

**11.10.08 MDCH/ODCP FY 2009 SITE VISIT PROTOCOL:
COMMUNICABLE DISEASES**

**CA:
CA Staff:**

Date:

	Requirement (citation) or information item, shaded in grey	Evidence needed to support compliance requirement	The evidence presented.	Findings	Score	Corrective Action Plan-Response
CD	<p>Communicable Disease</p> <p>(Unless otherwise noted, all requirements are referenced in Attachment E of contract; Prevention Policy #2)</p>					
CD1	Description of how the CA will assure all clients accessing services will be appropriately screened for risk of TB, Hepatitis, STD and HIV	<ul style="list-style-type: none"> -Sample of screening tool used by providers -Documentation from CA of how monitor this process among providers when clients are first entering treatment system -Does screening tool identify how determination is made which clients are high risk and need referral for testing? 				
CD2	CA assures providers have a process for referral for testing for TB, Hepatitis, STD and HIV when appropriate, based on risk screen, and there is a follow-up mechanism to capture whether client accessed this referral	<p>How CA monitors:</p> <ul style="list-style-type: none"> -Linkages are established to provide for testing with other community providers -If there is a notation in the intake record that a referral has been made for testing. If it is noted whether client accepted or rejected this referral 				
CD3	CA assures providers have a mechanism for making clients aware of available resources if already infected with TB, Hepatitis, STD or HIV	<p>How CA monitors:</p> <ul style="list-style-type: none"> -Updated list of resources is available on-site at provider How these resources are shared with clients 				

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CD4	CA assures all clients with a history of IDU are referred for or provided with Hepatitis C testing	Notation of how CA monitors this among treatment providers.				
CD5	The CA has a process in place to assure that, as part of admission to residential treatment, all clients are given a TB test. In addition, universal precautions in accordance with CDC guidelines are to be followed by residential providers with clients exhibiting symptoms of active TB.	Documentation of how CA monitors this during their site reviews				
CD6	CA assures all pregnant women presenting for treatment will be offered referrals for or provided with STD and HIV testing	Documentation of protocol / format for assuring this is completed among their providers				
CD7	CA prohibits the utilization of block grant or state funds for the distribution of sterile needles for injection of any illegal drug (42 U.S.C. 300x-22(a)(1)(F) of PHS Act; Block Grant; APG 05/06; page 19)	Statement of assurance from providers and/or lack of evidence of such activity occurring with state or federal funds				

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CD8	CA assures that, directly or through arrangements with other public or nonprofit private entities, tuberculosis services are routinely made available to each individual receiving treatment for substance abuse, and such service delivery is monitored (Block Grant)	Information would be captured with other activity being monitored				
CD9	CA assures that all clients entering substance abuse treatment have been provided with basic information on HIV/AIDS, tuberculosis, Hepatitis and STDs.	Sample of documents provided and process for distributing to clients				
CD10	CA assures staff knowledge and skills in the provider network is adequate to meet communicable disease-related requirements within their client in accordance with minimum knowledge standards for substance abuse professionals	CA documents: -All staff receive Basic Knowledge Level I -Clinicians receive Level II -Updates are received every two years -When possible and practical, training is provided on-site at the provider				

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CD11	HIV/AIDS, Hepatitis, and other communicable disease health education and risk reduction activity is provided for high-risk clients enrolled in treatment programs	-Plan shows evidence of this activity being provided in region, and CA monitors how it is implemented/noted in client chart				
CD12	All activity related to HIV/AIDS must be conducted in accordance with federal and MDCH/HAPIS requirements, including collection and submission of client data collection methods	Documentation of how this is monitored by CA. Minimally, please print off most recent quarters report of activity on the HES system.				
CD13	If outreach is conducted, it must be administered with the goal of referring contacts to treatment services and be conducted in conjunction with a substance abuse treatment or prevention providers and provided in venue where the target population congregates or socializes, during days and times the population is present (e.g. in high prevalence areas only)	Documentation of: -Referring contacts/follow-up to treatment placement Determination of appropriate venue and service delivery times (Note: Only applicable if CA funds outreach services)				
CD14	EIP and communicable disease services are provided by appropriate	Documentation of how CA assures appropriate credentials/training has been				

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	<p>trained/certified professionals, including any HE/RR, HIV CTRS and outreach service provider must ensure staff administering these interventions have successfully complete the MDCH/HAPIS trainings and certification programs and adhere to QA standards as provided.</p>	<p>achieved by providers of respective services and QA standards are followed</p>				