



Section VII: HIV, AIDS & STD Categorical Funding

All indicators listed below are required, i.e., are essential for the agency to meet in order to pass each section of the accreditation review.

MPR I

Perform activities necessary to control the spread of HIV and STD infection; conduct reporting and follow-up of HIV, AIDS and STD cases.

Reference: PA 368 of 1978, MCL 333.5114, MCL 333.5131; MCL 333.5201; MCL 333.5203;
PA 514 of 2004.

Indicator I.1

Reporting of HIV, AIDS, and STD cases are in compliance with the Michigan Communicable Disease Rules, and the Michigan Public Health Code.

This indicator may be met by:

Timely and appropriate submission of HIV, AIDS, and STD case reports.

Documentation Required:

- Copies of completed HIV, AIDS and STD case report forms or evidence of electronic submission within the Michigan Disease Surveillance System or the HIV, AIDS Reporting System.
- Locally developed protocol and procedures for completion and submission of case reports.
- Evidence (e.g., meeting minutes, sign in sheets) that staff with responsibility for case reporting has received orientation and training to policies and procedures regarding submission of case reports.

Evaluation Question:

Are all HIV, AIDS, and STD cases reported in compliance with Michigan Communicable Disease Rules and the Michigan Public Health Code?

Indicator I.2

The confidentiality of written and electronic HIV, AIDS and STD reports and associated patient medical records are maintained in compliance with the Michigan Public Health Code, the Health Insurance Portability and Accountability Act (HIPAA), and program standards issued by the Michigan Department of Community Health.

This indicator may be met by:

Maintaining confidentiality of all HIV, AIDS and STD reports, records and data pertaining to HIV and STD testing, treatment and reporting, pursuant to the Michigan Public Health Code and HIPAA.

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Documentation Required:

- A locally developed written protocol that addresses HIV, AIDS and STD case reporting and medical record confidentiality.
- Evidence that staff have received and implemented appropriate orientation and training on confidentiality protocol and procedures.

Evaluation Questions:

- Is the confidentiality of case reports and client medical records protected pursuant to the Michigan Public Health Code, program standards issued by MDCH, and HIPAA?
- Does the local health department have written procedures that address HIV, AIDS and STD client privacy?

Indicator 1.3

The local health department investigates and responds to health threats to others, pursuant to the Michigan Public Health Code.

This indicator may be met by:

Conducting activities to investigate and respond to health threats to others in a way that is appropriate to the situation as specified in the report.

Documentation Required:

- A locally developed written protocol and procedures for investigating and responding to health threat to others and duty to warn circumstances.
- Evidence that staff have received and implemented appropriate orientation and training on protocol and procedures for investigating and responding to health threat to others and duty to warn circumstances.

Evaluation Question:

How are the local health jurisdiction's responsibilities carried out with regard to investigating and responding to health threat to others situations?



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MPR 2

Provide HIV and STD screening and treatment.

Reference: PA 57 of 1998, MCL 333.5204; MCL 333.5207; PA 368 of 1978, MCL 333.5129, MCL 333.5133; *Quality Assurance Standards for HIV Prevention Interventions, MDCH (2003).*

Indicator 2.1

Provide HIV and STD screening and treatment services in accordance with the Michigan Public Health Code and MDCH accreditation and quality assurance standards.

This indicator may be met by:

- Implementing recruitment and promotional strategies designed to increase awareness and stimulate testing among high risk individuals.
- Assessing client risk for HIV and other STDs.
- Providing risk reduction/prevention counseling for all clients with risk for HIV and STDs.
- Providing STD testing in accordance to client risk and MDCH criteria.
- Providing appropriate STD treatment.
- Providing HIV testing for all clients screened and/or treated for sexually transmitted diseases.
- Providing STD testing for clients testing positive for HIV.

Documentation Required:

- Press releases, flyers and/or other evidence of recruitment and promotional activities.
- Written clinic-specific protocol and procedures for provision of HIV and STD screening and clinical services. Protocol and procedures **MUST** address:
 - Timely admission, examination and treatment of clients presenting for HIV and STD services;
 - Assessment of client risk for HIV and STDs;
 - Criteria for prioritizing clients for HIV and STD screening;
 - Appropriate STD treatment;
 - Routine provision of HIV testing for clients screened and/or treated for STDs;
 - Provision of STD testing for clients testing positive for HIV;
 - Provision of risk reduction and prevention counseling;
 - Follow up for disclosure of test results for clients who do not complete return clinic visits.
- Client medical charts include risk reduction plans for all clients and treatment referrals for clients diagnosed with HIV infection.

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- Written protocols and procedures for provision of anonymous HIV testing.
- Evidence that all staff have received orientation/training on clinic protocol and procedures.

Evaluation Questions

- Are HIV and STD clinical and prevention services responsive to Michigan Public Health Code, MDCH accreditation and MDCH quality assurance standards?
- What recruitment and promotional strategies are used to promote awareness of services and to stimulate STD and HIV testing among high risk populations?

Indicator 2.2

Provide court ordered STD and HIV counseling, testing and referral services and victim notification activities in accordance with the Michigan Public Health Code, Sec. 333.5129 and MDCH guidance.

This indicator may be met by:

Providing STD and HIV counseling, testing and referral services on the basis of court order and for notification of victims.

Documentation Required:

- Written protocols and procedures for providing or arranging for the provision of court ordered STD and HIV counseling, testing and referral services and victim notification.
- Evidence that staff have received orientation and training on the policies and procedures.

Evaluation Question:

Are court-ordered STD and HIV counseling, testing and referral services and victim notification services provided in accordance with the Michigan Public Health Code and MDCH guidelines?



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MPR 3

Develop and maintain a system for staff-assisted referral of clients to medical and other prevention services, including mechanisms for monitoring and documenting completed referrals.

References: PA 368, Part 51 of 1978, MCL 333.5111, MCL 333.5114a; and *Quality Assurance Standards for HIV Prevention Interventions, MDCH (2003).*

Indicator 3.1

Clients diagnosed with HIV or other STDs receive medical and other prevention services appropriate and responsive to their needs and responsive to MDCH program standards and guidelines.

This indicator may be met by:

Facilitating referral to and linkage with prevention, treatment and support services appropriate to and responsive to client needs.

Documentation Required:

- Written referral and linkage protocol and procedures which address:
 - Assessment and prioritization of client needs for prevention, treatment and other services;
 - Provision of, or referral to, other prevention services (e.g., substance abuse disorder treatment)
 - Provision of assisted referral to specialty medical care for clients diagnosed with HIV in order to evaluate and treat HIV infection;
 - Provision of or referral to partner services for clients diagnosed with HIV and/or syphilis;
 - Provision of screening for STD, especially syphilis, gonorrhea, and chlamydia, among clients diagnosed with HIV;
 - For HIV clients, confirmation of referral completion. Successful linkage with partner services and medical specialty care for HIV infected clients is prioritized.
- Evidence that staff has received orientation and training on facilitated referrals.
- A current community resources referral directory. The directory should provide staff with specific information regarding services, eligibility, agency contacts and other information necessary for staff to make and support successful referrals.
- Evidence of relationships, e.g., memoranda of understanding or agreement, with other service providers that facilitate successful referrals.

Evaluation Questions:

- Are clients diagnosed with HIV and other STDs able to be successfully linked to needed medical and prevention services?
- Are referral strategies for HIV-infected persons provided in accordance with MDCH quality assurance standards?

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- Are referrals made appropriate to addressing the needs of clients and in accordance with MDCH quality assurance standards?



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MPR 4

Conduct partner services (PS) for HIV, gonorrhea and chlamydia.

References: PA 489 of 1988 and PA 86 of 1992, MCL 333.5111; MCL 333.5114a; Michigan Administrative Code R 325.177.

Indicator 4.1

Individuals diagnosed with HIV, gonorrhea, and/or chlamydia receive counseling regarding the availability of partner services and are offered assistance in notifying their sex and/or needle-sharing partners of their exposure.

This indicator may be met by:

- Providing partner services that are responsive to client needs and are provided in accordance with the Michigan Public Health Code and MDCH standards and guidelines.
- Maintaining staffing adequate to meet PS needs.
- Maintaining relationships, for example, via memoranda of understanding/agreement (MOU/MOA), with health care providers, community-based organizations and other that provide HIV and STD testing in order to facilitate access to health department assisted PS among clients diagnosed with HIV and other STDs.

Documentation Required:

- Written PS protocol and procedures that addresses:
 - Criteria and procedures for prioritizing index clients and partners and associates pursuant to MDCH standards and guidelines;
 - Field investigations;
 - Use of electronic, social media, and other communication strategies for notifying partners (including client notification of partners);
 - Provision of or referral for screening for HIV and STD
 - Provision of risk reduction/prevention counseling;
- Written policies to enable and support PS staff to work a flexible schedule outside the confines of the local health department.
- Medical charts of clients diagnosed with HIV include documentation of counseling about health department assisted partner services.
- Evidence that staff with responsibility for PS has received orientation/training and maintain necessary certifications.
- Evidence of mechanisms and practices that facilitate efficient communication about PS with health care providers, community based organizations and other providers of HIV and STD testing services. For example, these might include copies of letters, MOAs/MOUs, breakfast meetings with key staff from the local health department and area providers.



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Evaluation Questions:

- Are PS activities responsive to Michigan Public Health Code and MDCH guidance?
- What strategies and tools are used to facilitate client self-notification of partners?
- What strategies and tools are used to facilitate notification of anonymous partners?



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MPR 5

Provide quality assured and evidence-based HIV and STD prevention and treatment services.

References: PA 368 of 1978, MCL 333.2433, MCL 333.5111 (*Michigan Administrative Code, R 325.171, R 325.172, R 325.173, R 325.174, R 325.177, and R 325.181*), MCL 333.5115, MCL 333.5201 – MCL 333.5209; and MCL 722.623; *CDC Program Operations Guidelines for STD Prevention, Surveillance and Data Management (2001)*; *Quality Assurance Standards for HIV Prevention Interventions, MDCH (2003)*.

Indicator 5.1

Monitor and evaluate HIV and STD prevention and treatment services.

This indicator may be met by:

Conducting routine, data-driven monitoring and evaluation activities.

Documentation Required:

- Written policies and procedures that address the collection, management and reporting of client level data essential for, and required by MDCH for program monitoring and evaluation.
- Evidence that required data are collected and reported pursuant to guidelines issued by the MDCH.
- Evidence that staff with responsibility for collection and entry of client level data have received orientation to and training on the data collection and management procedures.
- Evidence that data are routinely applied to program monitoring and evaluation activities, for example, use of trend data to trigger adjustment in outreach activities, case conferencing that allows for coordinated prevention activities, or performance indicators informing staff assignments.

Evaluation Questions:

None

Indicator 5.2

Provide quality assurance of HIV and STD prevention and treatment services.

This indicator may be met by:

Conduct routine quality assurance of HIV and STD prevention and treatment services responsive to MDCH quality assurance standards and guidelines.



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Documentation Required:

- Written protocols and procedures for quality assurance activities associated with provision of HIV and STD prevention and treatment services. Protocol and procedures must address methods to regularly address staff competency and performance.
- Evidence of use of multiple strategies to conduct agency-developed quality assurance.
- Evidence that staff has participated in quality assurance activities.
- Evidence that staff have received training and orientation to protocols and procedures associated with provision of HIV and STD prevention and treatment services.
- Evidence that staff has successfully completed required training and/or certification requirements associated with the provision of HIV and STD prevention and treatment services.
- Evidence that supervisors and staff have participated in training and professional development activities designed to improve their capacity to provide high quality HIV and STD prevention and treatment services.
- Evidence of completion and timely submission of quality assurance reports, pursuant to guidance issued by MDCH including, rapid test quality assurance logs, and STD Quarterly Activity and Medication Inventory Reports.

Evaluation Question:

Are quality assurance activities routinely conducted and responsive to MDCH issued quality assurance standards and guidelines?



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MPR 6

Establish, maintain and document linkages with health care and other community resources that are necessary and appropriate for the prevention and control of HIV and other STDs; and for addressing the prevention and care needs of clients receiving HIV and STD services.

Reference: PA 368 of 1978, MCL 333.5114, MCL 333.5131; MCL 333.5201; MCL 333.5203; PA 514 of 2004, Michigan, Administrative Code R325.174(1)(5); R325.173(7); *Quality Assurance Standards for HIV Prevention Interventions, MDCH (2003).*

Indicator 6.1

HIV and STD case reporting are performed in accordance with the Michigan Public Health Code.

This indicator may be met by:

Provision of education and technical assistance to physicians, laboratories and other providers that addresses case reporting requirements and mechanisms.

Documentation Required:

- Evidence of dissemination of the agency's annual report that addresses HIV, AIDS and STD morbidity and mortality including trends.
- Evidence of provision of technical assistance and education that addresses case reporting.

Evaluation Question:

What practices are regularly conducted to ensure timely and appropriate reporting of case reports from local providers?

Indicator 6.2

Individuals with undiagnosed infection with HIV and/or other STDs served by non-health department entities learn their status and are linked with appropriate medical, prevention and support services.

This indicator may be met by:

Provision of education and technical assistance to local physicians, hospitals, other providers and community groups to increase awareness about HIV and other STDs, encourage screening for and treatment of HIV and STDs, support referral and linkages to needed services, and promote health department assisted partner services.

Documentation Required:

- Evidence of a data-driven jurisdiction-wide provider and community education plan.
- Evidence of provision of education and technical assistance to local providers, including the topic areas covered and target audience.

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Evaluation Questions:

- What activities are undertaken to promote and support increased screening by physicians, hospitals, community health centers and other providers?
- What activities are undertaken to support referral and linkage to prevention and treatment services?
- What activities are undertaken to promote and encourage use of local health department assisted partner services?

Indicator 6.3

Client prevention, treatment and support needs are addressed through a diverse range of community resources.

This indicator may be met by:

Establishing and maintaining active linkages with key community resources.

Documentation Required:

- Evidence of a current community resource directory.
- Evidence and description of active relationships with key community resources (e.g., memoranda of agreements, meeting agendas and minutes).

Evaluation Questions:

- Does the health department maintain active relationships with other providers/organizations?
- Are these relationships relevant and appropriate to addressing client needs for prevention, treatment and support services?



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MPR I

Perform activities necessary to control the spread of HIV and STD infection; conduct reporting and follow-up of HIV, AIDS and STD cases.

Reference: PA 368 of 1978, MCL 333.5114, MCL 333.5131; MCL 333.5201; MCL 333.5203; Michigan Administrative Code R 325.181; PA 514 of 2004.

Indicator 1.1

Reporting of HIV, AIDS, and STD cases are in compliance with the Michigan Communicable Disease Rules, and the Michigan Public Health Code.

This indicator may be met by:

Timely and appropriate submission of HIV, AIDS, and STD case reports.

Documentation Required:

- Copies of completed HIV, AIDS and STD case report forms or evidence of electronic submission within the Michigan Disease Surveillance System or the HIV/AIDS Reporting System.
- Locally developed protocol and procedures for completion and submission of case reports.
- Evidence that staff with responsibility for case reporting have received orientation and training to policies and procedures regarding submission of case reports.

Evaluation Question:

Are all HIV, AIDS, and STD cases reported in compliance with Michigan Communicable Disease Rules and the Michigan Public Health Code?

Indicator 1.2

The confidentiality of written and electronic HIV, AIDS and STD reports and associated patient medical records are maintained in compliance with the Michigan Public Health Code, the Health Insurance Portability and Accountability Act (HIPAA), and program standards issued by the Michigan Department of Community Health.

This indicator may be met by:

Maintaining confidentiality of all HIV, AIDS and STD reports, records and data pertaining to HIV and STD testing, treatment and reporting, pursuant to the Michigan Public Health Code and HIPAA.



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Documentation Required:

- A locally developed written protocol that addresses HIV, AIDS and STD case reporting and medical record confidentiality.
- Evidence that staff have received and implemented appropriate orientation and training about confidentiality protocols and procedures.

Evaluation Questions:

- Is the confidentiality of case reports and client medical records protected pursuant to the Michigan Public Health Code, program standards issued by MDCH, and HIPAA?
- Does the local health department have written procedures that address HIV, AIDS and STD client privacy?

Indicator 1.3

The local health department investigates and responds to health threats to others, pursuant to the Michigan Public Health Code.

This indicator may be met by:

Conducting activities to investigate and respond to health threats to others.

Documentation Required:

- A locally developed written protocol and procedures for investigating and responding to health threat to others and duty to warn circumstances.
- Evidence that staff have received and implemented appropriate orientation and training on protocol and procedures for investigating and responding to health threat to others and duty to warn circumstances.

Evaluation Question:

How are the local health jurisdiction's responsibilities carried out with regard to investigating and responding to health threat to others situations?



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MPR 2

Provide HIV and STD screening and treatment.

Reference: PA 57 of 1998, MCL 333.5204; MCL 333.5205; MCL 333.5207; PA 368 of 1978, MCL 333.5114; MCL 333.5129, MCL 333.5133; ; Michigan Administrative Code R 325.177(2); *Quality Assurance Standards for HIV Prevention Interventions, MDCH(2003).*

Indicator 2.1

Provide HIV and STD screening and treatment in accordance with the Michigan Public Health Code and MDCH accreditation and quality assurance standards.

This indicator may be met by:

Provide and/or refer clients for HIV and STD screening and treatment.

Documentation Required:

- Written clinic-specific protocol and procedures for provision of HIV and STD screening and clinical services, on-site or through referral.
- Evidence that all staff have received orientation/training on clinic protocol and procedures.
- For clients diagnosed with HIV, evidence of referral plans in client charts and documentation of completed referrals.
- A current community resources referral directory.
- Evidence of relationships with other service providers that facilitate successful referrals.

Evaluation Questions:

- Are HIV and STD prevention and clinical services responsive to the Michigan Public Health Code and MDCH accreditation and quality assurance standards?
- Are referrals made appropriate to addressing the needs of clients and in accordance with MDCH quality assurance standards?

Indicator 2.2

Provide court ordered STD and HIV counseling, testing and referral services and victim notification activities in accordance with the Michigan Public Health Code and MDCH guidance.

For technical assistance, please contact Bob Barrie 517-241-5934 or barrier@michigan.gov



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This indicator may be met by:

Providing STD and HIV counseling, testing and referral services on the basis of court order and for notification of victims.

Documentation Required:

- Written protocols and procedures for providing or arranging for the provision of court ordered STD and HIV counseling, testing and referral services and victim notification.
- Evidence that staff have received orientation and training on the policies and procedures.

Evaluation Question:

Are court-ordered STD and HIV counseling, testing and referral services and victim notification services provided in accordance with the Michigan Public Health Code and MDCH guidelines?



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MPR 3

Facilitate by referral and coordination with MDCH provision of partner services (PS) for HIV and syphilis. Provide partner services for gonorrhea and chlamydia, as resources allow.

References: PA 489 of 1988 and PA 86 of 1992 MCL 333.5111; MCL 333.5114a; Michigan Administrative Code R 325.177; and Recommendations for Conducting Partner Services in the Prevention of HIV/STDs, MDCH (2011).

Indicator 3.1

Individuals diagnosed with HIV, gonorrhea and/or chlamydia receive counseling regarding the availability of partner services and are offered assistance in notifying their sex and/or needle-sharing partners of their exposure.

This indicator may be met by:

Providing partner services in accordance with the Michigan Public Health Code and MDCH standards and guidelines.

Maintaining relationships with health care providers, community-based organizations and others that provide HIV and STD testing in order to facilitate access to health department assisted PS among clients diagnosed with HIV and other STDs.

Documentation Required:

- Written PS protocol and procedures that addresses:
 - Referral to and coordination with MDCH for HIV and syphilis
 - Criteria and procedures for prioritizing index clients and partners and associates pursuant to MDCH standards and guidelines;
 - Investigations;
 - Use of electronic, social media, and other communication strategies for notifying partners;
 - Provision of or referral for screening for HIV and STD
 - Provision of risk reduction counseling;
- Medical charts of clients of clients diagnosed with HIV include documentation of counseling about health department assisted partner notification.
- Evidence that staff with responsibility for PS has received orientation/training and maintain necessary certifications.
- Evidence of mechanisms and practices that facilitate efficient communication about PS with health care providers, community based organizations and other providers of HIV and STD testing services.

Evaluation Questions:

- Are PS activities responsive to Michigan Public Health Code and MDCH guidance?
- What strategies and tools are used to facilitate client self-notification of partners?
- What strategies and tools are used to facilitate notification of anonymous partners?

For technical assistance, please contact Bob Barrie 517-241-5934 or barrie@michigan.gov



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MPR 4

Establish, maintain and document linkages with health care and other community resources that are necessary and appropriate for the prevention and control of HIV and other STDs; and for addressing the prevention and care needs of clients receiving HIV and STD services.

Reference: Michigan Administrative Code R325.174(1)(5); R325.173(7);
Recommendations for Conducting Partner Services in the Prevention of HIV/STDs, MDCH (2011).

Indicator 4.1

Individuals with undiagnosed infection with HIV and/or other STDs served by non-health department entities learn their status and are linked with appropriate medical, prevention and support services.

This indicator may be met by:

Provision of education and technical assistance to local physicians, hospitals, other providers and community groups to increase awareness about HIV and other STDs, ensure accurate and timely case reporting, encourage screening for and treatment of HIV and STDs, support referral and linkages to needed services, and promote health department assisted partner services.

Documentation Required:

- Evidence of dissemination of a jurisdiction specific annual report that addresses HIV, AIDS and STD morbidity and mortality including trends.
- Evidence of a data-driven jurisdiction-wide community and provider education plan.
- Evidence of provision of education and technical assistance to local providers, including the topic areas covered and target audience.

Evaluation Questions:

- What activities are undertaken to ensure timely and appropriate reporting of case reports from local physicians, hospitals, laboratories and others?
- What activities are undertaken to promote and support increased screening by physicians, hospitals, community health centers and other providers?
- What activities are undertaken to support referral and linkage to prevention and treatment services?
- What activities are undertaken to promote and encourage use of local health department assisted partner services?



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Indicator 4.2

Client prevention, treatment and support needs are addressed through a diverse range of community resources.

This indicator may be met by:

Establishing and maintaining active linkages with key community resources.

Documentation Required:

- Evidence of a current community resource directory.
- Evidence and description of active relationships with key community resources (e.g., memoranda of agreement, meeting agendas and minutes).

Evaluation Questions:

- Does the health department maintain active relationships with other providers/organizations?
- Are these relationships relevant and appropriate to addressing client needs for prevention, treatment and support services?



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MPR 5

Provide quality assured and evidence-based HIV and STD prevention and treatment services.

References: PA 368 of 1978, MCL 333.2433, MCL 333.5111 (*Michigan Administrative Code, R 325.171, R 325.172, R 325.173, R 325.174, R 325.177, and R 325.181*), MCL 333.5115, MCL 333.5201 – MCL 333.5209; and MCL 722.623; CDC STD Program Operations Guidelines for STD Prevention, Medical and Laboratory Services, 2001; CDC STD Treatment Guidelines, 2006; and Quality Assurance Standards for HIV Prevention Interventions, MDCH, 2003; and Recommendations for Conducting Partner Services in the Prevention of HIV/STDs, MDCH (2011).

Indicator 5.1

Monitor and evaluate HIV and STD prevention and treatment services.

This indicator may be met by:

Conduct routine, data-driven monitoring and evaluation activities.

Documentation Required:

- Written policies and procedures that address the collection, management and reporting of client level data essential for and required by MDCH for program monitoring and evaluation.
- Evidence that required data are collected and reported pursuant to guidelines issued by the MDCH.
- Evidence that staff with responsibility for collection and entry of client level data have received orientation to and training on the data collection and management procedures.
- Evidence that data are routinely applied to program monitoring and evaluation activities.

Evaluation Questions:

None

Indicator 5.2

Provide quality assurance of HIV and STD prevention and treatment services.

This indicator may be met by:

Conduct routine quality assurance of HIV and STD prevention and treatment services responsive to MDCH quality assurance standards and guidelines.



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Documentation Required:

- Written protocols and procedures for quality assurance activities associated with provision of HIV and STD prevention and treatment services. Protocol and procedures must address methods to regularly address staff competency and performance.
- Evidence that staff have participated in quality assurance activities.
- Evidence that staff have received training and orientation to protocols and procedures associated with provision of HIV and STD prevention and treatment services.
- Evidence that staff have successfully completed required training and/or certification requirements associated with the provision of HIV and STD prevention and treatment services.
- Evidence that supervisors and staff have participated in training and professional development activities designed to improve their capacity to provide high quality HIV and STD prevention and treatment services.
- Evidence of completion and timely submission of quality assurance reports, pursuant to guidance issued by MDCH including STD Quarterly Activity and Medication Inventory Reports.

Evaluation Question:

Are quality assurance activities routinely conducted in accordance with MDCH issued quality assurance standards and guidelines?