Section VII: HIV/AIDS & STD

All Minimum Program Requirements (MPRs) and Indicators listed below are required for the agency to meet in order to pass the HIV/AIDS and STD section of the Accreditation Review.

Sources of authority: *The Michigan Public Health Code, MCL 333.2433, 333.5101, 333.5111, 333.5114, 333.5114a, 333.5115, 333.5117, 333.5123, 333.5127, 333.5129, 333.5131, 333.5133, 333.5201, 333.5203, 333.5204, 333.5205, 333.5207, 333.16267, 333.20169*

Mich. Admin. Code. R. 325.171-174, R. 325.177, R. 325.179b, R. 325.181

MPR 1

Provide and/or refer clients for HIV and STD screening and treatment, regardless of client ability to pay.

Reference: *The Michigan Public Health Code, MCL 333.5114a, MCL 333.5127, 333.5129, 333.5131, 333.5133, 333.5204, 333.5205, 333.5207, Mich. Admin. R. 325.177.*

Indicator 1.1

Provide HIV and STD screening and treatment services in accordance with the Michigan Public Health Code, Michigan Department of Health and Human Services (MDHHS) accreditation and current 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 STDs.
- Providing risk reduction/prevention counseling, in accordance with current Centers for Disease Control and Prevention (CDC) guidance.
- Providing STD testing in accordance to client risk and MDHHS criteria.
- Providing HIV testing for all clients screened and/or treated for STDs.
- Providing STD testing for clients testing positive for HIV.
- Providing appropriate HIV and STD treatment or referral, according to current CDC treatment guidelines and current MDHHS policy.

Documentation Required:

- Evidence of recruitment, outreach, and promotional activities. Evidence may include, but is not limited to: press releases, flyers, posters, billboards, and/or social media posts.
- 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.

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- Evidence that all staff have received orientation/training or an annual review on clinic protocol and procedures. Evidence may include current training records, orientation checklists, or sign-in sheets.

Evaluation Questions

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

Indicator 1.2

Provide court-ordered HIV and STD counseling, testing, and referral services and victim notification activities in accordance with section 5129 of 1978 PA 368; the Michigan Public Health Code, MCL 333.5129, and MDHHS guidance.

This indicator may be met by:

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

Documentation Required:

- Written protocol and procedures for providing or arranging for the provision of court-ordered HIV and STD counseling, testing, and referral services and victim notification.
- Evidence that staff have received orientation and training on court-ordered testing policies and procedures. Evidence may include current training records, orientation checklists, or sign-in sheets.

Evaluation Question:

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

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MPR 2

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

Reference: *The Michigan Public Health Code, MCL 333.5111, 333.5114, 333.5129, 333.5131, 333.5133, 333.5201-5207, Mich. Admin. R. 325.172-174, 325.177, 325.179b, 325.181*

Indicator 2.1

Reporting of HIV, AIDS, and STD cases is in compliance with the Michigan Communicable Disease Rules and the Michigan Public Health Code and in accordance with current MDHHS policy.

This indicator may be met by:

- Submitting HIV and STD case reports in a timely and appropriate manner.
- Providing education and technical assistance to physicians, laboratories, and other providers regarding the submission of HIV and STD case reports.

Documentation Required:

- 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. Evidence may include current training records, orientation checklists, or sign-in sheets.
- Evidence of provision of technical assistance and education to physicians, laboratories, and other providers that addresses case reporting. Evidence may include Memorandums of Understanding (MOUs), Memorandums of Agreement (MOAs), meeting minutes, blast faxes, email, or other communication.

Evaluation Question:

- Are all HIV, AIDS, and STD cases reported in compliance with Michigan Communicable Disease Rules, the Michigan Public Health Code, and in accordance with current MDHHS policy?
- What practices are regularly conducted to ensure timely and appropriate reporting of case reports from physicians, laboratories, and other providers?

Indicator 2.2

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 MDHHS.

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, HIPAA, and program standards issued by MDHHS.

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Documentation Required:

- Locally developed written protocol and procedures that address HIV, AIDS, and STD case reporting and medical record confidentiality, including electronic medical records (EMR) and laboratory management system (LMS) reports, if in use.
- Evidence that staff have received and implemented appropriate orientation and training on confidentiality protocol and procedures. Evidence may include current training records, orientation checklists, or sign-in sheets.

Evaluation Questions:

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

Indicator 2.3

Investigate and respond to situations involving health threats to others, pursuant to the Michigan Public Health Code.

This indicator may be met by:

Investigating and responding to situations involving health threats to others in a way that is appropriate and in accordance with the Michigan Public Health Code.

Documentation Required:

- Locally developed written protocol and procedures for investigating and responding to situations involving health threats to others.
- Evidence that staff have received and implemented appropriate orientation and training on protocol and procedures for investigating and responding to situations involving health threats to others. Evidence may include current training records, orientation checklists, or sign-in sheets.

Evaluation Question:

How does the local health jurisdiction carry out its responsibilities with regard to investigating and responding to situations involving health threats to others?

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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 referrals.

Reference: *The Michigan Public Health Code, MCL 333.5114a, 333.5129*

Indicator 3.1

Clients diagnosed with HIV or other STDs receive medical and other prevention services, which are responsive to their needs and in accordance with MDHHS 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.
- Establishing, maintaining, and documenting linkages with health care and other community resources that are necessary and appropriate for the prevention and control of HIV and STDs and for addressing the prevention and care needs of clients.
- Providing education and technical assistance to local physicians, hospitals, other providers, and community groups to increase awareness about HIV and STDs, encourage screening for and treatment of HIV and STDs, support referral and linkages to needed services, and promote health department assisted partner services (PS).

Documentation Required:

- Written referral and linkage protocol and procedures which address:
    - Assessment and prioritization of client needs for prevention, treatment, and other services, especially as it relates to pregnant women, acute infections, co-infections, and other high risk or priority populations;
    - 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 screening for STD, especially syphilis, gonorrhea, and chlamydia, among clients diagnosed with HIV;
    - For HIV-positive clients, confirmation of referral completion. Successful linkage with partner services and medical specialty care for HIV positive clients is prioritized.
- Evidence that staff has received orientation and training on facilitated referrals. Evidence may include current training records, orientation checklists, or sign-in sheets.
- A current and comprehensive community resources referral directory. The directory should provide staff with specific information regarding services, eligibility, agency contacts, and other information necessary to make and support successful referrals.
- Evidence of provision of education and technical assistance to local providers that facilitate successful referrals, including the topic areas covered and target audience. Evidence may include MOUs, MOAs, meeting minutes, blast faxes, email, or other communication.
- Evidence of dissemination of the agency's annual report that addresses HIV, AIDS, and STD morbidity and mortality, including trends.

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Evaluation Questions:

- Are clients diagnosed with HIV and STDs successfully linked to needed medical and prevention services?
- Does the health department maintain active relationships with other providers/organizations which are relevant and appropriate to addressing client needs for prevention, treatment, and support services?
- Are appropriate referrals made to address the needs of clients and in accordance with current MDHHS quality assurance standards?

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MPR 4

Conduct partner services (PS), by referral or through state or local staff, for HIV, syphilis, gonorrhea, and chlamydia.

Reference: *The Michigan Public Health Code, MCL 333.5114a, 333.5129, Mich. Admin. Code R. 325.173, Recommendations for Conducting Integrated Partner Services for HIV/STD Prevention (2011).*

Indicator 4.1

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

This indicator may be met by:

- Providing PS, by referral or through state or local staff, which is responsive to client needs and is provided in accordance with the Michigan Public Health Code and current MDHHS 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 STDs.
- Maintaining timely entry of index client(s) and/or identified partner(s) documentation into the designated data system in use (i.e. Partner Services Web and MDSS), in accordance with current MDHHS policy.

Documentation Required:

- Written PS protocol and procedures that addresses:
  - Criteria and procedures for prioritizing partners and associates of index clients in accordance with current MDHHS standards and guidelines;
  - Prioritization of pregnant women, acute infections, co-infections, and other high risk or priority populations;
  - Field investigations and the proper documentation (via Patient Field Template for PS or equivalent form);
  - 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 STDs;
  - 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.
- Evidence that staff with responsibility for PS has received orientation/training and maintains necessary certifications. Evidence may include current training records, orientation checklists, or sign-in sheets.
- 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. Evidence may include meeting minutes, blast faxes, MOUs, or MOAs.

Evaluation Questions:

Are PS activities responsive to Michigan Public Health Code and current MDHHS standards and guidance?

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MPR 5

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

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.
- Conducting routine quality assurance of HIV and STD prevention and treatment services responsive to MDHHS quality assurance standards and guidelines.

Documentation Required:

- Evidence that data are routinely applied to program monitoring and evaluation activities. Examples include: use of trend data to trigger adjustment in outreach activities; case conferencing that allows for coordinated prevention activities; quality improvement projects utilizing the Plan, Do, Study, Act (PDSA) cycle; development of a LHD strategic plan; or use of county, state, or national data to inform programmatic decisions.
- Written protocol 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 and supervisors 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 may include current training records, orientation checklists, or sign-in sheets.
- Evidence of completion and timely submission of monthly STD clinic medication log, pursuant to guidance issued by MDHHS for the 340B program requirements.
- Evidence of completion and timely submission of quality assurance reports, pursuant to guidance issued by MDHHS, including rapid test quality assurance logs, STD Program Quarterly Activity Report, and STD Quarterly Medication Inventory Report.

Evaluation Questions:

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