



HIV Counseling,
Screening and Testing in
the Child and Adolescent
Health Center (CAHC)
Program



Agenda

- Discuss Importance of Confidentiality of Adolescent Health Services
 - Michigan Law and HIV Services
- Program Requirements Regarding HIV Screening and Testing
 - HIV Screening and Testing Policy and Procedure
 - Essential Elements
- Health Center Patient Flow
 - Limits of Confidentiality
 - Informed Consent
 - Testing and Timing of Test Results
 - Follow-Up Confirmatory Testing



Michigan Law and HIV Testing





Confidentiality and MI Law

333.5127 Minor infected with sexually transmitted infection or HIV; consent to treatment; informing spouse, parent, guardian, or person in loco parentis; financial responsibility.

- (1) Subject to section 5133, the consent to the provision of medical or surgical care, treatment, or services by a hospital, clinic, or physician that is executed by a minor who is or professes to be infected with a sexually transmitted infection or HIV is valid and binding as if the minor had achieved the age of majority. The consent is not subject to later disaffirmance by reason of minority. The consent of any other person, including a spouse, parent, or guardian, or person in loco parentis, is not necessary to authorize the services described in this subsection to be provided to a minor.
- (2) For medical reasons a treating physician, and on the advice and direction of the treating physician, a physician, a member of the medical staff of a hospital or clinic, or other health professional, may inform the spouse, parent, guardian, or person in loco parentis as to the treatment given or needed. The information may be given to or withheld from these persons without consent of the minor and notwithstanding the express refusal of the minor to the providing of the information.
- (3) A spouse, parent, guardian, or person in loco parentis of a minor is not financially responsible for surgical care, treatment, or services provided under this section.

Interpretation

- Minor has the right to consent to testing if they believe they could be infected with HIV or STI
- Provides permission to disclose information to a significant other without the minor's consent
 - Standards of Care of Adolescent Health: Minor should be informed prior to disclosure to others. Disclosure should only occur if the risk of the life or health of the minor exists (e.g., non-compliance with medications or follow-up with HIV specialist).
 - Minor should be notified prior to disclosure
 - Confidentiality of EHR and billing process
- Minor is not responsible for costs of treatment or services if provided under minor consent
 - Grant funds are provided to cover health center services for youth
- Treatment services do not include *preventative* therapies (e.g., vaccines, PrEP)
 - PrEP treatment is allowable in the context of a *recent* STI as this would then constitute treatment vs. preventative therapy

Confidentiality and MI Law



Sec. 5133

- (1) Except as otherwise provided by law, a physician who orders an HIV test or a health facility that performs an HIV test shall provide information appropriate to the test subject both before and after the test is administered.
- (2) A test subject or his or her authorized representative who provides general informed consent for medical care is considered to have consented to an HIV test. A separate consent form for an HIV test is not required. However, except as otherwise provided by law, a health care provider shall not order an HIV test for a test subject without first doing both of the following:
 - (a) Informing the test subject or his or her legally authorized representative verbally or in writing that an HIV test will be performed unless the test subject or his or her legally authorized representative declines the HIV test.
 - (b) Offering the test subject or his or her legally authorized representative an opportunity to ask questions and decline the HIV test.
- (3) If a test subject or the test subject's legally authorized representative declines an HIV test under subsection (2), the decision must be documented in the test subject's medical record.
- (4) If a test subject undergoes an HIV test at a department approved testing site and the test results of the HIV test performed under this subsection indicate that the test subject is HIV infected, the staff of the department approved testing site shall proceed with partner notification in the same manner in which a local health department would proceed as described in section 5114a(3) to (5).
- (5) This section does not apply to an HIV test performed for the purpose of research, if the test is performed in such a manner that the identity of the test subject is not revealed to the researcher and the test results are not made known to the test subject.

Interpretation

- Informed consent is required prior to testing:
 - Consent must be voluntary
 - Must be legally, cognitively and emotionally competent
 - Client must understand what they are agreeing to – risks and benefits
 - Document all that was discussed and agreed to
- A separate consent form is not required
 - Minor Consent to services form is a program requirement.
- Patient must have the right to decline testing
- Must offer the ability to ask questions
- If the patient declines testing this must be documented in the record
- Partner Services must occur when a positive test is obtained
- This section does not apply to HIV tests performed for research purposes as test subjects' names are not identified to the researcher and test results are not provided to the subject

Confidentiality and MI Law



Sec. 5133 (Continued)

- (6) Except as otherwise provided in subsection (8), this section does not apply to an HIV test performed on a patient in a health facility if the conditions in subdivisions (a) and (b) or the conditions in subdivisions (a) and (c) are met:
 - (a) The patient is informed in writing upon admission to the health facility that an HIV test may be performed on the patient without his or her right to decline under circumstances described in subdivision (b) or (c). As used in this subdivision, "admission" means the provision of an inpatient or outpatient health care service in a health facility.
 - (b) The HIV test is performed after a health professional, health facility employee, police officer, or fire fighter, or a medical first responder, emergency medical technician, emergency medical technician specialist, or paramedic licensed under section 20950 or 20952 sustains in the health facility, while treating the patient before transport to the health facility, or while transporting the patient to the health facility, a percutaneous, mucous membrane, or open wound exposure to the blood or other body fluids of the patient.
 - (c) The HIV test is performed pursuant to a request made under section 20191(2).
- (7) Except as otherwise provided in subsection (8), this section does not apply if the test subject is unable to receive or understand the information described in subsections (1) and (2) or to decline the test as described in subsection (3), and a legally authorized representative of the test subject is not readily available to receive the information or decline for the test subject.
- (8) If the results of an HIV test performed under this section indicate that the patient is HIV infected, the health facility shall inform the patient of the positive test results and shall provide the patient with appropriate counseling regarding HIV infection and acquired immunodeficiency syndrome and referrals to expedite HIV treatment and services. If the results of an HIV test performed under this section indicate that the patient is not HIV infected, that information must be provided to the patient through normal health care provider procedures.

Interpretation

- Consent for HIV Test is not required for a blood or bodily fluid exposure that occurs to a health care provider
 - Must have this in writing on the health center consent form
- The patient must be able to understand to what they are consenting and may refuse testing (selves or legal representatives)
- Health facilities should provide appropriate pre-counseling, post-counseling and follow-up for positive or negative test results

Confidentiality and MI Law



CHILD PROTECTION LAW (EXCERPT) Act 238 of 1975

722.623 Individual required to report child abuse or neglect; report by telephone or online reporting system; written report; contents; transmitting report to centralized intake; copies to prosecuting attorney and probate court; conditions requiring transmission of report to law enforcement agency; pregnancy or presence of sexually transmitted infection in child less than 12 years of age; exposure to or contact with methamphetamine production.

(8) For purposes of this act, the pregnancy of a child less than 12 years of age or the presence of a sexually transmitted infection in a child who is over 1 month of age but less than 12 years of age is reasonable cause to suspect child abuse or child neglect has occurred.

Interpretation

- Any diagnosis of pregnancy, STI or HIV in a child over 1 month but less than 12 years of age is a mandatory report to Child Protective Services

Program Requirements and HIV Testing



CAHC Program Requirements & HIV Screening and Testing



- HIV testing supplies must be available in the health center
- Testing procedures and documentation must follow CLIA-waived guidelines and all State Laws
- Policies and procedures that match State law on HIV counseling, testing and referral should also match *practice* in the health center
- Educational materials on HIV and HIV testing, counseling and referral services consistent with CDC/other relevant guidelines and available on-site
- Documentation of informed consent for counseling, testing, referrals and declinations



Policy and Procedure: Essential Elements



Child and Adolescent Health Centers Program (CAHC) Program Policy and Procedure Essential Elements:
HIV Counseling, Screening, Testing and Referral Processes

THIS DOCUMENT IS TO BE USED AS A GUIDANCE TOOL IN DEVELOPING HIV COUNSELING, SCREENING, TESTING AND REFERRAL POLICIES AND PROCEDURES FOR THE CAHC PROGRAM

Definition: This policy will outline the steps taken in the CAHC to ensure consistency of HIV counseling, screening, testing and referral processes for the adolescent population.

Purpose: This policy will outline the steps taken in the CAHC to ensure consistency of HIV counseling, screening, testing and referral processes consistent with Michigan law, American Academy of Pediatrics (AAP), and CAHC Minimum Program Requirements.

Policy and Procedure Definitions

Informed Consent: A collaborative process between the client and provider that promotes a therapeutic alliance, shared decision-making that empowers the client to play an active role in their care and reduces harm and risk of exploitation to the client through information sharing and collaborative Decision-making. The 4 essential components of Informed Consent are:

- Voluntary consent (no coercion)
- The client is competent to provide consent, cognitively and emotionally.
- The client must understand what they are agreeing to (risks, benefits and alternatives)
- The information shared and agreed to is documented

Screening: The process of engaging an at-risk population in an activity to mitigate that risk. For example, the AAP recommends screening adolescents for HIV, between the ages of 16-18, regardless of their history of sexual or drug use history. This screening normalizes testing, and ensures that if an HIV infection is present, it is treated early prevention of extended community spread is contained.

Testing: The process of actively testing a client where risk factors are present in order to mitigate, treat and control infection. For example, a client that shares needles, has multiple sex partners, engages in penetrative anal sex or has a history of any STI is at risk for HIV infection. Testing allows early treatment, and disease mitigation through patient and partner services.

Supportive Adult: A client identified and adult as a support person who would assist them in navigating their healthcare should an HIV test show infection.

Essential Elements of Screening and Testing

- Define who will be screened in your health center
 - AAP Guidelines Recommendation:
 - ALL YOUTH receive at least one HIV test between the ages of 15 and 18 (middle adolescence)
- Define who will be tested in your health center
 - AAP Guidelines Recommendation:
 - ALL YOUTH ages 11-21 depending on risk behavior

Policy and Procedure: Essential Elements



Policy and Procedure Definitions-Continued

Referral Services: Referral services are those services that a client is referred to by the provider that are not available within the CAHC, yet are essential to ensure that the client has received necessary follow-up services. For example, a referral to the local health department (LHD) and to partner services are made when a client is infected with HIV. These referrals ensure that the client receives appropriate HIV specialty follow-up care, and that the client's partners are notified of their risk for infection to mitigate community spread.

Partner Services: Partner services are a part of Michigan's comprehensive efforts to help reduce the spread of HIV among at-risk populations. Through this program, individuals who are infected with the Human Immunodeficiency Virus (HIV) are counseled on the importance of notifying their at-risk sex and needle-sharing partners, so they may be informed of their exposure to HIV, and provide HIV/AIDS prevention education, risk reduction information, access to testing and referral, and or early treatment services. These services conducted by a specialized counselor within the Local Health Department.

What Should the HIV Policy on Counseling, Screening, Testing and Referral Services Contain?

- Who will be screened?
- Who will be tested?
- How will you counsel the adolescent using informed consent?
 - Assessment of competency
 - Acknowledge HIV test is voluntary
 - Understanding risk, benefits and alternatives
- What staff may provide counseling? Screening? Testing?
- What elements will you include in your counseling?
 - Risk reduction plan
 - Trusted adult/outside support
 - Second test may be required
 - Is it comprehensive by requirements of law and development?
- How will you obtain consent?
 - Verbal consent that is documented vs written consent
- What is your response when a minor under 12 is diagnosed with HIV?
 - Mandatory Reporting Responsibilities

Essential Elements of Informed Consent

- Describe how you will define informed consent
 - Intellectual and emotional competency
 - Acknowledgment that the test is voluntary and may be delayed or refused
 - Risks, benefits and alternative to testing
 - Limits of confidentiality
- Which staff are responsible for counseling?
 - MD/DO, NP, PA, RN, MA?
 - Have they been trained?

Policy and Procedure: Essential Elements



Policy and Procedure Definitions-Continued

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Essential Elements of Counseling

- What content will you present to counsel on risks, benefits and alternatives to testing?
 - Risk reduction plan?
 - When will results be given?
 - Time of test or within 1-2 weeks?
 - Trusted adult at time of results?
 - What do the results mean?
 - Second test may be required?
 - Post-test follow-up?
 - Partner notification services
 - Follow-up
 - Specialty Care
 - Health Center
- What education materials will you use?
 - What You Need to Know About HIV
https://www.michigan.gov/documents/mdch/What_you_need_to_know_about_HIV_438247_7.pdf

Policy and Procedure: Essential Elements



What Procedures Should the HIV Policy on Counseling, Screening, Testing and Referral Services Contain?

- What testing method will you use?
 - Does your lab manual have instructions on test procedures, quality control, competency and proficiency testing for your chosen test?
- How will results be given?
 - Consistent method for positive and negative test (highly recommended)
 - In-person vs. other
 - When will you give results (timeline)?
 - Immediate vs 1-2 weeks?
 - Who will be present?
 - Supportive adult? Partner Services? Local Health Department (LHD) staff?
 - What is your response when the results are positive?
 - Referral services?
 - Confirmatory test?
 - What is used? How is it done?
 - Notifications
 - Program Manager
 - LHD
 - Medical Director
 - CAHC Clinical Consultant
 - Partner Services
 - What is your response when results are negative?
 - Risk reduction services
 - What is your response when it is indeterminate?
 - Repeat rapid test? Blood test?
 - What do you document?
 - Informed consent
 - Test results
 - Support Person
 - Referrals
 - What is your follow-up plan?
 - What referrals do you make?
 - LHD
 - Partner Services
 - When do you see the patient next to ensure follow-up with services?

Essential Elements of Performing Testing

- What test will be provided?
 - Best Practice: 4th Generation Ag/Ab Rapid test for HIV 1/2
 - e.g., Abbott Determine Test
 - Confirm test used is in the lab manual and all test procedures and training are documented
- How and when will results be given?
 - In-person? With a confidential code?
 - Immediately or in 1-2 weeks?
 - Best Practice: Provide both positive and negative test results in the same manner and timeframe

Policy and Procedure: Essential Elements



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 - What do you document?
 - Informed consent
 - Test results
 - Support Person
 - Referrals
 - What is your follow-up plan?
 - What referrals do you make?
 - LHD
 - Partner Services
 - When do you see the patient next to ensure follow-up with services?

Essential Elements of Post Testing Counseling

- Who will be present when results are given?
 - Teen's trusted adult?
 - LHD or Partner Services Professional?
- What counseling or services will be provided for a positive test?
 - Best Practice: Referral for Partner Services and Specialty Services; Risk Reduction Services
- What counseling or services will be provided for a negative test?
 - Best Practice: Risk Reduction Services
- What counseling or services will you provide for an indeterminate test?
- What is your follow-up plan?
 - Best Practice: Follow-up in Health Center and as above

Policy and Procedure: Essential Elements



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 - When will you give results (timeline)?
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 - Who will be present?
 - Supportive adult? Partner Services? Local Health Department (LHD) staff?
 - What is your response when the results are positive?
 - Referral services?
 - Confirmatory test?
 - What is used? How is it done?
 - Notifications
 - Program Manager
 - LHD
 - Medical Director
 - CAHC Clinical Consultant
 - Partner Services
 - What is your response when results are negative?
 - Risk reduction services
 - What is your response when it is indeterminate?
 - Repeat rapid test? Blood test?
 - What do you document?
 - Informed consent
 - Test results
 - Support Person
 - Referrals
 - What is your follow-up plan?
 - What referrals do you make?
 - LHD
 - Partner Services
 - When do you see the patient next to ensure follow-up with services?

Essential Elements of Documentation

- What will you document?
 - Informed Consent
 - Limits of Confidentiality
 - Right to delay or refuse
 - Test results
 - Patient response and support available
 - Referrals and follow-up
 - Three-part process

Health Center Patient Flow and HIV Testing





Patient Flow and HIV Testing

What You Need to Consider:

- Limits of Confidentiality
- Essential part of CAHC services is informing clients of their Rights and Responsibilities.
 - Right to Confidentiality
 - Limitations
 - Harm to self
 - Harm to others
 - Right to delay, defer or refuse a service
 - Must be discussed prior to confidential service provision

What You Need to do Onsite:

- How will you incorporate this into your clinical flow for testing?
 - Rights and Responsibilities should be an ongoing process:
 - Are they discussed at enrollment to the health center?
 - Are they posted?
 - Remind patients at the time of testing of their Rights and Responsibilities

Patient Flow and HIV Testing



What You Need to Consider:

- Informed Consent Process
- Rights and Responsibilities
- What does the Client need to know about the Law and HIV?

What You Need to Do Onsite

- Best Practice: Minor Consent Form for Confidential Services
- Assess intellectual and emotional competency
 - Are they able to understand what they are consenting to?
 - Are they able to handle the results if they are positive?
- Rights and Responsibilities
 - Acknowledgment the test is voluntary and may be delayed or refused
 - Discuss risks, benefits and alternative to testing
 - Can be brief – review *What You Need to Know Pamphlet* or other?
- HIV and the Law
 - Partner Services – confidentiality
 - Local Health Department (LHD) reporting is mandatory
 - Results remain confidential



Patient Flow and HIV Testing

What You Need to Consider

- Testing and Timing of Results
 - How is the test done?
 - Is it one test or multiple tests?
- How will the patient get results?
- What happens after testing is completed?
 - What follow-up is required if positive test?
 - How can you be prepared for test results?
 - Supportive adult
 - What do I need to know about Partner Services?

What You Need to Do Onsite

- Informed consent at beginning of testing- two tests may be required.
- Results and follow-up may require 2 follow-up visits
 - Follow-up for test results
 - LHD or Partner Services staff for positive test
 - Support adult for positive test
 - Follow-up to assess risk reduction plan and/or follow-up with specialty services occurred