

Form changes to July 2014 Risk Reduction Activities (RRA) Form

Title of Form	The former Health Education / Risk Reduction (HERR) Form is now titled the Risk Reduction Activities (RRA) Form in response to a CDC change in the name of prevention activities.
ARIES ID	The ARIES ID was removed
Removal of CRCS	CDC no longer funds CRCS interventions; therefore it has been removed from the form.
Housing Status	<p>In order to comply with CDC requirements, there are now two housing questions, with a set of four optional responses. Current housing status as well as most severe housing status in the last 12 months is now recorded for each client.</p> <ul style="list-style-type: none"> • Homeless: Client has lived in places not designed nor typically used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus/train station or camping ground; or in a shelter or emergency shelter that provides temporary living arrangements. • Unstably Housed: Client has not been homeless, however, client has experienced housing instability as evidenced by frequent moves due to economic reasons, living with others due to economic hardship; eviction from a private dwelling unit (but having another place to go); living in overcrowded housing; or being at risk of having no housing options. This value code includes persons imminently losing housing. • Stably housed: Persons living in a consistent housing facility that is meant for human habitation and are not at risk of losing housing. • Declined/Refused (D/R): Client chooses not to respond to the question.

<p>Section IV. Referrals</p>	<p>The RRA section IV Referrals section is completed for every client, regardless of HIV status. Questions specific to HIV-positive clients have been moved to different sections. The referral option set has changed based on CDC requirements, OA requirements and LHJ recommendations.</p> <p>HIV Education Prevention Services has been changed to HIV Risk Reduction Activities. Pre-Exposure Prophylaxis (PrEP), HIV Medication Adherence Services, Mental Health Services, and Housing Services have been added to the Referrals section.</p> <p>Provider notes section is for staff use and it is optional to enter this information into LEO.</p>
<p>Section V. Risk Reduction/Behavioral Outcomes</p>	<p>The Risk Reduction/Behavioral Outcomes section was moved from Section VIII of the HE/RR form to Section V of the RRA form, as all clients should be asked these questions regardless of HIV status. Clarifying instructions have been added to the title of Section V reminding providers to complete the Risk Reduction/Behavioral Outcome questions at the initial session, last session and 30 days after the intervention is completed.</p>
<p>Section VI. HIV Medical Care Status</p>	<p>Section VI, HIV Medical Care Status combines questions from several sections of the HE/RR form into one consolidated section in order to reduce redundancy and keep all HIV medical care status questions in the same section.</p> <p>“Has Client Ever Been in HIV Medical Care” is a required question for all HIV positive clients. If the response is ‘Yes’, Date of Last HIV Medical Care Visit and Date of Next HIV Medical Care Visit (or No Appointment Scheduled) are required to be completed.</p> <p>The check box for undetectable viral load is now used instead of entering a viral load value if the viral load is undetectable.</p> <p>“Was Client Referred to HIV Medical Care?” is a required question for all HIV-positive or HIV-preliminary positive clients. The referral to medical care documentation has been modified and simplified. Only complete the information corresponding to the answer selected:</p> <p>(1) Provider referred client to HIV medical care: complete agency, outcome and date of medical</p>

	<p>visit in the top row of table.</p> <p>(2) Provider referred client to program that does linkage/re-engagement to care: enter agency that will do the linkage or re-engagement, and the outcome of that referral on the bottom row of the table. If you have the date when the client attended the medical appointment because of the referring agency's assistance, enter the date of medical visit in the lower right cell in the bottom row of the table.</p> <p>(3) No referral made because (select one of the following options)</p> <ul style="list-style-type: none"> (1) Client currently in care (2) Referred at previous session if the client was referred by the agency at a previous intervention session (3) Check client declined referral if you offered the referral but the client declined, and enter the client's reason for declining the referral. (4) Other reason (specify); check if the first three options do not apply. You must specify the reason for not making a medical referral in order to save the record. <p>"If Positive and Female, is Client Pregnant" questions were moved from section IV Referral and Positive Services Section on the HE/RR form to Section VI HIV Medical Care Section on the RRA form to keep all HIV medical care status questions in the same section. This is a required question for all HIV-positive females.</p>
<p>Section VIII. Partner Services</p>	<p>The question, "Was Partner Services Discussed/Offered This Session" is now required for all HIV positive client encounters.</p>