



# KERN HEALTH SYSTEMS

## Policy and Procedure Review/ Revision

**Policy 3.18-P Confidential HIV Testing** has been updated and is provided here for your review and approval.

Reviewer	Date	Comment/Signature
Doug Hayward	10/19/20	<i>[Signature]</i>
Dr. Tasinga	10/14/2020	<i>[Signature]</i> M Tasinga
Alan Avery	9/18/2020	Alan Avery
Emily Duran	9/15/2020	Emily Duran
Robin Dow-Morales	09/15/2020	<i>Robin Dow-Morales</i>
Nate Scott	9/13/2020	Nate Scott
Louis Iturriria	9/11/2020	Louis Iturriria
Isabel Silva	9/2/20	<i>Isabel Silva</i>
Deb Murr	8/24/2020	<i>Deborah C Murr RD</i>

(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: \_\_\_\_\_



<b>KERN HEALTH SYSTEMS</b>				
<b>POLICY AND PROCEDURES</b>				
SUBJECT: Confidential HIV Testing			POLICY #: 3.18-P	
DEPARTMENT: Utilization Management				
Effective Date: 08-1997	Review/Revised Date: 10/19/2020	DMHC		PAC
		DHCS		QI/UM COMMITTEE
		BOD		FINANCE COMMITTEE

Douglas A. Hayward Chief Executive Officer	Date _____
Chief Medical Officer	Date _____
Chief Operating Officer	Date _____
Chief Network Administration Officer	Date _____
Chief Health Services Officer	Date _____
Director of Claims	Date _____
Director of Member Services	Date _____
Director of Marketing	Date _____
Director of Health Education & Cultural and Linguistics	Date _____

**POLICY:**

Kern Health Systems (KHS) is responsible to ensure that HIV testing, counseling, and case management services are available to members through in-Plan and out-of-Plan Providers. KHS members may access confidential HIV counseling and testing services through their PCPs, the Kern County Public Health Services Department (KCPHSD) HIV testing and counseling service, or any qualified HIV Counseling and Testing Provider in Kern County without prior authorization. KHS reimburses out-of-Plan Providers at the Medi-Cal fee-for-service rate on the condition that the claim for reimbursement is accompanied by encounter data, confidential test results, and a release or a refusal to release information signed by the member. All providers will refer HIV infected members to a local HIV Case Management Program i.e. the local KCPHSD Health Education & Linkage Program (HELP) or Clinica Sierra Vista (CSV) Ryan White/Kern Lifeline Program. Providers will report all AIDS cases to the KCPHSD using a *Confidential Morbidity Report (CMR)* (See Attachment A). Children at risk will be referred to the local California Children’s Services (CCS) HIV Program for testing and follow-up.

**PROCEDURES:**

**1.0 PROGRAM GOALS**

The goal of the KHS HIV testing and counseling program is to promote and provide easy access for the membership to quality, confidential HIV services.

**2.0 HIV TESTING**

**2.1 Definition of HIV Testing**

HIV testing is defined as any clinical or laboratory test that measures the presence or effect of Human Immunodeficiency Virus in a patient. This may include, but is not limited to, HIV antigen or antibody tests, measurement of suppressor and helper T-cells, or other immune markers that have been found to specifically reflect the presence of HIV in a patient.

**2.2 Who Should be Tested - Risk Factors**

HIV testing should be performed on any adult who reports possible exposure to high risk factors such as:

- A. History of sexually transmitted disease
- B. Multiple sexual partners
- C. History of drug abuse
- D. Receipt of blood transfusions or blood products from 1977-1985
- E. Receipt of blood transfusions or blood products after 1985 and exhibition of symptoms

HIV testing should be performed on all children at risk including:

- A. Infants and children of HIV seropositive mothers
- B. Infants and children of mothers at high risk for HIV infection. Unknown HIV serologic status including:
  - (i) Infants born with a positive drug screen
  - (ii) Infants born to mothers who admit to present or past use of illicit drugs
  - (iii) Infants born with symptoms of drug withdrawal
  - (iv) Infants born to mothers who have known arrests for drug related offenses or prostitution

- (v) Infants born to mothers with any male partners known to be at high risk for HIV
- (vi) Any abandoned newborn infant
- C. Sexually abused children and adolescents
- D. Children receiving blood transfusions, blood products between 1977-1985, or symptomatic children receiving blood transfusions since 1985
- E. Adolescents who engage in high-risk behavior including unprotected sexual activity, illicit drug use, or who have had sexually transmitted diseases
- F. Children deemed at high risk by a KHS provider

Any child under age 21 that is confirmed to be HIV positive must be referred to the local CCS program.

### **2.3 Counseling Requirement**

Providers conducting HIV testing must provide pre and post-test counseling to KHS members. Counselors should be qualified and specially trained in the procedures of confidential pre and post-test counseling.

### **2.4 Consent**

An informed, written consent is required from all KHS members prior to testing. This should be obtained during the pre-test counseling session.

### **2.5 Disclosure of Test Results**

Confidential Disclosure of results will occur with members at post-test counseling session in compliance with Health and Safety Code Section §121022.

## **3.0 ACCESS TO SERVICES**

KHS members are informed of their right to access confidential HIV counseling and testing services from their Primary Care Providers (PCPs), the KCPHSD, local Family Planning Providers (via the Member Handbook), New Member orientations, and member newsletters. Providers must be qualified to deliver services and make all reasonable efforts, consistent with current laws and regulations, to report confidential test results to KHS. KHS Member Services directs members to the nearest qualified HIV Services Providers upon member inquiry regarding alternatives to obtaining services from their PCP. Members may access directly the State Department of Health Care Services (DHCS) Office of Family Planning Services at 1-800-942-1054 for a referral to community resources or for consultation.

## **4.0 PROVIDER DEFINITION**

### **4.1 PCP**

PCPs may provide HIV testing and counseling services. PCPs should identify members at high risk for HIV infection and provide testing or refer the member to an appropriate qualified testing and counseling center. Children identified at risk should be referred for testing and follow-up to the local CCS, HIV Program. The PCP should notify KHS of the CCS referral.

### **4.2 KCPHSD**

KCPHSD sites may provide HIV services to KHS members.

**4.3 Family Planning Clinics**

Qualified Family Planning Clinics or Providers may deliver confidential HIV services to KHS members.

**4.4 Educational Sites**

Family Planning Clinics at Bakersfield Community College or Cal State University, Bakersfield may deliver confidential HIV services to KHS members.

**5.0 REFERRAL PROCESS**

No prior-authorization is required from KHS to provide confidential HIV testing and counseling services to KHS members. Specialty medical consultation is available by submitting a referral to KHS. See *KHS Policy and Procedure #3.22-P: Referral and Authorization Process* for details. KHS is contracted with all the community specialists necessary for HIV and case management.

**6.0 TRACKING AND REPORTING**

All Providers and laboratories must report HIV and AIDS cases to the KCPHSD's health officer. Cases of HIV and AIDS infection must be reported by member's name<sup>1</sup>. All reports containing personal information shall be sent to the local health officer or his/her designee, by courier service, U.S. Postal Service Express or registered mail or other traceable mail or person-to-person. Reports are not to be e-mailed, sent by fax, or sent by non-traceable mail to the local health officer<sup>2</sup>. Voluntary partner notification will be carried out by the KCPHSD at the request of PCPs.

**7.0 HIV CASE MANAGEMENT SERVICES**

Following positive testing and counseling, all Providers should recommend and initiate a referral to a HIV Case Management Program such as the KCPHSD HELP or the CSV Ryan White/Kern Lifeline Program at the 34th Street Community Health Center. All services are confidential for the member and there are no charges. Members may continue to see their PCP's for routine care but should be strongly counseled to participate in one of the following Programs for Case Management services.

KCPHSD HELP

1800 Mt. Vernon Avenue  
661-321-3000

CSV Ryan White/Kern Lifeline Program

2000 Physicians Plaza Blvd., 2<sup>nd</sup> Floor  
661-324-3262

**8.0 COORDINATION OF CARE**

**8.1 PCP**

PCPs should develop a treatment plan, which is consistent with community medical standards of care for HIV-infected persons in accordance with CDC standards (available from KCPHSD HIV Program). PCPs should make any necessary specialty referrals that result from positive HIV test results by following the KHS referral process. See *KHS Policy and Procedure #3.22-P: Referral and Authorization Process* for details. PCPs should continue to provide services to KHS members who test positive within the scope of their practice. PCPs should report all AIDS cases to the KCPHSD using the *CMR form* and refer HIV-infected members to the local HIV Case Management Programs for HIV Case Management. (See Attachment A).

## **8.2 KCPHSD and FAMILY PLANNING CLINICS**

The KCPHSD and qualified Family Planning Clinics or testing Centers should refer KHS members back to their PCPs for any necessary routine medical follow-up care required as a result of HIV services provided as well as refer HIV infected members to the local KCPHSD for HIV case management. Necessary medical records should be provided to KHS and KCPHSD in order to conduct appropriate case management. Clinics should report all AIDS cases to the KCPHSD using *CMR forms*.

## **9.0 PROVIDER TRAINING AND EDUCATION**

KHS Providers are kept informed of KHS Policy and Procedure changes regarding confidential HIV testing and counseling through KHS Provider Newsletters from the KHS Chief Medical Officer or designee. The KCPHSD sends updates on treatment and changes in Federal or State laws to all Kern County Health Care Providers. The County Office of Aids is available to community HIV service Providers and should be contacted at 661-321-3000 to obtain information, literature for distribution, or education on the following:

- A. Women and HIV
- B. Transmission, risk assessment, and risk reduction techniques
- C. HIV testing and counseling procedures
- D. Universal Precautions
- E. Requests for testing of suspected patients with HIV
- F. Referrals to public health, case management, and follow-up of HIV patients
- G. Updates on HIV

## **10.0 CONFIDENTIALITY**

Providers are responsible for protecting the confidentiality of the clinical information regarding HIV services and tests results. The Providers should maintain a separate section of their clinical records, such as an envelope, which is clearly marked confidential and must have internal Policy and Procedures to access this information. All Providers are required to comply with applicable State and Federal regulations concerning confidentiality of HIV clinical information. KHS monitors compliance through on-site medical record audits of participating Providers.

### **10.1 Release of Test Results**

In order to comply with California laws on Confidentiality of Medical information, Providers must obtain a written authorization to disclose HIV test results prior to submitting those results to KHS.

## **11.0 REIMBURSEMENT**

Reimbursement from KHS is made in accordance with DHCS mandated Medi-Cal fee-for service rates. Claims should be submitted to KHS according to *KHS Policy and Procedure # 6.01-P: Claims Submission and Reimbursement*. Encounter data and properly released information or patient's refusal to release information documentation must accompany claim in order to receive payment.

## 12.0 LINK TO KHS'S INTERNAL ORGANIZATION

KHS Member Services Staff inform KHS members of their right to access out-of-Plan Providers for HIV testing and counseling services while promoting access to KHS PCPs for these same services. Provider Network Management and the KHS Chief Medical Officer or designee educate KHS PCPs on current Policy and Procedure as well as changes in Federal or State laws.

Utilization Management coordinates necessary referrals to KHS contracted specialists for services necessary for treatment out of the scope of services of KHS PCPs. Member Health Education refers members identified as high risk to appropriate health education services within the community.

## 13.0 DELEGATION OVERSIGHT

KHS is responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including APLs, and Policy Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

### ATTACHMENTS:

- **Attachment A:** Confidential Morbidity Report (CMR)

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**Revision 2020-06:** Routine review conducted. Updated CMR dated 3/2020 by Director of Health Education and Cultural and Linguistics. Delegated oversight language added by Chief Health Services Officer. **Revision 2014-07:** Policy reviewed/revised to bring up to date. **Revision 2010-06:** UM Supervisor updated referral contact information. Additional revision or deletions provided by QI Director. Notice of Emergency Rulemaking by DHS-Reporting HIV Infection by Name (12/28/06). Health and Safety Code, Section 120980; KHS and KCHD MOU.

<sup>1</sup> Emergency Rulemaking Title 17, California Code of Regulations. H&S Code 121022 effective April 17, 2006.

<sup>2</sup> DHS Emergency Rulemaking R-06-014E, December 28, 2006.