



Centers for Disease Control  
and Prevention (CDC)  
Atlanta GA 30333  
November 8, 2005

Dear Colleague:

I am writing this letter to introduce you to changes related to Centers for Disease Control and Prevention's (CDC) Prevention Case Management (PCM). In addition to highlighting the reasons for the changes, I want to inform you of upcoming information that will help make the changes easier to access and understand.

As you are aware, PCM has traditionally been a client-centered HIV prevention activity that combines HIV risk-reduction counseling and traditional case management to provide intensive, ongoing, individualized prevention counseling and support. CDC has developed new recommendations for programmatic changes to improve PCM counselors' abilities to address risk for HIV transmission and acquisition. These changes include renaming PCM to clarify the differences between Ryan White Case Management, other case management, and PCM activities.

Many community-based organizations (CBOs) have indicated that using the term "Prevention Case Management" has been problematic for staff and clients because of confusion with existing case management resources funded by other agencies or programs such as the Health Resources and Services Administration (HRSA) and Medicaid. To reduce this confusion and reflect the aforementioned program changes, CDC has changed the name of the intervention from PCM to Comprehensive Risk Counseling and Services (CRCS). We are aware that in community-based practices, many CBOs have used different names for CRCS that appeal to their clients such as "Healthy Living" or "Positive Choices." We encourage you to continue using local names for CRCS that appeal to your clients.

Based on information from the Advancing HIV Prevention (AHP) demonstration project and other providers, CDC has made the following programmatic recommendations, regarding the balance between the risk reduction and case management aspects of CRCS:

- CRCS staff do not conduct case management if client has or can be referred to other case management services (e.g., Ryan White, Medicaid)
- CRCS staff should refer clients to available case management and other services and monitor clients' use of these services
- CRCS staff can provide case management or referrals if there is no existing case manager or referral system or if a particular service is not covered by existing case management services

- In all cases, CRCS staff work with other service providers and help with referrals and coordination

We have learned valuable lessons related to implementation challenges and best practices through CDC's prior efforts, specifically through the nine demonstration projects conducted under CDC's AHP initiative. We have reviewed this information and are implementing the program changes mentioned above to ensure consistency between the guidelines and the best practices identified in many local programs. These recommendations also serve to clarify CDC's *HIV Prevention Case Management Guidance* from 1997 and other recently issued guidance documents, including those associated with AHP and the CDC Program Announcement 04064, "HIV Prevention Programs for Community-Based Organizations."

Later this fall, we will be releasing a revised implementation manual for CRCS. This manual was originally developed for the AHP demonstration projects serving only HIV-infected clients. The revised manual addresses the needs of both HIV negative and HIV positive clients. We hope that this hands-on-guide will help new, as well as existing, programs to implement effective interventions and allow them to benefit from the lessons learned from other programs. For additional information or questions concerning CRCS, you may contact Dr. Dale Stratford at 404-639-6276 or Dr. David Purcell at 404-639-1934 in the Prevention Research Branch, Divisions of HIV/AIDS Prevention, National Center for HIV, STD and TB Prevention.

Sincerely,



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Director  
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