

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Administration for HIV Policy and Programs**  
**CDC Eligibility Requirements for Counseling, Testing, and Referral (CTR) 2006**



The following is a checklist of the areas of counseling, testing, and referral activities that you need to discuss with your local health department representatives at the Administration for HIV Policy and Programs—**Cynthia Green 202 671-4900**

- **Policies and Procedures for the Counseling, Testing, and Referral Program:** Written guidelines and polices for the provision of service at your agency available to all staff and part of new employee (CTR staff) orientation.
- **Anonymous versus confidential testing:** Tell what will guide your testing practices.
- **Informed Consent:** How you will ensure that your clients are fully informed before testing.
- **Training of counselors:** List the number of staff who have been trained and those who need training. For those who need training, provide what entity will do the training, and when the training be held. Ensure that you meet state and local regulations. Administration for HIV Policy and Programs will provide guidelines for HIV Prevention Counselor Training: **202 671-5079**
- **Confidentiality:** Provide training and forms to each staff member to sign to ensure confidentiality is respected.
- **Surveillance reporting:** Follow the guidelines set by the District of Columbia Department of Health (DOH) Administration for HIV Policy and Programs [www.hivcounts.net](http://www.hivcounts.net) for reporting HIV and AIDS.
- **Laboratory processing:** Tell how you have set up agreements to transport testing specimens to a lab for processing, what type of testing you are offering [e.g., rapid test, serum, oral fluid, etc.], and how lab processing will be funded. **Dr. Maurice Knuckles, Director DC Public Health Laboratory 202 727-8956.**
- **Type of testing:** Determine what types of testing you are using—OraSure, OraQuick Advance, etc.) Brandon Dubroc, OraSure Technologies at **484-553-6579** or [bdubroc@orasure.com](mailto:bdubroc@orasure.com)
- **Follow-up for results, especially of those persons who are infected with HIV:** Create a plan to follow-up with those persons who are HIV infected and do not return for their results.
- **Early intervention services for HIV infected persons:** Create a plan to make sure persons who are infected and know their status are aware of and linked to primary medical, case management, substance abuse treatment, prevention case management and other appropriate services.
- **Data collection and reporting:** Make sure your collection and reporting methods are congruent with the local department of health.
- **Quality Assurance Protocols:** QA protocols should be written and routinely implemented for the following: Service accessibility; compliance with written protocols, guidelines and performance standards; data management; specimen collection; community resources; staff safety in non traditional settings; services and materials; evaluation of staff performance and proficiency that should comprise DOP (Direct observation of Performance); and supervision of staff. **202 671-5079**
- **Linkages with partner notification (PCRS):** Administration for HIV Policy and Programs will assist with the notification of the sex and/or needle-sharing partner(s) of a person infected with HIV. Each agency must refer these individuals (with supporting documentation) to AHPP for Partner

Counseling and Referral Services (PCRS). **The wording should indicate how the organization plans to offer PCRS and link with the AHPP PCRS Coordinator at 202 671-5080.**

- **Synchronized with local laws:** Make sure you are in line with any laws in your area (actual location of testing site) concerning CTR such as the DCMR Title 22 (DC Municipal Regulations-Public Health and Medicine governing the Protection of Minors, Informed Consent, HIV and AIDS Reporting and Confidentiality and Security. **202 671-5079**
- **Populations to be targeted:** Know which priority population(s) you will provide services to and the available resources.
- **Standing orders with a physician.** You must provide a letter of intent from a physician with your application and a memorandum of agreement if selected for funding.
- **Referral Network:** Identify potential partners (collaborations) to increase the number of individuals who receive comprehensive services. Develop a formal agreement such as a memorandum of understanding (MOU) with each agency. **Develop systems to track referral activities.** (Refer to: *Fundamentals of Prevention Counseling and/or MMWR—Guidelines for HIV Counseling, Testing, and Referral and Revised Recommendations for HIV Screening of Pregnant Women , 2001l*)

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Establish a formal agreement with a laboratory and provide a plan for ensuring training, oversight, quality assurance, and compliance with CLIA requirements and relevant state and local regulations applicable to waived testing, if your agency will be using a waived rapid HIV antibody test.

Obtain a CLIA Certificate of Waiver or approval to operate under that laboratory's CLIA certificate:

**Department of Health  
Health Regulation Administration  
Health Care Facilities Division  
Laboratory Certification & Licensure Section  
825 North Capitol Street, N.E.  
Room #2241  
Washington, D.C. 20002 (202) 442-4706**

Submit a letter of support from the laboratory.

- × Sample collection kits (OraQuick)
- × Sample collection kits (OraSure)
- × Equipment/support supplies to draw blood for confirmatory tests
- × Support supplies for OraQuick/OraSure/Serum Blood draw, etc.
- × Lab forms
- × HIV CTS Report (bubble sheet) forms (Keith Floyd 202 671-4994)
- × Sample Processing for OraSure
- × Sample processing for confirmatory tests—must collect blood samples to confirm rapid testing preliminary positives. (*Letter dated July 29, 2005*)
- × Pickup of samples (OraSure and confirmatory)
- × Delivery of results to CBO's (OraSure and confirmatory)