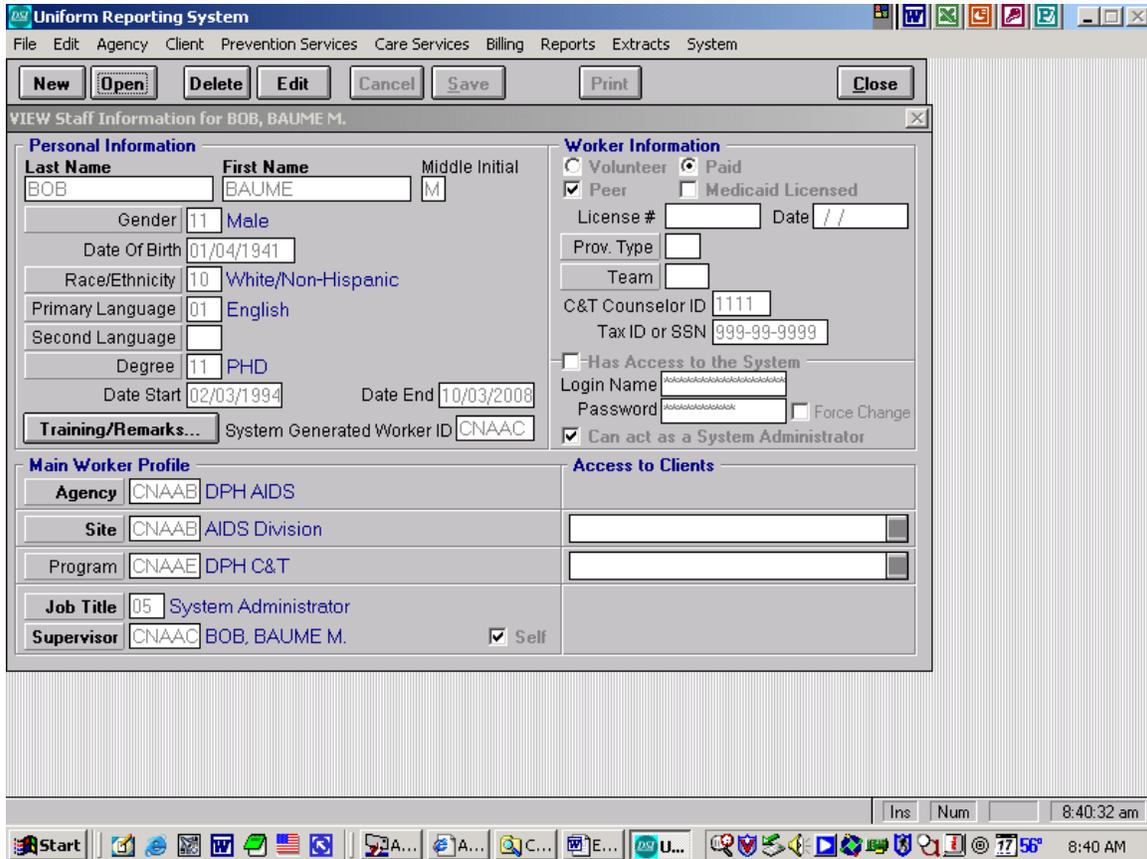
CADR/AAR Information
CADR/AAR Provider#: 01
Zip Code of Agency's Principal Service location: 06134 Total Number of Sites for the Agency: 1
Provider Type: 06 Health Department
Ownership Status: 02 Public / State

Agency Description (check all that apply)
 Minority group members > 50% of the board
 Minority group members > 50% of the staff members in HIV direct services
 Solo or group private health care practice > 50% of the clinicians are minority members
 Traditional provider historically served minority patients/clients but not meeting criteria above
 Other type or facility

Buttons: Add, Edit, Save, Cancel, Close

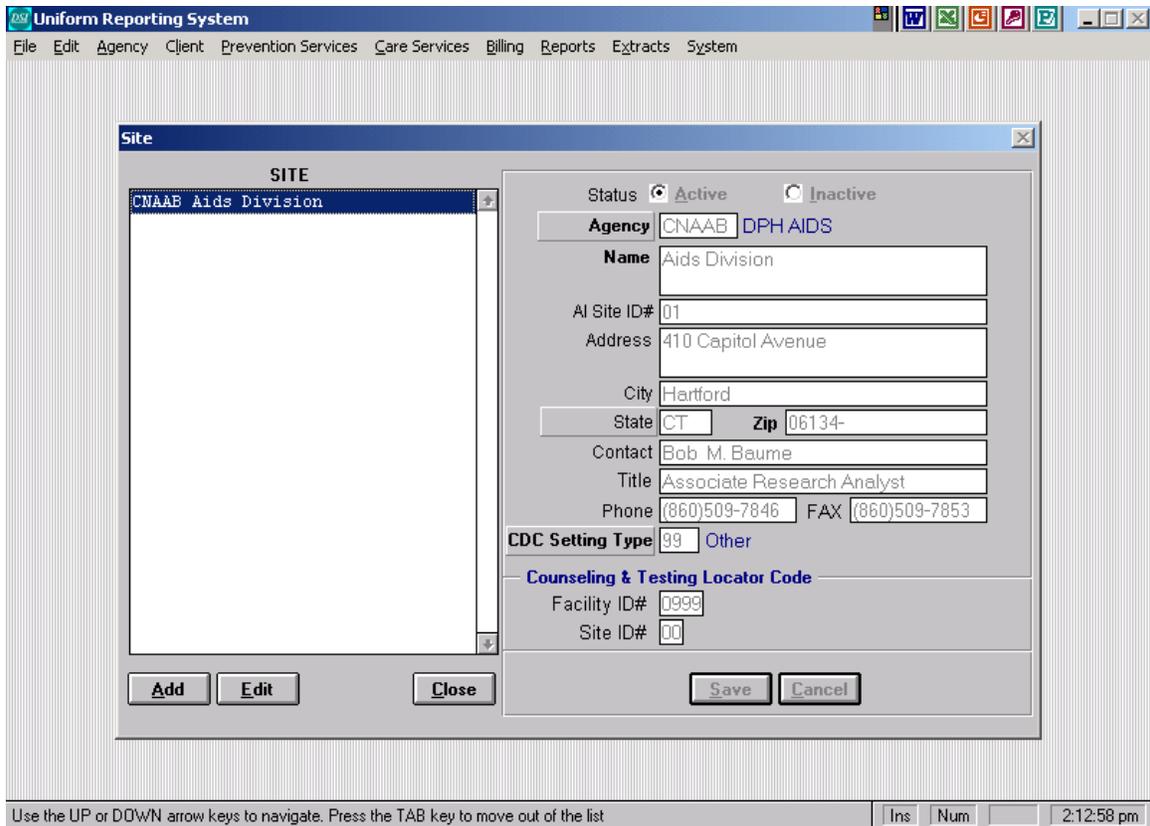
1. Agency Information

- Accessed from the *Agency* Menu.
- This screen contains information about your agency.
- The System Administrator enters this information one time.



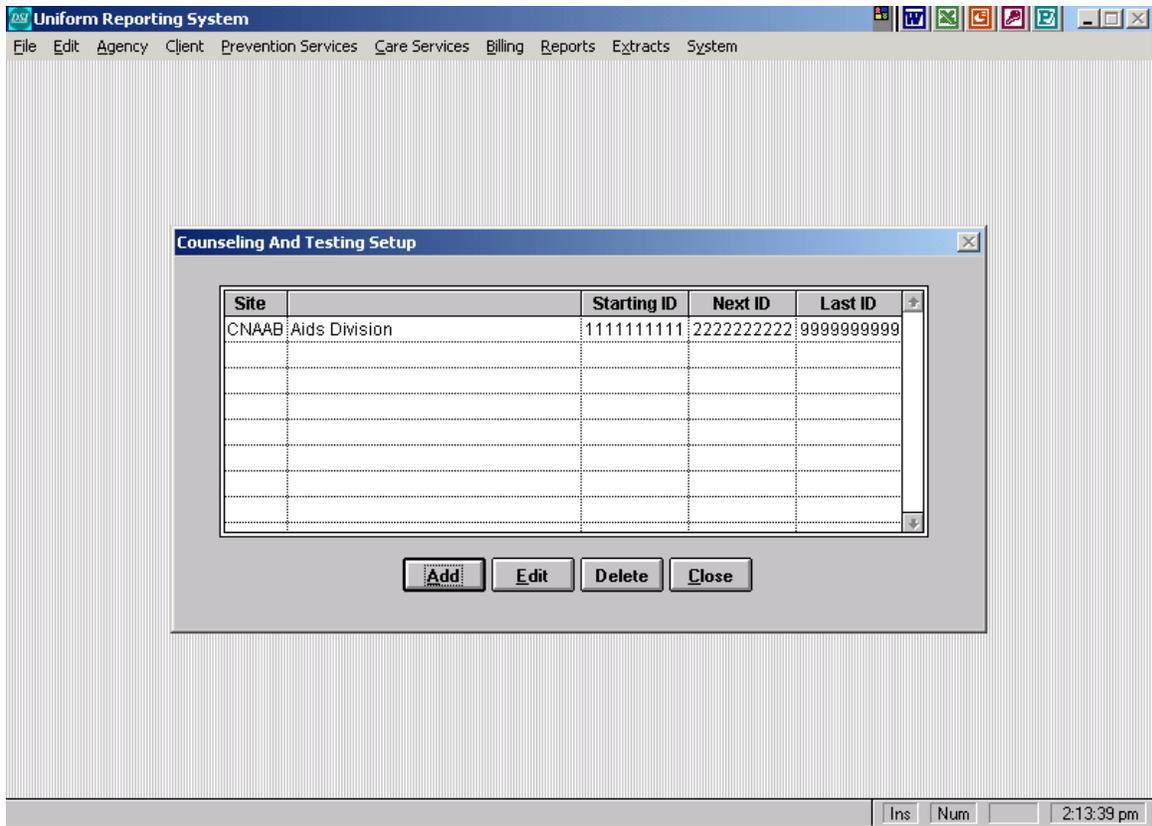
2. Staff Profile - Counseling and Testing ID Numbers

- *The Staff* screen is accessed the *Agency* menu.
- The System Administrator must enter each CTS counselor's profile, accessed from the *Agency Menu*, on the *Staff* Screen.
- The System Administrator enters this information one time.
- It contains names and other required information on every staff member who delivers services to clients.
- On the *Staff* screen is the data field *Counseling and Testing Counselor ID#*.
- This is a unique four digit number counselor number that must be assigned to all staff members who serve as either a Pre-test or Post-test Counselor.
- If the *Counseling and Testing Counselor ID#* is not entered, the staff member will not appear on the list of available names who can be assigned as the Pre-test or Post-test Counselor on Forms A, B1 and B2.



3. Site Information

- Accessed from Agency Menu.
- This screen contains site information entered once by the System Administrator for each site where Counseling and Testing is conducted.
- The *Facility ID#* corresponds to your own three-digit site number with a leading zero.
- The *Site ID#* corresponds to your own two-digit site type.



4. Counseling and Testing Setup

- Accessed from *Agency* Menu.
- This screen contains the range of Counseling and Testing scannable bubble form numbers that you will be using.
- Click on *Add* to enter your own sequence of bubble form numbers (first number, and last number).
- When that sequence of numbers is completed, a new series of bubble form numbers must be entered.
- It is a good idea to occasionally refer to the *Next ID* field in the *Add Counseling and Testing IDs* screen to see if you are nearing the end of your batch and need to request additional CTS Forms.

Uniform Reporting System

File Edit Agency Client Prevention Services Care Services Billing Reports Extracts System

New Open Edit Cancel Save Delete Print Next Prev. Status Changes... Close

VIEW General Intake Form for APPLE, AL A. - Page 1

Name Anonymous

Last Name APPLE
 First Name AL
 Middle Name A

Address

111 ACE AVENUE
 City ALTOONA State CT Zip 06111-
 County 001 FAIRFIELD
 Phone: Day (111)111-1111 Eve (222)222-2222

Identifiers

Intake Date 05/07/2003 Client ID APAL010111M1
 SS # 111-11-1111 DOB 01/01/1911 Current Age 92
 Medicaid # Gender 11 Male
 Case # 0012345600 AKA

Personal Information

Religion 02 Atheist
 Marital 05 Divorced

Special Population(s)

09 Veteran [Add] [Delete]

Living Situation

Head of Household? Yes
 Dependent Children Living with Client? Yes
 Is Client Inadequately Housed? No

Housing 11 Permanent Housing - Owns Home

Can Client be contacted? Discretion Home Visit By mail Phone

HIV Exposure Category

Primary 05 Heterosexual Contact
 Secondary 09 Occupational Exposure

HIV Status... TB Status... Insurance... Substance... Risk Hist... Comments... <-Prior Page Next Page->

Ins Num 2:14:07 pm

5. General Intake Form

- This is the general client intake form accessed from the *Client* menu.
- Enter demographic information for each client.
- Enter the bubble form number in the *Case #* field.

CTS Data Entry Screens

The screenshot displays the 'Uniform Reporting System' window. The menu bar includes File, Edit, Agency, Client, Prevention Services, Care Services, Billing, Reports, Extracts, and System. The toolbar contains buttons for Add, Edit, Delete, Cancel, Save, Order, Date, List, navigation arrows, Print, and Close. The main form area is titled 'VIEW Counseling and Testing Encounter Form' and contains the following sections:

- Encounter:** Type (01), Pre-test Counseling WITHOUT HIV Testing (5 Tier), Actual Date (07/31/2003), Staff (CNAAC BOB, BAUME), Program (CNAAE DPH C&T), Site (CNAAB Aids Division), Location, Next Sched Appt. (//), Start Time (09:00 AM), End Time (10:00 AM), Total (01:00).
- Diagnosis(es) treated:** Primary and Secondary checkboxes, ICD-9 field, and buttons for Lab/Psychological Tests, Medications..., Diagnosis Information..., HIV/AIDS Risk History, HIV Status Update..., TB Status Update..., and Pregnancy Status Update...
- Service(s) Provided:** A list box containing '0032 Pre-Test Counseling Without HIV Testing' with Add, Edit, and Delete buttons.
- Bottom navigation:** View Progress Note, View Referrals Made..., View Billing Info, Insurance Information..., Counseling and Testing (A), and a dropdown menu.

At the bottom of the window, there is a status bar with the text 'Press ENTER to display a list of values', 'Ins Num', and the time '2:14:53 pm'.

6. Counseling and Testing Encounter Form

- This is the *Counseling and Testing Encounter* screen accessed from *Prevention Services* menu.
- It is used when a client presents himself or herself for a CTS visit.
- Fill in bolded fields and click on *Counseling and Testing* in the lower right corner to go to form A.
- If the client comes back to your site at a future date for a second CTS encounter, you can enter new information into the encounter form can be used again without losing the previous information.

Uniform Reporting System

File Edit Agency Client Prevention Services Care Services Billing Reports Extracts System

Add Edit Delete Cancel Save Order Date List < < > > Print Close

Client APPLE, ALA. ID APAL010111M1 Status Active

VIEW Counseling & Testing Form A LOCATOR CODE: 09990100 FORM ID: 0000000001

Service Site CNAAB Aids Division

Funding Prog. 01 Anonymous Counseling & Testing

Health Insurance Type Medicaid

Date of Encounter 05/08/2003

PRETEST Counselor 1111 BOB, BAUME

PRETEST Counseled? Yes

Previously tested? Yes At this agency? Yes Anonymous/Confidential? Confidential

Client knows HIV status? Negative

Date of most recent previous test (mm/yyyy) / Most Recent Test Date Unknown

Tested this encounter? Yes

If yes, test type? Confidential

If no, reason?

Blood sample #

Date drawn //

Had Sexual Relations Since Last Test With

Male

Female

IDU

Male that had sex with a male (MSM)

Person with HIV/AIDS

Drug/Needle Use History Since Last Test

IDU

Share drug injection paraphernalia

Female Clients Only

Client pregnant?

If yes, Date Due (mm/yyyy) / /

If yes, Date of first prenatal visit this pregnancy / /

No prenatal care yet

Additional Questions HIV Risk History Form B1 -> Form B2 ->

Ins Num 2:15:59 pm

7. Counseling and Testing Form A

- This information is entered in conjunction with an encounter.
- It implies that a face-to-face visit has occurred.
- Form A is used to record a client's testing history, Pre-test Counseling information, current HIV/AIDS Risk History, and whether or not a test was given during the encounter.
- Complete bolded fields on *Counseling and Testing Form A*.
- Click on *HIV Risk History* at bottom of screen.

Uniform Reporting System

File Edit Agency Client Prevention Services Care Services Billing Reports Extracts System

Client APPLE, ALA. ID APAL0101 Intake Date 05/07/2003 Age 92 Close

VIEW HIV/AIDS Risk History

05/09/2003 Effective Date 05/09/2003 Sex M
 05/08/2003
 05/08/2003
 Add Edit Delete

CDC Risk Category MSM and IDU
 RW Risk Category MSM and IDU

Sexual Relations With:

- Male
- Female
- IDU
- Male Who Had Sex With A Male
- Person With HIV/AIDS
- Person With Another HIV/AIDS Risk
- While Using Non-Injection Drugs
- In Exchange For Drugs Or Money
- Person With Hemophilia
- Transplant Recipient With HIV/AIDS
- Transfusion Recipient With HIV/AIDS
- Multiple Partners
- Person With HIV Status Unknown

Drug/Needle Use History:

- IDU
- Share Drug Injection Paraphernalia
- Share Drug Injection Paraphernalia In Shooting Gallery

Other HIV Risks:

- STD Diagnosis (Current Or Previous)
- Child Born To Woman With HIV/AIDS
- Child Of Parent With Unknown HIV Status
- Received Clotting Factor VIII (Hemophilia A)
- Received Clotting Factor IX (Hemophilia B)
- Received Other Clotting Factor
- Received Transfusion
- Received Artificial Insemination
- Received Transplant
- Health Care Worker/Occupational Exposure
- Tattoo
- Victim Of Sexual Assault
- Mother with/at risk for HIV
- Risk Exposure Unknown

Save Cancel

Use the UP or DOWN arrow keys to navigate. Press the TAB key to move out of the list

Ins Num 2:17:49 pm

8. HIV/AIDS Risk History

- Complete bolded fields on this *HIV/AIDS Risk History* screen.
- Check all that apply.

The screenshot shows the 'Uniform Reporting System' window with the following details:

- Client:** APPLE, ALA. ID: APAL010111M1 Status: Active
- Form Title:** VIEW Counseling & Testing Form B1 LOCATOR CODE: 09990700 FORM ID: 0000000001
- Service Site:** CNAAB Aids Division
- Funding Prog.:** 07 Primary Care Section
- Tested at this agency?:** Yes No
- Test result this test:** Positive
- POSTTEST Counselor:** 1111 BOB, BAUME
- Date result received:** 05/08/2003
- Date POSTTEST Counseled:** 05/08/2003
- Convert test type anonymous to confidential:**
- POSTTEST Counseled?:** Yes No
- If yes, select one:** Returned as scheduled
- Follow-up appointments needed/scheduled:**
 - Primary Med. Care: Need
 - HIV-Rel. Med. Care: Need
 - GYN: None
 - OB:
 - Family Planning:
 - Subst. Use-Rel. Tx:
 - Alcohol Use-Rel. Tx:
 - Social Services:
 - Case Management:
 - Mental Health Services:
 - Counseling: Sched
 - Ped. Primary Med. Care:
 - Peds HIV-Rel. Med. Care:
 - Other:
- If HIV+, Spouse/Partner Notification (S/PN):**
 - Need for S/PN discussed
 - Education on self-notification provided
 - PNAP/CNAP/Other S/PN referral information provided
 - S/PN identification information gathered
 - PNAP/CNAP/Other S/PN serv. called on behalf of client
 - PNAP/CNAP/Other S/PN serv. appointment scheduled
 - On-site PNAP/CNAP/Other S/PN serv. provided to client
 - Client requests provider to participate in S/PN
 - Client will self-notify
 - No spouse(s)/partner(s)
 - Notification process not resolved
- Buttons:** Blood sample #, Additional Questions, Form A, Form B2

9. Counseling and Testing Form B1 and B2

FORM B1:

- Form B1 is filled out in conjunction with an encounter when a client comes back for their Test Results, Post-test Counseling, Spouse/Partner Notification, and/or a Referral *within 30 days* of the original Pre-test Counseling Encounter.
- If a client fails to return within 30 days of the original Pre-test encounter, Form B1 is filled out in conjunction with the original Pre-test encounter to indicate the results of the test only.

FORM B2:

- This is used in conjunction with an Encounter when a client comes back for their Test Results, Post-test Counseling, Spouse/Partner Notification, and a Referral *after 30 days* of the original Pre-test Counseling encounter.
- Form B2 is always linked to a new encounter.

The following pages contain a more detailed description and explanation of the CTS data entry process.

THE URS Counseling and Testing ENCOUNTER

To access the Counseling and Testing Encounter screen, select the *Counseling, Testing and Partner Notification* option under the *Services* menu. Note that the *Counseling and Testing Encounter* screen looks identical to the *Primary Care Encounter* screen.

As with all other encounters within the Uniform Reporting System, the user must first enter an encounter type. In the case of Counseling and Testing, there are only 4 possible encounter types. They are:

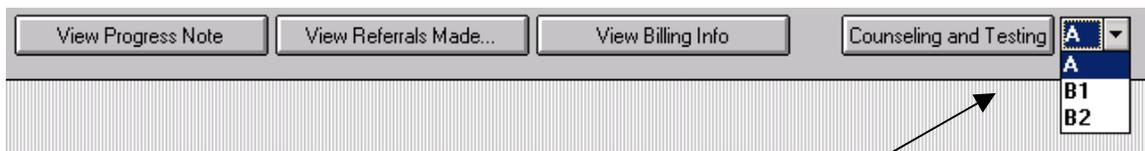
- Pre-test Counseling without HIV Testing (5 Tier)
- Pre-test Counseling with HIV Testing (5 Tier)
- Post-test Counseling, Result HIV Negative (5 Tier)
- Post-test Counseling, Result HIV Positive (5 Tier)

ADDING PRE-TEST COUNSELING & CTS INFORMATION

Only the two Pre-test Counseling options (above) are to be used for initial Counseling and Testing Encounters. Note that there are NO Services associated with Pre-test Counseling Encounters. Therefore, no options will appear when accessing the Activity Codes in the *Service* section of the encounter screen.

Adding a CTS FORM A

Upon saving the Counseling and Testing Encounter record, several buttons on the encounter screen become active. On the very bottom of the screen is a combination of the *CTS Form Selection* drop-down button to the right of the button labeled *Counseling and Testing*. The *CTS Form Selection* button gives you the opportunity to select the desired CTS Form. By clicking the *Counseling and Testing* button, the URS will bring you directly into the CTS Form selected. For Pre-test Counseling, the user should select Form A.



From the bottom of the Counseling and Testing (or Primary Care

The CTS FORM A

As with most URS screens, clicking the *Add* button allows you to create a new record. At this time, the user will not yet see a Form ID displayed. After selecting the *Service Site* and *Funding Program*, however, the URS will automatically assign a Form ID and Locator Code to the Form A record. These will be displayed on the title bar of the screen.

Fill in the information on the form. Note the following:

1. When adding a CTS Form A

- The *Service Site* field will automatically be filled in with the *Site* of the Encounter when the encounter type is *Pre-Test Counseling without HIV Testing* OR *Pre-Test Counseling with HIV Testing* (Unless site is not a CTS site).
- The *Date of Encounter* field will automatically be filled in with the Encounter Date (*Actual Date*) when the encounter type is *Pre-Test Counseling without HIV Testing* OR *Pre-Test Counseling with HIV Testing*.
- The *Pre-Test Counselor* field will automatically be filled in with the *Staff* person (if this person has a *Counseling and Testing Counselor ID#*) from the Encounter when the encounter type is *Pre-Test Counseling without HIV Testing* OR *Pre-Test Counseling with HIV Testing*. If the *Staff* person does not have a *Counseling and Testing Counselor ID#*, the *Pre-Test Counselor* field will be blank and must be filled in by the user.

2. The *Date of Encounter* field will not accept any dates prior to 1/1/1988 nor greater than today's date.
3. Selecting certain options will deactivate (“gray out”) some subsequent data fields thereby making them unavailable for data entry. For example, selecting “No” for *Previously Tested?* deactivates the questions *At this Agency?*, *Anonymous/Confidential?*, *Client Knows HIV Status?*, and *Date of Most Recent Test*.
4. Additionally, for all male gender clients, (as identified on their *General Intake Form*), the user will not be able to enter any information under the *Pregnancy History* section.
5. Some fields contain options that, when selected, will result in another, non-bold field, becoming required. For example, selecting “No” for *Tested This Encounter?* results in the field *If No, Reason?* becoming required in order to save the record.

IMPORTANT- To display the associated information entered in Forms B1 and B2, the user must first select the desired (dated) “Form ID” from the List on the Form A screen. Note, as with all URS screen, the most recent dated information (Form A information in this case) will be displayed when first accessing this screen, regardless of the encounter selected.

When data entry is complete, saving the record will result in a message “**Please Enter HIV/AIDS Risk History for Encounter Date**”.



Click on the “OK” button. You will be brought directly into the *Add* mode of the *HIV/AIDS Risk History* screen.

HIV/AIDS Risk History Screen

This screen stores risk histories for the client historically. It is also accessible from the *HIV History* button at the bottom of CTS Form A.

- You will notice that the *Effective Date* is automatically entered with the *Date of Encounter* from Form A. If necessary, however, it is possible to change the date.
- The *Child Born to Woman with HIV/AIDS* risk will only be available to clients with a date of birth indicating they are less than 13 year of age.

After entering the risk history information into this screen, save and close the screen. This brings the user back to CTS Form A. The CTS screen can now be closed which brings the user back to the initial *Counseling and Testing* encounter. The user can now close the screen (if desired) or enter new encounter information for this or another client.

Note the following:

1. You must enter a risk history each time a new Form A is created (therefore, for each Pre-test Counseling encounter).
2. You will be able to view all prior HIV/AIDS Risk Histories while in the screen (or from the Client Menu / *HIV/AIDS Risk History*) to detect trends in a client's risk behavior.

The screenshot shows a software window titled "ADD HIV/AIDS Risk History" for client "BUNNY, BUGS" (ID 8, Intake Date 01/08/1997, Age 22). The window includes a "Close" button in the top right. Below the client information, there is a dropdown menu currently set to "No Relation History" with "Add", "Edit", and "Delete" buttons below it. To the right, the "Effective Date" is set to "06/01/2001" and there is a checkbox for "Risk Exposure Unknown".

The main area contains two columns of risk categories, each with a list of checkboxes:

- Sexual Relations With:**
 - Male
 - Female
 - IDU
 - Male Who Had Sex With A Male
 - Person With HIV/AIDS
 - Person With Another HIV/AIDS Risk
 - While Using Non-Injection Drugs
 - In Exchange For Drugs Or Money
 - Person With Hemophilia
 - Transplant Recipient With HIV/AIDS
 - Transfusion Recipient With HIV/AIDS
 - Multiple Partners
 - Person With HIV Status Unknown
- Other HIV Risks:**
 - STD Diagnosis (Current Or Previous)
 - Child Born To Woman With HIV/AIDS
 - Child Of Parent With Unknown HIV Status
 - Received Clotting Factor VIII (Hemophilia A)
 - Received Clotting Factor IX (Hemophilia B)
 - Received Other Clotting Factor
 - Received Transfusion
 - Received Artificial Insemination
 - Received Transplant
 - Health Care Worker
 - Tattoo
 - Victim Of Sexual Assault

At the bottom left, there is a section for "Drug/Needle Use History":

- IDU
- Share Drug Injection Paraphernalia
- Share Drug Injection Paraphernalia In Shooting Gallery

At the bottom right, there are "Save" and "Cancel" buttons.

ADDING Post-Test COUNSELING & CTS INFORMATION

The CTS FORM B1

ADD Counseling & Testing Form B1 LOCATOR CODE: FORM ID:

Override Form ID #

Service Site: FWAAC Uptown Site

Funding Prog: 03 Substance Abuse Initiative

Tested at this agency? Yes No

Test result this test: Positive

POSTTEST Counselor: 3333 MCKENSEY, SPUDS

Date result received: 06/11/2001

Date POSTTEST Counseled: 06/01/2001

Convert test type anonymous to confidential

POSTTEST Counseled? Yes No

If yes, select one: Returned as scheduled

Follow-up appointments needed/scheduled

Primary Med. Care: Need

HIV-Rel. Med. Care: Need

GYN:

OB:

Family Planning:

Subst. Use-Rel. Tx: Sched

Alcoh. Use-Rel. Tx:

Social Services: Need

Case Management: Sched

Mental Health Services:

Counseling:

Ped. Primary Med. Care:

Peds HIV-Rel. Med. Care:

Other:

If HIV+, Spouse/Partner Notification (S/PN):

Need for S/PN discussed

Education on self-notification provided

PNAP/CNAP/Other S/PN referral information provided

S/PN identification information gathered

PNAP/CNAP/Other S/PN serv. called on behalf of client

PNAP/CNAP/Other S/PN serv. appointment scheduled

On-site PNAP/CNAP/Other S/PN serv. provided to client

Client requests provider to participate in S/PN

Client will self-notify

No spouse(s)/partner(s)

Notification process not resolved

Blood sample # 2365

Additional Questions Form A Form B2

Form B1 is used in two different ways depending on whether or not a client has returned within 30 days from the original encounter date for Post-test Counseling.

1. Scenario A: Client DID NOT return for their Post-test Counseling visit within 30 days of the original Pre-test Counseling Encounter.

In this case, Form B1 must be filled out by the provider indicating the results of the test. To access, pull up the original Counseling and Testing Encounter, select the Form B1 and click the *Counseling & Testing* button. Once in the screen, the user would enter the information regarding the test results. The form is then saved and closed, returning the user to the original Counseling and Testing Encounter.

2. Scenario B: Client returned for their Post-test Counseling visit within 30 days of the original Pre-test Counseling Encounter.

In this case, the client returned for a Post-Test Counseling Encounter. Therefore, a new Counseling and Testing Encounter is entered for one of the Post-test Counseling Encounter Types. Unlike Pre-test Counseling, there will likely be Services connected to a Post-test Counseling Encounter. Once all information is entered for the encounter, the record is saved enabling the *Counseling & Testing* and *Form Selection* buttons. The user would select and navigate to Form B1 and enter the information related notification portion of the screen AND the Spouse/Partner

Notification section. After entering the information, the form is saved. Next, close the screen to return to the Post-test Counseling and Testing Encounter screen.

Fill in the information on the form. Note the following:

1. When adding a CTS Form B1,

- The *Service Site* field will automatically be filled in with the *Site* of the Encounter when the encounter type is *Post-Test Counseling Result HIV Negative* OR *Post-Test Counseling Result HIV Positive*.
- The *Funding Program* field will automatically be filled in with the *Funding Program* identified in Form A.
- If the *Post-Test Counseled?* answer is “Yes” AND the encounter type is *Post-Test Counseling Result HIV Negative* OR *Post-Test Counseling Result HIV Positive*.
 - the *Post-Test Counselor* field will automatically be filled in with the *Staff* person (if this person has a *Counseling and Testing Counselor ID#*) from the Encounter when the encounter type is *Post-Test Counseling, Result HIV Negative (5 Tier)* OR *Post-Test Counseling, Result HIV Positive (5 Tier)*. If the *Staff* person does not have a *Counseling and Testing Counselor ID#*, the *Post-Test Counselor* field will be blank and must be filled in by the user.
 - the *Date Post-Test Counseled* field will automatically be filled in with the Encounter Date (*Actual Date*).
- If the *Post-Test Counseled?* answer is “No” AND the encounter type is *Post-Test Counseling Result HIV Negative* OR *Post-Test Counseling Result HIV Positive*
 - the *Post-Test Counselor* field will be blank and unavailable for entry.
 - the *Date Post-Test Counseled* field will be blank and unavailable for entry

2. When the Form A *Tested this Encounter* field is “No”, the Form B1 *Test Result This Test* field will not be available for entry.

3. The *Date Post-Test Counseled* field will only accept dates greater than the Form A *Date of Encounter* (which must be equal or greater than 1/1/1988) but not greater than Today’s Date.

The CTS FORM B2

Form B2 is filled out only when a client returns for Post-Test Counseling at a date greater than 30 days after the original Counseling and Testing encounter. The client comes in for a Post-Test Counseling Encounter. Therefore, a new Counseling and Testing Encounter is entered for one of the Post-Test Counseling encounter Types. There will likely be Services connected to a Post-test Counseling encounter.

Once all information is entered for the encounter, the record is saved enabling the *Counseling and Testing* and *Form Selection* buttons. The user would select and navigate to Form B2 and enter the information related not only to the result notification portion of the screen but the *Spouse/Partner Notification* section, as well. The information on Form B2 differs from Form B1 in that the results entry fields have been eliminated from B2 because results will have already been recorded on Form B1.

Fill in the information on the form. Note the following.

1. When adding a CTS Form B2,
 - The *Service Site* field will automatically be filled in with the *Site* of the encounter when the encounter type is *Post-Test Counseling Result HIV Negative* OR *Post-Test Counseling Result HIV Positive*.
 - The *Funding Program* field will automatically be filled in with the *Funding Program* identified in Form A.

- The *Post-Test Counselor* field will automatically be filled in with the *Staff* person (if this person has a *Counseling and Testing Counselor ID#*) from the Encounter when the encounter type is *Post-Test Counseling, Result HIV Negative (5 Tier)* OR *Post-Test Counseling, Result HIV Positive (5 Tier)*. If the *Staff* person does not have a *Counseling and Testing Counselor ID#*, the *Post-Test Counselor* field will be blank and must be filled in by the user.
 - The *Date Post-Test Counseled* field will automatically be filled in with the Encounter Date (*Actual Date*) when a “Yes” is identified for *Post-Test Counseled?* AND the encounter type is *Post-Test Counseling without HIV Testing* OR *Post-Test Counseling with HIV Testing*.
2. The *Date Post-Test Counseled* field will not accept any dates prior to 1/1/1988 nor greater than Today’s Date.

After entering the information, the form is saved. Next, close the screen to return to the *Counseling and Testing* encounter screen. This, in turn, can also be closed, if desired.

Each section of the *Counseling and Testing* form is connected to the others via the Form ID which the URS automatically assigns to Form A and carries into the related Form B1 and/or Form B2.

USE OF THE CTS EMULATION IN AGENCIES WITH MULTIPLE COUNSELING AND TESTING SITES

Many providers have multiple sites. Occasionally, a situation may arise where a client receives Pre-test Counseling and an HIV test at one site and returns, for whatever reason, to a different site for results and Post-test Counseling. In this situation, it is still necessary to have the same identification number (Form ID) on each section of the CTS Forms. This situation is handled with the use of the *Override ID#*.

As mentioned earlier, the URS assigns a Form ID (identification number) on Form A and carries that number into Form B1 and, if necessary, Form B2. If a user is at a second site where the Form A for the client was not created, there will not be a Form ID available to carry into the Forms B1 or Form B2. In this case, the user must know/find out the Form ID used on CTS Form A from the original site and enter it into the field labeled *Override Form ID #* located at the top of Form B1 and/or Form B2. The number entered into the *Override Form ID #* will ultimately be identified as the Form ID for the Post-test Counseling Form(s) at the second site in addition to the URS assigned Form ID # on the CTS Form A at the original site.

To override the URS assigned CTS
Form ID#

REPORTING OPTIONS IN THE URS

PRINT (From the entry screen):

When you are on any screen, the user can print the information by clicking on the PRINT Button.

To Print Hard Copy of CTS Form

REPORTS / ACTIVITIES & SERVICES / PRE-TEST COUNSELING REPORT

This report will print CTS Form information for clients that have a Pre-Test Counseling Form A entered but do not have either a Post-Test Counseling Form B1 or Form B2 entered in the URS.

UNIFORM REPORTING SYSTEM
PRE-TEST COUNSELING AND TESTING REPORT

Selection Criteria: All

CLIENT: **DE VIL, TASMANIAN**

PHONE: **718-333-5555**

CLIENT ID: **3**

FORM ID#: 0000000002

SITE: FWAAC Ugarwa Svc	CLIENT CODE: FR00000003
FUNDING PROGRAM: 01 Anonymous Counseling & Testing	DATE OF BIRTH: 03031953
LOCATOR CODE: 0020111	GENDER: Male M ZIP: 11223333
HEALTH INSURANCE TYPE: Medicaid	RACE/ETHNICITY: Hispanic
P RE TEST COUNSELOR CODE: 3333 MCKENNEY, SP0DS	DATE OF THIS ENCOUNTER: 05212001
PRE TEST COUNSELED?: Yes	PREVIOUSLY TESTED?: No
ANONYMOUS OR CONFIDENTIAL?: No	AT THIS AGENCY?: No
MOST RECENT PREVIOUS TEST DATE: No	CLIENT KNOWS HIV STATUS?: No

HIV RISK SINCE LAST TEST	CLIENT'S DRUG/NEEDLE USE HISTORY:
CLIENT HAD SEXUAL RELATIONS WITH:	MALE: No
MALE THAT HAD SEX WITH A MALE (MSM): No	IDU: No
FEMALE: No	SHARE DRUG INJECTION PARAPHERNALIA: No
IDU: No	
PERSON WITH HIV/AIDS: No	
ENCOUNTER DATE: 05212001	IS CLIENT PREGNANT?: No
CLIENT TESTED THIS ENCOUNTER?: Yes	IF YES, DUE DATE/EDC?: No
IF YES, TEST TYPE?: Confidential	IF YES, DATE OF FIRST PRENATAL VISIT: No
IF NO, REASON?:	NO PRENATAL CARE YET: No
BLOOD SAMPLE#:	
DATE BLOOD DRAWN: ''	

HIV RISK HISTORY AS OF 05/21/2001

CLIENT HAD SEXUAL RELATIONS WITH:
PERSON WITH ANOTHER HIV/AIDS RISK

AGENCY / CTS EXTRACTS

Once a month, the CTS Extracts should be run. This will gather all the entered information from prior months URS CTS Forms. A zipped file of the information is created and then submitted to the Connecticut Department of Public Health.

