

TABLE OF CONTENTS

I.	Title	2
II.	Type of Standard	2
III.	Outcome	2
IV.	Personnel	2
V.	Competencies	2
VI.	Procedures	2
A.	Guiding Principles	2
B.	Administrative Functions	3
C.	HIV Testing	7
D.	Partner Services	11
E.	Linkages to Medical Care and Social/Support Services	11
F.	Quality Assurance	12
VII.	Supportive Data	14

Provision of HIV Testing and Linkage Services

I. **Purpose:** To prevent the spread of HIV infection through the following:

- A. The delivery of science-based, culturally-sensitive HIV testing and linkage services.
- B. The provision of linkages and/or referrals to needed prevention and medical and psychosocial services, including behavioral and biomedical interventions.
- C. Successful linkages of HIV-positive clients to partner services (PS), expedited HIV treatment, case management and support services, as appropriate.
- D. Ongoing program evaluation and quality improvement to ensure that testing and linkage services are accessible, readily available and of the highest quality.

Personnel: All persons who provide and/or supervise/coordinate HIV testing and linkage programs.

Competencies: IOP 360-07 "Minimum Standards for HIV Counselors, Trainers and Early Intervention Consultants" outlines prerequisites, training requisites and post-requisites for HIV counselors, 501 trainers and Early Intervention Consultants (EIC). HIV testers must also attend annual HIV/AIDS 501 updates to keep abreast of new information and to sharpen their skills in HIV testing and linkage services.

II. **Procedures:**

A. **Guiding Principles**

1. The primary purpose of testing is to diagnose HIV infection; therefore, every effort should be made to ensure that HIV testing is readily accessible and widely available.
2. HIV screening should be a routine part of health care.
3. HIV testing and linkage services should be provided in a manner that is appropriate for the client's culture, language, gender, sexual orientation and age. Technical jargon or terms should be avoided.
4. All staff of test sites who conduct HIV testing will follow current Centers for Disease Control and Prevention (CDC) guidelines, Florida law and administrative rules, including model protocols for health care and non-health care settings.
5. STD Disease Intervention Specialists (DIS) will follow the CDC's Partner Services (PS) guidelines.
6. When providing HIV testing in county health department (CHD) **health care settings**, staff must provide the opportunity for pre-test counseling and face-to-face post-test counseling. Pre- and post-test counseling are not required in

other health care settings. While informed consent is no longer required, clients must be notified that they will be tested for HIV unless they decline (opt-out). **Notification must include information that a positive HIV test result, along with identifying information, will be reported to the county health department and the availability and location of sites at which anonymous testing is performed.** If a client declines, this must be noted in the client's medical record. Health care setting is defined as any setting devoted to both the diagnosis and care of persons, such as CHD clinics, hospital emergency departments, urgent care clinics, substance abuse treatment clinics, primary care settings, community clinics, mobile medical clinics and correctional health care facilities. Examples of notification include:

- a. Signage in an exam room notifying the patient that HIV testing is performed as a routine part of medical care and they have the right to refuse
 - b. A patient brochure on HIV that explains routine HIV screening is a practice of the facility and that they have the right to refuse
 - c. Information about routine screening in the general medical consent/other consent form and that they have the right to refuse
 - d. Verbally inform the patient that an HIV test will be performed as a routine screening with all other tests and that they have the right to refuse.
7. When providing HIV testing in **non-health care settings**, staff must provide pre-test counseling, face-to-face post-test counseling and obtain informed consent (which must be in writing). Non-health care setting is defined as any site that conducts HIV testing for the sole purpose of identifying HIV infection. These settings do not provide any type of medical treatment and include community-based organizations, outreach settings, CHD HIV testing programs and mobile vans/testing units. For individual testing, CDC no longer supports extensive pre-test and post-test counseling. Instead, HIV testing providers should conduct brief, information-based sessions tailored to their clients.
8. HIV testing and linkage services should be client-centered; that is, services should be focused on the client's concerns and situation. Services should also be culturally competent with respect to race, ethnicity, gender, sexual orientation, age, language, literacy, relationship status and other relevant factors.

B. Administrative Functions

The primary administrative responsibility in an HIV testing program is to ensure the quality of HIV testing and linkage services. This includes the following:

1. Registration/Reregistration of Testing Programs

- a. All CHDs and organizations that conduct or advertise as conducting an HIV testing program must register with the HIV/AIDS Section and receive a site number. Please refer to Chapter 64D-2.006, Florida Administrative Code (FAC), for more information. Non-Florida Department of Health (DOH) test sites are required to pay a processing fee. Fees established shall be an amount sufficient to meet all costs incurred by the DOH in carrying out its registration, data collection, complaint monitoring and administrative responsibilities under section 381.004 (9)(b) *Florida Statutes*, for all private HIV testing sites, but shall not exceed \$100. The one-time registration fee of \$100.00 can only be waived under the stipulations outlined in the Florida Administrative Code.
 - b. HIV testing programs must reregister annually. All registered testing sites have received a *Certificate of Registration* with an expiration date one year from the date of registration. Sites will be sent an application form for reregistration 60 days prior to their expiration date. Sites that fail to reregister with the HIV/AIDS Section by the expiration date are not authorized to continue operating an HIV testing program.
 - c. The role of the physician, as it relates to HIV testing sites, is to ensure the operation of the center and to ensure that the site is adhering to community practice. This includes all medical standards, standard precautions, correct and accurate billing and meeting protocols.
 - d. If the DOH laboratory is used for HIV testing, test sites must use the DOH HIV testing and linkage forms, as specified in the *HIV Counseling, Testing and Linkage Forms Instruction Guide*.
 - e. HIV testing staff as defined in IOP 360-07 "Minimum Standards for HIV Counselors, Trainers and Early Intervention Consultants" must have documentation of approved training in HIV counseling and testing prior to performing HIV testing sessions. Training includes the HIV/AIDS 500 and 501 courses and annual HIV/AIDS 501 updates.
 - f. The CHD must agree to provide the HIV/AIDS 500 and HIV/AIDS 501 courses and annual HIV/AIDS 501 updates to registered test site staff free of charge. The CHD will also provide the applicable forms to the provider free of charge.
2. CHD sites ordering tests electronically through Health Management System (HMS) are still required to complete a DH1628 as usual and submit the form with the specimen to the state lab for processing and data entry. Both the specimen and the DH1628 form sent to the state lab must contain the printed barcode label from Emdeon. CHD sites ordering HIV tests through HMS will print an HMS sticker and place it over the barcode on the DH1628. An HMS sticker will also be placed on the specimen that is sent to the lab. Do not place HMS stickers over the DH1628 barcode for nonreactive rapid

tests. Sites should print as many stickers as needed for the form, specimen, return appointment card and rapid test requirements.

3. Confidential and Anonymous Test Sites

- a. Potential test sites should contact their local Early Intervention Consultant (EIC) or HIV/AIDS Program Coordinator (HAPC) for a new site application packet. The package contains a copy of relevant statutes and administrative rules; the model protocols; a sample Memorandum of Agreement/Memorandum of Understanding (MOA/MOU); and the DH Form 1781 *Application for Registration and Reregistration for HIV Testing Programs*.
- b. Potential test sites must complete the DH 1781 *Application for Registration and Reregistration for HIV Testing Programs* and return it to the HIV/AIDS Section. Non-DOH sites are required to submit the one-time \$100 registration fee along with the application, unless it has been waived.
- c. If DOH is providing support for any portion of HIV testing services, including forms, test supplies and laboratory support to non-DOH test site, a MOA/MOU must be negotiated between the local CHD and the provider. The potential test site must agree to follow all DOH security and client confidentiality policies and procedures. This MOA/MOU must state that the potential provider will follow all applicable statutes, rules, policies and procedures regarding HIV counseling and testing. It will be important for the CHD to include what they require of the site in the agreement, such as not turning clients away because of their inability to pay for testing, participation in quality improvement/technical assistance reviews by CHD and/or HIV/AIDS Section staff, following the appropriate model protocol and following applicable technical assistance guidelines. The EIC will be available to provide technical assistance on the application process.
- d. Upon receipt of the completed DH 1781, a provider site number will be assigned and a certificate issued. The certificate should be posted in a location visible to clients.
- e. Anonymous sites must be approved by the HIV/AIDS Section Administrator.
- f. HIV counselors will meet the minimum requirements, as outlined in IOP 360-07 "Minimum Standards for HIV Counselors, Trainers and Early Intervention Consultants" and complete annual HIV/AIDS 501 Updates. HIV counseling and testing should be included in performance standards of all persons providing these services. Qualified staff should monitor counselors at least annually or as needed and should provide immediate feedback.

IOP 360-09-16

- g. Services are provided in accordance with all applicable laws, administrative rules, guidelines, policies and procedures.
- h. DOH staff should ensure that test sites are supplied with necessary forms and equipment to properly execute HIV prevention counseling, testing and linkage services.
- i. Services are provided in a manner that is appropriate for the client's culture, language, gender, sexual orientation and age. All persons providing HIV prevention counseling, testing and linkage services should receive cultural diversity training.
- j. Barriers to clients' accessing services are assessed, identified and eliminated or reduced on an ongoing basis. To increase accessibility for clients, HIV testing may be integrated with other clinical/program services. Services should be available on an appointment or walk-in basis. Hours of operation should be based on clients' need for services, staffing levels and available resources.
- k. HIV/AIDS printed informational materials and condoms with instructions are readily available at test sites.
- l. Services are provided in a confidential setting.
- m. Every effort is made to ensure that clients who test positive receive their results (for example, given post-test appointment at the time of testing, followed-up with a generic phone call, followed up with a letter, or visited in the field).
- n. Documentation of services is conducted as specified in the *HIV Counseling, Testing and Linkage Forms Instruction Guide*. A sampling of records should be randomly chosen and reviewed annually by qualified staff. Qualified staff may include prevention program staff, EICs, clinic supervisors, HAPCs and others who have been trained in how to review counseling, testing and linkage records.
- o. Records are maintained in a secured area with minimal access.
- p. Appointments for anonymous HIV counseling and testing services are *not* scheduled in a way that will identify the client. An alternative system, such as using a numerical appointment system, should be developed. Pseudonyms should not be used to identify clients in anonymous HIV test settings.
- q. Relationships with medical and social service providers are established and maintained to facilitate successful linkages.
- r. No client is denied services based on inability to pay. Fees can be charged on a sliding scale or flat rate. In the case of an anonymous test,

the client's verbal declaration of their inability to pay will be sufficient. Please refer to Chapter 64D-2.003(6)(d), *FAC*, Chapter 64F-16.006, *FAC* (Sliding Fee Scale), and Chapter 64F-16.007, *FAC* (Waiver of Charges) for more information on fee structure.

C. HIV Testing

1. HIV Risk Assessment: Risk information must be collected for all tests paid for with CDC HIV prevention funding. Risk assessment is an essential element of HIV testing in which the client and counselor work to understand and acknowledge the client's personal risk(s) for HIV. Additional information on HIV risk assessment can be obtained in the HIV/AIDS 501 course and annual update.
 - a. All adult and adolescent clients who are members of communities with high rates of HIV should be screened for HIV at least annually.
 - b. When conducting the risk assessment, it is important to assure the client that all information is confidential under Florida law. All HIV counseling sessions should be conducted one-on-one with the client and behind a closed door. If sessions are conducted in an outreach setting, all precautions should be taken to ensure confidentiality. This could include the counselor and client moving away from other individuals and/or encouraging clients to meet with their counselor in the clinic. Partners, spouses, relatives and others may only be permitted in the room or in the counseling area for translation purposes when no interpreters are available unless the test site is conducting the Couples HIV Counseling and Testing intervention (refer to *Couples HIV Counseling and Testing* manual). With client permission, a third party may be allowed in the room for monitoring.
 - c. Risk assessment allows the counselor and client to identify, acknowledge and understand the specific details of the client's own HIV risks and the context in which risk occurs (refer to the HIV/AIDS 501 manual).
 - 1) Information from the risk assessment should be documented in the client record and on the DH 1628 Laboratory Request Form, as specified in the *HIV Counseling, Testing and Linkage Forms Instruction Guide*.
 - 2) Clients identified as being at risk should be strongly encouraged to accept testing.
 - 3) Because clients' HIV risk may not always be identified by HIV counselors or acknowledged by clients, any client who requests a test should be given one.

IOP 360-09-16

2. HIV Pre-Test Counseling- Pre-test counseling should include the following (refer to the HIV/AIDS 501 manual):
 - a. Purpose of the HIV test, including medical indications
 - b. Possibility of false positive or false negative result
 - c. Possible need for confirmatory testing
 - d. Possible need for retesting
 - e. Availability, benefits and confidentiality of partner notification services
 - f. Need to eliminate high-risk behavior
- a. All pregnant women will be advised of the need to know their HIV status, the risk to unborn children and treatment regimens that are available to reduce the risk of perinatal transmission. Florida law requires that all pregnant women receive opt-out testing for HIV, chlamydia, gonorrhea, syphilis and hepatitis B at her first prenatal medical appointment and again at 28–32 weeks gestation. A *DH 1631 Statement of Objection Form* must be completed when a pregnant woman declines HIV testing.
- b. Information from the pre-test counseling session should be documented in clients' records and on the *DH 1628 Laboratory Request Form*, as specified in the *HIV Counseling, Testing and Linkage Forms Instruction Guide*.
3. Informed Consent (Non-health care settings only)
 - a. No person shall perform an HIV antibody test on an individual without first obtaining the consent of the test subject or his/her legal representative. Limited exceptions to obtaining informed consent can be found in section 381.004 (2) (h), Florida Statutes. When written informed consent is required, the *DH1818 Consent Form* must be used. Specimen collection should only take place after informed consent has been obtained. This will eliminate the possibility of testing clients without consent. See model protocol for non-health care settings.
 - b. Clients who accept testing will complete the appropriate side of the *DH 1818 Consent Form*, as specified in the *HIV Counseling, Testing and Linkage Forms Instruction Guide*. The counselor will assess the client's ability to read the consent form and will assist the client as needed. Reasonable accommodations should be made for those who need them.
 - c. When obtaining informed consent from the client, the counselor should explain the following:
 - (1) The meaning of "confidential" and the client's right to confidential treatment of information identifying the subject of the test and the results of the test to the extent provided by

IOP 360-09-16

law, and that Florida law provides penalties for breaches of confidentiality.

- (2) A positive test result is reported to the local CHD in a way similar to other infection reporting. HIV infection reporting should not be presented in such a way as to deter confidential testing. HIV infection reporting allows DOH staff to offer follow up activities to those who test positive, including post-test counseling for those who do not return for test results, linkages to medical and psychosocial services and voluntary PS.
- (3) A list of anonymous test sites is available at the local CHD or at www.floridaaids.org.

4. HIV Post-Test Counseling Session

Post-test counseling should include the following (refer to the HIV/AIDS 501 manual):

- a. The meaning of the test results
 - b. The possible need for additional testing
 - c. The need to eliminate risk behavior
- a. HIV Negative and Inconclusive Post-Test Session (refer to the HIV/AIDS 501 manual)
 - (1) Discuss the availability of PrEP for persons at high risk for HIV infection.
 - (2) Discuss the need for retesting due to recent possible exposure or if result is inconclusive. Most infected persons will develop detectable HIV antibodies within three months of exposure. Persons with initial inconclusive results should be retested immediately. Persons with continued inconclusive results after one month are highly unlikely to be infected and should be counseled as though they are *not* HIV infected, unless recent exposure is suspected, per the CDC *Revised Counseling, Testing and Referral Guidelines*. A specific return date should be given for all retesting.
 - b. HIV-Positive Post-Test Session (refer to the HIV/AIDS 501 manual)
 - (1) Discuss the importance of initiating immediate antiretroviral therapy (ART). Studies show the sooner treatment is initiated, the better the health outcomes for the infected individual. More importantly, research has shown that the “test and treat” strategy has the potential to lower HIV incidence by reducing community viral load, a population-

IOP 360-09-16

based measure of HIV virus levels in HIV-positive individuals in a local community. People with HIV who start treatment before their immune systems are moderately damaged are 96 percent less likely to transmit the virus to an uninfected partner.

- (2) Post-test counseling for positive test results must also include information on the availability of medical and support services; on the importance of notifying partners that may have been exposed, including spouses from the past 10 years of their potential exposure; and on preventing HIV transmission. Information should also be given on options for eliminating and/or reducing the transmission of HIV infection to the individual and/or partners. Florida law imposes strict penalties upon those who knowingly transmit HIV infection to others (sections 384.24, and section 384.34, Florida Statutes).
- (3) Inform all pregnant women who test positive for HIV of the benefits of ART therapy during pregnancy, where she can go to obtain the medications and that breastfeeding can transmit HIV infection to her baby. In addition, all pregnant women who test positive for HIV antibodies will be referred to the local Targeted Outreach for Pregnant Women Act (TOPWA) program, Healthy Start Coalition or medical case management. HIV testing should be encouraged for the baby's father and any other of the woman's children, as appropriate.
- (4) Discuss/review risk reduction plan, including risk of additional infection exposure and transmission to others. The discussion may include abstinence and/or safer sex practices, not sharing needles, proper cleaning of injection materials and condom use/demonstrations. The client will also be informed of the penalties for criminal transmission of HIV (section 384.34, *Florida Statute*), reasons not to donate blood, blood products, semen, tissues and organs, and the importance of protecting his/her immune system.
- (5) Discuss client's past and present sex and/or needle-sharing partners who may have been exposed to HIV. All HIV-positive clients must be asked if they have, or have had, a spouse at any time within the 10-year period prior to the diagnosis of HIV infection. If so, the client should be informed of the importance of notifying the spouse or former spouse(s) of the potential exposure to HIV. The client must be informed of the availability of confidential PS through the CHD STD program for spouse or former spouse(s) and any sex or needle-sharing partners.

D. Partner Services (PS)

1. Partner Services is one of the most effective HIV prevention strategies and should always be done by trained staff and in accordance with TAG 360-11 "*Field Services for Clients with a Diagnosed Sexually Transmitted Disease (STD), a Positive STD Laboratory Finding or a Known or Suspected Exposure*" and IOP 360-30 "*Partner Services for Persons Infected with a Sexually Transmitted Disease (STD) by a Non-STD Epidemiologist.*"
2. Due to the sensitive nature involved in the identification and location of partners, PS should be performed by a qualified DIS who is trained in these techniques. Pursuant to section 384.26, Florida Statute, only the DOH and its authorized representatives may conduct PS. The CHD STD program is responsible for all PS activities, regardless of where the client was originally tested. Other CHD staff may elicit information regarding partners, but only STD DIS can perform notification of partners. Each test site should establish and maintain a good rapport with their local CHD STD program to facilitate the provision of PS to clients who test positive.
3. If the client indicates he/she will not participate in PS and will not notify his or her spouse or ex-spouse(s), the tester has no authority to notify the spouse, former spouse(s) and/or other sex/needle-sharing partners, with the following exception:

Pursuant to section 456.061, Florida Statute, health care practitioners who are regulated through the Division of Medical Quality Assurance of the DOH have the privilege to notify sex and/or needle-sharing partners of HIV-positive patients under certain circumstances and if done in compliance with the "Partner Notification Protocol for Practitioners." Liability is not attached to either the practitioner's decision to notify partners or not to notify partners.
4. Clients who test positive for HIV anonymously need to be informed of the possibility that they may be named as a contact to a partner who has tested positive for HIV. This may result in a CHD STD program staff offering the original client HIV counseling and testing and other services. The client will be informed that the DIS is acting on information obtained from an infected sex and/or needle-sharing partner. The counselor should assist the original client in determining the appropriate response.

E. Linkages to Medical Care and Social/Support Services

1. HIV-infected clients should immediately be linked to medical care for initiation of ART. Studies have shown that beginning HIV treatment immediately increases the likelihood of maintaining health, enhances longevity and quality of life and reduces the risk of transmission through viral suppression.

2. High-risk HIV-negative clients should be linked to a medical provider for PrEP assessment and initiation.
3. HIV-infected clients will be contacted by CHD DIS for PS.
4. Referral services should be offered to all clients of HIV test sites who are in need of prevention and other supportive services, particularly clients who are HIV infected.
5. Linkages differ from referrals because linkages require providers to take whatever steps are necessary to ensure that the client accesses needed services. This may mean the provider makes a phone call to an agency to make an appointment for the client, a call to the agency to ensure that the appointment was kept and/or a form that is given to a client with the address and phone number of the agency and a specific contact person. The agency can send a copy of the form back to the provider with documentation that services were/are being provided to the client. Clients should be provided with assistance in accessing and completing linkages and completion of linkages should be verified.
6. Other linkage and/or referral needs may include but are not limited to the following:
 - a. TB testing
 - b. Case management
 - c. Substance abuse prevention and treatment programs;
 - d. TOPWA and/or Healthy Start
 - e. Prenatal care
 - f. Domestic violence counseling
 - g. Family planning services;
 - h. Mental health services;
 - i. STD and viral hepatitis screening and treatment; and
 - j. Behavioral interventions

F. Quality Assurance

1. Documentation
 - a. Proper documentation provides evidence that services were offered and/or provided and that the site is in compliance with DOH policies. Appropriate documentation can also minimize the risk of future legal action.
 - b. Services should be documented in client records and on HIV testing forms, as specified in the *HIV Counseling, Testing and Linkage Forms Instruction Guide*.
2. Quality Improvement Reviews

- a. EICs are responsible for conducting quality improvement site visits annually to assess the following (refer to IOP 360-07 “Minimum Standards for HIV Counselors, Trainers and Early Intervention Consultants”):
 - 1) Accessibility of services, including hours of operation, location, availability of supplies and materials such as brochures, posters, forms, condoms, etcetera;
 - 2) Compliance with written policies, procedures, protocols, guidelines, rules, regulations and laws;
 - 3) Cultural, linguistic, gender and age appropriateness of services and materials;
 - 4) Staff performance/proficiency such as competence, skills, training, etcetera; and
 - 5) Record keeping procedures, including confidentiality and security.
- b. Test sites should develop their own written quality assurance protocols and should make them available to all staff providing testing and linkage services. **VII. Supportive Data**
 - A. Section 381.004 Florida Statutes can be found at http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=381.004&URL=0300-0399/0381/Sections/0381.004.html
 - B. Chapter 64D-2.004, Florida Administrative Code can be found at: [https://www.flrules.org/gateway/RuleNo.asp?title=HUMAN%20IMMUNODEFICIENCY%20VIRUS%20\(HIV\)&ID=64D-2.004](https://www.flrules.org/gateway/RuleNo.asp?title=HUMAN%20IMMUNODEFICIENCY%20VIRUS%20(HIV)&ID=64D-2.004)
 - C. The “HIV Counseling and Testing Forms Instruction Guide” can be found at: http://www.floridahealth.gov/diseases-and-conditions/aids/prevention/_documents/Counseling_testing/forms-Guide.pdf
 - D. Minimum Standards for HIV Counselors, Trainers, and Early Intervention Consultants Technical Assistance (IOP 360-07) can be found at the **InsideFLHealth** Sharepoint environment Central Library location.
 - E. The “National HIV/AIDS Strategy for the United States” can be found at: <http://aids.gov/federal-resources/national-hiv-aids-strategy/nhas.pdf>
 - F. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report; Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings; September 22, 2006 / 55(RR14);1-17 can be found at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

- G. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report; Revised Guidelines for HIV Counseling, Testing, and Referral; November 9, 2001 / 50(RR19);1-58 can be found at:
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a1.htm>

- H. Section 384 Florida Statutes can be found at:
http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0300-0399/0384/0384ContentsIndex.html

MESH "CHD Guidebook" DCHP DCCD HIV AIDS testing PrEP nPEP linkage referral "partner services" training "test sites" registration "informed consent" pre-test post-test anonymous confidential 500 501