

Lancaster County Drug & Alcohol Commission Case Management & Clinical Services Policy & Procedure Manual	CMCS # 22A <i>Policy: Communicable Disease Screening & Referral Services</i>
<i>Most Current Revision: 07/10/2023</i> <i>Effective Date: 07/01/2020</i>	<i>Page: 1 of 5</i>

I. Purpose:

To ensure that all LCDAC service providers contracted to complete the LoCA episode have the needed mechanisms with written policy/procedures to identify individuals who may need educated about communicable diseases, to assess individuals for the presence of a communicable disease, to assess if the individual may have been exposed to a communicable disease, to have referral information regarding communicable disease education/testing/etc. and that the required services are documented accordingly.

II. Procedure:

For the purposes of this policy, communicable diseases are considered as the following:

A. Tuberculosis (TB):

- a. The following questions must be asked at the time of the LOCA, and the responses documented, prior to admission to treatment:
 - i. Have you traveled extensively (more than 4 weeks) outside the U.S. in the last five years to high TB-incidence areas (Asia, Africa, South America, Central America)?
 - ii. Are you an immigrant from a high TB-risk foreign country (includes countries in Asia, Africa, South America, and Central America)?
 - iii. Have you resided in any of these facilities in the past year: jails, prisons, shelters, nursing homes and other long-term care facilities such as rehabilitation centers? (If an individual was a resident of any of these facilities and tested within the past three months, they do not need to be reassessed.)
 - iv. Have you had any close contact with someone diagnosed with TB?
 - v. Have you been homeless within the past year?
 - vi. Have you ever injected drugs?
 - vii. Do you or anyone in your household currently have the following symptoms, such as a sustained cough for two or more weeks, coughing up blood, fever/chills, loss of appetite, unexplained weight loss, fatigue, night sweats?
 - viii. Do you currently have or anticipate having any condition that would decrease your immune system? (Examples: HIV infection, organ transplant recipient, treatment with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent dose of Prednisone 15mg/day for one month or longer) or any other immunosuppressive medications)

- b. Providers must document the responses to the TB questions by utilizing Miscellaneous Notes in WITS; regardless if the TAPA or a provider version of the TAPA is being utilized.
- c. Individuals responding with “yes” to any of the questions are high risk for TB and are to be offered a referral to a service provider specializing in TB
 - i. For a full list of TB services, refer to the CMCS Interim Policies.
- d. **The service provider MUST have written procedures in place to address how individuals identified as high risk will be referred to the County or nearby Public Health TB Clinic and how the individual’s acceptance or rejection of the referral is documented.**
 - i. **These written procedures must be made available upon request.**

B. Hepatitis C:

- a. All contracted service providers MUST have the capacity to provide viral hepatitis education as well as services and/or referrals to testing, treatment and prevention services as appropriate.
 - i. DDAP collaborated with the Department of Health, Bureau of Communicable Diseases and Bureau of Epidemiology to develop standards to address the need for education, testing, vaccination, and linkage to care for hepatitis services.
- b. The contracted providers must follow current Centers for Disease Control and Prevention (CDC) guidelines for ensuring that hepatitis C testing is offered on-site or through a referral. In 2020, the CDC hepatitis C testing guidelines were updated to include a recommendation that all adults, 18 and older, be tested for hepatitis C at least once in a lifetime. The contracted providers must ensure that hepatitis C testing is available on-site or through a referral to improve access to hepatitis C services for all clients. Additionally, the CDC recommends routine testing for the following groups with persistent risk factors:
 - i. Persons who inject drugs and share needles, syringes, or other drug preparation equipment;
 - ii. Persons with selected medical conditions, including persons who have ever received maintenance hemodialysis;
- c. The contracted service providers conducting a LoCA MUST provide viral hepatitis prevention and control services. All clients seeking SUD services with a contracted services provider MUST offer prevention and control-related services. These services include:
 - i. Education:
 - 1. Educational materials for clients that cover:
 - Viral hepatitis general information
 - Prevention and harm reduction methods
 - Test result interpretation
 - Treatment options and referral information

2. Education and training on viral hepatitis for staff that covers:
 - Viral hepatitis general information
 - Prevention and harm reduction methods
 - Test result interpretation
 - Treatment options and referral information
- ii. Facilities may request educational materials and in-person education information sessions via the Department of Health.
- iii. Vaccination
 - Each facility must offer hepatitis A and B vaccine upon admission to treatment.
 - A facility that is not equipped to provide vaccines must make arrangements for clients to receive vaccines through primary care providers or Pennsylvania State Health Center.
- iv. Viral hepatitis B and C testing
 - Contracted providers must provide hepatitis B testing for all clients who do not have documentation of hepatitis B status.
 - If blood draw is not possible on-site, arrangements should be made for a warm handoff off-site blood draw.
 - Contracted providers must perform hepatitis C testing for all clients who do not have documentation of hepatitis C status. Hepatitis C testing should be initiated with a Food and Drug Administration (FDA)-approved anti-HCV test. People testing anti-HCV positive/reactive should have follow-up testing with an FDA-approved nucleic acid test (NAT) for detection of HCV RNA.
 - If blood draw is not possible on-site, providers should make arrangements for rapid antibody testing either on site or via warm handoff to an offsite provider. Providers should make arrangements for all hepatitis C antibody positive clients to receive confirmatory testing.
- v. Viral hepatitis treatment
 - All hepatitis B and/or C positive clients should receive treatment.
 - If on-site treatment is not available, arrangements should be made for clients to receive treatment off-site.
- vi. Contracted provider must have written procedures in place to:
 1. address how education, testing, vaccination, and referral for hepatitis services will be delivered;
 - a. At a minimum, the procedures must include:

- i. Obtaining the individual's consent to make a phone call to the County or Public Health Clinic for a referral;
 - b. BE ADVISED: Simply handing out a pamphlet to an individual is not education.
 - 2. address how individuals identified as high risk will be referred to the County or nearby Public Health Clinic for testing and linkage to care;
 - 3. address documentation will be made in the individual's file indicating whether the individual's acceptance or rejection of the referral
 - 4. These procedures must be made available upon request.
- vii. It is strongly recommended that the contracted service provider utilize the checklist tracking sheet **HIV and Hepatitis C Services in Drug and Alcohol Treatment Facilities** found in **APPENDIX C** of the **DDAP Case Management & Clinical Services (CMCS) Manual** as a tool when working with individuals.

C. HIV:

- a. The contracted service provider conducting a LoCA MUST also provide HIV education as well as services and/or referrals to testing, treatment and prevention services as appropriate.
 - i. DDAP collaborated with the Department of Health, Bureau of Communicable Diseases and Bureau of Epidemiology to develop standards to address the need for education, testing, and linkage to care for HIV services
- b. Contracted provider must have written procedures in place to:
 - 1. address how education, testing, vaccination, and referral for hepatitis services will be delivered;
 - a. At a minimum, the procedures must include:
 - i. Obtaining the individual's consent to make a phone call to the County or Public Health Clinic for a referral;
 - b. BE ADVISED: Simply handing out a pamphlet to an individual is not education.
 - 2. address how individuals identified as high risk will be referred to the County or nearby Public Health Clinic for testing and linkage to care;
 - 3. address documentation will be made in the individual's file indicating whether the individual's acceptance or rejection of the referral
 - 4. These procedures must be made available upon request.
 - i. It is strongly recommended that the contracted service provider utilize the checklist tracking sheet **HIV and Hepatitis C Services in Drug and Alcohol Treatment Facilities** found in **APPENDIX C** of the **DDAP Case Management & Clinical Services (CMCS) Manual** as a tool when working with individuals.
- c. All contracted service providers MUST follow current CDC testing guidelines that recommend all individuals ages 13 to 64 be offered screening for HIV at least once as part of routine health care.
 - i. Age based testing differs from the common practice of using risk-based screening assessments to determine who should be referred for an HIV test.

- ii. Evidence indicates that risk-based screening questionnaires to determine who should receive an HIV test are not effective and should be replaced with opt-out screening.
 - iii. Opt-out screening increases the acceptance of HIV testing from 38% when clients are told that they can have a test if requested, to 66% when told the test will be offered unless the individual declines.
 - iv. The individual's acceptance or rejection of opt-out testing shall be documented in the client file.
- d. In addition to the initial HIV screening, the CDC guidelines indicate that persons at a higher risk for acquiring HIV should be screened for HIV at least annually.
 - i. Since those with substance use disorders have been identified as being at higher risk for HIV, LCDAC contracted providers must offer annual opt-out screening as described above to clients who have not already been screened during the past year.
- e. More frequent than annual repeat screening should be performed on the basis of clinical judgment. Factors associated with greater vulnerability to HIV include:
 - 1. unprotected sexual activities with persons living with HIV or unknown HIV status, or any individual who has multiple sex partners
 - 2. sharing needles, syringes, or other drug preparation equipment with persons living with HIV or unknown HIV status,
 - 3. persons infected with, or recently treated for viral hepatitis or a STD such as syphilis, gonorrhea, or genital herpes
- f. The contracted provider shall ensure that HIV testing is available on-site or through a referral to improve access to HIV services for all clients.
 - i. Whenever possible, integrated and/or coordinated service models are recommended to increase continuity of services.
- g. The contracted provider shall follow CDC guidelines for ensuring that appropriate measures are taken after test results are obtained.
 - i. Sites that employ point of-care/rapid testing must refer individuals for a confirmatory test if the rapid test is reactive.
- h. If the test is negative, PrEP (Pre-exposure Prophylaxis for HIV) LCDAC contracted providers must provide education PrEP is an effective biomedical intervention for reducing HIV transmission among populations at high risk for HIV infection and consists of two anti-HIV medications.
- i. All positive HIV test results will be followed-up by the local Department of Health or County/Municipal Health Department Disease Intervention Specialists (DIS) for partner services and linkage to care. Cooperation of providers conducting HIV testing is required under the Disease Prevention and Control Law of 1955 (35 P.S. §§ 521.1, et seq.) and its regulations (28 Pa. Code Ch. 27).

In addition to the procedural requirements, it is the contracted service provider responsibility to ensure that the following educational materials* are made available at the time of the LoCA which include yet may not be limited to the following:

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1. HIV overview
2. HIV testing options and procedures
3. Test result interpretation
4. PrEP overview
5. Treatment options and referral information
6. Trauma-informed and culturally responsive HIV prevention and care service provision

*Contracted service providers may request educational materials and in-person education information sessions via the Department of Health.

LCDAC shall monitor compliance that the protocols for providing education/training, testing, and referrals are in place at the LCDAC contracted provider level as well as ensuring that the educational materials are being made available and/or disseminated.

Written required procedures regarding education/training, testing and referrals **MUST** be made available upon request.

Documentation reflecting all matters of the *Communicable Disease Screening & Referral Services* outlined is required.

Approved By:



Rick Kastner LCDAC Executive Director

07/10/2023

Date