



# Question-by-Question Instruction Guide (QxQ): SAMHSA MAI Rapid HIV/Hepatitis Testing (RHHT) Clinical Information Form (Version 1) March 1, 2016

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## Form Purpose & Overview

The purpose of the SAMHSA MAI HIV Rapid HIV/Hepatitis Testing Clinical Information Form (OMB No. 0930-0343) is to collect information about all MAI clients for the cross-site evaluation of grantees. **This form should be completed for all clients who receive any MAI services. This includes clients who may already know their recent HIV and/or hepatitis testing results.**

Provided below are general instructions for the use of the Rapid HIV/Hepatitis Testing Clinical Information Form (RHHT form), as well as a question-by-question instruction guide for the RHHT form completion. This question-by-question guide describes question-specific coding issues and provides instructions for completion of the RHHT form. The appendices contain a copy of the RHHT form and related technical assistance resources. Updates and changes to this form from previous versions are detailed further below.

## Using the RHHT Form with MAI Clients

Data associated with all MAI clients will be captured using the RHHT form. In this guide, clients are categorized into one of five “types” of clients based upon the services they receive. The sections of the RHHT form that apply to each client type are described below.

### Rapid HIV/Hepatitis Testing Clients

Upon being offered or enrolling in MAI rapid HIV/Hepatitis testing services, all sections of the form should be completed based upon the level of participation in RHHT services and the outcome of the rapid HIV/Hepatitis test on the “date of visit.” The RHHT form includes the following sections:

- Section A: Site Characteristics
- Section B: Demographics
- Section C: Risk Behaviors
- Section D: Rapid HIV Testing Results
  - Depending upon whether or not the client received a rapid HIV test and the rapid test HIV result, these questions should be completed as appropriate by the staff member administering this form.
- Section E: Rapid Hepatitis B & C Testing Results
  - Depending upon whether or not the client received a rapid Hepatitis test and the rapid Hepatitis test result, these questions should be completed as appropriate by the staff member administering this form.
- Section F: Confirmatory Testing of HIV
  - Complete this section if the rapid HIV test result is positive/reactive.
- Section G: Confirmatory Testing of Hepatitis B & C Test
  - Complete this section if the rapid Hepatitis test result is positive/reactive.
- Section H: Type of HIV Services Provided

- Section I: Type of Hepatitis Services Provided

### Conventional/Non-rapid HIV Testing Clients

Upon being offered conventional/non-rapid HIV testing, the following sections should be completed:

- Section A: Site Characteristics
- Section B: Demographics
- Section C: Risk Behaviors
- Section F: Confirmatory Testing of HIV
- Section H: Type of HIV Services Provided

**For clients of conventional/non-rapid HIV testing, skip Section D (Rapid HIV Testing Results)**

### Conventional/Non-rapid Hepatitis Testing Clients

Upon being offered conventional/non-rapid Hepatitis testing services, the following sections should be completed:

- Section A: Site Characteristics
- Section B: Demographics
- Section C: Risk Behaviors
- Section G: Confirmatory Testing of Hepatitis B & C Test
- Section I: Type of Hepatitis Services Provided

**For clients of conventional/non-rapid hepatitis testing, skip Section E (Rapid Hepatitis B & C Testing Results)**

### MAI Clients Who Did Not Receive Any Type of HIV Testing

This description applies to MAI clients who may be either already aware of their HIV-positive serostatus or did not receive any HIV testing services.

Upon client enrollment in MAI services WITHOUT receiving HIV testing, the following sections should be completed:

- Section A: Site Characteristics
- Section B: Demographics
- Section C: Risk Behaviors
- Section H: Type of HIV Services Provided

**For clients who did not receive any type of HIV testing, skip both Section D (Rapid HIV Testing Results) and Section F (Confirmatory Testing of HIV)**

### MAI Clients Who Did Not Receive Any Type of Hepatitis Testing

This description applies to MAI clients who may either be already aware of their Hepatitis-positive serostatus or did not receive any hepatitis testing services.

Upon client enrollment in MAI services WITHOUT receiving hepatitis testing, the following sections should be completed:

- Section A: Site Characteristics
- Section B: Demographics
- Section C: Risk Behaviors

**For clients who did not receive any type of hepatitis testing, skip both Section E (Rapid Hepatitis B & C Testing Results) and Section G (Confirmatory Testing of Hepatitis B & C Test)**

- Section I: Type of Hepatitis Services Provided

## General Form Instructions

### Administering the RHHT Form to Clients

MAI staff should administer this updated form to all individual clients in a private location (e.g., an office) to ensure privacy. This updated form is not intended to be self-administered by clients. Each grantee project should determine what staffing arrangement is best for collecting this information.

For each question that requires the client's responses in Sections B and C of the RHHT form, staff members should read the questions and the list of responses aloud to the client and record his or her answers. The staff member administering this updated form for an individual client should complete sections A, D, E, F, G, H and I.

### When This Information Should Be Collected

For clients who are offered *any type of HIV and/or hepatitis testing* through the MAI, information should be collected **at the time HIV and/or hepatitis testing is offered**. However, information for certain items such as confirmatory testing results and linkage to care confirmation can be added after initial submission of the testing form, but not longer than 3.5 months after the initial date of form submission.

For clients who are *not offered HIV/hepatitis testing*, sections A, B and C of the RHHT form should still be completed.

### How This Information Should Be Collected and Reported

Until the web-based system is launched and ready for use, all grantees should submit their scanned RHHT forms to **ONLY** their program specific SAMHSA electronic resource mailbox (See Appendix C). The submission should include in the subject line the name of the grant, grant number and number of RHHT forms being submitted (NOTE: Please do NOT cc your government project officer or anyone else when emailing your RHHT forms). All grantees will be notified once the web-based system is launched and ready for use. Once this system is available, grantees should enter data from the RHHT form into the system as soon as possible.

Upon launch of the system, designated users of the SAMHSA RHHT web-based data entry system will be assigned user login information in order to access and input data. A forthcoming "User Guide" will provide step-by-step assistance, as well as technological aspects for using the system (e.g., how to log in, how to enter data into the online form, etc.).

Once the web-based data entry system is operational, data must be entered within 7 days of testing. All data must be finalized within 3.5 months of testing. Data can be edited in the web entry system after submission, however it is recommended that entries be finalized using this timeline.

Please note that whether you are using the SAIS or TRAC system, the same client ID must be used in both the RHHT form and the GPRA data collection instrument.

If any of the data on the RHHT form is not collected or collectable for any reason at the time of the visit, leave the question blank and move to the next item.

**Note:**  
**The same client ID must match the RHHT form as is used in the SAIS GPRA (or TRAC NOMs for CoC grantees) data collection instrument.**

## Number of Forms per Client

While multiple forms can be submitted per client, there are limited circumstances when this should occur. For instance, if a client initially refuses HIV testing (either rapid or conventional), staff collecting data should complete a form with information related to sections A, B and C. If the client were to later return and agree to (or request) HIV testing and take the test, a second form should be completed and submitted, **using the same client ID assigned to the client at initial intake.**

## General Data Security Guidelines

Although the updated SAMHSA RHHT form does not request/contain any personally identifiable information, data should still be handled in a secure manner. The following general guidelines are suggestions for data security procedures:

1. Do not include any personally identifiable information on RHHT forms submitted to SAMHSA via program specific resource email box or web-based data entry system.
2. Do not save RHHT data to portable media like thumb drives, CD/DVDs, or computers that are not password protected.
3. Secure paper copies of RHHT forms under lock and key when not in use.
4. Do not email or cc your government project officer or anyone else when emailing your RHHT forms.

## Question by Question Instruction for RHHT Form

Please find below, for each section and question on the RHHT form, detailed instructions on the intent of the question and specific coding issues. **Please note that the sections of the form in “highlights” denote modifications or changes from the previous RHHT form.** The following information about each question included on the form is provided, as appropriate:

**Coding Instructions:** Describes how information collected from clients should be recorded on the form for each question.

**Coding Issue:** Provides instructions on potential issues encountered when recording data for a specific variable. This should **not** be considered a complete list of all the potential coding issues that could arise.

**Instructions specific to client type:** Provides instructions specific to those clients who are not receiving rapid HIV testing services and/or rapid hepatitis testing, such as clients who are aware of their HIV and/or hepatitis-infected serostatus and clients receiving conventional/non-rapid HIV and/or hepatitis testing.

## Section A: Site Characteristics

<b>SECTION A: SITE CHARACTERISTICS</b>	1. Date of visit (mm/dd/yyyy): _____
2. Grantee #: _____	3. Partner ID (if applicable): _____
4. CLIENT RHHT ID #: _____	5. GPRA ID #: _____ <input type="checkbox"/> GPRA Tool Not Completed
6. Site type code # (see site code on back page)	

### A-1: Date of Visit

**Coding Instructions:** Record the date the client sought/received services, using 2 digits for the month, 2 digits for the day, and 4 digits for the year. For example, if the client received a Rapid HIV Test on February 26, 2016, the date would be recorded as: 02/26/2016.

**Instructions specific to client-type:** This question should be completed **for all MAI clients**.

### A-2: Grantee #

**Coding Instruction:** The Grantee # (as identified in your notice of award) is the same grantee-specific identifier used in the GPRA system to facilitate linking of data across both systems. During the paper-based reporting period, grantee will use a six digit format for their Grant Number as follows: T10XXXXX (For example: Grant Number: 1 T1099999-01 would be converted to **T1099999**)

**Instructions specific to client-type:** This question should be completed **for all MAI clients**.

### A-3: Partner [Organization] ID (if applicable)

**Coding Instructions:** The Partner Organization is defined as an organization working with the primary grantee to provide services. The Partner [Organization] ID, if applicable, is a unique identifier used to denote other provider sites associated with an MAI grant. If an organization or provider site collects data using the SAIS GPRA and SAMHSA RHHT systems, the designated Partner [Organization] ID will be the same across both forms. If there is a need to develop a Partner [Organization] ID for a specific recipient organization or provider site(s) associated with your MAI grant, please contact Abt Associates: [Project\\_HIVConsolidatedEval@abtassoc.com](mailto:Project_HIVConsolidatedEval@abtassoc.com)

**Coding Issues:** The Partner [Organization] ID is not applicable if the client receives services directly through the MAI primary grantee organization (item A-3 remains blank).

**Instructions specific to client type:** This question should be completed **for all MAI clients**.

### A-4: CLIENT RHHT ID

**Coding Instructions:** The unique Client RHHT ID assigned to the client should conform to the criteria provided below and should be used consistently with the client receiving services from all MAI service provider sites. **It is critical that the same client ID be used for the updated SAMHSA RHHT form and the SAIS GPRA or TRAC NOMs reporting system to enable information regarding a specific client to be linked across both data collecting tools.**

**Coding Issues:** If the "Client ID" is missing, a form can only be saved as "in process" within the web-based data entry system. **A Client ID must be provided in order to submit a RHHT form.**

**Instructions specific to client-type:** This question should be completed **for all MAI clients**.

### **Criteria for assigning unique IDs are as follows:**

Each client receives a unique client ID at their intake visit.

A unique client identifier that is determined by the grantee can be between 1 and 11 characters and can include both numerals and letters. It cannot begin with a dash or contain non-alphanumeric characters, including any of the following: “.>[]!@\$%^&\*().”, with the exception of dashes or underscores.

- This unique client ID is intended to track a specific client through his/her interviews, baseline, clinical discharge, and 6-month reassessments (calculated as 180 calendar days), while maintaining the anonymity of the client.
- **The same unique client ID is used each time**, regardless of whether or not the client has more than one episode of care (i.e., if he/she is discharged or leaves treatment for 90 days or more and then returns). This unique client ID allows for unduplicated counts across all service programs. To protect the client’s identity, do not use any information that could identify the client. This includes using, but is not limited to, the client’s name, initials, date of birth or Social Security Number as all or part of the unique client ID.”

### **A-5: GPRA ID#**

**Coding Instructions:** Record GPRA ID number of any MAI client that has received other program services in addition to HIV and/or Hepatitis testing. Clients who are not receiving program services other than testing are not required to complete a GPRA tool and will not have this ID #. In this instance, please check “GPRA Tool Not Completed”.

**IMPORTANT NOTE:** For CSAT TCE clients, please enter the SAIS-GPRA ID assigned. For MAI-CoC clients, please enter the TRAC NOMs ID assigned.

**Instructions specific to client-type context:** This question should be completed for MAI clients receiving other program services in addition to HIV and/or Hepatitis testing.

### **A-6: Site type code #**

**Coding Instructions:** Record the type of location at which the client sought/received services on the date of visit, using the site codes provided on page two of the updated SAMHSA RHHT form (also provided below). A site type is recorded using the letter “S” followed by a two-digit number signifying the proper site type. For example, receipt of services at an Outpatient Drug/Alcohol Treatment clinic would be recorded as: “S05.” If more than one site type code applies, select the best description. Please note the updated codes in the revised list below (highlighted). A full list of the site codes is provided below:

S01 S02 S03	Inpatient Facility Inpatient Hospital Inpatient-Drug/Alcohol Treatment	S16 S17 S18	Community Setting-AIDS Service Organization-non-clinical Community Setting-Community Center Community Setting-Shelter/Transitional housing
S04 S05 S06	Inpatient Facility-Other Outpatient-Drug/Alcohol Treatment Clinic Outpatient-HIV Specialty Clinic	S19 S20 S21	Community Setting-School/Education Facility Community Setting-Residential Community Setting-Public Area
S07 S08 S09	Outpatient-Community Mental Health Outpatient-Community Health Clinic Outpatient-TB Clinic	S22 S23 S24	Community Setting-Workplace Community Setting-Commercial Community Setting-Other
S10 S11 S12	Outpatient-School/University Clinic Outpatient-Prenatal/OBGYN Clinic Outpatient-Family Planning	S25 S26 S27	Community Setting-Bar/Club/Adult Entertainment Community Setting-Church/Mosque/Synagogue/Temple Community Setting-Mobile Unit
S13 S14 S15	Outpatient-Private Medical Practice Outpatient-Health Department/Public Health Clinic Outpatient-Health Department/Public Health Clinic-HIV	S28 S29	Correctional Facility Blood Bank, Plasma Center

**Coding Issues:** Select one response. If more than one code applies to your service setting, select the one code that best describes your organization.

**Instructions specific to client-type:** This question should be completed for all MAI clients.

### RAPID HIV TEST KIT LOT NUMBER

**Coding Instruction:** If the client received a rapid HIV test, record the Rapid HIV Test Kit Lot Number. The Lot Number is the number assigned to a specific “test kit lot,” defined as a box of Rapid HIV test devices. In the image below, the arrow indicates the location of the test kit lot number for one type/brand of rapid HIV test. Different brands of HIV rapid tests may have the lot number in a different location.



Image retrieved from: <http://www.cdc.gov/hiv/topics/testing/resources/factsheets/rt-lab.htm>

**Instructions specific to client-type:** No response is needed if the client refuses a rapid HIV test. No response is needed if the client received a conventional/non-rapid HIV test.

## Section B: Demographics

SECTION B: DEMOGRAPHICS					
<b>1. Gender</b> <i>(check one)</i> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<b>3. Race</b> <i>(check all that apply)</i> <input type="checkbox"/> Alaska Native/ American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> White	<b>4. Age</b> <i>(check one)</i> <input type="checkbox"/> <18 years <input type="checkbox"/> 18-24 yrs <input type="checkbox"/> 25-34 yrs <input type="checkbox"/> 35-44 yrs <input type="checkbox"/> 45-54 yrs <input type="checkbox"/> 55-64 yrs <input type="checkbox"/> 65+ yrs	<b>5. Previous HIV Test</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes: (check one)</b> <input type="checkbox"/> Result was negative <input type="checkbox"/> Result was positive <input type="checkbox"/> Result was inconclusive <input type="checkbox"/> Result was unknown	<b>6. Previous Viral Hepatitis Test</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes: (check one)</b> <input type="checkbox"/> Result was negative <input type="checkbox"/> Result was positive <input type="checkbox"/> Result was inconclusive <input type="checkbox"/> Result was unknown	
<b>2. Ethnicity</b> <i>(check one)</i> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic					

### B-1: Gender

**Coding Instruction:** Ask the client to state their gender, from the response options provided. Record the client's gender. **Note:** Transgender includes female to male transgender and male to female transgender individuals.

**Coding Issues:** Select no more than one response.

**Instructions specific to client-type:** This question should be completed **for all MAI clients**.

### B-2: Ethnicity

**Coding Instructions:** Ask the client to state their ethnicity, from the response options provided. Record the client's ethnicity.

**Coding Issues:** Select only one response

**Instructions specific to client-type:** This question should be completed **for all MAI clients**.

### B-3: Race

**Coding Instructions:** Ask the client to state their race, from the response options provided. Record the race of the client. Please note that information pertaining to both ethnicity (B-2) and race (B-3) should be reported for each client.

**Coding Issues:** Select all applicable responses.

**Instructions specific to client-type:** This question should be completed **for all MAI clients**.

### B-4: Age

**Coding Instructions:** Ask the client to state their age, from the response options provided. Record the age range that includes the client's age. For example, if the client reports they are 31 years old, select the response option for "25 – 34 yrs."

**Coding Issues:** Select no more than one response.

**Instructions specific to client-type:** This question should be completed **for all MAI clients**.

### B-5: Previous HIV Test

**Coding Instructions:** Ask the client whether or not they have previously received an HIV test. Record whether or not the client has previously received an HIV test by selecting "No" or "Yes". If the client

has previously received an HIV test, indicate whether the result of the previous test was “negative,” “positive,” “inconclusive,” or “unknown.”

**Coding Issues:** Do not indicate the result of a previous HIV test if the client provides a response of “no” to this question, indicating no previous HIV test.

If the client has previously received an HIV test, but is unable to provide the test result, record the result of the previous HIV test as “unknown.”

**Instructions specific to client-type:** This question should be completed for all MAI clients.

### B-6: Previous Viral Hepatitis Test

**Coding Instructions:** Ask the client whether or not s/he has previously received a Viral Hepatitis test. Record their response by “No” or “Yes”. If the client has previously received a Hepatitis test, indicate whether the result of the previous test was “negative,” “positive,” “inconclusive,” or “unknown.”

**Coding Issues:** Do not indicate the result of a previous Hepatitis test if the client provides a response of “no” to this question, indicating no previous Hepatitis test.

If the client has previously received a Hepatitis test, but is unable to provide the test result, record the result of the previous Hepatitis test as “unknown.”

**Instructions specific to client-type:** This question should be completed for all MAI clients.

## Section C: Risk Behaviors

### C-1: During the past 30 days have you: from the date of this form

SECTION C: RISK BEHAVIORS	
1. During the past 30 days have you - from the date of this form (check all that apply)	
<input type="checkbox"/> had unprotected sex with a male	<input type="checkbox"/> had unprotected sex with a person who injects drugs
<input type="checkbox"/> had unprotected sex with a female	<input type="checkbox"/> had unprotected sex with a man who has sex with men
<input type="checkbox"/> had unprotected sex with a transgender individual	<input type="checkbox"/> exchanged sex for drugs/money/shelter
<input type="checkbox"/> had unprotected sex with significant other in a monogamous relationship	<input type="checkbox"/> been diagnosed with sexually transmitted disease (syphilis, chlamydia, gonorrhea, herpes)
<input type="checkbox"/> had unprotected sex with multiple partners	<input type="checkbox"/> refusal
<input type="checkbox"/> had unprotected sex with an HIV positive person	<input type="checkbox"/> the client reports no known sexual risk factors
<input type="checkbox"/> had unprotected sex with an Hepatitis positive person	

**Coding Instructions:** Read the question and the list of responses aloud to the client, and record the client’s answers. Please note that this question seeks information on any of the listed risk behaviors during the 30 days prior to the date of visit.

Note: Transgender includes female-to-male transgender and male-to-female transgender individuals.

**Coding Issues:** Select all applicable risk behaviors reported by the client in the past 30 days. If the client declines to share this information, select “refusal.” If the client reports that they have not engaged in any of the above specified risk behaviors in the past 30 days, select “client reports no known sexual risk factors.”

The term “unprotected sex” refers to vaginal, oral, and anal sex without any barrier method for protection.

A “monogamous relationship” is a sexually mutually exclusive relationship between two people.

If client reports “refusal” or “no known sexual risk factors”, no additional response options should be selected.

**Instructions specific to client-type:** This question should be completed for **all MAI clients**.

### C-2: During the past 30 days have you used: from the date of this form

2. During the past 30 days have you used: from the date of this form (check all that apply)		
<input type="checkbox"/> 4 or more alcoholic drinks in 1 sitting (for men)	<input type="checkbox"/> marijuana	<input type="checkbox"/> non-medical use of prescription drugs
<input type="checkbox"/> 3 or more alcoholic drinks in 1 sitting (for women)	<input type="checkbox"/> ecstasy	<input type="checkbox"/> shared injection equipment (i.e. needle and drug paraphernalia)
<input type="checkbox"/> cocaine (crack)	<input type="checkbox"/> heroin	<input type="checkbox"/> refusal
	<input type="checkbox"/> methamphetamine	<input type="checkbox"/> the client reports no known substance use risk factors
	<input type="checkbox"/> inhalants (specify) _____	<input type="checkbox"/> other (specify) _____

**Coding Instructions:** Read the question and the list of responses aloud to the client, and record the client’s answers. Please note that this question seeks information on substances used during the 30 days prior to the client’s visit.

**Coding Issues:** Select all applicable substances the client reports having used within the past 30 days. Note that “inhalants” are now included in this list with an open field to identify the type of inhalant used. If the client refuses to identify any known substance use risk factors during the allotted time period, select “refusal.” If the client does not report having engaged in any of the above substance use risk behaviors in the past 30 days, select “client reports no known substance use risk factors.” If the client report engaging in any substance use risk factors other than those listed as options, select “other” and provide a description of the behavior, of up to 200 characters.

The response “4 or more alcoholic drinks in 1 sitting (for men)” should only be selected if the client reports their sex assigned at birth to be “male”. The response “3 or more alcoholic drinks in 1 sitting (for women)” should only be selected if the client reports their sex assigned at birth to be “female”.

If “refusal” or “client reports no known substance use risk factors” is selected, no additional response options should be selected.

**Instructions specific to client type:** This question should be completed **for all MAI clients**.

### C-3: Have you...?

3. Have you (check all that apply)	
<input type="checkbox"/> been diagnosed with alcohol or drug dependence, in the past 12 months	<input type="checkbox"/> been diagnosed with psychological distress, in the past 12 months (e.g., major depression, anxiety disorder)
<input type="checkbox"/> been in alcohol or drug treatment in the past 12 months	<input type="checkbox"/> ever received treatment for psychological distress during the past 12 months? (e.g., major depression, anxiety disorder)
<input type="checkbox"/> ever been in alcohol or drug treatment	<input type="checkbox"/> none of the above

**Coding Instructions:** Read the question and the list of responses aloud to the client and record the client’s answers. Please note that these questions relate to time frames that are different than 30 days, including the past 12 months and lifetime experience.

**Coding Issues:** Select any/all experiences that apply.

If “been in alcohol or drug treatment during the past 12 months” is selected, “ever been in alcohol or drug treatment before today” should also be selected. If the client does not report having experienced or engaged in the activities and situations listed, select “none of the above.”

If “none of the above” is selected, no additional response options should be selected.

Instructions specific to client-type: This question should be completed for all MAI clients.

## Section D: Rapid HIV Testing Results

SECTION D: Rapid HIV TESTING RESULTS	
<b>1. Rapid HIV test result (check one)</b>	
<input type="checkbox"/> Negative/Non-reactive	<input type="checkbox"/> Positive/Reactive
<input type="checkbox"/> Invalid (Repeat test)	<input type="checkbox"/> Refusal
<b>2. Did client receive result of rapid HIV test? (check one)</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3. Retest HIV Result: (check one)</b>	
<input type="checkbox"/> Negative/Non-reactive	<input type="checkbox"/> Positive/Reactive
<input type="checkbox"/> Invalid/Indeterminate	<input type="checkbox"/> N/A
<b>4. Did client receive retest result of test? (check one)</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

### D-1: Rapid HIV test

**Coding Instruction:** If a rapid HIV test was administered to the client, record whether the result was “Negative/Non-reactive,” “Positive/Reactive,” or whether the test result was “Invalid” and must be repeated using a new rapid HIV test kit. If the client was offered a rapid HIV test and refused the test for whatever reason, select “Refusal”. Fourth Generation HIV testing results should be included in this section.

**Coding Issues:** Select one response if a rapid HIV test was offered to the client, whether or not it was administered. **This section should only be used for results from rapid HIV testing, including 4<sup>th</sup> generation HIV testing results.**

**Instructions specific to client-type:** Section D-1 should not be completed in the case that the client received a conventional/non-rapid HIV test

### D-2: Did the client receive results of rapid HIV test?

**Coding Instructions:** If a rapid HIV test was administered indicate whether or not the client received the results of the rapid HIV test.

**Coding Issues:** Select no more than one response if a rapid test, including 4th HIV Generation testing was administered.

Section D only applies to clients of *rapid* HIV testing, including 4<sup>th</sup> generation HIV testing results. No data on conventional testing or confirmatory testing should be reported in this section.

**Instructions specific to client-type:** Section D-2 should not be completed if the client received a conventional/non-rapid HIV test.

**D-4: Did the client receive retest results of test?**

**Coding Instructions:** If a rapid HIV retest was administered, indicate whether or not the client received the results of the rapid HIV retest.

**Coding Issues:** Select one response if a rapid HIV retest was administered.

**Instructions specific to client type context:** Section D-4 should not be completed if the client received a conventional/non-rapid HIV test, or 4th Generation HIV testing.

**Section E: Rapid Hepatitis B & C Testing Results**

<b>SECTION E: Rapid HEPATITIS B &amp; C TESTING RESULTS, if applicable</b>	
<b>1. Rapid Hepatitis test results (check all that apply)</b>	
<input type="checkbox"/> Hepatitis B <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid (Repeat test) <input type="checkbox"/> Refusal	<input type="checkbox"/> Hepatitis C <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid (Repeat test) <input type="checkbox"/> Refusal
<b>2. Did client receive results of rapid HEP test? (check one)</b>	
Hep B <input type="checkbox"/> Yes <input type="checkbox"/> No	Hep C <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3. Retest HEP Result: (check one)</b>	
<input type="checkbox"/> Hepatitis B <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid (Repeat test) <input type="checkbox"/> Refusal	<input type="checkbox"/> Hepatitis C <input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative/Non-reactive <input type="checkbox"/> Invalid (Repeat test) <input type="checkbox"/> Refusal
<b>4. Did client receive retest results of test? (check one)</b>	
Hep B <input type="checkbox"/> Yes <input type="checkbox"/> No	Hep C <input type="checkbox"/> Yes <input type="checkbox"/> No

**E-1: Rapid Hepatitis test**

**Coding Instructions:** If a rapid hepatitis test was administered to the client, record whether the result was “Negative/Non-reactive,” “Positive/Reactive,” or whether the test result was “Invalid” and must be repeated using a new rapid hepatitis test kit. If the client was offered a rapid hepatitis test and refused the test for whatever reason, select “Refusal”. Please fill out the form in accordance with the type of hepatitis test conducted (B and/or C).

Section E only applies to clients of rapid hepatitis testing. No data on conventional testing or confirmatory testing should be reported in this section.

**Coding Issues:** Select one response if a rapid hepatitis test was offered to the client, whether or not it was administered. **This section should only be used for results from a rapid hepatitis test kit.**

**Instructions specific to client-type:** Section E-1 should not be completed in the case that the client received a conventional/non-rapid hepatitis test.

## E-2: Did the client receive results of rapid hepatitis test?

**Coding Instructions:** If a rapid hepatitis test was administered indicate whether or not the client received the results of the rapid Hepatitis test. Please fill out the form in accordance with the type of Hepatitis test conducted (B and/or C).

**Coding Issues:** Select no more than one response if a rapid Hepatitis test was administered.

**Instructions specific to client-type:** Section E-2 should not be completed if the client received a conventional/non-rapid Hepatitis test.

## E-3: Retest Hepatitis Results

**Coding Instructions:** If a rapid hepatitis retest was administered, record whether the result was “Negative/Non-reactive,” “Positive/Reactive,” or whether the test result was “Invalid/indeterminate.” Please fill out the form in accordance with the type of hepatitis test conducted (B and/or C).

**Coding Issues:** Select no more than one response if a rapid Hepatitis retest was administered. Reasons for such a retest may include: invalid results of a previous rapid Hepatitis test and upon recommendation, for patient who previously tested negative but has known or potential exposure to Hepatitis.

**Instructions specific to client-type:** Section E-3 should not be completed if the client received a conventional/non-rapid Hepatitis test.

## E-4: Did the client receive retest results of Hepatitis test?

**Coding Instructions:** If a rapid Hepatitis retest was administered, indicate whether or not the client received the results of the rapid Hepatitis retest. Please fill out the form in accordance with the type of Hepatitis test conducted (B and/or C).

**Coding Issues:** Select one response if a rapid retest was administered.

**Instructions specific to client-type:** Section E-4 should not be completed if the client received a conventional/non-rapid Hepatitis test.

## Section F: Confirmatory Testing of HIV

<b>SECTION F: CONFIRMATORY TESTING of HIV</b>	
<b>(if rapid HIV test result is positive/reactive)</b>	
<b>1. Confirmatory HIV test result (check one)</b>	
<input type="checkbox"/> Negative/Non-reactive	<input type="checkbox"/> Positive/Reactive
<input type="checkbox"/> Invalid/indeterminate	<input type="checkbox"/> Results pending
<b>2. Type of confirmatory test (check one)</b>	
<input type="checkbox"/> Blood (plasma, serum, or blood spot)	
<input type="checkbox"/> Oral	<input type="checkbox"/> Urine

## F-1: Confirmatory HIV test result

**Coding Instructions:** This section should be completed if a rapid HIV test, including a 4<sup>th</sup> Generation HIV test result is positive or reactive. **This section should also be used to record test results for clients who receive conventional/non-rapid HIV testing services.**

Indicate whether or not the client received a confirmatory test following a positive or reactive rapid HIV test result, or if the client received a conventional/non-rapid HIV test. If the client did not receive a confirmatory test following a positive or reactive rapid HIV test result, select "No". Additionally, indicate whether a confirmatory test was administered after an initial refusal of a rapid HIV test.

**Coding Issues:** Select no more than one response.

If "Positive/Reactive" was selected in response to question **D-1**, this question must be completed.

**Instructions specific to client-type:** If client had a positive/reactive **rapid HIV test**, F-1 should record whether or not a confirmatory test was administered. If client received a conventional/non-rapid HIV test, complete this section as well as Section H.

Section F of the updated SAMHSA RHHT form should be completed for MAI clients who receive:

- Confirmatory testing after a positive/reactive RHT result, including 4<sup>th</sup> Generational HIV testing
- Conventional/non-rapid HIV testing services.

## F-2: Type of confirmatory HIV test

**Coding Instructions:** Record the type of confirmatory test used for clients who received a positive/ reactive rapid HIV test result. For clients who received conventional/non-rapid HIV testing services, record the type of test that was used.

For clients who received a conventional/non-rapid HIV test, record the following:

- HIV test result in F1
- Type of test in F2

**Coding Issues:** Select no more than one response if a confirmatory test was conducted.

**Instructions specific to client-type:** If the client received a conventional /non-rapid HIV test, please indicate the type of test used.

## Section G: Confirmatory Testing of Hepatitis

### SECTION G: CONFIRMATORY TESTING of HEP B & C Test, if applicable

(if rapid Hepatitis test result is positive/reactive)

#### 1. Confirmatory HEP B test result (check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Negative/Non-reactive | <input type="checkbox"/> Positive/Reactive |
| <input type="checkbox"/> Invalid/indeterminate | <input type="checkbox"/> Results pending   |

#### 2. Confirmatory HEP C test result (check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Negative/Non-reactive | <input type="checkbox"/> Positive/Reactive |
| <input type="checkbox"/> Invalid/indeterminate | <input type="checkbox"/> Results pending   |

## G-1: Confirmatory testing of Hepatitis B

**Coding Instructions:** The form instructions state that this section should be completed if a rapid hepatitis B test result is positive or reactive. However, **this section should also be used to record test results for clients who receive conventional/non-rapid hepatitis B testing services.**

Indicate whether or not the client received a confirmatory test following a positive or reactive rapid Hepatitis B test result, or if the client received a conventional/non-rapid Hepatitis B test.

**Coding Issues:** Select no more than one response.

If “Positive/Reactive to Hepatitis B” was selected in response to question E-1, this question must be completed.

**Instructions specific to client-type:** If client had a positive/reactive **rapid Hepatitis B test**, G-1 should record whether or not a confirmatory test was administered. If client received a conventional/non-rapid Hepatitis test, complete this section as well as Section I.

## G-2: Confirmatory testing of Hepatitis C

**Coding Instructions:** The form instructions state that this section should be completed if a rapid Hepatitis C test result is positive or reactive. However, **this section should also be used to record test results for clients who receive conventional/non-rapid Hepatitis C testing services.**

Indicate whether or not the client received a confirmatory test following a positive or reactive rapid Hepatitis C test result, or if the client received a conventional/non-rapid Hepatitis C test.

**Coding Issues:** Select no more than one response.

If “Positive/Reactive to Hepatitis C” was selected in response to question E-1, this question must be completed.

**Instructions specific to client-type:** If client had a positive/reactive **rapid Hepatitis C test**, G-1 should record whether or not a confirmatory test was administered. If client received a conventional/non-rapid Hepatitis test, complete this section as well as Section I.

**Section G of the updated SAMHSA RHHT form should be completed for MAI clients who receive:**

- Confirmatory testing after a positive/reactive Hepatitis result
- Conventional/non-rapid Hepatitis testing services.

## Section H: Type of HIV Services Provided

### SECTION H: TYPE OF HIV SERVICES PROVIDED

(Check all that apply)

- HIV Pre/Post- Prevention Counseling
- HIV Pre/Post-Test Counseling
- HIV Testing
- Referred to HIV Care and Treatment Services
  
- Linked to HIV care treatment after positive confirmation  
(Client attended a routine HIV medical care visit **within 3 months of HIV diagnosis**)
- Linked to HIV prevention/ancillary services if negative test result

### H: Type of Services Provided

**Coding Instructions:** Record any/all types of services that were provided to the client. The definitions of “Referred to HIV care” and “Linked to HIV Care”, are distinct though related. To select ‘Referral to HIV Care and Treatment Services’, the provider must affirm that the client was given viable contact information for a HIV service provider(s) who can provide follow-up HIV medical care services. To select ‘Linked to HIV care’, the provider must affirm that the client attended a routine HIV medical care visit within 3 months of HIV diagnosis, when final updates to the form can be submitted.

**Coding Issues:** Select all responses that apply.

As per the instructions provided in the dark grey shaded area of the form, this section applies to all services the client has been provided either by the grantee or another agency, up to and including the point at which the RHHT form is being completed.

**Instructions specific to client-type:** This question should be completed **for all MAI clients**.

**Section I: Type of Hepatitis Services Provided**

**SECTION I: TYPE OF Hepatitis SERVICES PROVIDED, if applicable**

**(Check all that apply)**

Hepatitis Pre/Post- Prevention Counseling

Hepatitis Pre/Post-Test Counseling

Viral Hepatitis Testing

Hepatitis Vaccination

<input type="checkbox"/> Yes	<input type="checkbox"/> A	Dose 1 ____/____/____	Dose 2 ____/____/____	
	<input type="checkbox"/> B	Dose 1 ____/____/____	Dose 2 ____/____/____	Dose 3 ____/____/____
	<input type="checkbox"/> A & B (Twinrix)	Dose 1 ____/____/____	Dose 2 ____/____/____	Dose 3 ____/____/____

No (If no, reason?) \_\_\_\_\_

Referred to Hepatitis Care after positive confirmation

Linked to Hepatitis care treatment after positive confirmation  
(Client attended a routine Hepatitis medical care visit within 3 months of Hepatitis diagnosis)

Linked to Hepatitis prevention/ancillary services if negative test result

**Section I: Type of Hepatitis Services Provided**

**Coding Instructions:** Record if any Hepatitis vaccination was provided to the client. Indicated which vaccination was provided and the date of each dose. If no vaccination was provided, please indicate the reason. Record any/all types of service that were provided to the client. The definitions of “Referred to Hepatitis care” and “Liked to Hepatitis Care”, are distinct though related. To select referred to Hepatitis care, the provider must affirm that the client was given viable contact information for a Hepatitis service provider(s) who can provide follow-up Hepatitis medical care services. To select ‘Linked to Hepatitis care”, the provider must affirm that that the client attended a routine Hepatitis medical care visit within 3 months of the Hepatitis diagnosis, when final updates to the form can be submitted.

**Coding Issues:** Select all responses that apply.

As per the instructions provided in the dark grey shaded area of the form, this section applies to all services the client has been provided either by the grantee or another agency, up to and including the point at which the RHHT form is being completed.

**Instructions specific to client type:** This question should be completed for all MAI clients.

## Technical Assistance Contacts and Resources

The information below provides contacts for help with issues related to the RHHT form and web-based data system (once operational). Additional information for assistance with the submission of RHHT data or client level service data is provided in the Appendix of this document (see **Appendix C**).

Issue	Who to contact
<ul style="list-style-type: none"> <li>• Web-based data system functions</li> <li>• Reminders for usernames and passwords</li> <li>• Glitches/difficulties with using the web system</li> <li>• Questions on substantive content of the RHHT form questions</li> <li>• Requests to add/remove project end-users</li> <li>• Contacting site liaisons or other Abt staff as needed</li> </ul>	<p style="text-align: center;"><b>1-888-282-5881</b></p> <p style="text-align: center;"><b><i>Project_HIVConsolidatedEval@abtassoc.com</i></b></p>

The following MAI resources are also available for your reference related to the RHHT form and web-based data entry system:

Resource	Location
<p><b>SAMHSA MAI Rapid HIV Testing Clinical Information Form</b></p>	<ul style="list-style-type: none"> <li>• See <b>Appendix A</b> of this Question-by-Question Instruction Guide</li> </ul>

# Appendix A: Updated SAMHSA RHHT Form



OMB No. 0930-0343  
Expiration Date: 12/31/2018

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0343. Public reporting burden for this collection of information is estimated to average 8 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 2-1057, Rockville, Maryland, 20857.

## SAMHSA MAI Rapid HIV/HEPATITIS Testing Clinical Information Form

<b>SECTION A: SITE CHARACTERISTICS</b>		1. Date of visit (mm/dd/yyyy): _____	
2. Grantee #: _____		3. Partner ID (if applicable): _____	
4. CLIENT RHHT ID #: _____		5. GPRA ID #: _____ <input type="checkbox"/> GPRA Tool Not Completed	
6. Site type code # (see site code on back page)			
RAPID HIV TEST KIT LOT NUMBER: _____			
<b>SECTION B: DEMOGRAPHICS</b>			
1. Gender (check one)		3. Race (check all that apply)	
<input type="checkbox"/> Male		<input type="checkbox"/> Alaska Native/ American Indian	
<input type="checkbox"/> Female		<input type="checkbox"/> Asian	
<input type="checkbox"/> Transgender		<input type="checkbox"/> Black/African American	
2. Ethnicity (check one)		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	
<input type="checkbox"/> Hispanic		<input type="checkbox"/> White	
<input type="checkbox"/> Non-Hispanic		4. Age (check one)	
		<input type="checkbox"/> <18 yrs	
		<input type="checkbox"/> 18-24 yrs	
		<input type="checkbox"/> 25-34 yrs	
		<input type="checkbox"/> 35-44 yrs	
		<input type="checkbox"/> 45-54 yrs	
		<input type="checkbox"/> 55-64 yrs	
		<input type="checkbox"/> 65+ yrs	
		5. Previous HIV Test	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		If Yes: (check one)	
		<input type="checkbox"/> Result was negative	
		<input type="checkbox"/> Result was positive	
		<input type="checkbox"/> Result was inconclusive	
		<input type="checkbox"/> Result was unknown	
		6. Previous Viral Hepatitis Test	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		If Yes: (check one)	
		<input type="checkbox"/> Result was negative	
		<input type="checkbox"/> Result was positive	
		<input type="checkbox"/> Result was inconclusive	
		<input type="checkbox"/> Result was unknown	
<b>SECTION C: RISK BEHAVIORS</b>			
1. During the past 30 days have you - from the date of this form (check all that apply)			
<input type="checkbox"/> had unprotected sex with a male		<input type="checkbox"/> had unprotected sex with a person who injects drugs	
<input type="checkbox"/> had unprotected sex with a female		<input type="checkbox"/> had unprotected sex with a man who has sex with men	
<input type="checkbox"/> had unprotected sex with a transgender individual		<input type="checkbox"/> exchanged sex for drugs/money/shelter	
<input type="checkbox"/> had unprotected sex with significant other in a monogamous relationship		<input type="checkbox"/> been diagnosed with sexually transmitted disease (syphilis, chlamydia, gonorrhea, herpes)	
<input type="checkbox"/> had unprotected sex with multiple partners		<input type="checkbox"/> refusal	
<input type="checkbox"/> had unprotected sex with an HIV positive person		<input type="checkbox"/> the client reports no known sexual risk factors	
<input type="checkbox"/> had unprotected sex with an Hepatitis positive person			
2. During the past 30 days have you used: from the date of this form (check all that apply)			
<input type="checkbox"/> 4 or more alcoholic drinks in 1 sitting (for men)		<input type="checkbox"/> marijuana	
<input type="checkbox"/> 3 or more alcoholic drinks in 1 sitting (for women)		<input type="checkbox"/> ecstasy	
<input type="checkbox"/> cocaine (crack)		<input type="checkbox"/> heroin	
		<input type="checkbox"/> methamphetamine	
		<input type="checkbox"/> inhalants (specify) _____	
		<input type="checkbox"/> non-medical use of prescription drugs	
		<input type="checkbox"/> shared injection equipment (i.e. needle and drug paraphernalia)	
		<input type="checkbox"/> refusal	
		<input type="checkbox"/> the client reports no known substance use risk factors	
		<input type="checkbox"/> other (specify) _____	
3. Have you (check all that apply)			
<input type="checkbox"/> been diagnosed with alcohol or drug dependence, in the past 12 months		<input type="checkbox"/> been diagnosed with psychological distress, in the past 12 months (e.g., major depression, anxiety disorder)	
<input type="checkbox"/> been in alcohol or drug treatment in the past 12 months		<input type="checkbox"/> ever received treatment for psychological distress during the past 12 months? (e.g., major depression, anxiety disorder)	
<input type="checkbox"/> ever been in alcohol or drug treatment		<input type="checkbox"/> none of the above	
<b>SECTION D: Rapid HIV TESTING RESULTS</b>		<b>SECTION E: Rapid HEPATITIS B &amp; C TESTING RESULTS, if applicable</b>	
1. Rapid HIV test result (check one)		1. Rapid Hepatitis test results (check all that apply)	
<input type="checkbox"/> Negative/Non-reactive		<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Positive/Reactive		<input type="checkbox"/> Hepatitis C	
<input type="checkbox"/> Invalid (Repeat test)		<input type="checkbox"/> Positive/Reactive	
<input type="checkbox"/> Refusal		<input type="checkbox"/> Negative/Non-reactive	
		<input type="checkbox"/> Invalid (Repeat test)	
		<input type="checkbox"/> Refusal	
2. Did client receive result of rapid HIV test? (check one)		2. Did client receive results of rapid HEP test? (check one)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Hep B <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Hep C <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Retest HIV Result: (check one)		3. Retest HEP Result: (check one)	
<input type="checkbox"/> Negative/Non-reactive		<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Positive/Reactive		<input type="checkbox"/> Hepatitis C	
<input type="checkbox"/> Invalid/Indeterminate		<input type="checkbox"/> Positive/Reactive	
<input type="checkbox"/> N/A		<input type="checkbox"/> Negative/Non-reactive	
		<input type="checkbox"/> Invalid (Repeat test)	
		<input type="checkbox"/> Refusal	
4. Did client receive retest result of test? (check one)		4. Did client receive retest results of test? (check one)	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Hep B <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Hep C <input type="checkbox"/> Yes <input type="checkbox"/> No	

<p><b>SECTION F: CONFIRMATORY TESTING of HIV</b> (if rapid HIV test result is positive/reactive)</p> <p>1. <b>Confirmatory HIV test result (check one)</b></p> <p><input type="checkbox"/> Negative/Non-reactive      <input type="checkbox"/> Positive/Reactive  <input type="checkbox"/> Invalid/indeterminate      <input type="checkbox"/> Results pending</p> <p>2. <b>Type of confirmatory test (check one)</b></p> <p><input type="checkbox"/> Blood (plasma, serum, or blood spot)  <input type="checkbox"/> Oral                                      <input type="checkbox"/> Urine</p>	<p><b>SECTION G: CONFIRMATORY TESTING of HEP B &amp; C Test, if applicable</b> (if rapid Hepatitis test result is positive/reactive)</p> <p>1. <b>Confirmatory HEP B test result (check one)</b></p> <p><input type="checkbox"/> Negative/Non-reactive      <input type="checkbox"/> Positive/Reactive  <input type="checkbox"/> Invalid/indeterminate      <input type="checkbox"/> Results pending</p> <p>2. <b>Confirmatory HEP C test result (check one)</b></p> <p><input type="checkbox"/> Negative/Non-reactive      <input type="checkbox"/> Positive/Reactive  <input type="checkbox"/> Invalid/indeterminate      <input type="checkbox"/> Results pending</p>
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<p><b>SECTION H: TYPE OF HIV SERVICES PROVIDED</b> (Check all that apply)</p> <p><input type="checkbox"/> HIV Pre/Post- Prevention Counseling  <input type="checkbox"/> HIV Pre/Post-Test Counseling  <input type="checkbox"/> HIV Testing  <input type="checkbox"/> Referred to HIV Care and Treatment Services</p> <p><input type="checkbox"/> Linked to HIV care treatment after positive confirmation  <i>(Client attended a routine HIV medical care visit within 3 months of HIV diagnosis)</i></p> <p><input type="checkbox"/> Linked to HIV prevention/ancillary services if negative test result</p>	<p><b>SECTION I: TYPE OF Hepatitis SERVICES PROVIDED, if applicable</b> (Check all that apply)</p> <p><input type="checkbox"/> Hepatitis Pre/Post- Prevention Counseling  <input type="checkbox"/> Hepatitis Pre/Post-Test Counseling  <input type="checkbox"/> Viral Hepatitis Testing</p> <p>Hepatitis Vaccination</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/> Yes</td> <td style="width: 10%;"><input type="checkbox"/> A</td> <td style="width: 20%;">Dose 1</td> <td style="width: 20%;">Dose 2</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">_/_/_</td> <td style="text-align: center;">_/_/_</td> <td></td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> B</td> <td style="text-align: center;">_/_/_</td> <td style="text-align: center;">_/_/_</td> <td style="text-align: center;">_/_/_</td> <td style="text-align: center;">_/_/_</td> </tr> <tr> <td></td> <td><input type="checkbox"/> A &amp; B (Twinrix)</td> <td style="text-align: center;">_/_/_</td> <td style="text-align: center;">_/_/_</td> <td style="text-align: center;">_/_/_</td> <td style="text-align: center;">_/_/_</td> </tr> </table> <p><input type="checkbox"/> No (If no, reason?) _____</p> <p><input type="checkbox"/> Referred to Hepatitis Care after positive confirmation</p> <p><input type="checkbox"/> Linked to Hepatitis care treatment after positive confirmation  <i>(Client attended a routine Hepatitis medical care visit within 3 months of Hepatitis diagnosis)</i></p> <p><input type="checkbox"/> Linked to Hepatitis prevention/ancillary services if negative test result</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> A	Dose 1	Dose 2					_/_/_	_/_/_				<input type="checkbox"/> B	_/_/_	_/_/_	_/_/_	_/_/_		<input type="checkbox"/> A & B (Twinrix)	_/_/_	_/_/_	_/_/_	_/_/_
<input type="checkbox"/> Yes	<input type="checkbox"/> A	Dose 1	Dose 2																						
		_/_/_	_/_/_																						
	<input type="checkbox"/> B	_/_/_	_/_/_	_/_/_	_/_/_																				
	<input type="checkbox"/> A & B (Twinrix)	_/_/_	_/_/_	_/_/_	_/_/_																				

## SAMHSA MAI Rapid HIV Testing Clinical Information Form

### Codes for Site Types

<b>S01</b>	Inpatient Facility	<b>S16</b>	Community Setting-AIDS Service Organization-non-clinical
<b>S02</b>	Inpatient Hospital	<b>S17</b>	Community Setting-Community Center Community
<b>S03</b>	Inpatient-Drug/Alcohol Treatment	<b>S18</b>	Setting-Shelter/Transitional housing
<b>S04</b>	Inpatient Facility-Other	<b>S19</b>	Community Setting-School/Education Facility
<b>S05</b>	Outpatient-Drug/Alcohol Treatment Clinic	<b>S20</b>	Community Setting-Residential
<b>S06</b>	Outpatient-HIV Specialty Clinic	<b>S21</b>	Community Setting-Public Area
<b>S07</b>	Outpatient-Community Mental Health	<b>S22</b>	Community Setting-Workplace
<b>S08</b>	Outpatient-Community Health Clinic	<b>S23</b>	Community Setting-Commercial
<b>S09</b>	Outpatient-TB Clinic	<b>S24</b>	Community Setting-Other
<b>S10</b>	Outpatient-School/University Clinic	<b>S25</b>	Community Setting-Bar/Club/Adult Entertainment
<b>S11</b>	Outpatient-Prenatal/OBGYN Clinic	<b>S26</b>	Community Setting-Church/Mosque/Synagogue/Temple
<b>S12</b>	Outpatient-Family Planning	<b>S27</b>	Community Setting-Mobile Unit
<b>S13</b>	Outpatient-Private Medical Practice	<b>S28</b>	Correctional Facility
<b>S14</b>	Outpatient-Health Department/Public Health Clinic	<b>S29</b>	Blood Bank, Plasma Center
<b>S15</b>	Outpatient-Health Department/Public Health Clinic-HIV		

## Appendix B: “Frequently Asked Questions”

- 1) **Question:** How do I access the updated RHHT form? I am currently using the RHT form.

**Answer:** The updated RHHT form will be disseminated by SAMHSA to all grantees. The RHHT form will also be available for downloading from the web-based data collection system once it goes live.

- 2) **Question:** I noticed that the updated form mentions GPRA. We were instructed to use the TRAC NOMs (Transformation Accountability) tool. Should we disregard the GPRA ID in section A?

**Answer:** Grantees using the TRAC NOMs tool should enter the Client ID used in for this tool into the RHHT GPRA ID space. As a reminder, the ID assigned to clients should match across the RHHT form and SAIS GPRA or TRAC NOMs tools.

- 3) **Question:** During the webinar, grantees were instructed to hold on to forms if they are using the revised RHHT form. Please clarify the submission process for grantees using the revised RHHT form.

**Answer:** Until the web-based system is launched and ready for use, all grantees should now submit their scanned RHHT forms to ONLY their program specific SAMHSA electronic resource mailbox (See Appendix C).

- 4) **Question:** Will grantees have the opportunity to enter hepatitis vaccination information for those doses that fall out of the 3.5 months?

**Answer:** Yes. Grantees will have up to six months to complete hepatitis vaccination information.

- 5) **Question:** If a consumer receives their vaccination on a later date, do we complete a new RHHT form at the time of the vaccinations?

**Answer:** No. Follow-up information for vaccinations should be completed on the same form. In terms of the web-based system (once it goes live) grantees will be able to add updated vaccination information to the form for the client in question.

- 6) **Question:** If we’re still using the old RHT forms, do we still email our RHT forms to the secure resource mailbox like we were doing every quarter?

**Answer:** All forms should be submitted to the SAMHSA resource mailbox specified for your grantee cohort until the new web-based system goes live. Once the web-based system is live, grantees will enter all testing data into the on-line system. As a final note, all grantees should be using or transitioning to the revised RHHT form that collects both HIV and hepatitis testing data. This form should be in use with all grantees even if only HIV testing is being done.

- 7) **Question:** If we are partnering with an agency to provide hepatitis B & C testing, do we need to obtain a partner ID for them?

**Answer:** For grantees with partners providing ancillary services, a partner ID will need to be established.

- 8) **Question:** What happens if a client knows they've been vaccinated for A/B, but is unsure of the exact date of dosage?

**Answer:** Assuming that the question references a client who has started the vaccination sequence, but does not know the date of the first vaccination check: (a) "Yes" for Hepatitis testing; (b) whether the vaccination was for A, B, or A & B (Twinrix); and, (c) leave the information for the first dose blank. Enter the dates for the remaining vaccinations in their appropriate space.

- 9) **Question:** Does methadone qualify as drug use in the past 30 days?

**Answer:** Not necessarily. If the client is using Methadone as prescribed as part of their substance use disorder treatment, this information would be captured under Section C part 3 as "been in alcohol or drug treatment in the past 12 months." Alternatively, if the client is using methadone that is not being prescribed, this information would be captured under Section C part 2 as "non-medical use of prescription drugs".

- 10) **Question:** If an individual comes in for multiple rapid tests, do we use the same form or a new form for each testing instance?

**Answer:** For an individual coming in for testing on more than one occasion a new form should be completed for each instance. However, the same Client ID for this individual should be used for each testing instance.

## Appendix C: RHHT Submission & Project Resource Contact Information

Until the web-based system is launched and ready for use, all grantees should submit their scanned RHHT forms to **ONLY** their program specific SAMHSA electronic resource mailbox as identified below. Each submission of RHHT forms should include in the subject line the name of the grant, grant number and number of RHHT forms being submitted (NOTE: Please do **NOT** cc your government project officer or anyone else when emailing your RHHT forms to your program specific resource mailbox).

<p>Resource Mailbox: <a href="mailto:FY12_TCE-HIV@samhsa.hhs.gov">FY12_TCE-HIV@samhsa.hhs.gov</a>            RHHT form helpdesk: <a href="mailto:Project_HIVconsolidatedEval@abtassoc.com">Project_HIVconsolidatedEval@abtassoc.com</a>            SAIS Helpdesk: <a href="mailto:saishelp@ccs.rti.org">saishelp@ccs.rti.org</a></p>
<ul style="list-style-type: none"> <li>• Targeted Capacity Expansion Program: Substance Abuse Treatment for Racial/Ethnic Minority Populations at High-Risk for HIV/AIDS (Short Title: TCE-HIV)</li> <li>• Targeted Capacity Expansion: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High-Risk for HIV/AIDS (TCE-HIV: High Risk Populations)</li> </ul>
<p>Resource Mailbox: <a href="mailto:FY13_TCE-HIVMinority_Women@samhsa.hhs.gov">FY13_TCE-HIVMinority_Women@samhsa.hhs.gov</a>            RHHT Form Helpdesk: <a href="mailto:Project_HIVconsolidatedEval@abtassoc.com">Project_HIVconsolidatedEval@abtassoc.com</a>            SAIS Helpdesk: <a href="mailto:saishelp@ccs.rti.org">saishelp@ccs.rti.org</a></p>
<ul style="list-style-type: none"> <li>• Targeted Capacity Expansion: Substance Abuse Treatment for Racial/Ethnic Minority Women at High Risk for HIV/AIDS (Short Title: TCE-HIV: Minority Women)</li> </ul>
<p>Resource Mailbox: <a href="mailto:FY14_COC_BH_HIV@samhsa.hhs.gov">FY14_COC_BH_HIV@samhsa.hhs.gov</a>            RHHT Form Helpdesk: <a href="mailto:Project_HIVconsolidatedEval@abtassoc.com">Project_HIVconsolidatedEval@abtassoc.com</a>            TRAC Helpdesk: <a href="mailto:TRACHELP@westat.com">TRACHELP@westat.com</a></p>
<ul style="list-style-type: none"> <li>• Minority AIDS Initiative Continuum of Care Pilot - Integration of HIV Prevention and Medical Care into Mental Health and Substance Abuse Treatment Programs for Racial/Ethnic Minority Populations at High Risk for Behavioral Health Disorders and HIV (MAI CoC Pilot: Integration of HIV Medical Care into BH Programs)</li> </ul>