

## Summary of Services for Clients at Low Risk for HIV: Low-Level Intervention

**Goal:** All low risk clients learn their HIV status and understand their level of risk for acquiring HIV, in addition to receiving basic information on HIV and prevention or how to remain at low risk for HIV.

### **Services provided:**

All low risk clients will receive an **HIV test** (rapid or conventional) and their HIV test result. Every client will also receive a **low-level intervention**.

Examples of *low-level interventions* include:

- Brochures
- Watching a video
- Group education or information session
- Talking with a health educator
- Brief one-on-one information session with a HIV Test Counselor

Though LHJs and HIV test sites may choose the low-level intervention(s) that is offered, the intervention must include at a minimum:

- Explanation of the difference between HIV and AIDS
- Explanation of how HIV is transmitted
- Basic information on how to reduce your risk for HIV
- Basic information about the HIV test that is being offered (rapid or conventional)
- Explanation of the window period

*Note: While brief conversations with low risk clients may occur and are reasonable or to be expected in order to address questions, concerns or misconceptions raised by the client, these interactions should not resemble a counseling session (high-level intervention).*

### **Site Staffing Requirements:**

In addition to an HIV Counselor 2 (C2), the low-level intervention can be provided by a certified HIV Counselor 1 (C1). HIV Counselor 1 staff can provide all elements of the low-level intervention, including negative HIV test result disclosure, but may **not** provide preliminary positive or confirmed positive HIV test result disclosures. This must be conducted by an HIV Counselor 2.

*Note: A Counselor 2 providing both (high and low) levels of C&T services will need to be aware of the different role they play with low risk clients (versus high risk clients), and deliver services according to the intervention guidelines.*

### **Data Collection Requirements:**

A CAQ must be completed for every low risk client receiving low-level services. In the rare event that a low risk client tests preliminary-positive on a rapid HIV test or positive on a conventional HIV test, a CIF will also need to be completed (to the extent possible).

## **SITE PROCESS & STAFF DUTIES**

The following is a description of the site process for delivering low-level services, and the duties for test site staff involved in the process.

### **I. Client assessment process**

- The initial steps of greeting the client, distributing the CAQ, and providing instructions to the client on where and how to complete the form will be site specific.
- After the client returns the completed CAQ to test site staff, the process for reviewing and analyzing the form will be site specific. Possible options include:
  - CAS collect completed CAQ and analyze, indicating somehow what the client's intervention level is. CAS then gives the CAQ to a counselor or puts the form in a designated area for the appropriate counselor to retrieve. Counselors then know which level of service a client needs and what type of session they will be providing prior to calling the client for testing.
  - CAS collect completed CAQ and put the form in a designated area for counselors to retrieve. A counselor then analyzes the form and calls the client for testing or gives the client to another counselor if appropriate (i.e., if a Counselor 1 finds that a client is high risk after analyzing the CAQ, they will have to defer to a Counselor 2).

### **II. Client is determined to be *low risk* for HIV**

- A client that is determined to be at **low risk** for HIV based on their responses on the CAQ will receive low-level services.

### **III. Low-level services delivered to client**

The client will be greeted by an HIV Counselor 1 or 2 and enter a low-level session as outlined below, depending on whether it is a rapid or conventional test site.

- Bring client to designated area or room.  
It should be a private, confidential area.
- Frame the session.  
Welcome the client, conduct introductions, and confirm that the client wants an HIV test.

- Check in with the client about the CAQ.  
Check in with the client about the CAQ process and completing the form (i.e., would they answer anything differently now that they are alone in a private area? did they have anything to add? did they not understand anything? etc.).
  - If the client discloses information to a **Counselor 1** that would now put them in a high risk category, and therefore the high-level intervention should be provided, the C1 must transition the client to a Counselor 2. At what point in the process the client gets transferred to a Counselor 2 will be site specific.  
*For example, the C1 may continue to obtain informed consent with the client and collect a sample for the rapid test. Once the Counselor 1 has started processing the rapid test kit, they can transition the client over to a Counselor 2 to begin the high-level counseling session while the rapid test kit develops.*
  - If the client discloses information to a **Counselor 2** that would now put them in a high risk category, the Counselor 2 should shift to providing the high-level intervention (counseling) instead of providing a low-level intervention (See High Level Intervention Guidance for details).
- Inform the client on what will happen next.  
Provide the client with an overview of the service they will be receiving or the general process of what will occur while testing at the site.

*The subsequent steps in the process depend on whether the client will be receiving a rapid HIV test (see Section A) or a conventional HIV test (see Section B).*

### **A. If a Rapid Testing Site:**

- Get informed consent to test.  
Consent for an HIV test is either verbal (anonymous) or written (confidential), based on the type of testing being provided at the test site. Obtain consent to test in a private, confidential area using current CDPH/OA HIV testing consent forms. Names reporting should be addressed per CDPH/OA training and protocols.
- Begin HIV test.  
Collect client's sample (fingerstick or oral fluid). Begin processing the rapid test kit in the designated "lab" area.
- Provide low-level intervention.  
While the test is processing, provide the client with the designated low-level intervention.
  - Where the client will wait for results and receive the low-level intervention will be site specific.

- Instruct the client on where to wait until their results are ready and inform client of what will happen next. **IMPORTANT:** *inform client that a different counselor may call them back for their results due to possibly having to see other clients or perform other duties, etc. This will facilitate the process of possibly needing to transition a low risk client that tests preliminary-positive from a Counselor 1 to a Counselor 2.*
- Read HIV test results.  
After 20 minutes (and before 40 minutes) of starting the rapid test, trained staff must read/interpret the result and record on the lab slip.
- Disclose HIV test result.  
An HIV Counselor 1 or 2 will call the client to receive his/her test results:
  - If HIV test result is **Negative:**  
An HIV Counselor 1 or 2 will provide the result to client in a confidential, private area. The counselor will answer any client questions, and provide appropriate messages or information regarding future testing and/or staying at low risk for acquiring HIV.
  - If HIV test result is **Preliminary-positive:**  
If the client originally met with a Counselor 1, they will need to be transitioned to a Counselor 2 in a discrete manner that is not apparent to the client. As described previously, clients will have already been told by their original counselor that a different counselor may call them back for their test results. A C2 will be informed of the preliminary positive result:
    - The C2 will then call the client back, disclose the preliminary positive result and provide appropriate disclosure counseling in a private, confidential area per CDPH/OA protocols.  
**NOTE:** If possible, the counselor will gently/tactfully attempt to solicit any prior identifiable risk or exposure. The purpose of attempting to solicit additional risk information is to improve our ability to serve clients who present as low risk in our program.
    - After the session, counselors should complete what they can on a CIF and transfer information from the CAQ onto the CIF.
    - Prior to the client leaving, a **second sample for HIV confirmatory testing** will be collected, and a return appointment will be set with the client to provide the confirmatory test results and offer appropriate referrals/linkages to medical care.
    - When client returns for **Positive confirmatory result:**  
An HIV Counselor 2 will disclose the result to the client in a private, confidential counseling area following CDPH/OA protocols, and

offer referrals to medical care and PCRS if appropriate (for additional information, see guidance on Verified Medical Visit and PCRS). **NOTE:** Counselors may attempt to discuss any prior identifiable risk or exposure at this time if it was not discussed at the initial disclosure session, or continue the previous conversation if appropriate. Complete or amend the CIF if necessary.

➤ **If a client does not return for their confirmatory test result initially (No show follow-up):**

Conduct follow-up if it was a confidential test (follow-up on anonymous testing services are not reimbursed or documented on the CIF) and attempt to get client to return for their test result.

**NOTE:** An HIV-*positive* result may be given to the client at any time, however the record must be updated prior to the end of the fiscal year.

## **B. If a Conventional Testing Site:**

- **Provide low-level intervention.**  
Provide the client with the appropriate low-level intervention in the designated area.
- **Get informed consent to test.**  
Consent for an HIV test is either verbal (anonymous) or written (confidential), based on the type of testing being provided at the test site. Obtain consent to test in a private, confidential area using current CDPH/OA HIV testing consent forms. Names reporting should be addressed per CDPH/OA training and protocols.
- **Collect client's sample** in the appropriate area.
- **Set up return appointment for results.**  
Establish a date, time, and location for the client to return for their results, and explain the process (i.e., do they need to bring client ID number?).
- **Disclose HIV test result.**  
When client returns for HIV test result, an HIV Counselor 1 or 2 will call client to receive his/her results based on established site protocol.

**If HIV test result is Negative:**

An HIV Counselor 1 or 2 will provide the result to the client in a confidential, private area. The counselor will answer any questions, and provide appropriate messages or information regarding future testing and/or staying at low risk for acquiring HIV.

If HIV test result is **Positive**:

An HIV Counselor 2 will disclose the result to the client in a private, confidential counseling area following CDPH/OA Positive Disclosure Counseling protocols and offer referrals to medical care and PCRS if appropriate (for additional information, refer to guidance sections on PCRS and Verified Medical Visit).

**NOTE:** If possible, the counselor will gently/tactfully attempt to solicit any prior identifiable risk or exposure. The purpose of attempting to solicit additional risk information is to improve our ability to serve clients who present as low risk in our program.

After the session, counselors should complete what they can on a CIF and transfer information from the CAQ onto the CIF.

➤ If a client **does not return for their HIV test result** initially (No show follow-up):

Conduct follow-up if it was a confidential test (follow-up on anonymous testing services are not reimbursed or documented on the CIF) and attempt to get the client to return for their test result.

- An HIV **negative** result may be given to the client if it is within 60 days of the date of the test. Clients returning for their result *after* 60 days from the date of their HIV test must be re-tested.
- An HIV **positive** result may be given to the client at any time, however the record must be updated prior to the end of the fiscal year.