



Section VII: HIV/AIDS & STI

All Minimum Program Requirements (MPRs) and Indicators listed below must be met in order to pass the HIV/AIDS and STI 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 I

Provide and/or refer clients for HIV and STI 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 I.1

Provide HIV and STI screening, treatment, and linkage services in accordance with the Michigan Public Health Code, Michigan Department of Health and Human Services (MDHHS), current CDC guidance, accreditation, and current clinical guidelines.

This indicator may be met by:

- Screening clients for HIV and other STIs.
- Providing risk reduction/prevention counseling and linkage, including for PrEP, in accordance with current CDC guidance.
- Providing STI testing (including HIV) in accordance with client needs and MDHHS criteria.
- Providing HIV testing for all clients screened and/or treated for STIs.
- Providing STI testing for clients testing positive for HIV.
- Providing appropriate HIV and STI treatment or referral, according to current CDC treatment guidelines and current MDHHS policy.
- Assuring accessible clinic hours with low barrier accommodations for symptomatic cases and DIS referrals.

Documentation Required:

- Written clinic-specific protocol and procedures for provision of HIV and STI screening and clinical services which MUST address:
 - Timely admission, examination, and treatment of clients presenting for HIV and STI services.
 - Assessment of client risk for HIV and STIs.
 - Criteria for prioritizing clients for HIV and STI screening.
 - Appropriate STI treatment.
 - Routine provision of HIV testing for clients screened and/or treated for STIs.
 - Provision of STI 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.
- Evidence of staff orientation/training or an annual review on clinic protocol and procedures (such as current training records, orientation checklists, or sign-in sheets).



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Evaluation Question:

Are HIV and STI clinical and prevention services responsive to Michigan Public Health Code, MDHHS accreditation, and current quality assurance standards?

Indicator 1.2

Provide court-ordered HIV and STI counseling, testing, and referral services and victim notification activities in accordance with the Michigan Public Health Code, MCL 333.5129, and current MDHHS guidance.

This indicator may be met by:

- Providing HIV and STI counseling, testing, and referral services on the basis of court order and for notification of victims.
- Documentation of timeliness for court-ordered testing.
- Maintaining an active relationship with the local victim advocate.

Documentation Required:

- Court Ordered Testing Policy or written protocol and procedures.
- Evidence of staff orientation and training on court-ordered testing policy and procedures such as training records, orientation checklists, or sign-in sheets.

Evaluation Questions:

- Are court-ordered HIV and STI counseling, testing, and referral services and victim notification services provided in accordance with the Michigan Public Health Code, current MDHHS guidelines and current CDC guidance?
- How does the local health department communicate with the court to ensure the alleged perpetrator has been tested and victim(s) receive results?

Indicator 1.3

Provide HIV and STI education, conduct outreach, and promote services to the community, providers, and community partners.

This indicator may be met by:

- Providing education on clinical services, infection trends, changes in clinical guidance to providers and community partners.
- Conducting regular outreach activities to promote and offer screening and testing services.
- Implementing recruitment and promotional strategies designed to increase awareness and stimulate testing among affected communities.
- Developing and disseminating promotional materials to increase HIV and STI screening, testing, awareness, and education.

Documentation Required:

Written evidence such as:

- Digital materials; press releases, social media posts, provider newsletters, meeting agendas, listservs, or other correspondence with providers and agencies.
- Physical materials; flyers, posters, billboards, and/or brochures.



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- Community outreach logs and presentation slides.

Evaluation Questions:

- How does the local health department conduct outreach, education, and promotion of their services to the community, providers, and community partners?
- When was the local health department website last updated?
- What recruitment and promotional strategies are used to increase community awareness of services and stimulate HIV and STI testing?



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MPR 2

Perform activities necessary to control the spread of HIV and STI; conduct reporting and follow-up of HIV, Stage 3 (AIDS), and STI 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, Stage 3 (AIDS), and STI cases is in compliance with the Michigan Communicable Disease Rules and the Michigan Public Health Code and in accordance with current MDHHS policy and law.

This indicator may be met by:

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

Documentation Required:

- Case Reporting Policy or protocol and procedures.
- Evidence that staff with responsibility for case reporting have received orientation/training regarding submission of case reports. This 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. May include Memorandums of Understanding (MOUs), Memorandums of Agreement (MOAs), meeting minutes, email, or other communication.

Evaluation Questions:

- Are all HIV, Stage 3 (AIDS), and STI cases reported in compliance with Michigan Communicable Disease Rules and 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, Stage 3 (AIDS), and STI reports, and associated patient and partner 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, Stage 3 (AIDS), and STI reports, records, and data pertaining to HIV and STI testing, treatment, and reporting, pursuant to the Michigan Public Health Code, HIPAA, and program standards issued by MDHHS.
- Ensuring that any records related to investigation of disease are confidential and maintained in accordance with the strictest retention policy (the State of Michigan or the Local Health Department).
- Ensuring policies are in place that protect clients' Personally Identifiable Information (PII) and address situations if there is a data breach.



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Documentation Required:

- Written protocol and procedures that address HIV, Stage 3 (AIDS), and STI case reporting and medical record confidentiality, including electronic medical records and laboratory management system reports, if in use.
- Evidence that staff have received appropriate orientation and training on confidentiality protocol and procedures. This 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, Stage 3 (AIDS), and STI 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 accordance with the Michigan Public Health Code and in consideration of current science.

Documentation Required:

- Written policy or 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 for investigating and responding to situations involving health threats to others. This 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 STIs 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 referrals and linkage to prevention, treatment, and support services appropriate 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 STIs 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 STIs, encourage screening for and treatment of HIV and STIs, support referral and linkages to needed services, and promote health department assisted Partner Services (PS).
- Documenting a high level of completeness of referrals in Aphirm.

Documentation Required:

- Written referral and linkage protocol and procedures which address:
 - Assessment and prioritization of client needs for prevention, treatment, and other services, with high priority given to pregnant persons, 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 STI, 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.
 - Use of CARFs (Client Authorization for Counselor Assistant Referral Forms).
- Evidence that staff has received orientation and training on facilitated referrals. This may include current training records, orientation checklists, or sign-in sheets.
- A current and comprehensive community resource guide and/or 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. This may include MOUs, MOAs, meeting minutes, emails, or other communication.



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Evaluation Questions:

- Are clients diagnosed with HIV and STIs successfully linked to the necessary 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 using a whole-person approach?



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MPR 4

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

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/STI Prevention (2011).*

Indicator 4.1

Individuals diagnosed with HIV, syphilis, gonorrhea, and emerging infections 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 and as outlined by [Partner Services \(including Aphirm\)](#).
- Provision of risk reduction/prevention counseling.
- Maintaining staffing adequate to meet PS needs and having a documented plan in place for PS coverage.
- Maintaining relationships, for example, via memoranda of understanding/agreement (MOU/MOA), with health care providers, community-based organizations, and others that provide HIV and STI testing and treatment, in order to facilitate access to health department-assisted PS among clients diagnosed with HIV and STIs.
- Maintaining timely entry of index client(s) and/or identified partner(s) documentation into the designated data system in use (i.e. Aphirm and MDSS), in accordance with current MDHHS policy and in order to facilitate access to health department assisted PS and rapid linkage to care for clients diagnosed with HIV and STIs.

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 persons, acute infections, co-infections, and other high risk or priority populations.
 - Community investigations and the proper documentation of (via Patient Community Template for PS or equivalent form).
 - Use of electronic, social media platforms, dating applications, and other communication strategies for notifying partners (including client notification of partners).
 - Provision of or referral for screening for HIV and STIs, such as completed CARFs, documentation of MOUs or MOAs.
 - Documentation of plan of coverage for PS services.
- Written policies to enable and support local 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. May include current training records, orientation checklists, or sign-in sheets.
- Evidence of staff attending MDHHS recommended trainings.
- Evidence of efficient communication about PS with health care providers, community-based organizations and other providers of HIV and STI testing services. May include meeting agendas or minutes, newsletters, MOUs, or MOAs.



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Evaluation Questions:

- Are PS activities responsive to Michigan Public Health Code and current MDHHS standards and guidance?
- How are the local health department PS staff using the latest techniques? Such as internet partner services.



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MPR 5

Implement clinical quality management and evaluation activities to provide efficient and effective evidence-based HIV and STI prevention and treatment services.

Indicator 5.1

Conduct clinical quality assurance activities for HIV and STI testing and treatment services.

This indicator may be met by:

- Adhering to QA for 340B compliance where relevant.
- Providing written protocol and procedures for quality assurance activities associated with HIV and STI prevention and testing services.
- Providing evidence of staff and supervisor participation in training, competencies, and professional development activities.
- Providing record of timely, complete, and accurate device and specimen handling according to clinical quality standards.

Documentation Required:

- Written documentation of or protocol and procedures for quality assurance activities such as;
 - Current training and professional development records (for example: bloodborne, chemical hygiene, security and confidentiality).
 - Orientation checklists.
 - 340B Medication Log.
 - Monthly Rapid Testing QA Logs (Daily Client, Control, Inventory).
 - Valid Test Counselor ID (CTR Mods 1-4, annual competencies, continuing education).
 - Packaging and Shipping Training completion (completed one time only by all staff that is handling specimens).
 - Discordant Result form.
 - Aphirm data submission (reactive result: within 24 hours, non-reactive result: within 7 days).
 - Completion of Annual Challenge panels (proficiencies).

Evaluation Question:

How are (clinical) quality assurance activities routinely conducted?

Indicator 5.2

Continuously monitor, evaluate, and implement data-driven activities to strengthen the quality of HIV and STI prevention, testing and treatment services.

This indicator may be met by:

- Continuously monitoring trend and case data from Aphirm and MDSS.
- Using BHSP-supplied data and dashboard reports to drive program planning and decision making.
- Routinely apply program monitoring and evaluation activities for the purpose of continuous improvement.
- Providing evidence of data-driven quality improvement activities, program and/or strategic planning.



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Documentation Required:

- Written Evidence of program improvement activities such as:
 - Use of trend data to trigger adjustment in outreach activities
 - Use of county or local data to inform programmatic decisions
 - Case conferencing that allows for coordinated prevention activities
 - Documentation of quality improvement projects or activities
 - Documentation of process for referral follow up
 - Use of customer satisfaction survey to inform programmatic decisions

Evaluation Questions:

- How does the local health department monitor and evaluate their prevention, testing and treatment services?
- How does the local health department use data to enhance the quality of their services and address gaps?



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MPR 6

Perform activities to improve population-specific outcomes related to HIV and STI.

Indicator 6.1

Provide inclusive HIV and STI services that are designed with a focus on health equity and use an integrative health approach.

This indicator may be met by:

- Conducting education and outreach activities for priority populations.
- Reviewing and evaluating outcome data by Social Determinants of Health (SDOH).
- Collaborating with multi-sectorial partnerships and community programs and services to address SDOH.
- Using local data on HIV and STI disparities to influence program planning.
- Maintaining an updated and accessible community resource guide.
- Ensure staff receive adequate training on Health Equity topics.

Documentation Required:

- Evidence of:
 - Staff completion of SOGIE training (Inclusive Systems of Care for People with Diverse SOGIE).
 - Outreach or promotion based on local data.
 - Programming to address racial disparity for HIV and STIs.
 - Reviewing outcomes by demographic, etc. (may be met by SHOARS data request).
 - Screening to identify clients with unmet SDOH (social determinants of health) needs.

Evaluation Question:

How is the local health department addressing inequities in the communities it serves (socially, economically, demographically, geographically or by other dimensions of inequality)?