



Section: <b>Substance Use Treatment &amp; Prevention</b>	Policy Name: <b>Communicable Disease Testing/Education</b>	Policy Number: <b>11.05</b>
Owner: <b>SAPT Director</b>	Reviewed By: <b>Joel Smith</b>	Total Pages: <b>4</b>
Required By: <input type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): 	Final Approval By: <i>Joel Smith, LMSW</i> Joel Smith, LMSW (Jan 21, 2026 11:34:30 EST)	Date Approved:  01/21/26
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): 	Line of Business: <input type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): <input checked="" type="checkbox"/> Healthy Michigan (SUD) <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid <input type="checkbox"/> MI Health Link	Effective Date: <b>1/1/2014</b>

**Policy:** In accordance with the Michigan Department of Health and Human Services (MDHHS), Substance Use, Gambling, and Epidemiology Section (SUGE), contract in the area of HIV/AIDS-STI Communicable Disease, Southwest Michigan Behavioral Health (SWMBH), which is the Prepaid Inpatient Health Plan (PIHP) for Barry, Branch, Berrien, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren counties will assure all direct treatment provider staff screen for HIV/AIDS-STI Communicable Diseases, provide referrals for testing as needed and provide health education to persons at risk.

**Purpose:** To convey the requirements of communicable disease training and outline the testing and health education expectations for persons receiving Substance Use Disorder (SUD) services to prevent the further spread of infection in the substance using population.

**Scope:** This policy is applicable to all SWMBH SUD contracted providers.

**Responsibilities:** SWMBH SUD contracted treatment providers shall screen for communicable diseases

**Definitions:** Communicable Diseases: Includes HIV/AIDS, STIs, Hepatitis B, Hepatitis C and Tuberculosis (TB).

High Risk Behaviors: Include injecting drugs, persons sharing needles, persons who engage in unprotected sex and persons living with an individual who has a communicable disease.

#### Standards and Guidelines:

A. If SWMBH uses Block Grant on communicable disease services, SWMBH will monitor provider



- compliance with the Action Plan Guidelines in the area of communicable disease testing and education.
- B. SWMBH will assure that all providers have a communicable disease policy on file with established procedures and protocols in place that minimally include counseling and basic education, and referrals for testing.
  - C. All records will include a health assessment that includes screening for high-risk behaviors or use the SWMBH Communicable Disease screening form (Attachment A). If a provider chooses not to use the SWMBH Communicable Disease Screening Form, the provider should assure screening questions are consistent with [MDHHS/SUGE Prevention Policy #2: Addressing Communicable Disease Issues in the Substance Use Disorder Service Network](#).
  - D. All customer records will include documentation of: referrals made for testing, counseling and basic education provided regarding communicable diseases, other healthcare referrals, referrals made to the regional HIV Case Manager, or acknowledgement that the customer is not at high risk for communicable disease(s) and no additional referrals were warranted. Signatures of both parties must be present.
  - E. A Communicable Disease Screening Tool is to be completed for each new admission to Treatment Services, and the customer has been provided basic information about risk. Provider is encouraged to assess annually, or as necessary.
    - 1. All customers entering residential treatment and withdrawal management must be tested for TB upon admission.
    - 2. All pregnant women presenting treatment must have access to STD/Is and HIV testing.
  - F. All direct service staff, including prevention, treatment, and recovery services, will meet the MDHHS and SWMBH defined training requirements for communicable diseases. MDHHS/SUGE provides a web-based training that will cover minimal knowledge standards necessary to meet this Level 1 requirement. Level 1 training is required to be completed withing 30 days of hire and annually thereafter.
  - G. Minimum Knowledge Standards include:
    - 1. HIV/AIDS, Hepatitis (especially A, B, and C) and STD/Is, as they relate to the substance use disorder population.
    - 2. HIV/AIDS:
      - a. Basics of HIV/AIDS:
      - b. Modes of transmission (risk factors, myths, facts, etc.).
      - c. Linkage between substance use and these CDs.
      - d. Overview of treatment possibilities.
      - e. Local resources available for further information/screening.

## References:



Michigan Department of Health and Human Services, Substance Use, Gambling and Epidemiology Section, Community Health. [Substance Abuse Prevention Policy #02: Addressing Communicable Disease Issues in the Substance Abuse Service Network.](#)

**Attachments:** 11.05A SWMBH – Communicable Disease Risk Screen

## Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
Initial	7/26/19	ALL	Updated document to new template and attachments to new numbering system	A. Wood
1	6/30/21	Links	Updated reference section to reflect source documentation of OROSC policy	J. Smith
2	6/21/22	Standards and Guidelines	Added additional minimum training requirements of level 1; added requirements of residential admissions and TB testing; added requirement of signatures of both clinician and customer as evidence that CD has been completed and reviewed.	J. Smith
3	10/26/23	Throughout	Changes made to align with MDHHS/SUGE policy update.	J. Smith
4	5/30/24	F	Added annual training requirement per MDHHS Policy.	J. Smith
5	1/2/26	NA	Annual review, no changes	J. Smith





# SOP Template

Final Audit Report

2026-01-21

Created:	2026-01-21
By:	Erin Peruchietti (erin.peruchietti@swmbh.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAEieMRxaUPkvtHDhUH4BulkU_9JTfD55

## "SOP Template" History

-  Document created by Erin Peruchietti (erin.peruchietti@swmbh.org)  
2026-01-21 - 4:21:29 PM GMT- IP address: 104.159.231.26
-  Document emailed to Joel Smith (joel.smith@swmbh.org) for signature  
2026-01-21 - 4:21:34 PM GMT
-  Email viewed by Joel Smith (joel.smith@swmbh.org)  
2026-01-21 - 4:34:13 PM GMT- IP address: 104.47.57.126
-  Signer Joel Smith (joel.smith@swmbh.org) entered name at signing as Joel Smith, LMSW  
2026-01-21 - 4:34:28 PM GMT- IP address: 216.250.152.18
-  Document e-signed by Joel Smith, LMSW (joel.smith@swmbh.org)  
Signature Date: 2026-01-21 - 4:34:30 PM GMT - Time Source: server- IP address: 216.250.152.18
-  Agreement completed.  
2026-01-21 - 4:34:30 PM GMT