



Operational Policy and Procedure

Policy: Tuberculosis	
Division: Disability and Behavioral Health Services Policy Number: BG 402	
Contact: Addiction and Prevention Services Director	
Status: Approved	Date Approved: 10/01/09
Date Reviewed/Revised: 09/07/11	Effective Date: 10/01/09
Department: Addiction and Prevention Services (AAPS)	Page: 1 of 4

POLICY: The Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act of 1992 established federal regulations mandating alcohol and other drug providers who receive Substance Abuse Prevention and Treatment (SAPT) Block Grant provide Tuberculosis (TB) services and appropriate referrals for clients who are in need of TB evaluation or treatment. The regulations require State substance abuse agencies and the department of health to cooperate in developing procedures to ensure that programs provide the mandated services, implement infection control procedures designed to prevent the transmission of TB, report cases of TB to local or State public health departments, and provide case management for those in need of TB services (See 45 C.F.R. 96.127).

PURPOSE: To ensure compliance with the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act of 1992, to facilitate the provision of TB services and to create the necessary linkages between substance abuse providers and local health care providers.

PROCEDURE:

- 1) All SRS/AAPS funded providers (outpatient and residential) shall develop written policies and procedures regarding the following, as well as, provide or arrange for the provision of the following services:
 - a) TB risk assessment;
 - b) Referral for TB screening*, and the results of the evaluation;
 - c) Documentation of the results of the screening test; and
 - d) Case management.

**Residential programs are required by State Licensure Standard R03-603 B 19 to screen all clients for TB.*

- 2) All SRS/AAPS funded providers shall use a referral log to track TB services provided, including referrals for TB screening and the results of that screening.



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3) All SRS/AAPS funded providers shall provide or arrange for the provision of SAPT interim services if treatment services are not immediately available to clients with high risk of TB.

- a) At a minimum SAPT interim services include counseling and education about HIV and TB, about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referrals for HIV or TB treatment services, if necessary.
- b) For pregnant women, SAPT interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care

Note: SAPT interim services described above are different than Substance Abuse Interim Services which is considered providing a lower level of care until the individual can get into the recommended level of care.

- 4) The following questions shall be utilized to conduct the risk assessment:
- a) Have you had contact with someone who has infectious TB disease?
 - b) Were you born in areas of the world where TB is common (for example Asia, Africa, or Latin America)? Or have you visited any of these areas for an extended period of time (two months or more)?
 - c) Are you of a low-income group with poor access to healthcare, including those who have been homeless in the last two years?
 - d) Have you injected illicit drugs?
 - e) Have you lived or worked in residential facilities (for example; nursing homes, correctional facilities or treatment facilities)?
 - f) Have you worked in a facility where you may have been exposed to TB (health care workers who serve high risk populations)?
 - g) Are you at risk of having HIV/AIDS as a result of having unprotected sexual contact with OR shared needles with a person who may be infected with HIV/AIDS?



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- h) Are you HIV/AIDS infected?
 - i) Please note the date of birth when interviewing the client, as individuals who are elderly are at higher risk for TB.
- 5) If any of the above questions could be answered "yes" the client should be evaluated for the following symptoms:

Within the last month have you had any of the following:

- a) A cough lasting over three (3) weeks?
 - b) Sputum production or blood with cough?
 - c) Unexplained loss of appetite or sudden weight loss?
 - d) Fever, chills, or night sweats for no reason?
 - e) Persistent shortness of breath?
 - f) Increased fatigue?
 - g) Chest pain?
- 6) If any of these symptoms are answered "yes," the client shall be referred to the local health department or primary care physician for TB screening, evaluation, and treatment.

** In the case of licensed residential treatment TB services may be completed in house or a referral may be made for further evaluation or treatment. **No client should be admitted into a residential treatment facility who is symptomatic until infectious TB disease has been properly ruled out.***

- 7) If any client could answer "yes" to any of the risk assessment questions, but does not demonstrate any symptoms, the client should be given education about TB Infection and Disease, the evaluation process for TB and given referral information if further evaluation is desired by the client based on his/her knowledge of his/her risk.
- 8) Case management services shall be provided to clients who are diagnosed with TB (clinically active and/or not clinically active). Case management services



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shall be coordinated between the treatment provider and the local health department to ensure clients receive TB treatment, monitoring, education, and follow up services. Case management services shall be documented on the referral log to verify coordination of these services on behalf of the client.

- 9) All SRS/SAPT funded providers must report all clients with active TB to KDHE as required by State law and in accordance with Federal and State confidentiality requirements, including 42 CFR part 2.
- 10) Treatment Programs receiving SRS/AAPS Funds are required to develop, implement and comply with policies and procedures that document implementation and maintenance of SRS/AAPS policies regarding those funds.

Approved by:

Handwritten signature of Stephanie White in cursive script.

Addiction and Prevention Services Director

Sept. 7, 2011

Date