

Designated/Non-Funded HIV Counseling and Testing Site Policy
HIV/AIDS Prevention and Intervention Section
Michigan Department of Community Health

JULY 2013

GENERAL INFORMATION

I. INTRODUCTION AND BACKGROUND

The Michigan Department of Community Health (MDCH) HIV/AIDS Intervention Prevention Section (HAPIS) announces the availability of having status as a MDCH-designated HIV counseling and testing site: to provide HIV testing to one or more of the priority populations identified in Michigan Jurisdiction Plan, such that a majority (>50%) of clients represents one or more of these priority populations. Designated Test Sites will also be expected to enhance linkage to HIV medical care for people who are HIV positive and promote condom use distribution to people living with HIV and high risk individuals in the State of Michigan.

This document contains the information required for all agencies who are seeking status as a MDCH Designated HIV Test Site. All agencies wishing to become Designated HIV Testing Sites must apply to the Michigan Department of Community Health HIV/AIDS Intervention and Prevention Section in writing. Each agency is solely responsible for the preparation and submission of this application in accordance with instructions contained in this document.

Please read all materials before submission

ELIGIBILITY CRITERIA

Eligible agencies include local governmental, public or private for profit and non-profit entities located within the State of Michigan, including community-based organizations, public and private non-profit hospital or clinics. Eligible agencies must comply with the criteria listed below.

If the agency is not supported with funding from MDCH (either directly or through a subcontract) for programming for which HIV testing activities are a part, the agency must demonstrate that:

- 1) It serves one or more of the priority populations¹ identified in the Jurisdictional Plan for HIV Prevention, such that a majority (>=50%) of clients represent one or more of these priority populations.

OR

- 2) At least 50% of clients served by the agency are racial/ethnic minorities and the service area of the agency is high HIV prevalence (as designated by MDCH).

OR

- 3) At least 50% of clients served by the agency do not have health insurance (or are covered by Medicaid or county insurance) and the service area of the agency is high HIV prevalence (as designated by MDCH). Eligibility under this criterion applies only to providers of clinical/medical services, such as community health centers.

¹ HIV infected individuals, Men who have sex with men (MSM), Injection Drug Users (IDU), High risk heterosexuals (HRH)

If HIV testing activities are provided as part of a program that is supported with funding from MDCH (e.g., Adolescent Health Clinics, Family Planning Clinics), the agency must demonstrate that:

1) At least 50% of clients served by the agency are racial/ethnic minorities.

AND

2) The service area for the agency is an area of high HIV prevalence.

AND

3) It has developed and will implement/has implemented a specific plan to promote and/or market HIV testing/counseling services to its clients (e.g., via outreach efforts).

APPLICANT REQUIREMENTS

- A. Participate in program monitoring and quality assurance activities conducted by and /or facilitated by, HIV/AIDS Prevention and Intervention Section.
- B. Comply with all federal and state laws, standards and policies relevant to HIV/AIDS, including disease reporting requirements and requirements related to informed consent for HIV testing.
- C. Participate in technical assistance, training, and/or skills-enhancement opportunities as recommended or required by Michigan Department of Community Health (MDCH/HAPIS).
- D. Ensure that staff performing counseling and /or testing have successfully completed, HIV test counselor certification courses (if applicable), test device training, and proficiency testing.
- E. Serve racial/ethnic minority clients in one or more of the following geographic areas: The City of Detroit or the county of Genesee, Ingham, Jackson, Kent, Kalamazoo, Macomb, Monroe, Oakland, or Saginaw.

MDCH DESIGNATION

As a designated site, HAPIS will provide to the agency, without charge:

- A. Required training for staff of the agency working within designated testing sites, including HIV test counseling certification and partner services training.
- B. Technical assistance in support of program implementation and evaluation, as needed.
- C. Informed consent form and What You Need to Know about HIV pamphlets.
- D. HIV test kits for rapid or conventional testing. (Please note if the agency is utilizing OraQuick Advance, or another rapid HIV test not currently used by HAPIS designated test sites, or the agency is directly funded by a federal agency, the agency must purchase their own test kits).

FORM A:

AGENCY INFORMATION

LEGAL AGENCY NAME:

ADDRESS: (Include mailing address, street, city, county, state and 9-digit zip code):

CONTACT NAME:

PHONE:

EMAIL:

AGENCY WEBSITE:

HOURS OF OPERATION:

FAX:

Are you currently providing HIV tests Yes No.

If yes ___ Conventional ___ Rapid

Do you currently have a CLIA Certificate for waived tests Yes No Don't Know

If yes, what tests?

TYPE OF ENTITY (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Nonprofit Organization | <input type="checkbox"/> Federally Qualified Health Centers |
| <input type="checkbox"/> Indian Tribe | <input type="checkbox"/> For-Profit Organization | <input type="checkbox"/> Private |
| <input type="checkbox"/> State Agency | <input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Minority Organization | <input type="checkbox"/> Faith Based (Nonprofit Org) | <input type="checkbox"/> Other (Specify): _____ |

PRIMARY PROPOSED TARGET POPATULIONS:

- | | |
|--|---|
| <input type="checkbox"/> Men who have sex with men | <input type="checkbox"/> Transgender persons |
| <input type="checkbox"/> Injection drug users | <input type="checkbox"/> Homeless Individuals |
| <input type="checkbox"/> Clients with sexually transmitted infection | <input type="checkbox"/> Alcohol and drug users <input type="checkbox"/> Other (Specify): _____ |

AGENCY REQUIREMENTS:

Check each box to acknowledge you have read and agree with agency requirements

- Provide services to priority populations and adhere to local, state and federal regulations and policy that govern provision of HIV services. (Laws might address aspects of HIV services or regulate how services are provided to particular persons (e.g., minors))
- Conduct HIV test and condom distribution activities for the target population (as described herein), in high morbidity areas
- Assure that all HIV services will be delivered according to the timelines, work plan, and quality assurance standards designated by MDCH/HAPIS
- Establish enhanced linkage to medical care systems and partner services for HIV infected individuals
- Participate in training and/or skill-enhancement opportunities as recommended or required by MDCH/HAPIS
- Provide clients the option of anonymous HIV testing within your jurisdiction and protect confidentiality of clients requesting HIV services

BY SIGNING BELOW, I ACCEPT, ACKNOWLEDGE AND UNDERSTAND THE TERMS AND CONDITIONS AS CONTAINED HEREIN.

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

NARRATIVE FORMAT REQUIREMENTS

Formatting/Packaging

1. Use 12 point font, only. Tables, charts, figures, and footnotes may be smaller in size, but must be legible.
2. Narrative must not exceed 3 single spaced (only) pages.
3. Use 1" margins (top and bottom, left and right).
4. Use Times New Roman or Arial.
5. Write on single side of page, only.

NARRATIVE

Note: Agencies supported by MDCH's Office of Drug Control Policy (ODCP) for HIV counseling/testing activities, as part of the Early Intervention Program, or that receive funding directly from a federal agency (e.g., Centers for Disease Control and Prevention), are required to become MDCH-designated HIV test sites and therefore are exempt from these eligibility criteria. These agencies must, however, comply with application requirements.

Please answer each of the following questions; your answers should not exceed three (3) pages.

1. Describe the mission of your agency and characteristics of target population (e.g., age gender, ethnicity) that you are currently serving or plan to serve.
2. Provide a brief synopsis of the geographic service area(s) to be served, and why was/were the area(s) chosen?
3. Describe your agency's experience serving target population.
4. Provide an estimate of the annual number of clients seen in your facility and an estimate of the number of HIV tests you expect to conduct.
5. A description of the mechanisms/processes for ensuring that clients have access to services for the screening/treatment of sexually transmitted diseases, viral hepatitis, TB, substance abuse prevention and treatment, and other needed prevention or medical services, as appropriate to client need(s). Such services can be provided by the agency or via referral relationships.
6. A description of the fees associated with HIV counseling and testing, if any.
7. Describe the agency capacity to submit data on HIV counseling and testing activity via a web-based data collection program.

Documentation required:

- Provide copies of Memoranda of Agreement of referral relationships: At a minimum, applicants must establish and maintain linkages with resources to provide for:
 - Medical evaluation and treatment of HIV infection for clients found to be HIV infected.
 - Partner counseling and referral services through local health department(s) for clients found to be HIV infected.
 - Case management services for clients found to be HIV infected
- A letter of support from the local health department for each county/district where your agency intends to provide services.

Reporting requirements:

Progress Reports: The format and content of these reports are to conform to the guidelines issued by HAPIS. Narrative reports are due no later than 15 days after the close of each quarter (funded HIV clinical testing sites).

<u>Reporting Period</u>	<u>Narrative Report Due</u>
October – December	January 15
January – March	April 15
April – June	July 15
July – September	October 15

CRITERIA FOR ANNUAL RENEWAL

Designated testing sites must renew application annually.

- (1) The agency must be in overall compliance with terms of the Memoranda of Agreement with HAPIS (e.g., counselor certification/updates, timely/complete data submission, responsiveness to quality assurance and program standards, participation in quality assurance activities).
- (2) An annual or periodic site visit will be done by HAPIS staff to review the following items below:

<input type="checkbox"/> Physical Environment and Lab Setup	<input type="checkbox"/> Procedure Manuals
<input type="checkbox"/> Workflow	<input type="checkbox"/> Safety Manuals
<input type="checkbox"/> HIV Test kits/Supplies	<input type="checkbox"/> HIV/Training and Competency
<input type="checkbox"/> Quality Assurance Manuals	<input type="checkbox"/> CLIA Certificate of Waiver
- (3) The agency must have evidence of HIV testing services. Agencies that do not report HIV testing for a period of three months, without prior communication to HAPIS, will lose their status as a designated HIV testing agency. Agencies may re-apply for designation at a later date.