Program Element # 111: HIV/STD/TB Services

OHA Program Responsible for Program Element:

Public Health Division/Center for Public Health Practice/HIV, STD, and TB Section

Description. Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver foundational HIV/STD/TB public health services in Grantee's service area. Foundational services include the following components:

- **Tuberculosis (TB) Services:** care coordination or provision of care (including Directly Observed Therapy), contact investigation and ongoing case management of cases with TB disease and contacts, data entry and reporting.
- **Human Immunodeficiency Viruses (HIV) Services:** case finding, Partner Services, treatment, prevention, intervention, educational activities, data entry and reporting, and medical follow-up.
- **Sexually Transmitted Disease (STD) Services:** case finding, Partner Services, treatment, prevention, intervention, educational activities, data entry and reporting, and medical follow-up.

HIV, STD, and TB are significant health problems in Oregon, posing a threat to immediate and long-term health and well-being.

This Program Element and all changes to this Program Element are effective the first day of the month noted in the Issue Date of Exhibit C Financial Assistance Award unless otherwise noted in Comments and Footnotes of the Exhibit C of the Financial Assistance Award.

A. Tuberculosis Services

1. Description.

The funds provided for Tuberculosis ("TB") case management (including contact investigation) and B- waiver Follow-Up under the Agreement for this Program Element may only be used as supplemental funds to support Grantee's TB investigation and control efforts and are not intended to be the sole funding for Grantee's TB investigation and control program.

Pulmonary tuberculosis is an infectious disease that is airborne. Treatment for TB disease must be provided by Directly Observed Therapy to ensure the patient is cured and prevent drug resistant TB. Screening and treating Contacts stops disease transmission. Tuberculosis prevention and control is a priority in order to protect the population from communicable disease and is included in the State Health Improvement Plan (SHIP).

2. Definitions Specific to Tuberculosis Services

a. **Active TB Disease:** TB disease in an individual whose immune system has failed to control his or her TB infection and who has become ill with Active TB Disease, as determined in accordance with the Centers for Disease

Control and Prevention's (CDC) laboratory or clinical criteria for Active TB Disease and based on a diagnostic evaluation of the individual.

b. **Appropriate Therapy:** Current TB treatment regimens recommended by the CDC, the American Thoracic Society, the Academy of Pediatrics, and the Infectious Diseases Society of America.

c. **Associated Cases:** Additional Cases of TB disease discovered while performing a Contact investigation.

d. **B-Waiver Immigrant:** Immigrant or refugee screened for TB prior to entry to the U.S. and found to have Active TB Disease or LTBI, or an abnormal chest x-ray finding suggestive of TB with negative sputum smears and culture results.

e. **B-Waiver Follow-Up:** B-Waiver Follow-Up includes initial attempts by the Grantee to locate the B-Waiver Immigrant. If located, Grantee proceeds to coordinate or provide TB Medical Evaluation and treatment as needed. Updates on status are submitted regularly by Grantee using Electronic Disease Network (EDN) or the follow-up worksheet.

f. **Case:** A Case is an individual, as defined in OAT 333-0017-0000 who has been diagnosed by a health care provider as having a reportable disease, infection, or condition, as described in OAR 333-018-0015, or whose illness meets defining criteria published in OHA's Investigative Guidelines.

g. **Cohort Review:** A systematic review of the management of patients with TB disease and their Contacts. The "cohort" is a group of TB Cases counted (confirmed as Cases) over 3 months. The Cases are reviewed 6-9 months after being counted to ensure they have completed treatment or are nearing the end. Details of the management and outcomes of TB Cases are reviewed in a group with the information presented by the case manager.

h. **Contact:** An individual who was significantly exposed to an infectious Case of Active TB Disease.

i. **Directly Observed Therapy (DOT):** Grantee staff (or other person appropriately designated by the Grantee) observes an individual with TB disease swallowing each dose of TB medication to assure adequate treatment and prevent the development of drug resistant TB. DOT may be completed in person or by video (VDOT, eDOT) or other technology deemed appropriate by OHA.

j. **Evaluated (in context of Contact investigation):** A Contact received a complete TB symptom review and tests as described in Medical Evaluation, below, or in the OHA Tuberculosis Investigative Guidelines.

k. **Interjurisdictional Transfer**: A Suspected Case, TB Case or Contact transferred for follow-up evaluation and care from another jurisdiction either within or outside of Oregon.

l. **Investigative Guidelines:** OHA guidelines, which are incorporated herein by this reference are available for review at: http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/Tuberculosis/Documents/investigativeguide.pdf.

m. **Latent TB Infection (LTBI):** TB infection in a person whose immune system is keeping the TB infection under control. LTBI is also referred to as TB in a dormant stage.

n. **Medical Evaluation:** A complete medical examination of an individual for TB including a medical history, physical examination, TB skin test or interferon gamma release assay, chest x- ray, and any appropriate molecular, bacteriologic, histologic examinations.

o. **Suspected Case:** A Suspected Case, as defined in OAR 333-017-0000, is an individual whose illness is thought by a health care provider to be likely due to a reportable disease, infection, or condition, as described in OAR 333-018-0015, or whose illness meets defining criteria published in OHA's Investigative Guidelines. This suspicion may be based on signs, symptoms, or laboratory findings.

p. **TB Case Management Services:** Dynamic and systematic management of a Case of TB where a person, known as a TB Case manager, is assigned responsibility for the management of an individual TB Case to ensure completion of treatment. TB Case Management Services requires a collaborative approach to providing and coordinating health care services for the individual. The Case manager is responsible for ensuring adequate TB treatment, coordinating care as needed, providing patient education and counseling, performing Contact investigations and following infected Contacts through completion of treatment, identifying barriers to care and implementing strategies to remove those barriers.

3. **Alignment with Modernization Foundational Programs and Foundational Capabilities.** The activities and services that the Grantee has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see Public Health Modernization Manual at: (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components	Foundational Program	Foundational Capabilities

	CD Control	Prevention and health promotion	Environmental health	Access to clinical preventive		Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
				Population Health	Direct							
Asterisk (*) = Primary foundational program that aligns with each component *X = Other applicable foundational programs*						*X = Foundational capabilities that align with each component*						
TB Case Management Services	*					X	X		X			
TB Contact Investigation and .13	*						X		X			
Participation in TB Cohort Review	*						X					
Evaluation of B-Waiver Immigrants	*						X		X			

b. **The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metrics, Health Outcome Indicators:**

Not applicable

c. **The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metrics, LPHA Process Measures:**

Not applicable

4. **Procedural and Operational Requirements.**, By accepting fee-for-service (FFS) funds to provide TB case management or B-Waiver Follow-up, Grantee agrees to conduct activities in accordance with the following requirements:

a. Grantee must include the following minimum TB services in its TB investigation and control program if that program is supported in whole or in part with funds provided under this Agreement: TB Case Management Services, as defined above and further described below and in OHA's Investigative Guidelines.

b. Grantee will receive $3500 for each new case of Active TB Disease counted in Oregon and documented in Orpheus for which the Grantee provides TB Case Management Services. Grantee will receive $300 for each new B-Waiver

Follow-Up.

c. **TB Case Management Services.** Grantee's TB Case Management Services must include the following minimum components:

(1) Grantee must investigate and monitor treatment for each Case and Suspected Case of Active TB Disease identified by or reported to Grantee whose residence is in Grantee's jurisdiction, to confirm the diagnosis of TB and ensure completion of adequate therapy.

(2) Grantee must require individuals who reside in Grantee's jurisdiction and who Grantee suspects of having Active TB Disease, to receive appropriate Medical Evaluations and laboratory testing to confirm the diagnosis of TB and response to therapy, through the completion of treatment. Grantee must assist in arranging the laboratory testing and Medical Evaluation, as necessary.

(3) Grantee must provide medication for the treatment of TB disease to all individuals who reside in Grantee's jurisdiction and who have TB disease but who do not have the means to purchase TB medications or for whom obtaining or using identified means is a barrier to TB treatment compliance. Grantee must monitor, at least monthly and in person, individuals receiving medication(s) for adherence to treatment guidelines, medication side effects, and clinical response to treatment.

(4) DOT (including VDOT or eDOT) is the standard of care for the treatment of TB disease. Cases of TB disease should be treated via DOT. If DOT is not utilized, OHA's TB Program must be consulted.

(5) OHA's TB Program must be consulted by Grantee prior to initiation of any TB treatment regimen which is not recommended by the most current CDC, American Thoracic Society and Infectious Diseases Society of America TB treatment guideline.

(6) Grantee may assist the patient in completion of treatment for TB by utilizing the below methods. Methods to ensure adherence should be documented.

(a) Proposed interventions for assisting the individual to overcome obstacles to treatment adherence (e.g. assistance with transportation).

(b) Proposed use of incentives and enablers to encourage the individual's compliance with the treatment plan.

(7) With respect to each Case of TB within Grantee's jurisdiction that is identified by or reported to Grantee, Grantee must perform a Contact investigation to identify Contacts, Associated Cases and source of infection. The Grantee must evaluate all located Contacts

or confirm that all located Contacts were advised of their risk for TB infection and disease.

(8) Grantee must offer or advise each located Contact identified with TB infection or disease, or confirm that all located Contacts were offered or advised, to take Appropriate Therapy and must monitor each Contact who starts treatment through the completion of treatment (or discontinuation of treatment).

d. If Grantee receives in-kind resources under this Agreement in the form of medications for treating TB, Grantee must use those medications to treat individuals for TB. In the event of a non-TB related emergency (i.e. meningococcal contacts), with notification to TB Program, the Grantee may use these medications to address the emergent situation.

e. Grantee must present TB Cases through participation in the quarterly Cohort Review. If the Grantee is unable to present the Case at the designated time, other arrangements must be made in collaboration with OHA.

f. Grantee must accept B-Waiver Immigrants and Interjurisdictional Transfers for evaluation and follow-up, as appropriate for Grantee's capabilities.

g. If Grantee contracts with another person to provide the services required under this Program Element, the in-kind resources in the form of medications received by Grantee from OHA must be provided, free of charge, to the contractor for the purposes set out in this Program Element and the contractor must comply with all requirements related to such medications unless OHA informs Grantee in writing that the medications cannot be provided to the contractor. The Grantee must document the medications provided to a contractor under this Program Element.

5. Invoicing Requirements

a. Grantee invoices for work associated with conducting a case/contact investigation must be submitted on an OHA-approved template on a quarterly basis. Submit invoice to:

TB Program, OHA
800 NE Oregon St. #1105
Portland, OR 97232
Phone: (503) 358-8516 Fax: (971) 673-0178
E-mail: TBSTD.Faxes@odhsoha.oregon.gov

b. OHA will reimburse Grantee at the following rates:

(1) $3500 per case of TB disease, as defined by the CDC.

(2) $300 per B-Waiver Immigrant referred by the OHA TB Program.

c. Grantee may invoice OHA's TB program for chest x-rays, quantiferon, and

TSPOT when required for the Medical Evaluation of a TB Case, Contact or B Waiver. Grantee invoices for these medical services must be submitted on an OHA-approved template on **a quarterly basis. Submit invoice to:**

TB Program, OHA
800 NE Oregon St. #1105
Portland, OR 97232
Phone: (503) 358-8516 Fax: (971) 673-0178
E-mail: TBSTD.Faxes@odhsoha.oregon.gov

6. **Reporting Requirements.** Grantee must prepare and submit the following reports to OHA:

   a. Grantee must notify OHA's TB Program of each Case or Suspected Case of Active TB Disease identified by or reported to Grantee no later than 5 business days within receipt of the report (OR – within 5 business days of the initial case report), in accordance with the standards established pursuant to OAR 333-018-0020. In addition, Grantee must, within 5 business days of a status change of a Suspected Case of TB disease previously reported to OHA, notify OHA of the change. A change in status occurs when a Suspected Case is either confirmed to have TB disease or determined not to have TB disease. Grantee must utilize OHA's ORPHEUS TB case module for this purpose using the case reporting instructions located at https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/TUBERCULOSIS/Pages/tools.aspx. After a Case of TB disease has concluded treatment, case completion information must be entered into the ORPHEUS TB case module within 5 business days of conclusion of treatment.

   b. Grantee must submit data regarding Contact investigations via ORPHEUS or other mechanism deemed acceptable by OHA. Contact investigations are not required for strictly extrapulmonary cases. Grantees will consult with local medical support as needed.

   c. **Review Requirements:** Grantee must submit semi-annual narrative reports including accomplishments, challenges, priorities for the next six months, and support needed from OHA.

7. **Performance Measures.** If Grantee uses funds provided under this Agreement to support its TB investigation and control program, Grantee must operate its program in a manner designed to achieve the following national TB performance goals:

   a. For patients with newly diagnosed TB disease for whom 12 months or less of treatment is indicated, **95.0% will complete treatment within 12 months**.

   b. For TB patients with positive acid-fast bacillus (AFB) sputum-smear results, **100.0% (of patients) will be interviewed to elicit Contacts.**

   c. For Contacts of sputum AFB smear-positive TB Cases, **94.0% will be**

evaluated for infection and disease.

d. For Contacts of sputum AFB smear-positive TB Cases with newly diagnosed LTBI, **92.0% will start treatment.**

e. For Contacts of sputum AFB smear-positive TB Cases that have started treatment for newly diagnosed LTBI, **93.0% will complete treatment**.

f. For TB Cases in patients ages 12 years or older with a pleural or respiratory site of disease, **99% will have a sputum culture result reported.**

B. HIV Prevention Services

1. **Description.** Funds provided for HIV Preventions Services under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver HIV Prevention Services.

   Currently in Oregon there are 220-240 new HIV diagnoses per year. People who know they have HIV can start life-saving treatment, protecting their health and reducing the risk of passing HIV on to others. There are a variety of prevention tools known to avert HIV transmission, including PrEP (pre-exposure prophylaxis), a daily pill to prevent infection. For people newly diagnosed with HIV, taking a prescribed daily treatment and maintaining an undetectable viral load not only helps maximize health and quality of life, but also eliminates sexual transmission of the virus. The earlier new infections are detected and treated, and viral suppression obtained, the closer Oregon is to its goal of zero new HIV infections within five years.

2. **Definitions Specific to HIV Prevention Services.**

   a. **Anonymous HIV Test:** The circumstances by which an individual client's name and contact information is not disclosed at the time of an HIV test.

   b. **At-Home HIV Test:** Method of testing for HIV in which an individual self-administers a rapid HIV test. Results of the test are known only to the individual and require follow-up with a medical professional in the event of a positive or indeterminate result.

   c. **Confidential HIV Test:** The circumstance by which an individual client's name and contact information is disclosed at the time of the HIV test but that information and the test results are protected from disclosure other than for those purposes identified in OAR 333-022-0210.

   d. **HIV Outbreak:** The occurrence of an increase in cases of HIV in excess of what would normally be expected in a defined community, geographical area or season, and, by mutual agreement of the Grantee and OHA, exceeds the expected routine capacity of the Grantee to address.

   e. **HIV Screening:** Implementation of a HIV Testing Strategy.

   f. **HIV Testing Strategy:** The approach an entity uses to define a population

who will be tested.

a. **Partner Services:** A systematic approach to notifying sex and needle-sharing partners of HIV-positive persons of their possible exposure to HIV so they can be offered HIV testing and learn their status, or, if already HIV-positive, prevent transmission to others.

b. **PrEP:** Pre-exposure prophylaxis is a medication that when used as prescribed, can greatly reduce the risk of acquiring HIV.

c. **Program Review Panel:** A panel comprised of community members and established in accordance with CDC guidelines which reviews and approves for appropriateness the HIV prevention informational materials that are distributed in the counties in which Grantee provides HIV prevention services.

3. **Alignment with Modernization Foundational Programs and Foundational Capabilities.** The activities and services that the Grantee has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see Oregon's Public Health Modernization Manual at: http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf

a. **Foundational Programs and Capabilities (As specified in Public Health Modernization** Manual)

Program Components	Foundational Program					Foundational Capabilities						
	CD Control	Prevention and Health Promotion	Environmental Health	Access to Clinical Preventive Population Health	Access to Clinical Preventive Direct	Leadership and Organizational	Health Equity and Cultural Responsiveness	Community Partnership Development	Assessment and	Policy and Planning	Communications	Emergency Preparedness and Response
Asterisk (*) = Primary foundational program that aligns with each component *X = Other applicable foundational programs*						*X = Foundational capabilities that align with each component*						
HIV Testing	X				*	X	X	X	X			
Prevention with Positives/Linkages to Care	X				*				X			
Condom Distribution	*	X						X				

b. **The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metrics, Health Outcome Indicators:**

Not applicable.

c. **The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metrics, LPHA Process Measures:**

Not applicable.

4. **Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, Grantee agrees to conduct activities in accordance with the following requirements:

a. **HIV Prevention Services.**

Grantee's HIV Prevention Program must include the following minimum components:

(1) Identify persons with HIV or HIV-negative persons at risk for HIV infection as follows:

(a) Provide rapid HIV testing for individuals at risk, including those individuals who request HIV Screening, in clinical and non-clinical settings following guidance outlined in "Centers for Disease Control and Prevention Implementing HIV Testing in Nonclinical Settings: A Guide for HIV Testing Providers" which can be found at: https://www.cdc.gov/hivpartners/media/pdfs/2024/11/CDC_HIV_Implementing_HIV_Testing_in_Nonclinical_Settings.pdf

(b) Provide HIV testing (either rapid or conventional) for individuals presenting with a bacterial STI, particularly, rectal gonorrhea and/or syphilis. For those individuals presenting for HIV testing, offer other Sexually Transmitted Infection (STI) testing.

(c) Offer confirmatory testing via a laboratory or by a second rapid HIV test from a different manufacturer than the first rapid HIV test for individuals with positive rapid HIV test results.

(d) Provide referral for medical and supportive services and ensure linkage to these services for individuals who are HIV positive.

(e) Use an OHA approved HIV Test Request Form for each testing event funded in whole, or part, by the HIV Prevention Program. The form can be found at: https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/HIVST

DVIRALHEPATITIS/HIVPREVENTION/Documents/hivtestprocess/HIVPreventionTestForm_HPP.pdf

(f) Use a Confidential HIV Test for complete data collection. No HIV test funded in whole, or part, by the HIV Prevention Program, can be an Anonymous HIV Test (with the exception of an At-Home HIV Test as provided in (g) below).

(g) With prior approval from OHA, provide At-Home HIV Test kits to persons at risk for HIV infection whose status is unknown.

(h) Have a Certificate of Waiver from the Clinical Laboratory Improvement Amendments (CLIA) program if offering a rapid HIV test.

(2) Ensure that all staff who provide rapid HIV tests are trained and certified to do so as defined by the product-specific guidelines identified by the manufacturer of the rapid HIV test in use. Staff are also required to complete HIV Prevention Essentials:https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/HIVSTDVIRALHEPATITIS/HIVPREVENTION/zHIV%20prevention%20Essentials%20052521/index.html

(3) Provide comprehensive HIV-related prevention services for person living with diagnosed HIV infection as follows:

(a) Provide Partner Services for those with newly diagnosed HIV infection and those previously diagnosed with HIV infection, and their partners.

(b) Provide linkage to medical care, treatment, and prevention services for People Living with HIV (PLWH).

(c) Link persons with newly diagnosed HIV infection to medical care within 30 days of diagnosis.

(d) Support retention in medical care, treatment, and prevention services for PLWH.

(e) Follow up with HIV-positive individuals identified as being out of care by HIV surveillance to determine current residence and link to HIV medical care and other supportive services as needed (i.e. Not in Care activities).

(f) Work in conjunction with OHA staff to respond to and intervene in HIV transmission clusters and HIV Outbreaks as necessary.

(4) Provide comprehensive HIV-related prevention services for HIV-negative persons at risk for HIV infection as follows:

(a) Increase awareness of and expand access to PrEP, including medication adherence.

(b) Promote consumer knowledge, access, and use of PrEP, including referrals into or the provision of PrEP navigation services.

(5) Identify community/individual candidates for PrEP services using HIV surveillance, testing, and other data (refer to US Public Health Service Preexposure Prophylaxis for the Prevention of HIV Infection in the United States –2021 Update Clinical Practice Guideline available at: https://stacks.cdc.gov/view/cdc/112360_and the Clinical Providers Supplement available at https://stacks.cdc.gov/view/cdc/112359

(6) Conduct community-level HIV prevention activities as follows:

(a) Distribute condoms to populations engaging in high-risk behaviors and provide referrals to the free mail-order condom service funded by OHA (https://www.onecondoms.com/pages/oregon).

(b) Distribute and have available culturally and language appropriate HIV information for community members in the local jurisdiction; this may include, but not be limited to, written materials, social media, public information, and meeting presentations. : https://www.cdc.gov/hiv/pdf/funding/announcements/ps12-1201/cdc-hiv-ps12-1201-content-review-guidance.pdfN

(c) Support and promote the use of media technology (e.g. internet, texting, web applications) for HIV prevention messaging to targeted populations and communities.

(d) Encourage community mobilization to create enabling environments that support HIV prevention by actively involving community members in efforts to raise HIV awareness, building support for and involvement in HIV prevention efforts, motivating individuals to work to end HIV stigma and encouraging HIV risk reduction.

(e) Create a specific engagement plan for communities of color which includes anti-stigma approaches and activities for populations which are in alignment with the Epidemiologic Overview in the End HIV/STI Oregon Five Year Strategy" https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/HIVSTDVIRALHEPATITIS/IPG/Documents/Oregon_Strategy_2022-2026.pdf

(7) **Confidentiality**. In addition to the requirements set forth in Section 12 of Exhibit F, General Terms and Conditions, of this Agreement and above in this Program Element, all providers of HIV Prevention Services supported in whole or in part with funds provided under this

Agreement must comply with the following confidentiality requirements:

(a) Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action. Atlanta (GA): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2011. https://www.cdc.gov/sti/media/pdfs/PCSIDataSecurityGuidelines.pdf

(b) All HIV testing data must be entered utilizing one of the following processes, as agreed upon by Grantee and OHA:

i. Directly by providers into Evaluation Web, the CDC's database system for HIV testing. Evaluation Web is accessed using two-factor authentication through the CDC Secure Access Management System (SAMS). Providers needing access to SAMS for data entry into Evaluation Web must first request access through OHA.

ii. Submitted for data entry to designated OHA staff via spreadsheet.

(c) Providers of HIV Prevention Services must establish and comply with a written policy and procedure regarding a breach of the confidentiality requirements of this Program Element. Such policy must describe the consequences to the employee, volunteer, or Subcontractor staff for a verified breach of the confidentiality requirements of this Program Element Description.

(d) Each provider of HIV Prevention Services must report to the OHA the nature of confirmed breaches by its staff, including volunteers and Subcontractors, of the confidentiality requirements of this Program Element Description within 14 days from the date of evaluation by the provider.

5. Invoicing Requirements

Grantee must submit invoices for work associated with conducting a case/contact investigation on an OHA-approved template on a quarterly basis to:

Jenya Gluzberg, STD Prevention Specialist
Phone: 971-348-6659
Email: Jenya.gluzberg@oha.oregon.gov

OHA will reimburse Grantee at the following rates:

HIV - $2,500 per case

6. **General Revenue and Expense Reporting.**

Not applicable.

7. **Program Reporting Requirements.** Grantee must submit the following reports and information to OHA:

Grantee must enter into the relevant database(s) all demographic, service and clinical data fields within 30 days of the date of service. If Grantee has subcontractor(s), Grantee must require subcontractor(s) enters into the relevant database(s) all demographic, service and clinical data fields within 30 days of the date of service If these reporting timelines are not met, OHA HIV Prevention Program staff will work with the Grantee and Subcontractor to establish and implement a corrective action plan.

Grantee must submit semi-annual narrative reports including accomplishments, challenges, priorities for the next six months, and support needed from OHA.

8. **Performance Measures.**

Not Applicable

C. **Sexually Transmitted Diseases (STD) Client Services**

1. **Description.** Funds provided for STD Client Services under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver Sexually Transmitted Diseases (STD) Client Services.

Grantee's STD Client Services may include, but are not limited to, Case finding, Partner Services (i.e., contact tracing), clinical and laboratory services, and education and outreach activities. The funds provided for STD Client Services may only be used as supplemental funds to support Grantee's STD investigations and control efforts and are not intended to be the sole funding for Grantee's STD Client Services program.

STDs are a significant health problem in Oregon, with over 22,000 new Cases reported every year. STDs pose a threat to immediate and long-term health and well-being. In addition to increasing a person's risk for acquiring and transmitting HIV infection, STDs can lead to severe reproductive health complications, including poor pregnancy outcomes. Protecting the population from communicable disease by reducing rates of gonorrhea and early syphilis is a public health priority and is included in Healthier Together Oregon, the State Health Improvement Plan.

2. **Definitions Specific to Sexually Transmitted Diseases (STD) Client Services.**

a. **Case:** An individual who has been diagnosed by a health care provider, as defined in OAR 333-017-0000, as having a reportable disease, infection, or condition, as described in OAR 333-018-0015, or whose illness meets defining criteria published in OHA's Investigative Guidelines.

b. **Case Investigation:** A process that includes identifying Cases, conducting a Case interview, collecting and reporting Core Variables, and providing Partner Services.

c. **Contact:** Sexual partner of STD Case.

d. **Core Variables:** Variables required by OHA and the CDC cooperative agreement PS19-1901 Strengthening STD Prevention and Control for Health Departments (STD PCHD) that are essential for counting and/or investigating reported Cases accurately and for describing trends in reported Cases in key populations at the local and state level.

e. **Disease Intervention Specialist:** Job title used to identify staff person(s) trained to deliver HIV/STD Partner Services.

f. **In-Kind Resources:** Tangible goods or supplies having a monetary value that is determined by OHA. Examples of such In-Kind Resources include goods such as condoms, lubricant packages, pamphlets, and antibiotics for treating STDs. If the Grantee receives In-Kind Resources under this Agreement in the form of medications for treating STDs, Grantee must use those medications to treat individuals for STDs as outlined in Section 4.a.(4) of this Program Element. In the event of a non-STD related emergency, with notification to the OHA STD program, the Grantee may use these medications to address the emergent situation. If the Grantee self-certifies as a 340B STD clinic site and receives reimbursement for 340B medications from OHA, they shall ensure these medications are used in accordance with the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs regulations regarding "340B Drug Pricing Program."

g. **Investigative Guidelines:** OHA reportable disease guidelines, which are incorporated herein by this reference.

h. **Partner Services:** Partner Services refers to a continuum of clinical evaluation, counseling, diagnostic testing, and treatment designed to increase the number of persons diagnosed with HIV, syphilis, gonorrhea, and chlamydia brought to treatment and reduce transmission among sexual networks. Partner Services includes conducting Case interviews to identify sex and needle-sharing partners, offering to conduct partner notification, providing STD/HIV testing (or referrals) to all contacts, and referring Cases and Contacts to HIV PrEP and additional medical/social services, including treatment.

i. **Priority Gonorrhea Cases:** Gonorrhea Cases requiring Case Investigation, defined as Cases among pregnant or pregnancy-capable individuals, Cases among individuals co-infected with HIV; and rectal gonorrhea Cases.

j. **Priority Syphilis Cases:** Syphilis Cases requiring Case Investigation, defined as Cases staged as primary, secondary, and early non-primary non-secondary syphilis and Cases of any syphilis stage among pregnant or

pregnancy-capable individuals. Pregnant individuals that don't meet the Case definition may require treatment verification. Refer to the OHA Syphilis Investigative Guidelines.

k. **Reportable STDs:** A Reportable STD refers to diagnosed or suspected Cases of Chancroid, Chlamydia, Gonorrhea, and Syphilis, as further described in Division 18 of OAR Chapter 333, and HIV, as further described in ORS Chapter 433.

l. **STD Outbreak:** The occurrence of an increase in Cases of previously targeted priority disease type in excess of what would normally be expected in a defined community, geographical area or season, and, by mutual agreement of the Grantee and OHA, exceeds the expected routine capacity of the Grantee to address.

m. **Technical Assistance:** Services of OHA HIV/STD Prevention staff to support the Grantee's delivery of STD Client Services, which include providing training and support during STD Case Investigations and STD Outbreak response.

3. **Alignment with Modernization Foundational Programs and Foundational Capabilities.** The activities and services that the Grantee has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see Oregon's Public Health Modernization Manual at: http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf:

a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components	Foundational Program					Foundational Capabilities								
	CD Control	Prevention and healthpromotion	Environmental health	Access to clinical preventi		Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning		Communications	Emergency Preparedness andResponse	
				Populati onHealth	Direct services									
Asterisk (*) = Primary foundational program that alignswith each component *X = Other applicable foundational programs*						*X = Foundational capabilities that align with eachcomponent*								

Epidemiological investigations that report, monitor and control Sexually Transmitted Diseases and HIV.	*						X		X			
STD Client Services (screening, testing, treatment, prevention).	*				X		X		X			
Condom and lubricant distribution.	*						X	X				

b. **The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metrics, Health Outcome Indicators:**

- Rate of congenital syphilis
- Rate of syphilis (all stages) among people who can become pregnant
- Rate of primary and secondary syphilis

c. **The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metrics, LPHA Process Measures:**

- Percent of congenital syphilis cases averted
- Percent of cases interviewed
- Percent completion of CDC core variables
- Percent of early cases treated with appropriate regimen within 14 days

4. **Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, Grantee agrees to conduct activities in accordance with the following requirements:

a. **Under Sexually Transmitted Diseases Client Services (PE 110), Grantee agrees to conduct the following activities, which are not dollar amount funded items:**

(1) Acknowledge and agree that the Grantee bears the primary responsibility, as described in Divisions 17, 18, and 19, of Oregon Administrative Rules (OAR) Chapter 333, for identifying potential STD Outbreaks within Grantee's service area, for preventing the incidence of STDs within Grantee's service area, and for reporting in a timely manner the incidence of Reportable STDs within Grantee's service area (as described below in Section 6, Reporting Requirements). Grantee must fulfill the following minimum Case Investigation expectations described below:

(a) HIV: Case Investigation should be completed for each HIV Case assigned to the Grantee by the OHA HIV Surveillance Program.

(b) Syphilis: At minimum, Case Investigations must be completed for all Priority Syphilis Cases as defined below. Other syphilis Cases must be investigated if there is staffing capacity or there are no Priority Syphilis Cases. OHA may require Grantee to investigate other syphilis Cases if necessitated by local epidemiology, an STD Outbreak response, or other considerations. Grantee may also independently require Case Investigation for other syphilis Cases. Priority Syphilis Cases include:

i. All primary, secondary, and early non-primary non-secondary syphilis Cases regardless of sex/gender or age.

ii. All Cases among pregnant or pregnancy-capable individuals regardless of stage. Pregnant individuals that don't meet the Case definition may require treatment verification. Refer to the OHA Syphilis Investigative Guidelines.

(c) Gonorrhea: At minimum, Case Investigations must be completed for all Priority Gonorrhea Cases as defined below. Other gonorrhea Cases must be investigated if there is staffing capacity or there are no Priority Gonorrhea Cases. OHA may require Grantee to investigate other gonorrhea Cases if necessitated by local epidemiology, an STD Outbreak response, or other considerations. Grantee may also independently require Case Investigation for other gonorrhea Cases. Priority Gonorrhea Cases include:

i. All rectal gonorrhea Cases.

ii. All Cases among pregnant or pregnancy-capable individuals.

iii. All Cases among individuals co-infected with HIV.

(d) Chlamydia: Case Investigation for chlamydia Cases is not expected and may be pursued at the discretion of the Grantee.

(2) Provide or refer client for STD Client Services in response to an individual seeking such services from Grantee. STD Client Services consist of screening individuals for Reportable STDs and treating Cases and their Contacts.

(3) Provide STD Client Services including Case finding, treatment (not applicable for HIV) and prevention activities, to the extent that local

resources permit, related to HIV, syphilis, gonorrhea, and chlamydia in accordance with:

(a) Oregon Administrative Rules (OAR), Chapter 333, Divisions 17, 18, and 19;

(b) "OHA Investigative Guidelines for Notifiable Diseases" which can be found at: http://bit.ly/OR-IG;

(c) Oregon Revised Statutes (ORS), Chapters 431 & 433; and

(d) Current "Centers for Disease Control and Prevention Sexually Transmitted Infections Treatment Guidelines," which can be found at: https://www.cdc.gov/sti/hcp/clinical-guidance/ .

(4) OHA may provide, pursuant to this Agreement, In-Kind Resources or Technical Assistance to assist Grantee in delivering STD Client Services. If Grantee receives In- Kind Resources under this Agreement in the form of medications for treating STDs, Grantee may use those medications to treat Cases or Contacts, subject to the following requirements:

Grantee must:

(a) Provide medications at no cost to the individuals receiving treatment.

(b) Perform a monthly medication inventory and maintain a medication log of all medications supplied to Grantee under this Agreement. Specifically, Grantee must log-in and log-out each dose dispensed.

(c) Log and document appropriate disposal of medications supplied to Grantee under this Agreement which have expired and thereby, prevent their use.

(d) If the Grantee self certifies as a 340B STD clinic site and receives reimbursement for 340B medications from OHA, they must only use "340B medications" to treat individuals for STDs in accordance with the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs regulations regarding the 340B Drug Pricing Program.

(e) Any 340B costs savings or program income realized as a result of this funding must be utilized in a manner consistent with the goals of the program in which it was authorized under. Therefore, any cost saving as a result of STD funding must be used to increase, enhance and support STD screening and treatment services.

(f) If Grantee Subcontracts with another person to provide STD

Client Services required under this Program Element, the In-Kind Resources in the form of medications received by Grantee from OHA must be provided, free of charge, to the Subcontractor for the purposes set out in this section and the Grantee must require the Subcontractor to comply with all requirements related to such medications unless OHA informs Grantee in writing that the medications cannot be provided to the Subcontractor. The Grantee must document the medications provided to a Subcontractor under this section.

(g) If Grantee receives In-Kind Resources for STD Client Services under this Program Element in the form of condoms and lubricant, Grantee must distribute those supplies at no cost to individuals infected with an STD and to other individuals who are at risk for STDs. Grantee may not, under any circumstances, sell condoms supplied to Grantee under this Agreement. Grantee shall store condoms in a cool, dry place to prevent damage and shall check expiration date of condoms at least once annually.

(5) OHA will, pending the availability of funds, provide the following items to the Grantee in-kind: STD medications, gift card incentives, condoms, lubricant, rapid HIV test kits, rapid syphilis test kits, and coverage of certain lab fees through the Oregon State Public Health Laboratory.

5. **Invoicing Requirements.**

Grantee must submit invoices for work associated with conducting a Case/Contact investigation on an OHA-approved template on a quarterly basis to:

Jenya Gluzberg, STD Prevention Specialist
Phone: 971-348-6659
Email: Jenya.gluzberg@oha.oregon.gov

OHA will reimburse Grantee at the following rates:

a. Chlamydia - $750 per case

b. Gonorrhea - $1,500 per case

c. Syphilis - $2,500 per case

6. **General Revenue and Expense Reporting.**

Not applicable.

7. **Program Reporting Requirements.**

a. Grantee must review laboratory and health care provider Case reports by the end of the calendar week in which initial laboratory or physician report is made in accordance with the standards established pursuant to OAR 333-

018-0020. All Cases shall be reported to the OHA HIV/ STD/TB (HST) Program via Orpheus.

b. Grantee must collect and report the Core Variables as outlined in Attachment 1"Required Core Variables" to this Program Element, incorporated herein with this reference. Required Core Variables are subject to change. Core Variables below that are not required for chlamydia Cases and non-Priority Gonorrhea/Syphilis Cases may be collected at the discretion of the Grantee based on local policy and capacity.

c. Grantee must submit semi-annual narrative reports including accomplishments, challenges, priorities for the next six months, and support needed from OHA.

8. Performance Measures.

Grantee must operate its program in a manner designed to achieve the following STD performance goals:

a. Performance Goals:

(1) Treatment with CDC-recommended gonorrhea regimen documented within 14 days of Grantee notification.

(2) Pregnancy status documented within 14 days of Grantee notification in 100% of all female syphilis Cases under age 45.

(3) Treatment of early syphilis with penicillin G benzathine (Bicillin) documented within 14 days of Grantee notification.

(4) Congenital syphilis electronic report form should be completed within 45 days of birth.

(5) Contacts should be tested/treated within 30 days before or after the index patient's testing date.

Attachment 1
Required Core
Variables

STD Core Variables	Chlamydia and Gonorrhea Cases—All	Priority Gonorrhea Cases:	Syphilis Cases—All	Priority Syphilis Cases
Age*	ü	ü	ü	ü
Sex*	ü	ü	ü	ü
County*	ü	ü	ü	ü
Specimen collection date*	ü	ü	ü	ü
Diagnosing facility type	ü	ü	ü	ü
Anatomic site of infection*	ü	ü		
Race/ethnicity		ü		ü
Gender identity		ü		ü
Sexual orientation		ü		ü
Sex of sex partners		ü		ü
Pregnancy status		ü	ü	ü
HIV status		ü		ü
Treatment/Date of treatment		ü	ü	ü
Clinical signs/symptoms				ü
Substance use				ü
Incarceration history				ü
* Included on lab report				

HIV Core Variables	Orpheus Tab	Reported via ELR	Entered by OHA	Entered by LPHA
Stage	Home layout-Stage		ü	
Status	Home layout-Status		ü	
DOB/Age*	Home layout-Age	ü	ü	ü
Sex*	Home layout-SOGI	ü	ü	ü
Gender identity	Home layout-SOGI		ü	ü
Sexual orientation	Home layout-SOGI		ü	ü
Race/ethnicity	Home layout-READ		ü	ü
Pregnancy status	Home layout-Pregnant		ü	ü
Housing at Dx	Home layout-Housing at Dx		ü	ü
Address*	Home layout	ü	ü	ü
Phone/email	Home layout		ü	ü
Diagnosing facility/Provider *	Home layout-Provider	ü	ü	ü
HARS ID **HIV Diagnosis** **AIDS Diagnosis**	Home layout		ü	
Specimen collection date*	Labs tab	ü	ü	ü
Clinical signs/symptoms	Clinical tab		ü	ü
Treatment/Date of treatment	Treatment tab		ü	ü
HIV risk history At minimum: sex of partners trans partners sex for drugs/$	Risks tab		ü	ü

substance use last neg HIV test PrEP use history STD tested				
Contacts	Contacts tab			ü
Outbreak Info	Epilinks tab		ü	
* Included on lab report				