

**PREVENTION  
POLICY # 02**

**SUBJECT:** Addressing Communicable Disease Issues in the Substance Use Disorder Service Network

**ISSUED:** October 1, 2006; Revised: April 1, 2011, September 14, 2011, and May 24, 2023

**EFFECTIVE:** October 1, 2023

**PURPOSE:**

This policy revises regional Prepaid Inpatient Health Plan (PIHP) requirements with regard to addressing communicable disease. The primary charge of communicable disease efforts is to prevent the further spread of infection among individuals using substances.

**SCOPE:**

This policy applies to PIHPs and their provider network, which are a part of substance use disorder services administered through the Michigan Department of Health & Human Services (MDHHS), Substance Use, Gambling and Epidemiology Section (SUGE).

**BACKGROUND:**

The original policy, effective October 1, 2006, converted guidelines issued in the 2004 Action Plan Guidelines document, to a policy requirement. The policy was revised in April 2011 to re-affirm many of the original policy requirements and implemented new requirements for targeting resources.

It was further revised in September 2011 to eliminate most of the prior requirements that were put in place even though Michigan was not a designated state required to expend block grant funding on communicable disease (CD) services. When the results of CD services, such as outreach, counseling and testing services, performed over the years were examined, very low prevalence rates of new HIV infection and other CDs were found. Therefore, on the basis of a low prevalence rate of CDs, primarily new HIV infection rates, and reduced availability of funding for core substance use disorder (SUD) services, the requirement for designated communicable disease funding was repealed beginning in fiscal year 2012. However, in recognition of the linkage between CDs and SUD treatment, minimal requirements have been retained to assure needs are met for persons with, or at-risk for, HIV/AIDS or other communicable diseases, and are in treatment for substance use disorder.

The May 2023 revision updated policy language to reflect current organization names, added screening requirements, and further explained PIHP communicable disease training requirements, including clarifying staff that are required to complete the Communicable Disease Level 1 training.

Given the causal relationship between HIV/AIDS, sexually transmitted infections (STIs), hepatitis, tuberculosis (TB), other CDs and substance use, and the importance of recognizing the role of CD assessment in the development of substance use disorder treatment plans for clients, a comprehensive approach is the most effective strategy for preventing infections in populations that use drugs and their communities.

The PIHP must assure persons with SUDs who are at-risk for or living with HIV/AIDS, sexually transmitted diseases/infections (STD/Is), hepatitis, tuberculosis (TB), and other CDs, have access to culturally sensitive and appropriate substance use prevention and treatment to address their multiple needs in a respectful and dignified manner.

## **REQUIREMENTS:**

### **Staff Training**

Each PIHP must assure staff knowledge and skills in the provider network are adequate and appropriate for addressing communicable disease related issues in the population receiving services, as appropriate for each position within each provider, in accordance with the “Minimum Knowledge Standards” that follow:

#### *Minimum Knowledge Standards for Substance Use Disorder Professionals - Communicable Disease Related*

MDHHS/SUGE mandates that all SUD provider staff, including prevention, treatment, and recovery, who interact with individuals receiving services at a contracted provider have at least a basic knowledge of HIV/AIDS, TB, Hepatitis, and STD/I, and the relationship to substance use. MDHHS/SUGE provides a web-based training that will cover minimal knowledge standards necessary to meet this **Level 1** requirement. However, if a PIHP region desires to provide this training through other mechanisms, the following information must be included:

- HIV/AIDS, TB, Hepatitis (especially A, B, and C) and STD/Is, as they relate to the agencytarget population.
- Modes of transmission (risk factors, myths, and facts, etc.).
- Linkage between substance use and these CDs.
- Overview of treatment possibilities.
- Local resources available for further information/screening.

PIHP regions are required to maintain a tracking mechanism to assure SUD provider staff, across the continuum of care completes the Level1 training.

- SUD provider staff is required to complete the Level 1 training annually.
- New staff is required to complete the Level 1 training within 30 days of hire.

### **Services**

1. Each PIHP is required to assure that all individuals entering SUD treatment have been appropriately screened for risk of HIV/AIDS, STD/Is, TB, and hepatitis, and that they are provided basic information about risk.
2. All persons receiving residential SUD services who are infected by mycobacterium tuberculosis must be referred for appropriate medical evaluation and treatment. The PIHP’s responsibility extends to ensuring that the agency to which the client is referred, has the capacity to provide these medical services, or to make these services available, based on the individual's ability to pay. If no such agency can be identified locally, the

PIHP must notify MDHHS/SUGE within two business days by sending an email notification to the Program Manager.

3. All individuals entering residential treatment and residential withdrawal management must be tested for TB upon admission. Arrangements can be made for an outside agency to test if they can be completed within 24 hours. With respect to clients who exhibit symptoms of active TB, referral must be made for follow-up medical intervention and policies and procedures must reflect this requirement to avoid a potential spread of the disease. These policies and procedures must be consistent with the Centers for Disease Control (CDC) guidelines and communicable disease best practice.
4. All pregnant women presenting for treatment must have access to STD/I and HIV testing.
5. The following questions should be included in the PIHP screening process in order to screen for high-risk individuals and refer them to services accordingly.

1) When was the **last** time, if ever, that you used a **needle to inject drugs or medication** (please include medication prescribed by a doctor)?

- a. Within the past 2 days
- b. 3 to 7 days ago
- c. 1 to 4 weeks ago
- d. 1 to 3 months ago
- e. 4 to 12 months ago
- f. More than 12 months ago
- g. Never

2) **During the past 12 months**, did you...? (Yes/No)

- a. use a needle to **inject drugs**?
- b. reuse a needle that **you** had used before?
- c. reuse a needle **without** cleaning it with bleach or boiling water **first**?
- d. use a needle that you knew or suspected **someone else** had used before?
- e. use someone else's **rinse water, cooker or cotton** after they did?
- f. **skip** cleaning your needle with bleach or boiling water **after** you were done.
- g. let someone else use a needle **after** you used it?
- h. let someone else use the **rinse water, cooker or cotton** after you did?
- i. allow **someone else** to inject you with drugs?

3) **During the past 90 days**, on how many **days** did you use a needle to inject any kind of drug or medication?

4) **During the past 90 days**, with how many **people** have you shared needles or works?

5) **During the past 90 days**, on how many **days** did you share needles with other people?

- 6) When was the **last** time, if ever, that you **had any kind of sex (vaginal, oral, or anal)** with another person?
- 7) **During the past 12 months**, did you...? (Yes/No)
  - a. have sex while you or your partner **was high on alcohol or other drugs**?
  - b. have sex with someone who was an **injection drug user**?
  - c. have sex involving **anal intercourse**?
  - d. have sex with a man who might have had **sex with other men**?
  - e. have sex with someone who you thought might have **HIV or AIDS**?
  - f. have **two or more** different sex partners (not necessarily at the same time)?
  - g. have sex with a **male partner**?
  - h. have sex with a **female partner**?
  - i. have sex **without** using any kind of condom, dental dam, or other barrier to protect you and your partner from diseases or pregnancy?
  - j. have a lot of **pain** during sex or after having had sex?
  - k. use alcohol or other drugs to make sex **last longer or hurt less**?

**Other Questions:**

- 8) When was the last time, if ever, that you were **exposed to another person's blood and/or body fluids**?
- 9) When was the **last** time, if ever, that you were **tested for hepatitis**?
- 10) When was the last time, if ever, that you had a **positive TB skin test, TB blood test or chest x-ray**?
- 11) Have you been in **close contact with individuals diagnosed with TB within the last 30 days**?
- 12) Have you had a nagging cough for more than three weeks **along with** any of the following symptoms: weight loss, fever for 3 days or longer, night sweats, coughing up blood?
- 13) Have you recently lived in *a substance use treatment facility, homeless shelter, drug house, mental health hospital, transitional living, carceral institution* or in other close quarters with people you did not know well?

**Financial and Reporting Requirements**

For the required services set forth in this policy, there are no separate financial or reporting requirements.

If a PIHP chooses to utilize state funds to provide communicable disease services beyond the scope of this policy.

1. The PIHP must ensure that recipients are persons with SUDs.

2. The Communicable Disease Provider Information Plan must be completed **by October 31<sup>st</sup>** and sent to [MDHHS-BHDDA@michigan.gov](mailto:MDHHS-BHDDA@michigan.gov).
3. The Communicable Disease Provider Information Report must be completed **within 60 days following the end of a fiscal year (November 30)** and submitted to [MDHHS-BHDDA@michigan.gov](mailto:MDHHS-BHDDA@michigan.gov).

**PROCEDURE:**

Procedures to meet these requirements are at the discretion of the PIHP.

**REFERENCES:**

Center for Substance Abuse Treatment. (Published December 2011). *Addressing Viral Hepatitis in People with Substance Use Disorders*, Treatment Improvement Protocol (TIP) Series 53. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Rockville, MD.

Center for Substance Abuse Treatment. (Published July 2012). *Substance Abuse Treatment for Persons with HIV/AIDS*, Treatment Improvement Protocol (TIP) Series 37. U.S. Department of Health and Human Services, Substance Abuse, and Mental Health Services Administration. Rockville, MD.

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Center for Substance Abuse Treatment. (Published November 2020). *Prevention and Treatment of HIV Among People Living with Substance Use and/or Mental Disorders*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Rockville, MD.

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Approved by:



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