KERN HEALTH SYSTEMS

Policy and Procedure Review/ Revision

Policy 3.46-P Tuberculosis Treatment has been updated and is provided here for your review and approval.

Reviewer	Date	Comment/Signature
Doug Hayward	10/19/20	
Dr. Tasinga	10/14/2020	
Alan Avery	9/17/2020	**Approved-Alan Avery**
Deb Murr	9/16/2020	
Shannon Miller	9/15/2020	**Approved without revision- Shannon Miller**

(CEO decision(s))

Board approval required: Yes ___ No ____ QI/UM Committee approval: Yes ___ No ___
Date approved by the KHS BOD: _____ Date of approved by QI: _____
PAC approval: Yes ___ No ___ Date of approval by PAC: _____
Approval for internal implementation: Yes ___ No ___
Provider distribution date: Immediately _____ Quarterly _____

Effective date: _____
DHCS submission: _____
DMHC submission: _____
Provider distribution: _____

KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS POLICY AND PROCEDURES					
SUBJECT: **Tuberculosis Treatment**				POLICY #: 3.46-P	
DEPARTMENT: Utilization Management					
Effective Date: 1997-08	Review/Revised Date: 10/19/2020	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

_____ Date _____
Douglas A. Hayward
Chief Executive Officer

_____ Date _____
Chief Medical Officer

_____ Date _____
Chief Operating Officer

_____ Date _____
Chief Health Services Officer

_____ Date _____
Director of Utilization Management

POLICY:
Tuberculosis remains a significant public health problem and, despite advances in treatment, can still cause significant morbidity and death. There has been as well a documented trend of increase in the number of cases and the resistance of isolated organism. For these reasons, it is important to identify infected patients and involve them in appropriate treatment programs. Traditionally, the process of screening and identification of infected patients has been performed at all levels of care including private physicians, clinic providers, hospitals, the health department, primary care practitioners (PCPs), and specialty practitioners/providers. The majority of infected patients have been treated and followed by the Kern County Public Health Services Department (KCPHSD) because of its experience, expertise, and resources.

All KHS plan members will receive an initial screening for Tuberculosis (TB) from their PCP as part of the initial health assessment. Those with active TB will be treated and followed closely for compliance and resolution of the disease through the Direct Observed Therapy (DOT) Service.

TB care and treatment will be provided in accordance with following accepted guidelines[1]:

- KCPHSDD TB Control Program
- American Thoracic Society and Centers for Disease Control guidelines
- American Academy of Pediatrics

TB treatment will be provided in accordance with the statutory, regulatory, and contractual requirements outlined in the following sources:

- DHS Contract Exhibit A – Attachment 10 (7)(E) and Attachment 11 (15)
- MMCD Policy Letter 97-05

PROCEDURES:

1.0 ACCESS

Members ages 0 to 21 years must be assessed for risk factors for developing TB and provided skin testing in accordance with current American Academy of Pediatrics requirements.[2] All children are screened for risk of exposure to TB at each health assessment visit. The Mantoux skin test is administered during health assessment visits at age 4-5 years and age 11-16 years. The Mantoux skin test is administered to ***all*** asymptomatic persons at increased risk of developing TB irrespective of age or periodicity if they have not had a test in the previous year. The Mantoux skin test is not administered if the child has had a previously documented positive Mantoux skin test. For all positive skin tests, there must be documentation of follow-up care (e.g. further medical evaluation, chest x-ray, diagnostic laboratory studies and/or referral).[3]

Members over age 21 (adults) must be assessed for risk factors during the 120 day Initial Health Assessment. Adults are screened for TB risk factors upon enrollment. The Mantoux skin test is administered to ***all*** asymptomatic persons at increased risk of developing TB irrespective of age or periodicity if they have not had a test in the previous year. The Mantoux is not administered if the individual has had a previously documented positive Mantoux skin test. When a positive skin test is noted, there must be documentation of follow-up care (e.g. further medical evaluation, chest x-ray, diagnostic laboratory studies and/or referral to specialist).[4]

Targeted populations as defined by KCPHSD are substance abusers, homeless, migrant workers, health care workers, school personnel, correctional facility employees, and inmates.

2.0 COVERED SERVICES

KHS covers TB screening, diagnosis, treatment and follow-up care.[5] DOT is offered by local health departments (LHDs) and is not covered under this Contract.[6] KHS continues to provide all medically necessary covered services to the members participating in the DOT program.[7]

If a patient is identified as being infected, the patient should be treated by the PCP as per KCPHSD treatment guidelines. The PCP should develop a comprehensive care plan for the member following recommended guidelines by the American Thoracic Society and the Centers for Disease Control and refer the member to the local DOT Program if appropriate. The PCP must assess the risk of noncompliance with drug therapy for each member who requires

placement on anti-tuberculosis drug therapy.[8] The PCP must assess for appropriateness of DOT at initiation of treatment and throughout the course of treatment for potential non-compliance.[9] Non-compliance is defined by the KCPHSD as "any patient who misses doses of TB medication or an appointment".

For specialty services required for the member diagnosed with TB, the PCP should initiate the referral process as outlined in *KHS Policy and Procedure #3.22-P: Referral and Authorization Process*.

2.1 DOT Program

The following groups of members with active TB should be referred for DOT to the KCPHSD TB Control Officer by the assessing PCP (per KCPHSD guidelines)[10]:

A. Patients that have demonstrated multiple drug resistance (defined as resistant to Isoniazid and Rifampin)
B. Patients whose treatment has failed or who have relapsed after completing a prior regimen
C. Children and adolescents
D. Individuals who have demonstrated non-compliance (those who fail to keep office appointments).

The following groups of members with active TB should be assessed for potential noncompliance and for consideration for DOT. If in the opinion of the assessing provider the member is at risk for noncompliance, the member should be referred to the DOT program.[11]

A. Substance abusers
B. Persons with mental illness
C. The elderly
D. Persons with unmet housing needs
E. Persons with language and/or cultural barriers

The KCPHSD would like to have all members diagnosed with TB referred to DOT. Referrals should be directed to the KCPHSD TB Control Officer, telephone number (661) 321-3000. KHS Case Managers will assist with the transfer of medical records and coordinate care with the KCDPH TB Control Officer as requested.

The following are the KCDPH DOT criteria:

A. Class III
    (i) with a positive sputum smear
    (ii) with drug resistant TB disease
    (iii) history of previous TB treatment with relapse or incomplete treatment
    (iv) history of poor sputum conversion
    (v) to infirm to manage self-care
    (vi) current history of substance abuse
    (vii) psychiatric or memory problems
    (viii) residency in a homeless shelter or other temporary shelter
    (ix) young children and teens
    (x) poor compliance during initial unsupervised therapy

B. Class II

(i) exposure to drug resistant TB in the same household with a TB Class III on DOT

2.2 Mandatory Hospitalization

Members required by the KCPHSD Public Health Officer to be hospitalized for non-compliance or isolation are admitted to Kern Medical (KM) by the DOT Program. KHS is financially responsible for reimbursement to KM for those mandated hospital days.

3.0 DOCUMENTATION

Services should be documented in the same manner as other services. Other than the reports outlined in the Coordination of Care section of this policy, no special documentation or forms are required.

4.0 COORDINATION OF CARE, MONITORING, AND REPORTING

Treatment is provided in accordance with the MOU between KHS and KCPHSD[12]. KHS provides joint case management and coordination of care with the KCPHSD TB Control Officer.[13]

Providers must report all active cases of TB as outlined in *KHS Policy and Procedure #3.29-P: Condition/Disease Reporting*.

4.1 Hospital Admissions

When a member is receiving treatment for active TB, or when a member is suspected of having TB and is admitted for work-up and/or treatment, the admitting physician must notify KHS and KCPHSD. Both KHS and KCPHSD must be notified by the attending physician when such a patient is discharged or transferred to another hospital. Practitioner/providers must obtain KCPHSD approval prior to hospital transfer or discharge of any patient with known or suspected TB[14]

4.2 Communication and Coordination Between DOT and the PCP

The PCP must contact the KCPHSD DOT on all identified TB cases and share pertinent case management information on the member with DOT Program personnel. DOT Program Case Managers follow the referred member and provide the linkage between the KCPHSD TB Program and the PCP. PCP and Specialty Physicians involved in the treatment of members are required to update KCPHSD on a regular basis with regard to the progress of each patient. The DOT Program personnel provide a link between PCPs and the TB program for identified recommendations and consultation at no charge to the PCP regarding the member's care plan or intervention.

Providers involved in the treatment of members with active TB must work with KCPHSD in their efforts to identify contacts of an index case. Any KHS members identified as a contact must receive an appropriate evaluation by that member's assigned PCP.

4.3 Communication and Coordination Between KHS and the Treating Practitioner/Provider

For patients identified as being infected with TB by a specialist physician or hospital staff, the Provider should notify the member's PCP. ~~The Provider should also notify the KHS UM Case Manager to assist with the coordination of care.~~

~~KHS contract providers should notify the KHS UM Department if a patient fails to keep an appointment for treatment or is non-compliant with the treatment regimen.~~

5.0 REIMBURSEMENT

Claims for services covered by KHS should be submitted in accordance with *KHS Policy and Procedure #6.01-P: Claims Submission and Reimbursement*.

5.1 Medi-Cal Product

KHS reimburses KCDPH for lab tests performed at the current Medi-Cal fee-for-service rate when claims are submitted in accordance with KHS guidelines. DOT services are carved out of the KHS contract with the DHS. KCPHSD must seek reimbursement for these services from DHS or EDS.

6.0 PROVIDER RESOURCES

The KCPHSD TB Program communicates, educates, and makes appropriate recommendations to KHS PCPs on issues identified by DOT Case Managers.

Providers are encouraged to contact the KCPHSD TB Program for additional resources or further education.

REFERENCE:

Revision 2020-07: Routine update by Chief Health Services Officer. **Revision 2015-09:** Review requested by Compliance Department. **Revision 2005-03:** Routine review. Policy reviewed against DHS Contract 03-76165 (Effective 5/1/2004). **Revision 2002-11**: Revised per DHS comment 07/26/02. **Revision 2002-05:** Revised per DHS Comment 09/19/01. Not distributed. **Revision 2001-03**: Per UM Request, *Policy #2.12 – Tuberculosis – Treatment for Protocols for Primary Care Providers* was deleted. The appropriate information was added to this policy.

[1] DHS Contract A-10 (7)(E)
[2] MMCD Policy Letter 97-05, page 2
[3] Medical Record Review Guidelines, California Department of Health Services, Medi-Cal Managed Care Division
[4] Medical Record Review Guidelines, California Department of Health Services, Medi-Cal Managed Care Division
[5] DHS Contract A-10 (7)(E)
[6] DHS Contract A-11 (15)(A)
[7] DHS Contract A-11 (15)(A)
[8] DHS Contract A-11 (15)(A)
[9] Exact wording requested by DHS (Comment 09/19/01).
[10] DHS Contract A-11 (15)(A)
[11] DHS Contract A-11 (15)(A)
[12] DHS Contract A-11 (15)(B)
[13] DHS Contract A-11 (15)(A)
[14] HSC Section 21361.