CARE INTEGRATION: BEST PRACTICES MANUAL

INTEGRATING HIV & VIRAL HEPATITIS SERVICES INTO SUBSTANCE USE DISORDER TREATMENT SETTINGS

A GUIDE FOR SUBSTANCE USE DISORDER TREATMENT PROVIDERS

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Introduction

Individuals with substance use disorder (SUD) experience heightened vulnerability to acquiring HIV and viral hepatitis. Of new HIV infections, approximately 1 in 10 are attributed to injection drug use.[1] As many as 68% of individuals who use injection drugs have had a past or present hepatitis C virus (HCV) infection,[2] and injection drug use is the most common mode of HCV transmission in the United States, accounting for 67% of new infections.[3] Person-to-person outbreaks of hepatitis A virus (HAV) are ongoing among people who use drugs, and because hepatitis B virus (HBV) is bloodborne, many people who use drugs are vulnerable to HBV acquisition.[4-5]

These vulnerabilities are compounded by social drivers of health. Among people who use drugs, heightened barriers such as stigma, homelessness, and urgent survival needs make connecting to medical care even more challenging. To enable healthcare access for individuals who use or have used drugs, developing responsive, low threshold models of care is paramount. Strategies that take a holistic, comprehensive approach and work to integrate SUD treatment and services for HIV and HCV have shown positive outcomes, including increased rates of testing and treatment.[6-7]

The State Opioid Response Grant HIV and Viral Hepatitis Integration Project (SOR) is a collaborative initiative between the Department of Drug and Alcohol Programs (DDAP) and the PA Department of Health (DOH) that aims to increase awareness of and access to services for HIV and viral hepatitis in drug and alcohol treatment settings. To achieve this, DDAP and DOH are working with a technical assistance (TA) team to support Single County Authorities (SCAs) and SUD treatment providers in their efforts to integrate services for HIV and viral hepatitis.

Ambitious efforts to stem the tide of HIV and viral hepatitis are underway through viral hepatitis elimination plans[9] and the Ending the HIV Epidemic initiative (EHE).[8] Plans have emphasized focusing efforts in key populations disproportionately impacted by HIV and viral hepatitis, including people who use drugs. The SOR project can play a key role in moving Pennsylvania forward in this work.

Purpose of this Document

SUD treatment providers are uniquely situated to contribute substantially to efforts to increase access to prevention tools, testing, and linkage to care for HIV and HCV. This guide has been created to compile information, best practices, and implementation strategies for drug and alcohol treatment providers looking to integrate these services, including

Executive Summary

considerations for assessment and feasibility. This guide offers overall context on public health best practices, and focuses in on addressing hepatitis A, B and C, HIV, and pre-exposure prophylaxis (PrEP) for HIV prevention. The guide serves as a component of a larger toolkit; companion materials to this guide are also available, including:

- Comprehensive treatment education materials for individuals seeking care for HIV, hepatitis C, or PrEP
- Client education and health awareness materials, including posters, postcards, infographics, brochures, and digital media
- Health education curriculum on HIV, PrEP, and viral hepatitis for providers experienced in offering health education
- On the ground training, capacity building and technical assistance to support SUD treatment providers in their integration efforts

Methodology

This guide was informed by and references research, best practices and tested strategies for treatment integration. It was authored by a multidisciplinary team of medical and public health professionals, and reviewed by researchers, medical providers and individuals working in public health, social services and SUD treatment fields.

Recommendations

The key recommendation is to achieve the greatest degree of service integration possible by creating pathways to testing, medical care and prevention services. To do so requires de-siloing of service systems and delivery models and adopting whole person models of care that respond to community needs and incorporate a health equity lens. Increasing provision of education and information both among SUD treatment providers and clients seeking services. Core recommendations include:

- Expanding and streamlining access to key services and health resources in underserved communities
- Operationalizing public health best practices, such as universal, opt-out testing for HIV and hepatitis C
- Aligning DDAP guidance with public health recommendations and enabling SCAs and providers to deliver services accordingly

Conclusion

Medical advancements and evidence-based practices for prevention, testing, and linkage to care mean that we have the tools needed for reducing HIV and viral hepatitis transmissions and improving the overall health and wellness of individuals seeking services for SUD. We hope that this guide can serve as a blueprint for SUD treatment providers in these efforts and help move Pennsylvania closer to hepatitis elimination and ending the HIV epidemic.

Opportunities for Integration

Medical advancements and public health recommendations have greatly increased opportunities to integrate HIV and viral hepatitis services in settings serving individuals with substance use disorder. While facilities will vary in their capacity to integrate these services, every program can support overall efforts to increase access to prevention, testing, and treatment for HIV and viral hepatitis.

Information and education can be integrated into any setting and can improve prevention efforts and support higher rates of engagement in screening, testing, and linkage to and retention in medical care.

Screening and testing can be increased through the development of referral protocols, supportive services to reduce barriers, and/or provision of co-located screening and testing services.

Establishing strong referral networks, integrating navigation and linkage-to-care strategies, adopting medical care coordination models, or offering co-located provision of medical care can lead to marked improvements in linkage rates.

Retention in care can be improved through ongoing client support including adherence counseling, medical care coordination, co-dispensing of HCV medication and medication for opioid use disorder (MOUD), and co-located provision of HCV care.

Prevention tools such as vaccines for hepatitis A and B, PrEP for HIV prevention, harm reduction education, and safer sex supplies can be made available either on-site or via referral networks with medical providers and local health departments.

MEDICAL ADVANCEMENTS IN HIV & HCV

TREATING HIV

- Medication for HIV is incredibly effective, and when taken as prescribed, long term health outcomes for people living with HIV are greatly improved, and the risk of sexual transmission of HIV can be zero.

PREVENTING HIV

- Pre-exposure prophylaxis (PrEP) is medication to prevent HIV. PrEP can be taken by HIV negative individuals and reduce likelihood of HIV acquisition by 92-99% for sexual exposure and 74% for parental exposure through injection.[10] PrEP is available as a once daily pill or a bi-monthly injection.

CURING HCV

- HCV can be cured with oral treatment that, for most, involve taking 1 to 3 pills per day for 8 to 12 weeks with few or no side effects. When taken as prescribed, medications for HCV achieve cure rates of nearly 100%.

Opt-Out Testing in Drug and Alcohol Settings

About opt-out Testing

Opt-out testing is a recommended strategy for routinizing and destigmatizing HIV and HCV testing. In this model, an individual is informed that an HIV test will be included as part of standard screening tests, and that they may decline the test. This practice differs from a "risk based" or "opt-in" approach in which an individual is offered a test only if they indicate specific sexual or drug use behaviors. This model is recommended by the Centers for Disease Control and Prevention (CDC), the American Association for the Study of Liver Disease (AASLD) and the Infectious Diseases Society of America (IDSA).[11-12]

The Benefits Of Opt-out Testing

Routine, opt-out testing models have proven highly effective in increasing acceptance of a test.[13] One study of opt-out HIV testing demonstrated a 38% acceptance rate when clients were told that they could access testing by request. Acceptance jumped to 66% when clients were told that the test would be offered unless they declined.[14] The practice of opt-out testing avoids client perceptions of being "singled out", and can make discussions of HIV testing more comfortable for both client and provider. This model is also trauma informed; many individuals have trauma related to sexual abuse or that is connected to substance use, and these questions may inadvertently trigger the client.

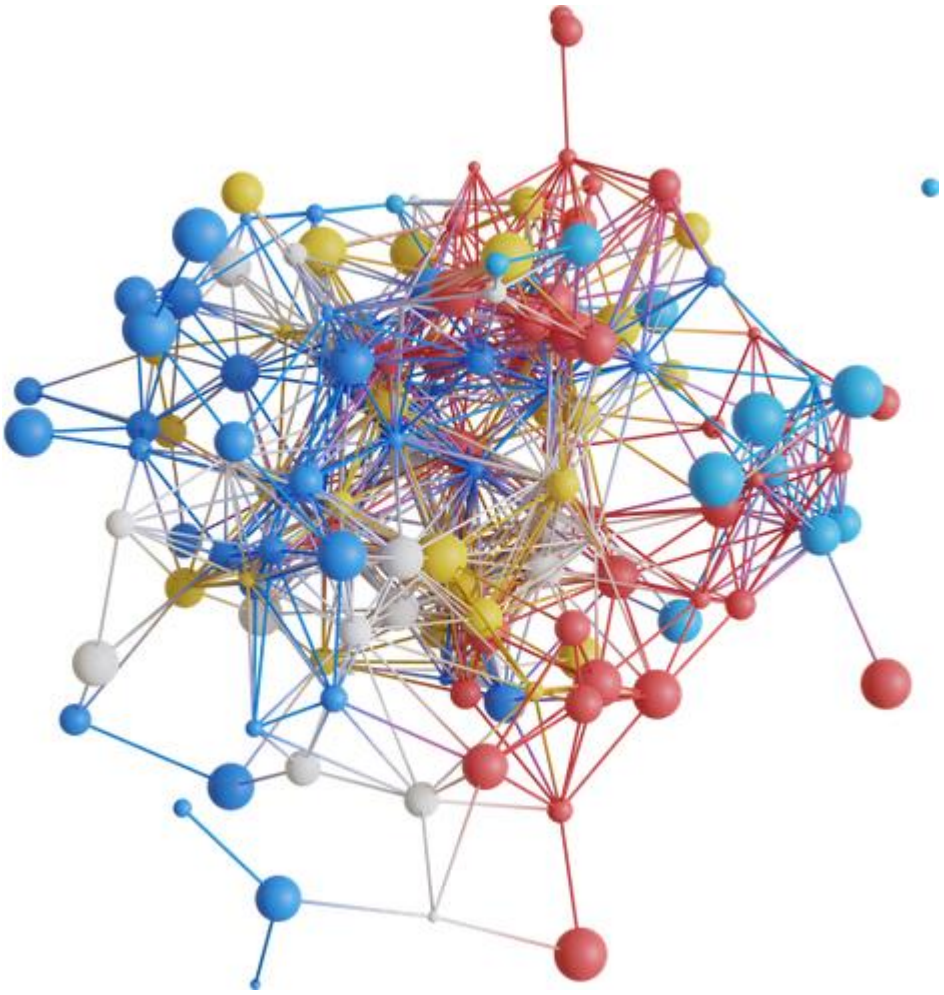
Overall, public health guidance has worked to make testing and diagnosis more accessible through simplifying and streamlining the process.[15] These efforts enable the integration of testing services into a variety of settings, including drug treatment programs.

Integrating Opt-Out Testing

The degree to which a facility can integrate opt-out testing will vary based on level of care, facility capacity, and the regional landscape of medical care providers. A brief overview of HIV testing models can be found on the next page, and tools for integrating testing at your site – including answers to frequently asked questions and a sample script for providers – can be found in Appendices 3 and 4.

Key Benefits of Opt-Out Testing

- Increases acceptance of testing, lessening the likelihood that a person living with HIV will go undiagnosed
- Avoids the potential of re-traumatization that can arise when individuals are asked invasive questions about their sexual and drug use behavior
- Reduces stigma by making HIV testing a routine standard of care
- Simplifies the discussion about HIV testing, and reduces provider discomfort



VIRAL HEPATITIS

Hepatitis A
Hepatitis B
Hepatitis C

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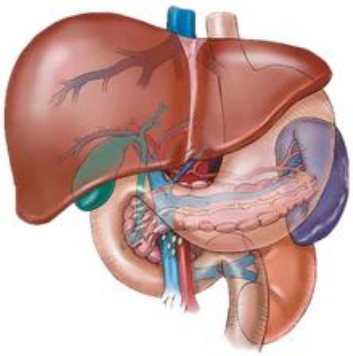
About Hepatitis and the Liver

The liver is a vital organ that processes nutrients, filters the blood, and stores vitamins and minerals. Viral hepatitis is an infection that causes liver inflammation and damage. Over time, sustained inflammation leads to poor liver function and health outcomes.



Hepatitis A
Hepatitis B
Hepatitis C
Hepatitis D
Hepatitis E

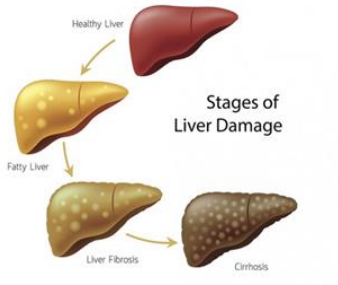
Hepatitis A, B, and C are the most common in the United States

Hepatitis refers to inflammation of the liver. The liver can be damaged and become inflamed due to non-viral causes, but this guide focuses on viral hepatitis.

Each type of hepatitis is caused by a different virus, and one type of viral hepatitis does not progress into another (hepatitis A does not become hepatitis B and so on). There are some similarities among types of hepatitis, including the type of damage they cause to the liver and the symptoms people may experience. There are also key differences between each type of hepatitis, including modes of transmission, prevention methods, treatment options, and the severity and duration of illness.

The type of damage caused by viral hepatitis is liver scarring, which is called *fibrosis.* Fibrosis can range from mild to severe, and extensive scaring is called *cirrhosis.*

Medical providers measure the severity of liver damage through a METAVIR score, which can be calculated several ways:



- **APRI** (aspartate aminotransferase to platelet ratio index) or **FIB-4** (fibrosis-4) tests These are scoring systems that calculate fibrosis based on laboratory tests and specific calculations.
- **FibroSure** blood test.[16]
- **Imaging and ultrasound tests** such as a FibroScan, which uses transient elastography to measure liver stiffness, which results from fibrosis.[17-18]

In the past, liver staging was done through biopsy, which was invasive, painful, and sometimes led to complications. This is no longer standard practice, but many remember when it was and may be reluctant to be evaluated for liver disease. Drug and alcohol providers can be key messengers of accurate and up to date information to help dispel myths and address common fears that individuals have about viral hepatitis.

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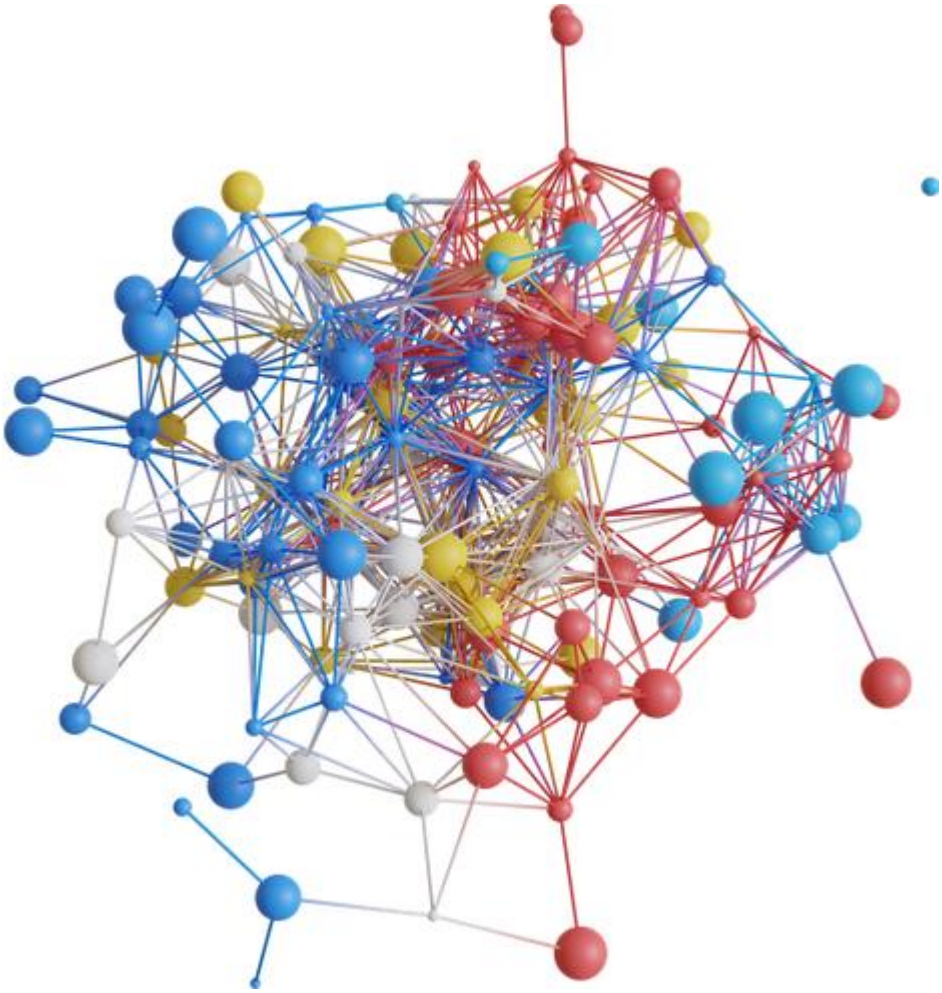

Hepatitis A & B

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Hepatitis A and B

Both hepatitis A virus (HAV) and hepatitis B virus (HBV) are vaccine preventable infections. In both cases, there are additional prevention measures that can be taken, but vaccination is the most effective method to avoid acquisition.

Implementing Case Management and Clinical Services (CMCS) Requirements for Vaccination for Hepatitis A and B

Each client should be offered vaccination for hepatitis A and B upon admission to SUD treatment. Many facilities will not have the capacity to offer vaccines on-site, in which case a referral to a local retail pharmacy chain, health center, or primary care provider should be initiated.

The following section features information about both hepatitis A and B, including modes of transmission, prevention tools, symptoms, treatment options, and guidance on offering and discussing vaccines.

People who are seeking drug and alcohol treatment services are at increased risk for exposure to both HAV and HBV. Drug and alcohol providers can be key advocates for vaccination and other prevention activities.

DDAP indicates the need for a universal offer of vaccination for HAV and HBV. Meeting this guideline requires having information about vaccine resources, comfort in discussing health information, and a working knowledge of strategies to support linkage to care.

Ensuring successful linkages to referrals can be supported through several strategies:

1. Providing health education materials, which can be accessed at stophiv.com/sor
2. Ensuring that referral information is detailed, including location, contact information, hours of operation and other key details that may aid a client in completing the referral
3. Developing a relationship with a local retail pharmacy chain, state health center, or other healthcare provider to host health fairs or bring vaccine on-site
4. Including brief check-ins as a part of overall discussions about client wellness and progress towards treatment goals
5. Assessing insurance status and supporting clients in activating insurance and maintaining coverage

Hepatitis A: Background

About Hepatitis A

Hepatitis A is a vaccine preventable liver infection caused by the hepatitis A virus (HAV). Transmission occurs via the fecal-oral route when a person consumes a microscopic amount of stool. Transmission occurs through contaminated food or water via direct, close person-to-person contact with someone who has hepatitis A. Person-to-person transmissions frequently occur through sexual contact, drug use, and among people who are experiencing homelessness.

Hepatitis A is an acute, short-term infection which resolves on its own within several weeks and is not usually serious. When someone acquires hepatitis A and recovers, they then have lifelong immunity.

Symptoms

Symptoms of hepatitis A include jaundice (yellowing of the skin or eyes), upset stomach, nausea and vomiting, fever, dark urine, and grey stools. Symptoms are rarely serious and do not usually require hospitalization, though severe illness can happen among people with other liver diseases or compromised immune systems.

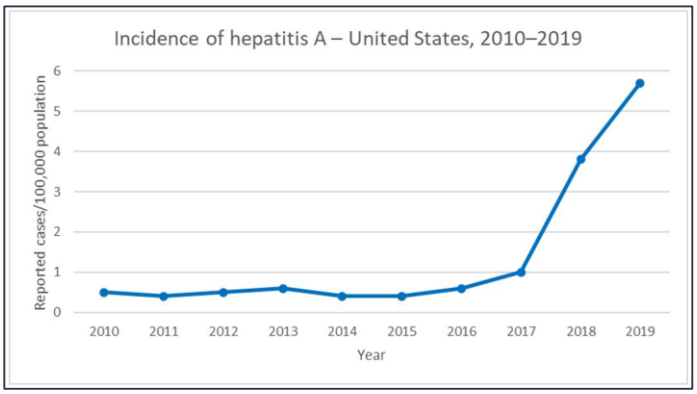
- *Large person-to-person outbreaks associated with drug use, sex among men who have sex with men, and homelessness began in 2016.*[19]
- *In 2023, Pennsylvania was among 3 states with ongoing hepatitis A outbreaks.*[20]

Individuals who may be at increased risk for acquiring HAV include:

- People who use injection and non-injection drugs
- People experiencing homelessness
- People in prisons, jails, or detention settings
- Men who have sex with men

Rates of Hepatitis A

Individuals seeking services for substance use disorder often experience increased vulnerability for HAV acquisition. Further, literature suggests suboptimal vaccine coverage among people who use drugs and who are experiencing homelessness,[21-23] and these communities may not have access to other prevention measures such as handwashing or sanitation. Drug and alcohol treatment providers can play a key role in increasing education and access to vaccination among their clients.



Graph from the Centers for Disease Control[20]

Hepatitis A Vaccine

About Hepatitis A Vaccine

Vaccines for hepatitis A are both safe and effective. The Advisory Committee on Immune Practices (ACIP) began to recommend routine vaccination among certain communities in 1996 and eventually recommended routine vaccination for children aged 12-23 months in 2006. A 95.5% reduction of hepatitis A cases occurred from 1996-2011.[24]

While the evidence clearly indicates the efficacy of routine HAV vaccination, in the last several years we have seen person-to-person outbreaks among vulnerable populations including people who use drugs, people experiencing homelessness and who are or have been incarcerated. Increasing vaccine uptake is critical in efforts to stem the tide of ongoing outbreaks.

Who should be vaccinated?

ACIP recommends universal vaccination for children aged 12-24 months. HAV vaccine is also recommended for vulnerable adults, including those at increased risk for infection and those at increased risk for serious illness.[24]

Those at increased risk of infection include people who use drugs, people who are experiencing homelessness, men who have sex with men, and people who are incarcerated or who have been recently released.

Types of Hepatitis A Vaccine

There are two types of HAV vaccine. The first type, the single antigen HAV vaccine, is administered in two shots, at least 6 months apart. Both shots are needed for long term protection against HAV. There are two brands of the single antigen vaccines:

- HAVRIX: 2 dose schedule *(0 and 6-12 months)*

  or

- VAQTA: 2 dose schedule *(0 and 6-18 months)*

The other type is a combination vaccine that protects people against both hepatitis A and hepatitis B. The combination vaccine can be given to anyone 18 years of age and older and is given as three shots over 6 months. All three shots are needed for long term protection for both hepatitis A and hepatitis B.[24] There is one brand of combination vaccine:

- TWINRIX: 3 dose schedule *(0,1 and 6-12 months)*

What to know

There are a few key messages that drug and alcohol treatment providers can convey to clients. Vaccines are safe and effective, with extensive research supporting their use. And people should be prepared for a series of 2 or 3 shots to achieve full protection.

Hepatitis B Background

About Hepatitis B

Hepatitis B virus (HBV) is a vaccine preventable liver infection. Globally, HBV is the most common serious liver disease, and is the primary cause of hepatocellular carcinoma (HCC), which is the second leading cause of cancer deaths worldwide. In the United States, up to 75% of people living with chronic HBV have not been diagnosed.[25-26]

Hepatitis B vaccination is highly effective in preventing HBV infection and subsequent liver disease; however, 70% of adults in the United States self-reported that they were unvaccinated as of 2018.[23]

HBV is transmitted through contact with infected blood or sexual fluids, such as during pregnancy or delivery, through sex or by injection drug use, with the greatest risk for chronic infection occurring through perinatal transmission.[25-26] More detailed information about hepatitis B and pregnancy can be found on page 24.

Because HBV can be transmitted via blood and sexual fluids, people who use drugs face heightened vulnerability to acquiring hepatitis B.

Racial and Ethnic Disparities

More than 50% of people living with HBV are of Asian, Pacific Islander, or African descent, due to the high prevalence of HBV in these areas. Hepatitis B and HCC are the largest health disparities among these communities.[27-28]

Chronic vs Acute Hepatitis B

Not everyone who acquires HBV will develop long term infection and some will clear the virus on their own. The likelihood of viral clearance is correlated with age; of those who acquire HBV, infants and children are more likely to develop chronic HBV than adults. [26]

Prevention

Vaccination against HBV is the best way to prevent infection, but there are other strategies that clients can utilize, such as:

- Using condoms and other barrier methods during sex
- Using sterile drug preparation equipment (including needles, syringes, cookers, water, pipes, and straws)
- Avoiding direct contact with blood
- Not sharing hygiene items such as toothbrushes or razors
- Ensuring that equipment for tattoos and piercings are sterile

Hepatitis B Virus Prevalence Rates, by Race/Ethnicity, United States, 2020

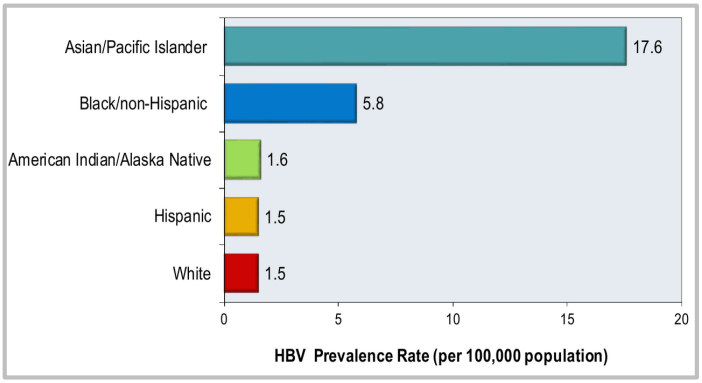


Image credit
www.hepatitisb.uw.edu/go/screening-diagnosis/hbv-epidemiology/core-concept/all
Source: Centers for Disease Control and Prevention (CDC). 2020 Viral Hepatitis Surveillance Report – Hepatitis B. Published September, 2022.

Hepatitis B Transmission

How is Hepatitis B Transmitted?

Hepatitis B is transmitted through direct contact with blood and sexual fluids, including semen and vaginal fluids. Transmission can occur during unprotected sex, drug use, and during pregnancy and childbirth.

While HBV is not casually transmitted through things like sneezing, shaking hands, or coughing, it is highly contagious. Transmission can occur through unsterile tattoos and piercings or sharing household items such as razors or toothbrushes, which may have blood on them. Hepatitis B can remain infectious outside of the body for up to 7 days.[26]

It can take up to 6 weeks for HBV to be detectible on a test, so if an individual has a recent exposure, they will not test positive immediately.[30]

Perinatal Transmission

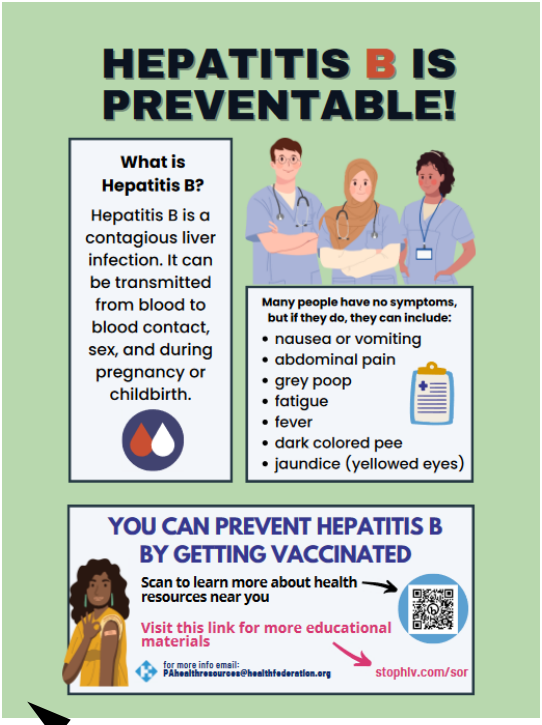
The most common mode of hepatitis B transmission is perinatal[31], which can occur in the following ways:

- During childbirth
- During early childhood (e.g. exposure to microscopic amounts of blood due to cracked or bleeding nipples during breastfeeding)
- In utero (less common)

For more information about pregnancy and hepatitis B, see page 24.

Individuals who may be at increased risk for acquiring hepatitis B include:

- People who use injection and non-injection drugs
- People in prisons, jails, or detention settings
- People living with HIV and/or HCV
- Men who have sex with men
- Individuals who have had sexually transmitted infections
- People who have multiple sex partners



Health Education Materials like the poster above are available for drug and alcohol providers across Pennsylvania. Visit stophiv.com/sor to see more and order materials for your site!

Hepatitis B Vaccine

Vaccination Against Hepatitis B Infection

Vaccination is the best way to prevent HBV infection and is safe and effective.

The Advisory Committee on Immunization Practices (ACIP) recommends that infants be given the first dose of HBV vaccine within 24 hours of birth. Any children or adolescents who did not receive vaccine previously should be vaccinated, as should all adults aged 18-59 who were not previously vaccinated.[33-35]

Because the most likely mode of hepatitis B transmission is perinatal, it is recommended that infants born to a pregnant person with hepatitis B infection be given both the hepatitis B vaccine and a hepatitis B immune globulin (HBIG) as immediately as possible after delivery.[34] HBV and pregnancy are discussed further on page 24.

Vaccine for hepatitis B is a series requiring 2 or 3 doses. To achieve full immunity, one must complete the full vaccine series.[34]

Offering Vaccine During Assessment

Many SUD treatment settings will not have capacity to offer vaccine on-site, in which case education and referral should be offered.

Individuals face many barriers to accessing healthcare and referrals are not always successful. Sites without capacity to offer vaccine internally many may consider partnering with a local health department, pharmacy, or community health center to host a vaccine event.

In alignment with public health guidance, the CMCS recommends that *all clients be offered vaccination for hepatitis B.*

Referrals for Vaccines

Many state health centers and municipal health departments offer vaccines or can facilitate referrals to medical providers. Retail pharmacies like CVS, RiteAid or Walgreens also offer vaccines for hepatitis A and B as well as other vaccines.

See Appendix 5 for more information about discussing hepatitis A and B vaccines with clients

Types of Hepatitis B Vaccine

There are several options for hepatitis B vaccination:

- Energix-B: 3 dose schedule (0, 1 and 6-12 months)
- Heplisav-B: 2 dose schedule (0 and 1 month)
- Recombivax HB: 3 dose schedule (0, 1, 6-12 months)

There is also a combination vaccine for both hepatitis A and hepatitis B. This vaccine can be given to anyone 18 years of age and older and is given as three shots over 6 months:

- TWINRIX: 3 dose schedule (0,1 and 6-12 months)

Hepatitis B Testing

Appendix C in the CMCS indicates that all clients should be offered a test for hepatitis B as a part of universal, opt-out testing for HIV, HCV, and HBV

The CDC recommends that all adults be tested for HBV at least once in their lifetime, that pregnant people be tested during every pregnancy, and that individuals who may be at risk for HBV acquisition be offered periodic repeat testing.[32]

Hepatitis B testing looks for antigens and antibodies and includes three tests, referred to as the "triple panel test." There is no rapid, point-of-care test for HBV, so hepatitis B testing requires a blood draw and laboratory testing. If testing is occurring on-site, the provider may need to assess which tests can be reimbursed.

Most settings are comfortable working with behavioral health payers (BHMCOs) which may not cover the triple panel test for hepatitis B. For more information on billing infrastructure, see *Appendix 4: Addressing Billing and Reimbursement Challenges.*

Screening and Testing for Hepatitis B. Recommendations from the United States Preventative Services Task Force

- Screen all adults aged 18 years and older at least once in their lifetime using a triple panel test
- Screen pregnant people for hepatitis B surface antigen (HBsAg) during each pregnancy regardless of vaccination status and history of testing
- Offer periodic risk-based testing to incarcerated people, people with a history of STIs or multiple sex partners, and people with hepatitis C

The Triple Panel of Tests for HBV

Hepatitis B Surface Antigen (HBsAg) The test for hepatitis B surface antigen detects the presence of HBV. A positive result means the person has a current infection and can transmit HBV to others. If, after 6 months, the person still tests positive, the HBV infection is considered chronic.

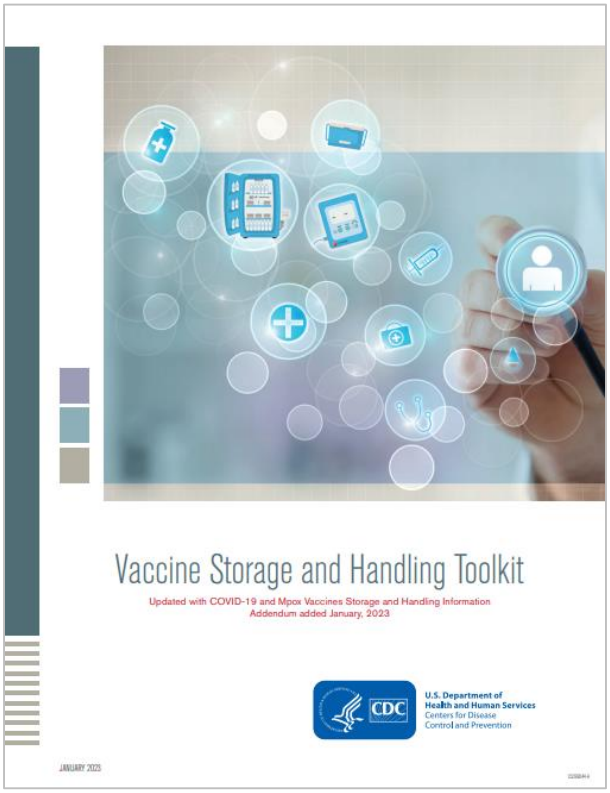
Hepatitis B Core Antibody (HBcAb) The test for hepatitis B core antibody detects the presence of the core protein of the virus. A positive result means the person has been infected with HBV, but it does not specify whether the person has cleared the virus, still has the infection, or is immune to reinfection. A negative result means the person has never been infected with HBV. This test does not tell whether a person is immune to infection or reinfection.

Hepatitis B Surface Antibody (HBsAb) The test for hepatitis B surface antibody detects the presence of the surface protein (or antigen) of the virus that appears after the virus has been cleared or the person has been successfully vaccinated. People with surface antibodies have lifetime immunization from future HBV infection. In people who do not clear the virus but develop chronic HBV, these antibodies never appear. A negative test result means either the person does not have an HBV infection, or the person acquired HBV recently and antibodies have not yet appeared. Another test may be needed in 6 months.

On-site Vaccine Provision

Vaccine Management Planning

Depending on the medical capacity of a facility, direct vaccine provision may be a possibility. Operationalizing vaccine delivery in a SUD setting is not without challenges; success will depend on the degree to which the facility can develop infrastructure for ordering, storing, and handling vaccine, as well as resolution of billing and reimbursement silos.



For locations interested in implementing vaccine programs in their settings, the CDC has a comprehensive Vaccine Storage and Handling Toolkit. Additionally, specialized technical assistance is available through the State Opioid Response HIV and Viral Hepatitis Integration Project. For more information about training, capacity building and technical assistance, reach out to the SOR team by visiting stopHIV.com/sor.

Out of Pocket Costs for Vaccines

Medicaid HMOs

Medicaid Coverage varies by state and type of plan. However, Pennsylvania, as a Medicaid Expansion state, covers ACIP-recommended vaccines, including for hepatitis B, without cost sharing.

The majority of states do cover hepatitis B vaccines, however, starting in 2023, all Medicaid programs will have to cover ACIP-recommended adult vaccines without cost-sharing as part of a provision in the Inflation Reduction Act of 2022

Hepatitis B Treatment

Treating Hepatitis B

Not everyone with chronic hepatitis B needs to be treated. Many of us would assume that taking a drug to reduce virus in the body is the first step to managing hepatitis B, so the idea of postponing treatment initiation can feel confusing, or even frustrating. Evidence shows that available treatments are most effective when taken by those who meet certain measurements for active liver disease.[36]

Although treatment is not considered curative, antiviral treatment, monitoring, and liver surveillance can reduce morbidity and mortality. It is recommended that people with chronic hepatitis B see their medical provider every 6 months. These visits will monitor liver health through physical exam, blood tests, and imaging studies (such as ultrasound, a FibroScan, or CT scan).

Treatment for hepatitis B is typically provided by specialists, including hepatologists and some infectious disease providers. [36]

Scan the QR code on the right for a statewide map of medical providers to find a specialist in your region.

Integrating Services for HBV

There are many ways that substance use disorder treatment providers can integrate supportive services for hepatitis B.

Testing

- Hepatitis B testing should be offered as a part of universal, opt-out testing models alongside testing for HIV and hepatitis C.

Education

- Educational materials should be offered to every client during an assessment. However, assessment and intake into treatment can be an overwhelming experience and not all clients are in a place to receive and retain information. Health education and awareness materials should be available on an ongoing basis; posters, brochures and other materials are available through the State Opioid Response Grant and can be accessed at **stophiv.com/sor.**

Care coordination

- SUD treatment providers can play a vital role in supporting clients to access testing and treatment and can help with retention and treatment adherence.

Co-management/med dispensing

- While HBV isn't usually medically managed outside of a specialist setting, some addiction medicine providers may coordinate with specialists or consider co-dispensing medication with MOUD.

Hepatitis B and Pregnancy

Because hepatitis B can be transmitted during pregnancy and childbirth, it is essential that all pregnant people be tested for HBV during every pregnancy.

The CDC recommends that all pregnant people be screened for hepatitis B during every pregnancy. If a person tests positive for hepatitis B while pregnant, there are medications that are 94% effective in preventing perinatal HBV infection.[36-37]

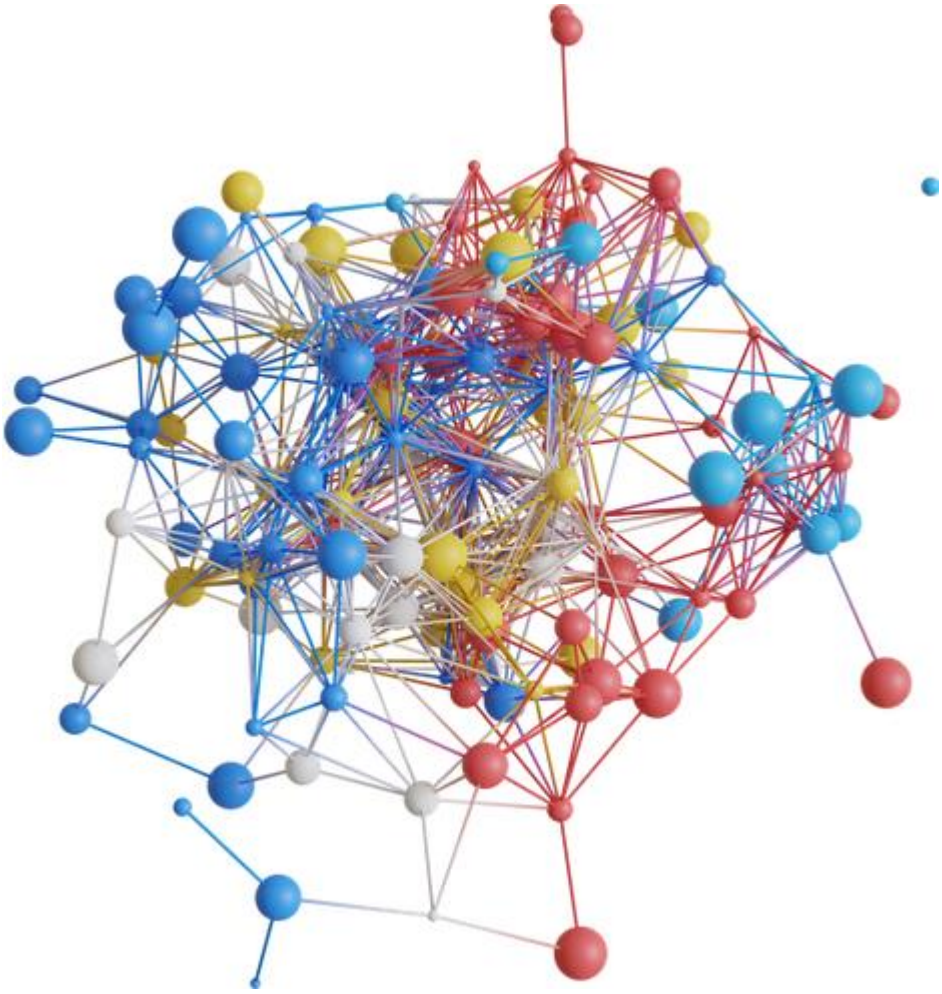
Reminder! The most common mode of transmission for hepatitis B is perinatal, and specifically vertical transmission during childbirth. Testing all pregnant people for HBV during every pregnancy is critical both for the health of the pregnant person and baby.

Health Education Materials like the poster above are available for drug and alcohol providers across Pennsylvania. Visit stophiv.com/sor to see more and order materials for your site!

The Advisory Committee on Immunization Practices (ACIP) recommends administering the initial dose of hepatitis B vaccination within 24 hours of birth; for infants born to a parent with hepatitis B, prophylaxis consists of the first dose of the hepatitis B vaccine and a hepatitis B immune globulin within 12 hours of birth.[31,34]

Without preventative steps, infants born to people with HBV have a more than 90% chance of developing chronic hepatitis B, and a quarter of those individuals will die prematurely from liver disease.[38]

If the pregnant person tests positive for HBV surface antigen (+HBsAg), every effort should be made to coordinate a referral to a hepatologist. In some cases, antiviral therapy (HBV treatment) is used during pregnancy.[39]



Hepatitis C

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Hepatitis C Basics

Hepatitis C is a contagious liver disease caused by the hepatitis C virus (HCV). Acute HCV infection happens within 6 months of exposure. Between 25-45% of people who are acutely infected with HCV will clear the infection from the body with no medical intervention.[40-41] For the remainder of people, hepatitis C becomes a chronic illness. If left untreated, the liver becomes progressively more damaged and develops scarring, which is referred to as fibrosis. More extensive scarring is referred to as cirrhosis. Without curative treatment, people with HCV may develop liver cancer or require a liver transplant.

The good news is that hepatitis C is curable with highly effective and well-tolerated treatment. Treatment is recommended for *all* people living with hepatitis C, though barriers to treatment access persist. In this guide, we explore strategies and best practices that aim to increase testing and engagement in care that leads to cure.

Natural History of Hepatitis C

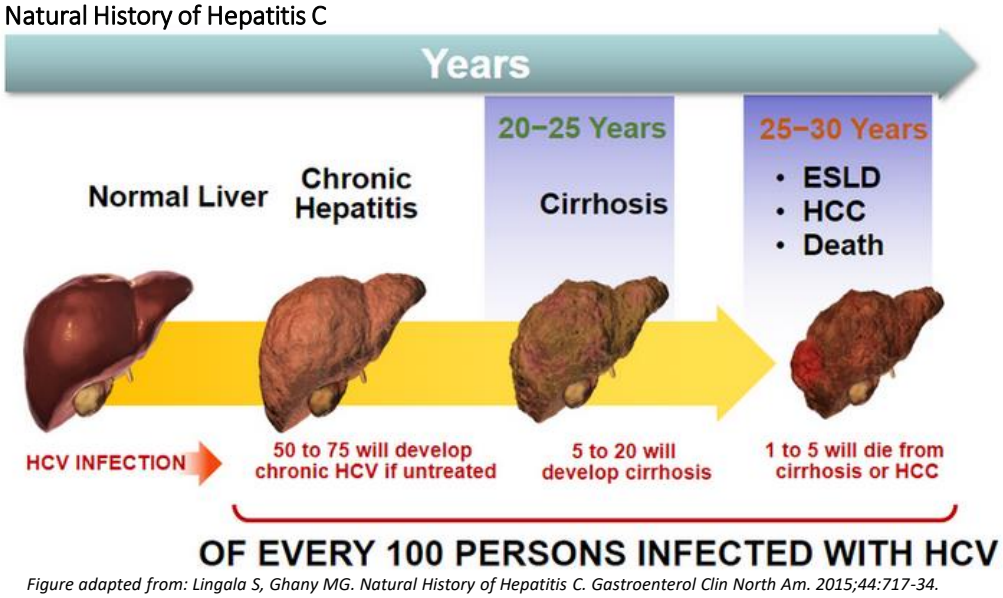


Figure adapted from: Lingala S, Ghany MG. Natural History of Hepatitis C. Gastroenterol Clin North Am. 2015;44:717-34.

GLOSSARY OF TERMS

- **Acute HCV infection**: a new HCV infection, defined as the 6-month period of time following exposure
- **Spontaneous clearance:** the body spontaneously clears HCV and there is no long term infection
- **Hepatic inflammation:** inflammation of the liver
- **Fibrosis:** light or mild scarring of the liver
- **Cirrhosis:** severe scarring of the liver
- **Hepatocellular carcinoma (HCC):** liver cancer
- **End stage liver disease (ESLD):** very severe liver disease, may require transplant

The Hepatitis C Care Continuum

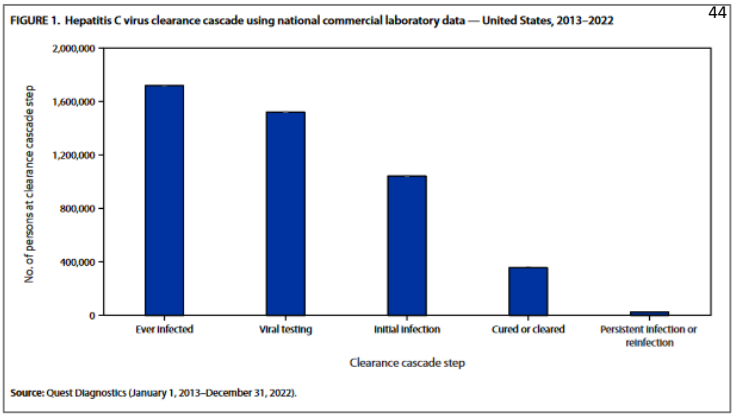
Opportunities to Address Gaps in Client Retention

For many individuals, SUD treatment programs can be an entry way into a healthcare setting able to address issues related to behavior that increases vulnerability to HCV acquisition. In fact, improved testing and treatment of people who inject drugs (PWID) can potentially reduce HCV prevalence among PWID to <2%.[42]

- Technology has made screening and testing for HCV possible in many settings, including a wide range of levels of care.
- Simplified treatment guidelines and lessening restrictions and administrative barriers to prescribing enables non specialist providers to treat hepatitis C.
- Telehealth and mobile healthcare services have greatly increased access to testing and care for individuals in rural environments or who may otherwise face barriers connecting to care.
- Hepatitis C can be cured! Highly effective and well-tolerated treatment is available.

Measuring client Progress

A "*care cascade*" or "*care continuum*" is a public health model to measure client progress along sequential steps from diagnosis to treatment and cure. In the United States, only 13% of people who use injection drugs with past or current HCV infection have been treated.[43-44]



WHO's global hepatitis strategy goals:

- Reduce new hepatitis infections by 90% by 2030
- Reduce deaths by 65% between 2016 and 2030.

"What viral hepatitis elimination means to me is a reduction in incidence and prevalence, but also the opportunity to support people to be cured of a virus that makes them feel unwell, and a reduction in the associated morbidity and mortality."
Jacqui Richmond, MD[45]

Hepatitis C Elimination

The World Health Organization (WHO) has adopted ambitious goals for eliminating viral hepatitis as a public health threat. As we'll explore throughout this guide, while curative treatment is available, uptake is suboptimal among all communities, and even more so among people who use or have a history of using drugs. Public health experts increasingly recognize that SUD treatment settings must be at the forefront of HCV elimination efforts.[45-46]

Hepatitis C Transmission

Hepatitis C is primarily transmitted through blood and, in the United States, injection drug use accounts for nearly 70% of new HCV infections. A harm reduction approach can provide effective tools and strategies to prevent transmission.[47]

- **Injection drug use with sharing of unsterile equipment** (including needles and equipment used to prepare drugs). HCV can stay infectious in blood outside of the body for days or even weeks.
- **During pregnancy and childbirth if the pregnant person is living with hepatis C**. Individuals should be screened for HCV at the first prenatal appointment. If that person tests HCV positive, linkage to care is critical. Hepatis C treatment isn't usually offered during pregnancy, but appropriate medical care can help protect both parent and baby. See page **34** for more information about HCV and pregnancy.
- **Unsterile tattoos or piercings** (stick and pokes, informal tattoo parlors, etc.). Because HCV stays infectious in blood outside of the body, any equipment, ink, water, or other tools used in tattooing or piercing could transmit HCV.
- **Sexual transmission.** Though it's less common, HCV can be transmitted through unprotected sex. Some individuals are at increased vulnerability to HCV transmission, including men who have sex with men who are living with HIV, and individuals with a history of some sexually transmitted diseases. Safer sex practices should be used whenever possible to reduce HCV transmission.

Harm Reduction and HCV

HCV can stay infectious outside of the body for many days and can be transmitted during that time. HCV can be transmitted through drug preparation equipment, including syringes, cookers, cotton, water, pipes and straws.

HCV can remain infectious on surfaces – including cookers, tie offs, pipes and straws – for up to 6 weeks. In water, HCV can survive up to 21 days, and in cotton, 24 hours (and up to 48 hours if wrapped in foil). In syringes, HCV can remain infectious for over 2 months. [47-48]

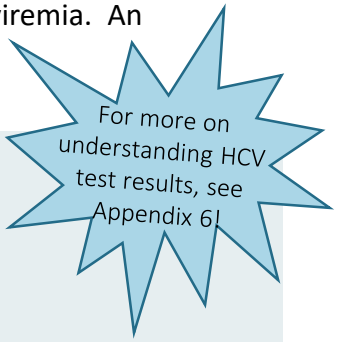
Harm reduction strategies to reduce HCV transmission include syringe exchange programs, safer injection facilities, overdose prevention programs, and medication for opioid use disorder.

https://harmreduction.org/resource-center/harm-reduction-near-you/

The National Harm Reduction Coalition has information about harm reduction resources that may be helpful for you and your clients!

About HCV Testing: It Takes Two

Diagnosing someone with hepatitis C requires two tests: an initial test that looks for anti-HCV antibody (Ab), and a confirmatory test that looks for the presence of viremia. An antibody test alone is insufficient to diagnose HCV infection.



What Do These Tests Look For?

Anti-HCV Antibody Test

A positive test result indicates prior exposure to HCV through either:

- Acute or chronic infection
- Past infection that has resolved through spontaneous clearance or treatment

HCV RNA Confirmatory Test

- A positive test result indicates the presence of viremia and an active HCV infection.

How To Complete HCV Testing

HCV Ab screening can occur as a rapid finger stick test or through a laboratory test following a blood draw. Confirmatory RNA testing requires a laboratory test following a blood draw. All positive or reactive test results should be followed by an RNA (PCR or NAAT) test.

Who Should Be Tested For HCV?[12]

- All adults aged ≥18 years, at least once in a lifetime
- All pregnant people should be screened at least once during every pregnancy

Individuals who may have increased likelihood of exposure should be tested more often:[12]

- People living with HIV
- People who have ever injected drugs or shared any drug preparation equipment.
- Annual testing is recommended for people who are currently using injection drugs, and more frequent testing may be appropriate depending on level of risk

All About Antibodies

Antibodies are a protein produced by the body in response to a pathogen, such as a virus or bacteria. It is used by the immune system to recognize pathogens it has seen before, and in some cases such as with hepatitis A, it can prevent reinfection.

HCV antibodies are *not* protective, so a person can be reinfected. HCV Ab will persist indefinitely, so once a person has had an HCV infection, they will *always* have antibodies in their system. Anyone that has ever had HCV – regardless of clearance or cure – will always test positive for HCV Ab, so a positive test for HCV Ab only tells us that someone *might* have HCV.

❖ HCV RNA testing, which detects virus in the blood, must be used to assess active infection.

Models of HCV Testing

There are many options for integration of HCV testing in drug and alcohol treatment settings. Regardless of the medical capacity or level of care, all settings can help increase access to screening and testing.

If a site has the capacity for on-site phlebotomy, this would be the preferred method of testing. HCV antibody with automatic reflex* to Quantitative or Qualitative PCR or Nucleic Acid Amplification Testing (NAAT) without the client having to return for a second blood draw is the gold standard for HCV testing.

If a site has limited phlebotomy capacity, offering rapid testing for anti-HCV antibody may be an option to consider. Rapid HCV testing should be initiated with a U.S. Food and Drug Administration (FDA)-approved HCV antibody test (e.g. OraSure fingerstick rapid test). If the rapid test is reactive and there is capacity to draw labs on-site, then an HCV Quantitative or Qualitative PCR or Nucleic Acid Amplification Testing (NAAT) should be performed.

If a site does not have the capacity for on-site phlebotomy but has capacity to do rapid testing for HCV, HCV testing should be initiated with an FDA approved HCV antibody test. HCV Ab testing alone shows if someone has ever been exposed to HCV, but it can not diagnose current infection. A Quantitative or Qualitative PCR or Nucleic Acid Amplification Test (NAAT) is needed to determine if hepatitis C RNA is present in the blood.

If there is no availability for HCV rapid testing or on-site blood draw, offer off-site options to reference laboratories or community medical providers to get tested. Develop a relationship with community outpatient hospitals, health centers, and county departments of health.

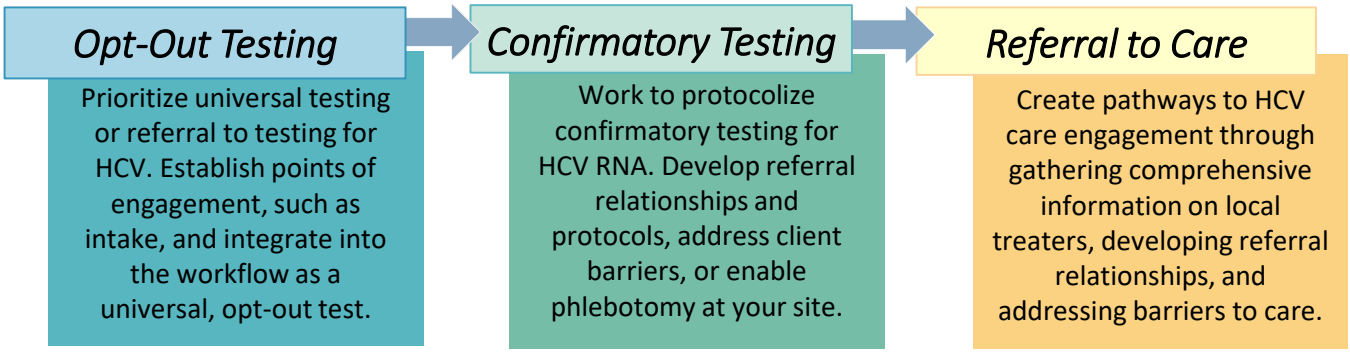
*Reflexive testing is a laboratory procedure in which a test outcome automatically triggers additional tests. Reflex testing for HCV antibody to RNA has been accepted as medical standard of care, as the antibody result alone is not useful diagnostic information without the second test. This function also streamlines the testing process, as it requires one blood draw for both tests, rather than requiring a second visit.

Integrating HCV Testing

Expectations

The CMCS Appendix C indicates that all clients be offered a hepatitis C test or a referral to hepatitis C testing. To achieve this, sites will need to either develop protocols to offer and complete HCV testing on-site or develop a referral protocol to link clients with testing at a local medical provider or community organization.

More information about how to offer HCV testing can be found in Appendices 3, 4 and 6



Establishing a Referral Protocol

For many providers, on-site testing may not be possible. In these cases, referral to testing at a local health department, medical provider, or reference lab is necessary. There are several strategies that can support meaningful referrals that result in successful client follow up. These strategies can vary in intensity and scope based on the capacity of the site:

- Identify local testing providers, including local health departments and health centers. Many medical providers offer mobile unit services and will come to SUD treatment facilities to offer POC HCV testing. Visit bit/ly.DOHmap for a GIS map of medical providers across the state.
- Ensure that materials and information about medical providers and testing resources are readily available for staff and clients.
- Consider developing a formal relationship with testing providers to streamline access and follow up activities. This can include integrating on-site mobile testing services into the SUD treatment program or establishing a referral protocol that delineates staff roles, key contacts, and the steps required to make the referral.
- Integrate navigation and client education strategies into routine service delivery, such as providing health education materials and key messages about testing, including “check in” questions to assess client follow up. Establish guidelines for documenting these activities.

Overcoming Barriers to HCV Testing

There are many challenges that limit access to testing, though there are resources and strategies to mitigate these issues.

For many providers, **information about testing resources** is limited, which hinders efforts to refer and link clients to this critical service. Likewise, clients may not be aware of the importance of testing, and misinformation among both providers and clients about HCV treatment, access to care, and the serious health outcomes of untreated hepatitis C can deter efforts to test and diagnose hepatitis C.

Resource and health education materials designed for both clients and providers can be key in expanding awareness of and access to HCV testing. Posters, postcards and other health education and awareness materials, as well as client workbooks and best practices manuals for providers can be found at stophiv.com/sor.

Obtaining and maintaining physical healthcare coverage can be challenging for many clients seeking drug and alcohol treatment services. Some SUD treatment programs have staff who can offer support with insurance applications, and for those who do not, health insurance navigators are available and can be found through PA211, which is a free number that individuals can call to access a wide range of resources. PA211 can also be accessed online at www.pa211.org.

Transportation can be a substantial burden for many seeking to access HCV testing. Some transportation resources are available through PA211.

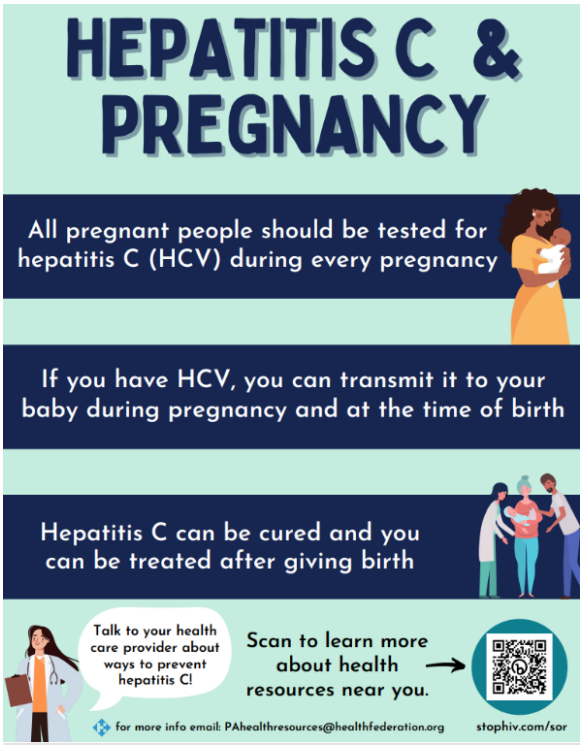
Lastly, **venous access** (the ability to successfully perform a blood draw) is a persistent issue for many people who have a history of injection drug use. While rapid testing for anti-HCV antibody does not require a blood draw, antibody with reflex to confirmatory testing, or confirmatory testing following a reactive rapid test does require phlebotomy and lab analysis. Encouraging clients to remain hydrated or investing in vein finding technology can be helpful tools to increase the likelihood of a successful blood draw.

Visit stophiv.com/sor for health education materials, like this poster about HCV testing!

HCV Testing & Treatment: Considerations for Pregnant & Postpartum People

In 2021, the majority of acute HCV cases were among persons aged 20–39 years, and chronic cases were also highest in this age group.[50] Due to increasing cases of HCV among people of childbearing age, there is also a rise in perinatal transmission (intrauterine and intrapartum). HCV infections during pregnancy rose by 20% between 2016-2020. Among perinatally exposed infants and children, it is estimated that between 5.8%-7.2% will develop chronic HCV infection.[50-54]

Because of the increase of HCV among people of reproductive age and the implications for perinatal transmission, the American Association for the Study of Liver Disease (AASLD) and Infectious Disease Society of America (IDSA) recommends screening pregnant individuals for HCV during *each pregnancy.*[54-55]



Health Education Materials like the poster above are available for drug and alcohol providers across Pennsylvania. Visit stophiv/sor to see more and order materials for your site!

Currently, HCV treatment is not approved for use during pregnancy.[12] However, direct acting antivirals (DAAs) do have the potential to be used during pregnancy for hepatitis C treatment and prevention of perinatal transmission, and studies are underway to assess the safety of these medications during pregnancy.

Ensuring that pregnant people are linked to OBGYN care and screened for HCV is critical, and drug and alcohol treatment providers have an opportunity to support increased awareness of and access to HCV screening among pregnant people.

For more detailed information about recommendations for pregnant people, see these resources:

American College of Obstetricians and Gynecologists

Treatment Guidelines from AASLD/IDSA

Integrating HCV Treatment: Overview

For most people, HCV treatment consists of 1 to 3 pills, taken one time a day, for 8 to 12 weeks. Treatment has cure rates that exceed 95% when taken as prescribed.[12] Pre-treatment evaluation includes obtaining baseline laboratory testing according to AASLD guidance.[12] Once a client has been evaluated and a course of treatment determined, the prescription can be sent to a specialty pharmacy for delivery or pick-up.

Co-Locating HCV Treatment

SUD treatment programs that have medical providers on-site and have the capacity to prescribe and dispense medication should consider embedding care within their program. Co-dispensing DAAs, simultaneously to dispensing medication for opioid use disorder (MOUD), may increase adherence.

Referrals to Medical Care

Most substance use disorder treatment programs will not have the capacity to fully integrate hepatitis C care into their existing services. In these cases, offering referral to medical care and implementing navigation strategies is recommended.

SUD treatment programs that do not have medical staff on-site should become familiar with nearby practices that provide care to individuals diagnosed with hepatitis C. Further, establishing collaborative relationships with local providers can streamline referrals to care and enable care coordination activities that may increase linkage to and retention in care.

Overcoming Barriers to Hepatitis C Treatment

Access issues due to transportation, caretaking responsibilities, and work complicate an individual's ability to connect with medical care. Obtaining and maintaining health insurance can be challenging, and lack of phone, Wi-Fi, and computer access can leave many without the tools to effectively engage in care. For many receiving SUD treatment, Hepatitis C may simply not be an urgent priority when housing, food, and other needs exist.

Models of care that prioritize integration and supportive services are ideal for people who use drugs and individuals in recovery. Studies show that treatment adherence and cure rates among people who do not inject drugs do not differ significantly from individuals who are actively using drugs.[55-58]

However, successful engagement in hepatitis C treatment relies on models of care that proactively identify and address barriers faced by clients. Flexible scheduling, transportation support, case management services, and leveraging models of care that offer lower threshold access, such as telehealth and mobile healthcare, can go a long way to supporting successful linkage to care.

HCV Treatment: Direct Acting Antivirals (DAA)

In the past, HCV treatment regimens took 6-12 months, created severe side effects, and had suboptimal cure rates. The advent of DAAs has changed this, but for many, fears about how "bad" HCV treatment is persist. One of the most impactful things that providers can do is to ensure that clients are aware of current treatment options for HCV cure.

Cure is defined as achieving SVR12 (sustained virologic response), which is undetectable virus at ≥12 weeks after treatment completion. Undetectable means that there is *no more virus in the body.* Benefits of treatment include improved health outcomes for individuals and reduced transmission within communities.

In Pennsylvania, there are no restrictions on who can be treated for hepatitis C, even if someone is actively using drugs/alcohol.[59-60]

Below is a snapshot of the HCV treatment process that you can use to set expectations with your client. For many, having a clear sense of what treatment looks like can quell fear and anxiety and allow clients to feel more in control of their own health.

STEPS IN HEPATITIS C TREATMENT
<u>Medical Visit & Evaluation:</u> A series of evaluative tests will be conducted to determine the course of treatment. These include labs to evaluate the severity and type of HCV, an HIV test, hepatitis A and B serologies, kidney function, a pregnancy test when indicated, and more.
<u>Treatment:</u> For most, HCV treatment is an all-oral regimen taken for 8-12 weeks with few or no side effects. Many medical providers, including primary care and addictions providers, can treat HCV.
<u>Cure:</u> While a provider may run a viral load test during or directly following treatment, the measure of cure is the achievement of a sustained virologic response (SVR), which is a viral load test taken 12 weeks after treatment completion that shows no viremia (undetectable viral load).
<u>Follow Up Care:</u> For some, long-term monitoring is recommended. Over time, cirrhosis, liver cancer, and end stage liver disease can develop. Many factors, including age, gender, and co-infection with HIV or hepatitis B can increase the likelihood of these outcomes and the speed of disease progression. For individuals with cirrhosis, it is recommended that they receive follow up ultrasound to monitor for HCC every 6 months.

Hepatitis C Treatment: Labs and Staging

Blood work & labs

These include labs to evaluate the severity and type of HCV, an HIV test, hepatitis A & B serologies, kidney function and more.

Providers do blood work at different intervals. In addition to pretreatment labs, some may monitor viral load during treatment and immediately following treatment completion.

In some settings, reducing the burden of blood work makes the treatment process more convenient for the client. Fewer blood draws can be helpful for individuals with difficult venous access. Data show that even with minimal monitoring during treatment, individuals reach high rates of cure.[61]

Liver staging

Before treatment, a provider will measure disease severity. This is calculated as a METAVIR or F-score. The type of damage caused by hepatitis C is liver scarring, referred to as fibrosis, which can range from mild to severe.

Below is information about pre-treatment lab work and liver assessment. It can be helpful for clients to understand these test results so that they can actively participate in their healthcare – both during and after treatment!

Labs to Look Out For

Quantitative/PCR/Viral load
Measures how much virus is in the blood

Genotype
There are different types of HCV. Most medicine used to treat and cure HCV are pan-genotypic, meaning that they can be used regardless of genotype.

Fibrosure, FIB-4 or APRI
These are blood tests (and calculations) that are used to determine severity of liver disease.

METAVIR score: F0-F4

F0: No fibrosis
F1: Mild fibrosis
F2: Moderate fibrosis
F3: Severe fibrosis
F4: Cirrhosis

Fibrosis is measured with one of the following tests:

- **APRI** (aspartate aminotransferase to platelet ratio index) or **FIB-4** (fibrosis-4) tests These are scoring systems that calculate fibrosis based on laboratory tests and specific calculations.
- **FibroSure** blood test[16]
- Imaging and ultrasound tests such as a **FibroScan**, which uses transient elastography to measure liver stiffness, which results from fibrosis. [17-18]

Discussing Long-Term Monitoring

Ongoing healthcare engagement

Clients may experience anxiety when thinking about future health issues, and long-term health outcomes can be difficult to prioritize in the moment, especially if clients have other competing priorities. Additionally, hepatitis C treatment occurs for a set time, so it's easy to think that medical care is done after that last pill.

Engagement in hepatitis C care can be a gateway to primary care or to addressing other health issues. Individuals may feel more positively about a healthcare system and provider that treated them well. Hepatitis C treatment often makes people feel better soon after initiating – people report having more energy and feeling less fatigued and run down. Additionally, achieving cure is an accomplishment that many people feel proud of. All of these factors can increase the likelihood that someone remains in care following treatment completion.

However, barriers to care may persist. Ongoing psychosocial challenges often take precedence over health, and systemic barriers to medical care may continue.

If you've supported a client in preparing for treatment and have discussed barriers to care and adherence already, the client has already spent time thinking about how to prioritize their health and stay in care. This is an opportunity to revisit that information.

Keep it simple

It isn't your job to present and interpret *all* the information in front of you. Below are some key messages.

Taking care of your liver health doesn't end after treatment.
If a client has more advanced disease, they may have ongoing risk for liver cancer or liver failure even after cure. Support your client in "protecting their liver" by seeing a medical provider every 6 months.

HCV reinfection can and does happen.
Be sure to encourage harm reduction practices to clients and foster a non-judgmental space so if they do have a future exposure they feel comfortable coming back to you.

Emphasize client agency and self-determination.
Reminding the client that they successfully engaged in curative treatment can help support an ongoing sense of self efficacy, self-worth and belief that they deserve to be a partner in their own healthcare.

Discussing Prevention & Reinfection

What if a client is reinfected?

Even if someone does become reinfected - and it happens - there are both individual and community benefits to retreatment. Each time a person goes for a time without an active infection, liver damage is stopped. And, the health impacts of hepatitis C go beyond the liver; extrahepatic manifestations of hepatitis C impact many organs and body systems (see image).[62-63]

Extrahepatic Manifestations of Hepatitis C

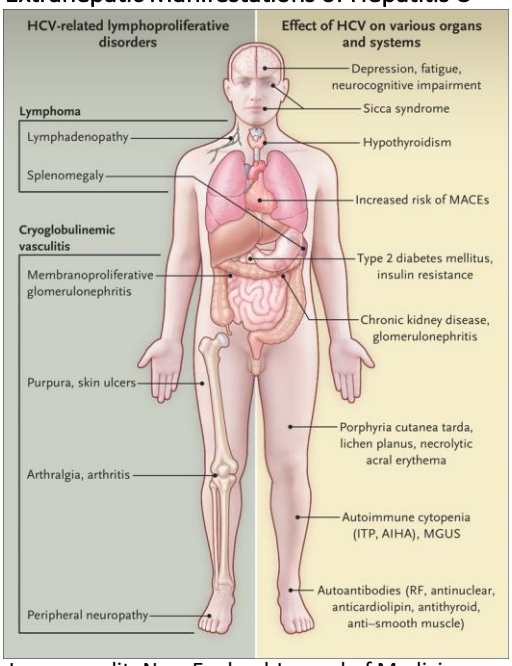


Image credit: New England Journal of Medicine
Grant RM et al N Eng J Med 2010. 363(27) 2587-99

Additionally, without active infection, there can be no transmission. This is meaningful from a public health perspective as a way to substantially reduce transmission within a community.

Among PWID, overall reinfection rates are low, though people currently using drugs do have higher rates of reinfection.[64]

Because HCV transmission is so common among people who use drugs, there is even more reason to treat and retreat as a way to stem the tide of this epidemic. Harm reduction strategies, including syringe service programs and medication assisted treatment, are critical to prevention reinfection.

Discussing Reinfection

For many, reinfection can cause shame and embarrassment. A non-judgmental approach can help the client move from feeling that they have failed or done something wrong, and instead support them in seeking retreatment and exploring ways in which they can maximize their own prevention and harm reduction skills in the future.

What if the treatment isn't successful?

Sometimes HCV treatment doesn't successfully cure on the first try. There are a few reasons that treatment may not work, including genetics or missing doses during treatment. The most important things to know are: **people can and should be treated again.[12]**

- There are no limits on how many times clients can be treated
- There is no evidence to suggest that if treatment doesn't work the first time it won't work in the future
- Insurance will cover re-treatment

Hepatitis C Service Integration

The degree of integration of HCV services in SUD treatment settings depends on the level of care and availability of existing medical services and infrastructure. Below is a brief snapshot of possible levels of integration according to level of care and access to phlebotomy and medical services.

Hepatitis C Service Integration Capacity Relative to Level of Care

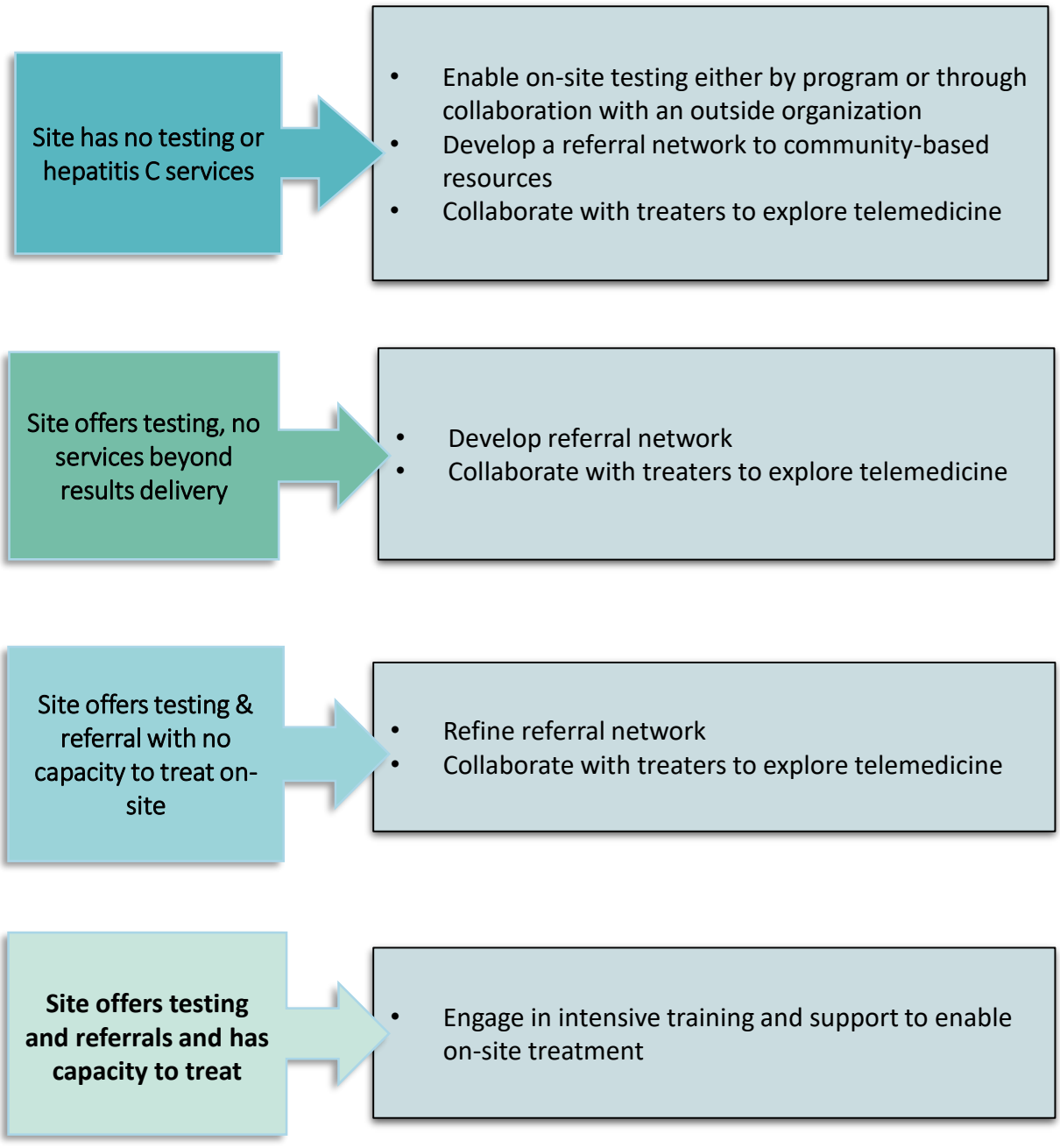
LEVEL OF CARE	TESTING	DELIVERY OF TEST RESULT	HCV TREATMENT
Outpatient^	1. Referral to community provider 2. On-site testing by community provider 3. Rapid test by facility staff	On-site or Follow-up	Linkage to care at external provider
Outpatient*	Phlebotomy	On-site	Linkage to care at external provider
Methadone or OTP Program*	Phlebotomy	On-site	* Linkage to cure elsewhere ~ On-site treatment
Inpatient*	Phlebotomy	On-site May require follow-up off-site (*length of stay dependent)*	* Linkage to cure elsewhere ~ On-site treatment
Detox*	Phlebotomy	On-site May require follow-up off-site (*length of stay dependent)*	Linkage to care at external provider
Partial Hospitalization^	1. Referral to community provider 2. On-site testing by community provider 3. Rapid test by facility staff	On-site or Follow-up	Linkage to care at external provider
Partial Hospitalization*	Phlebotomy	oO-site	* Linkage to care elsewhere ~ On-site treatment

*Phlebotomy services on-site
~ Phlebotomy & medical services/ prescriber on-site
^No phlebotomy or medical services on-site

Models of Integration

Every facility, regardless of existing infrastructure, can identify opportunities to improve outcomes along the hepatitis C care cascade.

No matter how a site offers testing or referral to testing, policies and protocols should reflect universal opt-out testing in accordance with public health guidance.



Assessment & Opportunity for Integration

Scenario 1: Building Services From the Ground Up

When a treatment program doesn't have any hepatitis C services in place, there are opportunities to meaningfully increase access to HCV testing.

- Shifting policies and protocols to enable universal, opt-out testing or referral to testing will transform access to testing and diagnosis.
- Municipal health departments and local medical providers may be able to bring testing services on-site at your facility or, if not on-site, broker referral arrangements to streamline client linkage to testing services.
- Some programs may seek to integrate on-site rapid testing.

Adjust your policies and procedures

- Refer to Appendix C in the current CMCS, which indicates that all clients seeking services be offered testing for HCV. This offer should integrate testing for HBV and HIV.
- Reference the FAQs and Opt-Out Testing Script in Appendices 3 and 4 of this guide.
- For direct training, support in developing updated policies, and input on integrating testing and referrals to testing into your workflow, contact the SOR TA team by visiting stophiv.com/sor.

Collaborate with an outside provider to bring testing to your facility

- Find community testing programs, which are often connected to Federally Qualified Health Centers (FQHC) and other health centers. Your local health department may have information and resources as well. You can also locate providers at bit.lyDOHmap.
- If a provider can offer testing at your facility, it will most likely be rapid testing. While an immediate blood draw for confirmatory testing is ideal, it isn't feasible in every setting.
    - Find out if the outside provider does confirmatory testing or navigates clients to a reference lab or health center. If there are not wrap around services, consider how you may support the client in connecting to care.
- Consider common barriers that your clients might face. For many, help addressing urgent, competing priorities increases a client's capacity to connect to care. Some factors to consider are transportation, childcare, and ability of the facility staff to support care coordination or discuss HCV with the client.

Provide in-house screening and testing

This can feel like a heavy lift, but it *is* possible!

- Reach out to your local health department for support or contact the State Opioid Response Technical Assistance team by visiting stophiv.com/sor
- Seek resources to pay for test kits, which can be expensive.
- Establish relationships with providers who can treat clients referred by the facility.
- In any scenario, take time to consider barriers that clients might face.

Assessment & Opportunity for Integration

Scenario 2: Ensuring Access to Confirmatory Testing

- Some programs utilize rapid antibody testing, which can be an important resource in many community-based settings. However, without a follow up HCV RNA test – which requires a blood draw – a diagnosis cannot be obtained.
- In some settings where phlebotomy is occurring, the lab test being run may be an antibody test only. Diagnosing active HCV infection requires a second, RNA confirmatory test, so antibody only testing isn't effective or an efficient use of resources.
- Facilities should move towards universal, opt-out testing models. For direct training, support in developing updated policies, and input on integrating testing and referrals to testing into your workflow, visit sophiv.com/sor

Integrate Phlebotomy

- If your site has phlebotomy capacity, you should work towards integrating blood draws into every testing encounter, and ensure that test ordered reflexes to confirmatory RNA, rather than antibody only testing.
- One common barrier is due to billing and reimbursement. Services in behavioral health settings are paid for by BHMCOs, which may have limitations in the number of medical tests that they reimburse for. See *Appendix 17: Addressing Billing and Reimbursement Challenges* for more information.

Strengthen Referral Protocols

If your site does not have phlebotomy capacity, referring clients to a medical provider or reference lab is recommended. Best practices for referrals can include:

- A written policy outlining expectations, which include 1) an immediate referral upon reactive test result, with every effort made to schedule a follow up appointment during the encounter; 2) documentation requirements; 3) follow-up procedure to assess if the client completed the referral.
- Providing appropriate information and training for staff so that they understand the importance of confirmatory testing and are familiar with client education resources that they can provide to clients. Resources can be found at **stophiv.com/sor.**
- Ensuring that all staff are familiar with the organization they are referring clients to. For detailed information about medical services in your area, check out the healthcare provider map at **bit.ly/DOHmap.**
- Brokering relationships between organizations can streamline the referral process and increase counselor comfort in making the referral.

Assessment & Opportunity for Integration

Scenario 3: Referrals and Linkage to Care

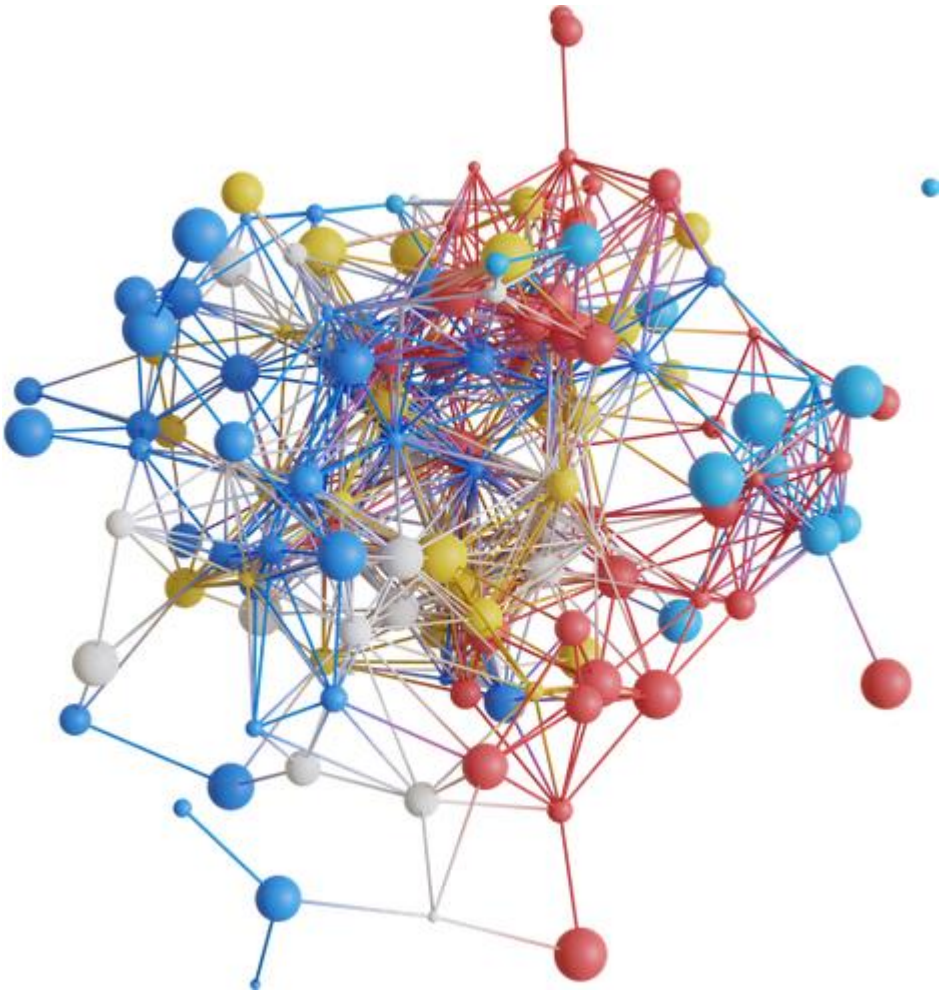
- Providing referral and linkage to HCV care can be intensive, such as hiring full time navigation staff, or incredibly straight forward, such as providing clients with basic literature and information that they can use to connect to care.
- Even if a setting does not have staff dedicated to HCV care navigation, there are many ways that program staff can support linkage to care.
- Staff can provide client education, appointment scheduling, insurance support, resolving or mitigating barriers to care (transportation, work, homelessness), medication adherence support and ongoing engagement to prevent treatment interruption and someone becoming lost to care.

Quick Tips: Strengthen Referral Relationships and Protocol

- Identify local treaters & provide literature and information about their services. Visit bit/ly.DOHmap to find medical providers in your area.
- Connect with local treaters and developing a formalized referral relationship with them through them a formal agreement to ease access to care and clarify referral protocols.
- Write policy and procedures that explain when a referral is appropriate, referral options, expectations of staff in facilitating the referral process, standard follow-up steps and documentation requirements. For support developing policy and procedures, contact the TA team by visiting stophiv.com/sor.
- Have literature and information available to de-stigmatize and normalize hepatitis C and encourage clients to seek care.
- Provide or facilitate referrals to supportive services – such as housing, public benefits, childcare - to overcome barriers to care.

Considerations for Developing Referral System

- Identify common barriers that your clients might face. For many, support addressing urgent, competing priorities increases a client's capacity to connect to care. Some factors to consider are transportation, childcare, and ability of the facility staff to support care coordination or discuss HCV with the client.
- Assess staff and client comfort with HCV knowledge about prevention, transmission, and treatment. Are there opportunities for increased education and training?
- Identify the roles that staff *already* play in supporting clients. Can any of those skills or tasks help someone link to care?



HIV

Human Immunodeficiency Virus

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HIV Basics: Stages and Disease Progression

About HIV

HIV stands for Human Immunodeficiency Virus. HIV is a virus that infects the cells of the immune system, mainly CD4 cells. When HIV infects an immune cell, the cell is no longer able to protect the body from things like fungi, atypical bacteria, and viruses. If unmedicated, HIV can destroy the immune system over a period of 7 to 9 years, leading to death by opportunistic infections associated with Advanced HIV (i.e., AIDS).[65]

Thinking about HIV as developing over 3 stages can help us understand how HIV progresses over time if untreated.

Stage 1: Acute or Primary Infection

Stage 2: Chronic Infection, clinical latency or Asymptomatic

Stage 3: Advanced HIV or AIDS

Acute Infection

The first stage is known as acute or primary infection and spans the initial period after HIV acquisition, before antibodies are detectable. During this stage, people often have flu-like symptoms and may think that they have the flu. There is a very high amount of virus in the body during this stage, which means that a person could transmit HIV someone else, even if they don't know they have HIV.

Chronic Infection

The second stage could last years and is known as a chronic infection or clinical latency. The length of this stage will vary between people. People may feel and look healthy during this period, even if they aren't taking medication. However, HIV will continue to damage the immune system, and will progress to the third stage if untreated.

Advanced HIV

The third stage is known as advanced HIV or AIDS (Acquired Immunodeficiency Deficiency Syndrome). This stage is caused by HIV and is a clinical diagnosis. To receive this diagnosis, a person living with HIV (PLWHIV) must either have an "AIDS defining illness" or have a CD4 cell count of <200cells/ mm3. Untreated, people with Advanced HIV or AIDS are extremely vulnerable to opportunistic infections that can lead to serious illness and death. Importantly, with medication, health can improve across all stages, even if someone reaches Stage 3.

Stages of HIV

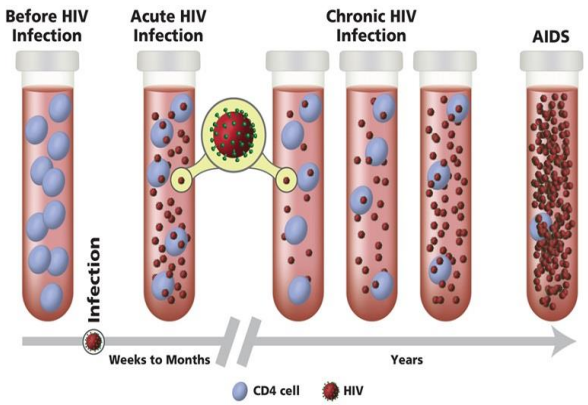


Image credit: National Institute of Health

HIV Transmission

The only bodily fluids that can transmit HIV are blood, semen, rectal fluids, vaginal secretions, and breast milk. Although HIV might be present in small amounts in some bodily fluids, such as saliva, these fluids do not contain enough virus to transmit HIV.[65-67]

Image Credit: https://www.cdc.gov/hiv/basics/hiv-transmission/injection-drug-use.html

- **Sexual Transmission** HIV is only transmitted through sexual activities that involve exchange of the bodily fluids mentioned above. When used the right way every time, condoms – both internal and external – are highly effective in preventing HIV
- **Childbirth and Pregnancy** All pregnant people should be tested at their initial visit and again during their third trimester. If a pregnant person is living with HIV, linking to medical care is critical. Treatment can drastically improve the health of the birthing parent and prevent transmission to the baby
- **Injection Drug Use** Injection drug use can be a direct route of HIV transmission when individuals share needles, syringes, or other drug preparation equipment that are contaminated with HIV
- **Alcohol and other Drug Use** Drinking alcohol and ingesting, smoking, or inhaling drugs can impair judgment and reduce inhibitions. This can lead to practices, like condomless sex or sharing syringes, that can make people more likely to acquire and transmit HIV.

For HIV to be transmitted, there must be a means of transmission (an activity), a bodily fluid that can transmit HIV, and an entry point into the body. Even if all these factors are present, an exposure doesn't necessarily lead to an infection.

Means of transmission	+	Bodily fluid that can transmit HIV	+	Portal of entry	=	*Possible* HIV transmission

HIV Life Cycle and Treatment

There are 8 steps required for HIV to replicate. Antiretroviral Therapy, or ART, are medications that are highly effective at stopping the replication progress of HIV. ART usually consists of at least three antiretroviral medications from at least two different classes of drugs. Different classes of ART drugs stop HIV replication at different points in the 8 steps necessary for replication.

The reason for multidrug, multi-class treatment regimens is because the mutation rate of HIV is extremely high. In fact, HIV mutates 1 to 3 times per replication and if unmedicated, HIV can replicate billions of copies each day. Most mutations do not affect the virus at all, some mutations are harmful to the virus, but occasionally, a mutation blocks the medication from stopping HIV in the way that it was designed to do. The virus can complete the step in the life cycle that the drug is designed to stop. With multi-drug ART, medications block HIV replication at various points in the life cycle, stopping resistant HIV from replicating.[68]

HIV Life Cycle

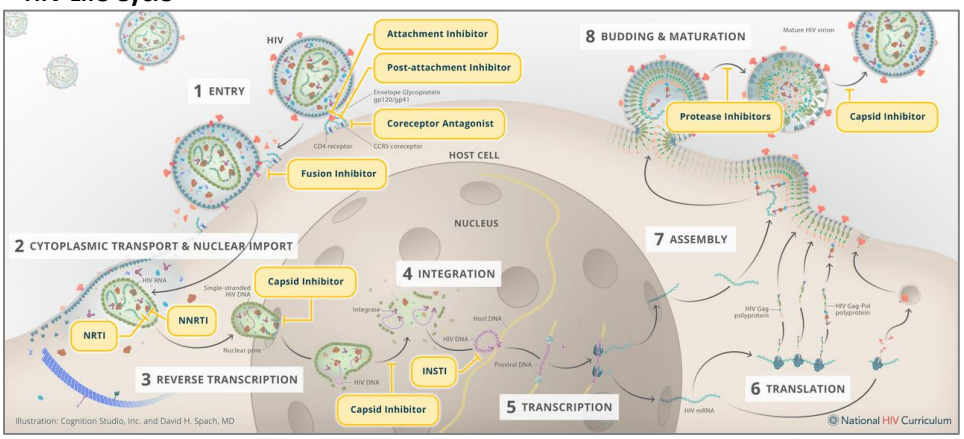


Image Credit: Cognition Studio, Inc. and David H. Spach, MD

KEY TERMS

- **CD4 Cell**: A type of white blood cell that protects the body from infections. HIV uses CD4 cells for replication.
- **CD4 Count:** A quantitative measure of how well a person's immune system is functioning. A healthy CD4 count is between 500 and 1500 cubic millimeters.
- **Replication:** Viral replication is the formation of virus copies during the infection process in the target cells. Viruses must first get into the cell before viral replication can occur. In the case of HIV, CD4 cells are the target cells for replication.
- **Viral Load:** A measure of the amount of HIV virus in the blood (RNA/PCR test).
- **Viral Suppression:** When the viral load is below 200 copies per milliliter. Also referred to as "undetectable".
- **Undetectable:** When the viral load is so low that it cannot be detected with standard viral load tests.

CDC HIV Testing Guidelines

CDC HIV Screening Guidelines

The CDC's definition of screening differs from traditional "risk-based" screening where risk assessments were used to determine who should be recommended for HIV testing. In healthcare, screening refers to preventative testing models that indicate wide scale testing for a disease regardless of symptoms. CDC guidelines indicate that an HIV test should be performed for all persons in a defined population at least once in a lifetime (i.e., all clients aged 13-64). [69-70]

CDC HIV Priority Testing Guidelines

For some communities, more frequent testing is appropriate. Guidelines suggest the following:

- Annual testing for people with substance use disorders and/or men who have sex with men
- More frequent testing for those who disclose recent or ongoing vulnerability to HIV

DDAP Guidelines

DDAP HIV testing guidelines adopt these recommendations and ask providers to perform or refer to testing as per CDC guidelines.

What is a "Window Period?"

The window period refers to the time between exposure to HIV and a test's ability to detect an HIV infection.

TYPES OF TESTS

Rapid Tests

These tests use whole blood from a fingerstick or oral fluid, provide a result in as little as 1 minute, and can be done entirely at home or in a community-based setting.

Lab-Based Tests

HIV testing via blood work is the most accurate, has the shortest window period, and requires a blood draw that is sent to a lab for analysis. These tests have a window period of 10-45 days, and detect the actual virus in the blood. Lab-based tests are needed to confirm rapid test results

Some people may experience barriers to accessing HIV testing. For some, self-tests can be a good alternative and can be obtained at a pharmacy or online.

Rapid Self-Tests

These tests use oral fluid and results are available in 20 minutes. Order a rapid self-test in Philadelphia County at phillykeeponloving.com and for the rest of PA at getmyhivtest.com

Mail-In Self-Tests

This test kit includes supplies to collect dried blood from a fingerstick at home. The sample is then sent to a lab for testing and the results are provided by a healthcare provider. Order a mail-in test at testing.com/tests/at-home-hiv-test/ [59]

Models of HIV Testing

There are a range of different models to increase access to HIV testing in drug treatment settings. While not every program will have capacity to provide on-site testing, there are a variety of models available to integrate opt-out testing according to CDC guidelines.

Referral to Offsite Testing

For many SUD programs, developing strong referral pathways will be the most appropriate model to adopt. In these cases, referrals to a health department, community health center, or reference lab should be provided. Creating a formal partnership with an external provider can help streamline and clarify the referral process. Additionally, troubleshooting common barriers ahead of time allows the program to implement supportive services.

On-Site by External Testing Provider

There are many healthcare providers that work with SUD treatment programs to perform regular onsite testing. External providers often perform testing weekly or monthly, depending on demand. Many testing providers will also help individuals link to care in the case of a positive or reactive test result. Frequently, these providers will see clients regardless of insurance status.

Rapid Tests Performed by SUD Treatment Staff

Some providers may choose to do rapid testing themselves. More information on how a SUD provider can operationalize rapid testing on-site included below!

Blood Draw On-Site

Extreme high sensitivity and specificity coupled with a very short window period is what makes lab-based testing a gold standard. Providers that have a phlebotomist on-site and a relationship with a laboratory can utilize this type of testing for their clients.

To perform rapid tests, the provider must obtain a CLIA Certification through the Pennsylvania Department of Health. The Clinical Laboratory Improvement Amendments of 1998 (CLIA) specified the standards for testing to ensure accuracy and reliability. Once the CLIA Certification is obtained, the provider can provide any CLIA waived rapid test claimed on their CLIA application.

https://www.health.pa.gov/topics/Labs/Pages/Laboratory-Improvement.aspx

For help implementing any of these testing models, contact the SOR TA team by visiting stophiv.com/sor

HIV Status-Neutral Service Delivery Model

What is the Status-Neutral Model?

Every test is an opportunity for engagement around client health and wellness, and a chance to identify wellness goals and address health-related concerns. To this end, the HIV Status-Neutral Framework for HIV Prevention outlines key next steps for supporting a client regardless of the outcome of the test. [61]

In this model, the test is seen as the entry point into care. Rather than centering the outcome of the test – and therefore the disease – the person is at the center and their whole health is a part of the picture. By adopting a status neutral model, we create opportunities to engage around a variety of health concerns and issues.

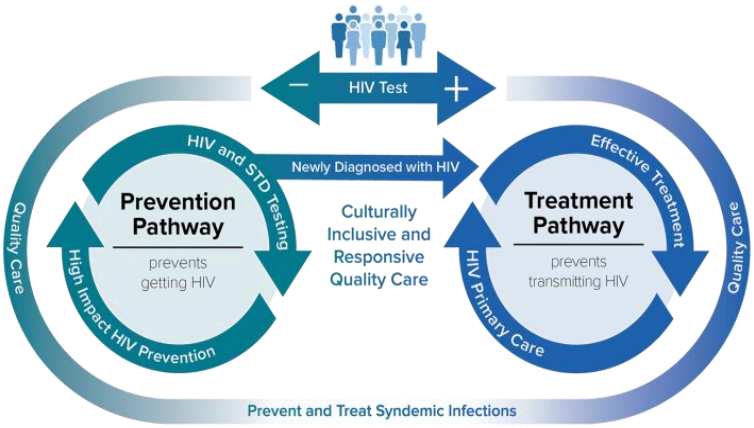
Features of the Status-Neutral Model

- Care and supportive services address the whole person, including barriers and challenges that impact healthcare engagement
- Model is holistic and does not segregate HIV care from prevention and other services
- Assessment is not a one-time occurrence. As people's needs change, their resources and care should as well

In sum, this model helps reduce stigma by normalizing HIV care and services, enables more pathways to healthcare engagement, and responds to the unique needs of each individual.[72]

The Status Neutral Model of Care Delivery

People whose HIV tests are negative are offered powerful prevention tools like PrEP, condoms, harm reduction (e.g. SSPs) and supportive services to stay HIV negative.



People whose HIV tests are positive enter primary care and are offered effective treatment and supportive services to achieve and maintain viral suppression.

Follow CDC guidelines to test people for HIV. Regardless of HIV status, quality care is the foundation of HIV prevention and effective treatment. Both pathways provide people with the tools they need to stay healthy and stop HIV.

Image credit: Division of HIV Prevention, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention

HIV Treatment Benefits:
Improved Health & Treatment as Prevention

Undetectable = Untransmittable

As discussed, ART is critical, life-saving medication for people living with HIV. By disabling the virus' ability to replicate, the viral load drops to undetectable levels (<200 copies/ml). With less HIV in the body, the immune system can rebound and will often be able to once again protect the body from illness and infection.

Most people living with HIV (PLWHIV) who start taking ART as prescribed can reach undetectable levels within 1-6 months after treatment initiation.[72] In many cases, PLWHIV who are adherent to ART can go on to live long, healthy lives. Early diagnosis and immediate treatment initiation means that many people living with HIV have life expectancies comparable to people who do not have HIV.[73]

In addition to increased quality of life, people living with HIV who are adherent to ART and achieve a sustained, undetectable viral load CANNOT sexually transmit HIV to anyone.[64] This is known as 'Undetectable = Untransmittable' or 'U=U'. Research is ongoing to determine the impact that an undetectable viral load has on other modes of transmission, such as injection drug use.

Preventing sexual transmission of HIV in this way means that HIV treatment in and of itself is a powerful prevention tool. Achieving viral suppression prevents HIV transmission to others, which is often a primary concern of PLWHIV.

Treatment over the long term

Right now, treatment for HIV is lifelong and PLWHIV should expect to meet with their medical provider on an ongoing basis. These appointments are necessary to ensure the antiretroviral medication is working as expected and to monitor overall health.

Monitoring Viral Load

One test that clients can expect to have conducted regularly is a viral load test. When the viral load, a measure of the amount of HIV virus in the blood, is below 200 copies per milliliter, viral suppression is reached. A medical provider will run a viral load (also called an RNA test and/or PCR test) **every 4-6 months** to monitor viral load.

HIV Treatment: Blood Work & Labs

Engaging in Medical Care for HIV

It is very important that people living with HIV begin treatment as soon as possible! Delaying treatment means that HIV will continue to damage the immune system, leaving people at a higher risk of developing opportunistic infections, and it increases the chance that someone may transmit HIV to others.

A typical first visit will include a physical exam, blood work, obtaining information about health history, and assessing any additional health concerns or conditions.

Many medical providers who provide HIV care will also provide primary care, so when seeking a provider, learning about the full scope of medical services they provide may be helpful.

Lab work will be ongoing during HIV treatment to monitor efficacy of medication and the impact of HIV on a person's overall health.

Some key tests include a **CD4 count, viral load,** and **drug resistance,** all of which are explored in more detail below.

CD4 Count

- A CD4 cell is a type of white blood cell that protects the body from infections. HIV lowers the number of CD4 cells, making it harder for the body to fight infections
- A CD4 Count is a measure of how well a person's immune system is functioning. A healthy CD4 count is between 500 and 1500 cells per cubic millimeter. Usually, a CD4 test will be run every 3 to 6 months.

Viral Load

- Viral load measures the number of viral particles in a milliliter (mL) of blood. The test is referred to as an RNA or PCR test, and when untreated, copies of HIV per ml of blood can be in the millions. Viral suppression is when the viral load is below 200 copies/mL.
- Viral load tests are conducted every 4 to 6 months, before starting and between 2 and 8 weeks after starting a new HIV medicine.

Resistance

- Drug resistance is when a particular HIV medication doesn't work due to changes (mutations) in the virus. Sometimes people acquire HIV that is already resistant to particular drugs, and other times non-adherence leads to resistance.
- Resistance testing is conducted at the start of treatment and again if a viral load test shows that medications aren't working.

ART is currently available in pill form or as an injection.

- When individuals first initiate ART, pill-based treatment is recommended. This is an all-oral regimen that, for many people, is one pill taken once per day.
- Once an individual has maintained viral suppression (an undetectable viral load) for at least 3 months, they may consider injectable ART. Injections are given by a healthcare provider monthly or every other month.

HIV Treatment: Medication Adherence

What is adherence and why is it important?

Adherence means "sticking to" something. In the context of medicine, adherence means sticking to a medication regimen as prescribed by a medical provider. For the antiretroviral medications in ART to work, there needs to be a steady state concentration of medication, which is enough medication in the body for a long enough time to consistently work. (See below for an illustration of this concept).

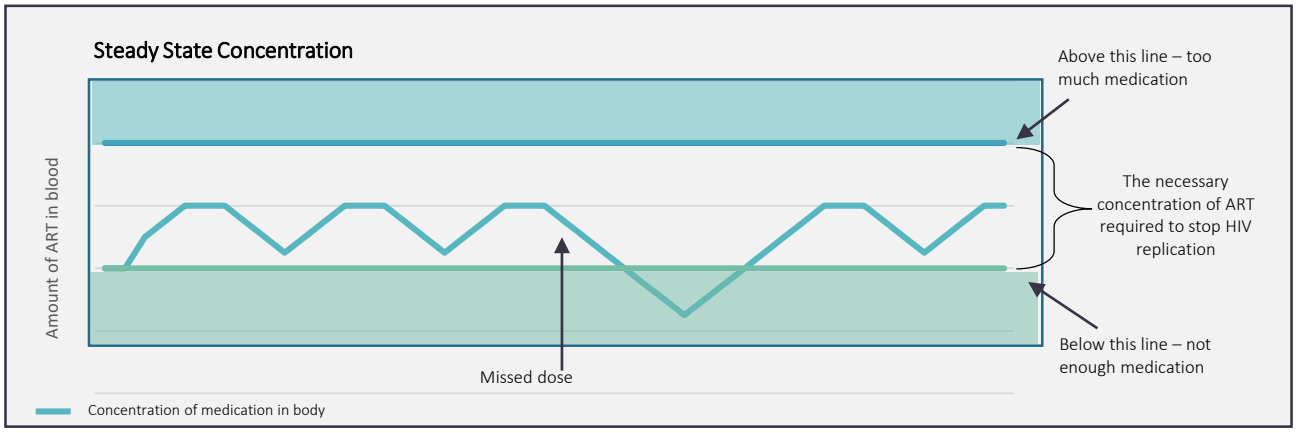
When someone is non-adherent to their HIV medication, it can lead to drug resistance. If someone develops drug resistance to HIV medication, certain classes of antiretroviral medication will no longer work to treat their HIV. This limits future treatment options and requires a change in medication.[75]

Staying adherent to HIV medication greatly reduces the risk of developing drug resistance, *but resistance can develop even if someone takes their medication as prescribed*. It is critical to emphasize the importance of adherence and the impact that resistance will have on treatment options. It is also important to consider that someone who has developed drug resistance may feel shame, embarrassment, and a sense of personal failure. These feelings may impact engagement in care, so using motivational interviewing and other strengths-based strategies is recommended.

Problem solve potential barriers to adherence *before* they arise

Talk with your client about potential challenges to adherence, how they can be resolved, and what to do if they do miss a dose. Remind them that everyone forgets things sometimes, so if they miss a dose, they needn't be too hard on themselves and can get back on track.

Make sure they know to ask their medical provider what to do if they miss a dose – they likely should not double up unless their provider tells them otherwise. If they miss several doses in a row, they should check in with their medical provider.



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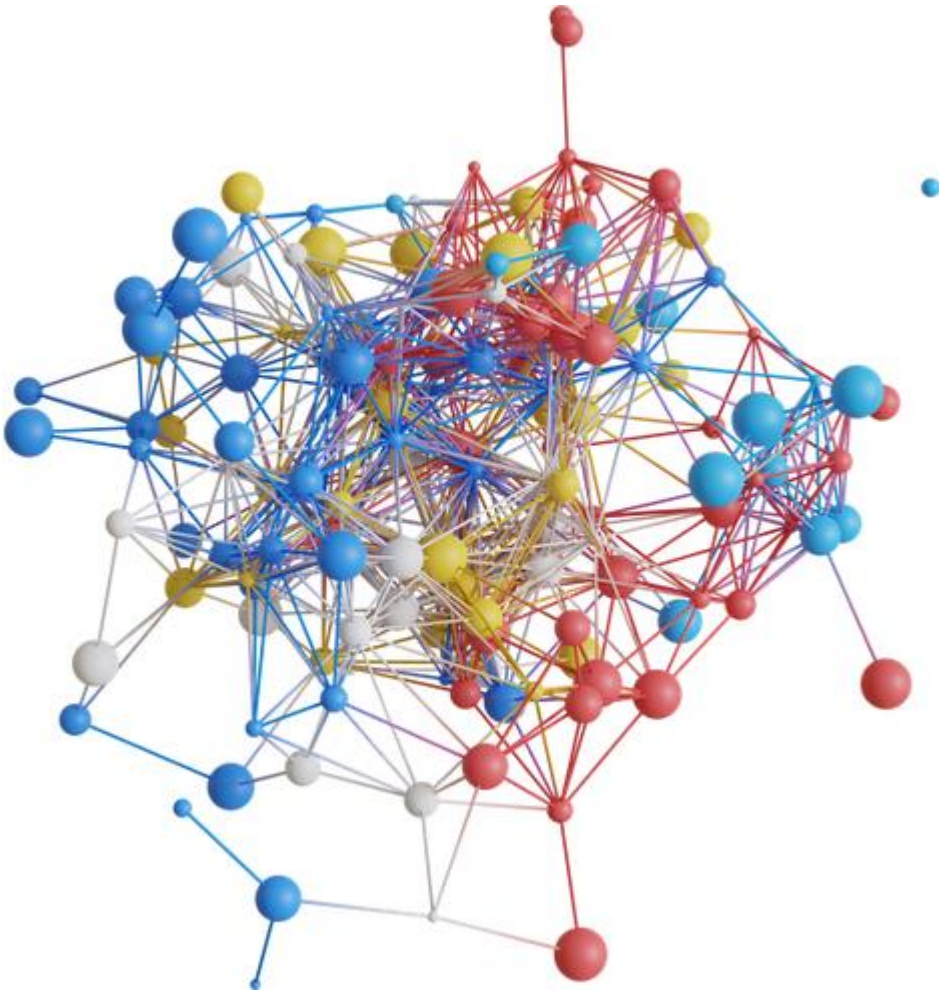

PrEP

Pre-exposure Prophylaxis

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Pre-Exposure Prophylaxis (PrEP)

An Essential Tool in Substance Use Disorder Treatment

The following section is devoted to providing basic information about pre-exposure prophylaxis (PrEP), including the CDC's most recent guidelines to provide universal PrEP education to all sexually active adolescents and adults. This information complements the PrEP client education guide and can help providers to:

- Expand efficacy in providing PrEP education
- Increase knowledge about available resources
- Employ strategies that can reduce barriers to PrEP access among their clients

What is PrEP?

PrEP is a medication that is taken to prevent HIV transmission. When taken as prescribed, PrEP can lower the probability of HIV transmission sexually by 92 to 99 percent.[76-77] PrEP can lower parenteral (e.g., needle sharing) transmission by 74 percent.[78]

Although PrEP is an effective tool to reduce HIV transmission, evidence indicates that PrEP is underutilized. Key issues include a lack of information about PrEP and misconceptions about who would benefit from its use. We know that a great deal of HIV stigma persists, which has a negative impact on people's understanding of PrEP. We see stigma on multiple levels – social, structural, and internalized – all of which impede the ability to scale up use of this incredibly effective prevention tool.

Given the increased vulnerability to HIV among people with substance use disorders, it is critical that drug and alcohol providers are knowledgeable about PrEP and able to integrate PrEP education and referrals into their frontline services. Implementation of PrEP education must also be trauma-informed with a focus on reducing stigma associated with HIV.

How long until PrEP starts working?

Oral PrEP (pills)

- For receptive anal sex (bottoming), maximum protection is reached at 7 days of use
- For receptive vaginal sex, maximum protection is reached at 21 days of use
- For injection drug use, maximum protection is reached at 21 days of use
- Currently, there are no for PrEP pill efficacy for insertive anal (topping) or vaginal sex

Injectable PrEP

- Currently, we don't have data to confirm how long it takes injectable PrEP to reach maximum protection from HIV acquisition during sex[79]

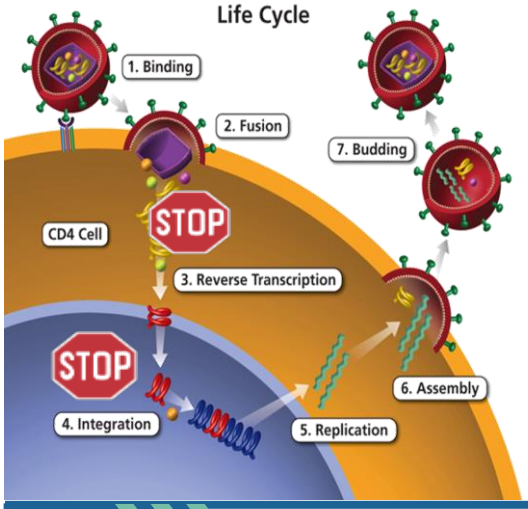
How PrEP Prevents HIV Biochemically

How does PrEP prevent HIV?

Although PrEP medication differs from HIV treatment in important ways, both consist of antiretroviral medications that act on a cellular level to prevent HIV replication. PrEP is the use of antiretroviral medications for people who are HIV negative and only for those who are HIV negative.[80-83]

For PrEP to be effective, it needs to be in the body prior to an exposure to HIV so that it can prevent HIV from ever fully integrating into a CD4 cell. This is noted by the stop signs in the image below. Each of these stop signs occur prior to the completion of step 4 where HIV is integrated into the body.

By blocking HIV from integrating into CD4 cells' DNA, PrEP prevents HIV infection from occurring even after HIV has entered the body. As such, PrEP is recommended for people with risk of ongoing exposure to HIV through injection drug use and/or condomless sex with others whose HIV status is unknown.



Medication for PrEP was initially approved by the FDA in 2012 as a daily oral pill.[84-85] In 2021, an injectable form of PrEP was FDA approved and is now available.

PrEP is a critical tool for HIV prevention that moves from a focus on individual behavioral change to providing biomedical interventions that can protect those most vulnerable to HIV acquisition.

Important Tips

- People who are unaware of their HIV status typically do not have obvious symptoms during the acute stage of an HIV infection and may unknowingly transmit HIV to others. Viral load is often highest during this time, which increases the likelihood of transmission. Acute HIV infection is particularly concerning among social networks of PWID, as HIV outbreaks could occur through both sexual and parenteral transmission.
- PrEP needs to be taken consistently in advance of HIV exposure to work effectively.[81-83]
- PrEP is recommended in combination with other effective HIV prevention practices such as condoms to prevent sexually transmitted diseases and increase overall protection.
- Medication for opioid use disorder, including buprenorphine and methadone, are not contraindicated for PrEP. No drug/drug interactions are noted, and PrEP usage will not require MOUD dosing adjustments.[86]

Accessing PrEP

Disparities in PrEP Access

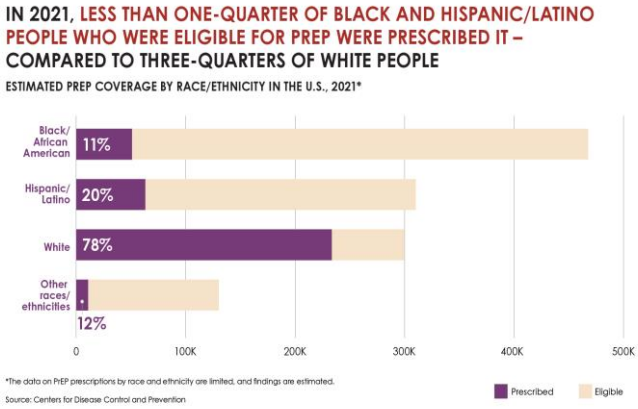
Although the FDA approved PrEP in 2012, only about 30% of the 1.2 million people with an indication for PrEP received a PrEP prescription in 2021. Black/African Americans make up 12.1% of the U.S. population yet had the highest incidence of HIV in 2019 (41.7%) followed by Hispanic/Latinx individuals (28.6%) who make up only 18.5% of the U.S. population. Despite the disproportional rate of HIV incidence among people of color, only 13.9% of Black/African Americans and only 17.1% of Hispanic/Latinxs utilized PrEP. [87-88] This is true for people who experience socioeconomic inequalities and have limited access to healthcare, health education, and preventative medicine, many in rural areas. Those who have difficulties accessing services may benefit from using tele-health to communicate with providers.

Due to awareness efforts focused on men who have sex with men and trans women, cis women have particularly disparate rates of PrEP use; they make up only 7% of those who have been prescribed PrEP.[87]

Despite the potential of PrEP to drastically reduce the epidemic of HIV, transmission rates for HIV only decreased 8% from 2015 to 2019.[87] By increasing education about PrEP, drug and alcohol treatment providers can help address these critical disparities, and support people in SUD treatment programs in protecting their health.

Public health guidance indicates that **universal PrEP education should be offered to all sexually active adolescents and adults.** While PrEP education should be offered to all clients, referral for a consultation with a medical provider for PrEP prescribing should focus on individuals who:[89-90]

- Have a sexual partner(s) who is HIV positive and has a detectable viral load (or viral status is unknown)
- Are sexually active and do not know the HIV status of their sexual partners
- Had a sexually transmitted disease in the past 6 months
- Shared injection drug preparation equipment within the past 6 months
- Request a referral for PrEP



PrEP Education

The Recommendation

Based on advancements in HIV prevention medicine and research, the U.S. Public Health Services PrEP guidelines recommend providing education about PrEP to all sexually active adolescents and adults. In particular, these guidelines instruct providers to[92-93]:

- Inform all sexually active adolescents and adults about PrEP
- Simplify the assessment for referrals
- Combine PrEP with other prevention methods
- Reduce geographic and racial disparities in PrEP access

Benefits of standardizing PrEP education

- Standardizing the need for all sexually active individuals and PWID to know about PrEP can reduce both provider and client discomfort associated with assumptions about stigmatized drug use or sexual behaviors.
- Clients who do not have substantial risks may have friends or family members with whom they can share this information.
- Since lack of education about PrEP is one of the main barriers to PrEP implementation, providing this information is essential to empower clients to be able to evaluate potential use.
- Some may feel more comfortable asking questions if they are able to gather this information on behalf of others, rather than disclosing a personal need.
- Making PrEP education routine also helps to reduce disparities in who has access to this information.

In accordance with public health best practices, DDAP includes in its guidelines the need to provide information about prevention services which could include PrEP to every client during the assessment process.

While universalizing health education can feel like a heavy lift, with appropriate materials, messaging and guidance, implementing standard PrEP education is possible.

Post-Exposure Prophylaxis (PEP): What to know

PEP, Post-Exposure Prophylaxis[94], is medication that can prevent HIV transmission after an exposure. PEP is the use of antiretroviral drugs after a single high-risk event to stop HIV. PEP can be one, two, or (rarely) three pills.

- PEP is for **emergency** situations and must be started as soon as possible to stop HIV from causing an infection.
- There are **occupational** and **non-occupational** exposures:
  - Occupational exposures include accidental needle sticks of a medical worker when treating a person with HIV.
  - Non-occupational exposures can occur after needle sticks in non-medical situations, sexual violence, condomless sex, or a broken condom.

What is PEP treatment?

PEP consists of three antiretroviral medications, which must be taken daily for 28 days. Adherence to the PEP regimen is critical for the medication to be effective.

HIV takes approximately 72 hours to integrate into the CD4 cell and replicate. PEP **must be initiated within 72 hours of exposure**. Every hour counts, and individuals should be encouraged to go to the emergency room, an urgent care provider, or primary care provider as soon as possible. After 72 hours, PEP would not be initiated, and ongoing HIV testing is recommended to monitor status.

When taken as prescribed, PEP can reduce the risk of HIV acquisition by more than 80%.[94] Individuals should continue to use other prevention tools – like condoms and uncontaminated drug preparation equipment – while on PEP.

Who Should Take PrEP?

PEP is for emergency use after an exposure to HIV. Importantly, PEP is not a substitute for PrEP and is not recommended for people who may be exposed frequently. PrEP is a far more effective option for people who are HIV-negative and experience ongoing vulnerability for HIV acquisition.

Paying for PEP

Most insurance plans – including private employer plans and state Medicaid plans – cover the cost of PEP. There are also resources to for low or no-cost PEP access:

- For individuals who have experienced sexual violence, visit justice.gov/ovw/local-resources
- Gilead has a program called advancing access. The application can be accessed at Gilead.Advancing.Access.com or via phone at 1-800-226-2056

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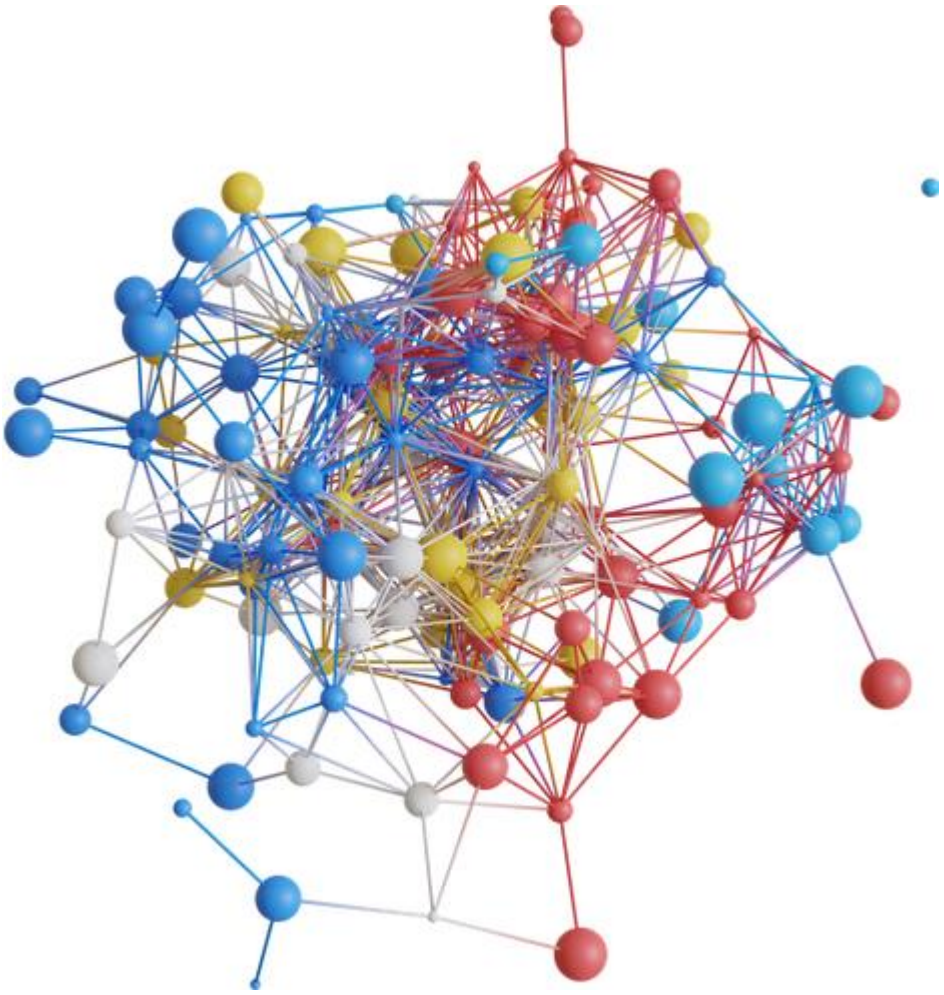

Appendices

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Appendices 1-2: Best Practices

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Simple Workflow and Protocol for Referrals

What follows is a basic overview of best practices for making referrals to medical care. Each referral process may vary depending on location, type of service, level of care for the referring agency, and staff roles and capacity.

Protocol for Referral and Linkage to Services for HIV and Viral Hepatitis

Identify And Prioritize Referral Needs

- Work with the client to identify what services are critical to safety and health
- Strategize and triage – it may not be possible to address everything immediately

Develop a Plan

- Draw upon strengths to collaboratively establish steps to implement the referral plan
- Anticipate potential barriers and proactively develop strategies to address challenges
- Establish timelines for making appointments; schedule appointments for/with clients

Facilitate Access to Services

- Provide the support and information needed to connect with treatment services
- Include key information: contact information, transportation, eligibility criteria, costs
- Consider cultural factors: age, race, gender, language, ethnicity, sexual orientation

Confirm and Document Linkage

- Request release of information and follow-up with the client and referral to ensure linkage
- If linkage did not occur, evaluate what got in the way and provide additional support
- If available, use electronic tracking system to document linkage status

Maintain Contact with Client

- Even after client is linked to care, maintain contact and address any emerging information or barriers to retention in care
- Follow up and ongoing care is critical in many cases. Routinely check in with your client to see if they are still engaged in care

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Best Practices: Developing Referral Capacity

Identify Medical Providers

Successful referrals rely on a well-informed protocol. Compiling detailed information about care resources can help avoid confusion, reduce barriers and create clear expectations.

❑ ***Location***: include maps, directions, public transportation information if applicable.
❑ ***Services***: identify what, if any, wrap-around services a clinic offers.

- Case management/care navigation
- Insurance/benefits support
- Transportation support
- Peer educators
- Adherence support

Tips: learn anything that can help set clear expectations for a client.

- Evening or weekend hours
- Appointment availability
- Availability of telehealth
- Typical trajectory for a client going through hepatitis C treatment, such as number of visits, length of time between first visit and initiating treatment
- What pharmacy is used and how will the client get medications

Identify and Prioritize Referral Needs

Linking to care is about more than finding a medical provider. Consider information about resources and services that might facilitate successful linkage to care. It may not be possible to do everything at once, so it's important to strategize.

- Insurance or benefits coordination
- Transportation resources
- Childcare resources
- Food security and needs
    - This includes planning for factors such as the need for fasting labs, medications that must be taken with food to ensure adequate absorption or ease side effects

The SOR HIV/Viral Hepatitis Integration project has created a directory and map of medical providers throughout the state. We vetted all providers to determine which services they offered, eligibility criteria, wrap around services and the like. Access the map of providers at bit.ly/DOHmap and reach out to the SOR TA team with any questions about building out your own referral system by visiting stophiv.com/sor

Best Practices for Linkage to Care:
Supporting Clients in Meeting their Health Goals

Develop a Plan and Facilitate Access to Services

Enabling a client to be a partner in developing their care plan can be a powerful tool in facilitating referrals and linkages to care.

- Draw upon strengths to collaboratively establish steps to implement the referral plan
- Anticipate potential barriers and proactively develop strategies to address challenges
- Establish timelines for making appointments; schedule appointments for/with clients

Maintain Contact with Client

Once a client is linked to care, maintaining contact allows for ongoing support to address barriers to care and prevent treatment interruption.

- Work with client to anticipate possible barriers and develop preventative strategies
- With client consent, develop a list of numerous points of contact, including phone numbers, multiple emergency contacts, information about other social services regularly accessed, “hang outs” and more. Obtain releases of information and clear boundaries for outreach efforts.
- Establish regular contact or check-ins.
- Consider care coordination directly with the care provider.

Appendices 3-4: Opt-Out Testing

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Frequently Asked Questions

Implementing Opt-Out Testing in SUD Treatment Settings

Background

The State Opioid Response Grant HIV and Viral Hepatitis Integration Project (SOR) is a collaborative initiative between DDAP and the PA Department of Health that aims to increase awareness of and access to services for HIV and viral hepatitis in drug and alcohol treatment settings. To achieve this, DDAP and DOH have brought on a technical assistance (TA) team to support SCAs and SUD treatment providers in efforts to integrate services for HIV and viral hepatitis.

Why is testing for HIV and hepatitis C virus (HCV) so important?

Individuals with SUD experience heightened vulnerability to acquiring both HIV and hepatitis C. Of new cases of HIV, approximately 1 in 10 are attributed to injection drug use. As many as 68% of individuals who use injection drugs have had a past or present hepatitis C infection, and injection drug use accounts for nearly 70% of new HCV cases in the US.

These figures may seem daunting, but medical advancements for prevention and treatment of both HIV and HCV mean that we have the tools needed to stem the tide of both epidemics. And, SUD treatment providers can contribute substantially to efforts to increase access to prevention tools, testing, and linkage to care for HIV and hepatitis C.

DDAP is working with the Pennsylvania Department of Health to move policy, protocols and procedures into alignment with public health guidance from the CDC. The first step in this process is increasing access to testing and diagnosis for HIV and HCV by implementing evidence based best practices, which includes using a universal, opt-out testing model for HIV and HCV.

What is opt-out testing?

In an opt-out testing model, an individual is informed that a test or referral to a test (e.g., HIV, hepatitis B, hepatitis C) will be completed as a part of routine screening unless they decline the test. This practice is recommended by the CDC because it is more effective than risk-based screening practices, which determine who needs a test based on the answers to a risk screening.

Don’t we need to understand people’s risks?

Not to determine who should be offered an HIV or hepatitis C test. Information about someone’s health behaviors may be important for other purposes as it relates to SUD treatment planning or screening for tuberculosis. However, risk-based questions should not be used to determine who should be offered an HIV or hepatitis C test. Instead, all clients should be informed that a test (or referral for a test) will be completed unless the individual declines.

FAQs: Implementing Opt Out Testing, continued

But aren't we required to do these screenings?

No, you are not required to do risk-based screening for HIV and hepatitis C testing. As DDAP works to align policy and procedures with HIV and HCV public health recommendations, you may still see risk-based questions related to HIV and hepatitis in certain forms and data collection instruments (e.g. WITS).Shifting longstanding practices takes time and requires a number of changes across the service system.

Through the SOR project, support and TA is available to help you and your organization move towards universal, opt-out testing. We are working with providers to remove these questions and replace with opt-out testing. We are also working with DDAP to remove references to risk-based questions for HIV or hepatitis testing from any data collection systems. If you see these questions relating to HIV and viral hepatitis, please contact the TA team.

**Please note that communicable disease screening for tuberculosis is separate from HIV and viral hepatitis, and you should continue to follow existing DDAP requirements for tuberculosis.*

How is opt-out testing trauma informed?

Many people with increased vulnerability to HIV and viral hepatitis have histories of trauma related to childhood and/or adult sexual abuse and/or substance use. Asking risk-based questions can make clients uncomfortable or remind them of past trauma that they are not ready to discuss. As such, implementing opt-out testing, which does not ask these questions, is considered to be a trauma-informed practice.

Why are people more likely to accept getting a test with an opt-out approach?
Opt-out testing lessens stigma and avoids client perceptions of feeling "singled out" for testing. It can also reduce provider discomfort with asking questions about past sexual behaviors. Research indicates that people accept testing when they are told it will be done as a standard of care (such as cholesterol testing) unless they decline.

Why do providers prefer opt-out testing?

Providers like the opt-out testing model for many of the same reasons that clients do! Removing risk screening questions can increase provider comfort and streamline the discussion about testing. Additionally, it avoids difficult interactions that may arise if a client feels put on the spot or wonders if they will be judged for their answers.

What about barriers to opt-out testing?

The SOR Project TA team can support you with 1) training to increase your knowledge and comfort; 2) identifying local testing resources; 3) streamlining and simplifying the testing discussion, 4) revising policies, and 5) troubleshooting and resolving any additional issues that emerge when adopting this practice.

FAQs: Implementing Opt Out Testing, continued

Where do we refer people for testing and medical care?

There are many areas of the state that may have limited resources. Often, SUD treatment settings can leverage mobile testing units and telehealth models to bring health care resources directly to clients. If your organization is looking to connect with local medical providers, you can check out our statewide medical provider map at bit.ly/DOHmap and download a Statewide Medical Provider Directory at stophiv.com/sor.

What if someone declines an HIV or hepatitis C test?

Honoring a client's self-determination and autonomy in healthcare decisions is paramount, though learning more about the client's choices can offer key information about the client and inform future approaches to screening and testing.
If a client declines the test, ask for more information about their reluctance to be tested, and document those reasons in the chart.

Many clients will be reluctant to be tested for HIV and HCV There is stigma attached to both conditions, which can be a disincentive to being tested. Once rapport and trust has been built, it may be appropriate to re-offer the test. And, consider if another staff member – especially someone with lived experience – may be a good messenger to discuss testing with the client.

More resources about opt-out testing are available through the SOR project. You can access a script and training opportunities by contacting visiting stophiv.com/sor.

What if I think someone needs a test but they won't take it?

It is important to respect the privacy and autonomy of the client in making healthcare decisions. You can remind the client that many people may not be aware of their risks, that they can seek testing at a future point through the organization, or access HIV home testing options for HIV at getmyhivtest.gov.

Is accepting a test acknowledging risk?

There are a lot of reasons why someone might accept an HIV or HCV test. There is no need for anyone to explain why they are accepting a test.

What if I'm not comfortable answering questions?

You're not alone in feeling this way! Many providers have struggled with discomfort around this topic. You don't have to have all the answers! The SOR project can provide training and guidance for providers, as well as patient education materials that you can use to respond to common client questions.

FAQs: Implementing Opt Out Testing, continued

Endnotes

[i] https://www.cdc.gov/hiv/basics/hiv-transmission/injection-drug-use.html

[ii] Degenhardt L, Peacock A, Colledge S, Leung J, Grebely J, Vickerman P, Stone J, Cunningham EB, Trickey A, Dumchev K, Lynskey M, Griffiths P, Mattick RP, Hickman M, Larney S. Global prevalence of injecting drug use and sociodemographic characteristics and prevalence of HIV, HBV, and HCV in people who inject drugs: a multistage systematic review. Lancet Global Health. 2017;5(12):e1192-1207.

[iii] https://www.cdc.gov/hepatitis/statistics/2020surveillance/index.htm

A Script for Integrating Universal Opt-Out Testing for HIV and Hepatitis C Virus (HCV) in Substance Use Disorder (SUD) Treatment Settings

Background: Why is testing for HIV and HCV so important?

Individuals with SUD experience heightened vulnerability to acquiring both HIV and HCV. Of new HIV infections, approximately 1 in 10 are attributed to injection drug use.[i] As many as 68% of individuals who use injection drugs have had a past or present hepatitis C infection,[ii] and injection drug use is the most common mode of HCV transmission in the United States, accounting for up to 67% of new infections.[iii] Unfortunately, many individuals are not aware that they are living with HIV and/or HCV.

These figures may seem daunting, but medical advances for prevention and treatment of both HIV and HCV mean that we have the tools to stem the tide of both epidemics.

Even with these advancements, only half of people who use injection drugs who are living with HIV are retained in medical care,[iv] and only 25% of the 1.2 million people who would benefit from PrEP received a prescription in 2020.[v] At least half of those with chronic hepatitis C are unaware of their status, and among those with an HCV diagnosis, few connect to care and fewer initiate curative treatment.[vi-vii]

SUD treatment providers are at the forefront of these epidemics, and can contribute substantially to efforts to increase access to prevention tools, testing, and linkage to care for HIV and HCV. Among people who use drugs, heightened barriers such as stigma, homelessness and urgent survival needs make connecting to medical care even more challenging. Strategies that take a whole person approach and work to integrate SUD treatment and services for HIV and HCV have shown positive outcomes, including increased rates of testing and treatment.[ix-x]

What is Opt Out Testing?

A core component of integrated care models is the use of an "Opt Out" model of HIV and HCV testing, in which a client or patient is informed that they will receive a test for HIV and/or HCV as a part of routine care unless they decline. This model is recommended by the CDC, the American Association for the Study of Liver Disease (AASLD) and the Infectious Diseases Society of America (IDSA).[xi-xii]

Many settings have utilized risk screenings to identify and offer HIV/HCV tests to individuals who meet certain risk criteria. However, these approaches may not reach individuals living with HIV and/or HCV. Evidence demonstrates that an opt-out approach to testing yields better rates of testing than traditional risk based testing strategies.[xiii-xv]

Terms to Know:

Opt-out testing: an individual is informed that a test or referral to a test (e.g., HIV, hepatitis B, hepatitis C) will be completed as a part of routine screening unless they decline the test. Consistent with CDC recommendations and best practices.

Risk-based screening assessments: using risk-based screening questionnaires to determine who should be referred for an HIV, hepatitis B, or hepatitis C test. This is not recommended and should be replaced with an opt out model of testing.

Integrated opt-out HIV and hepatitis C testing: Offering HIV and hepatitis C testing (along with any other common tests completed during intake) at the same time to streamline messaging and workflow.

Pre-exposure Prophylaxis (PrEP): PrEP is a biomedical intervention for reducing HIV transmission among people vulnerable for HIV acquisition that, when taken as prescribed, can reduce the risk of HIV transmission through sex by about 99% and through sharing needles, syringes or other equipment used for injecting drugs by up to 74%. PrEP is recommended for clients with ongoing exposure to HIV.

A Note About Language

Often, language used in the public health field can be stigmatizing, even when we don't intend it to be. We encourage a trauma informed approach, and the use of "person first" language when discussing these health topics.

When discussing HIV and viral hepatitis, the word "risk" can convey judgement of someone's behavior, and lead to shame and self-blame. We recommend using the word "vulnerable to" because it adds context to a person's behavior. Individuals don't exist inside of a vacuum, and social determinants of health – such as poverty, lack of healthcare access, and stigma – are factors that impact someone's vulnerability to HIV and viral hepatitis.

Check out Choosing Person First Language – a great resource from the Positive Women's Network. This guide can be found at https://www.pwn-usa.org/resources/.

Discussing Opt-out Testing: Sample Language And Key Messages

Normalize & destigmatize testing for HIV and hepatitis C

Consider offering some background information about why testing is important

- Often, individuals with substance use disorder may have had experiences that make them vulnerable to HIV and/or hepatitis C
- Many may not be aware that they have been exposed to HIV or hepatitis C
- We want to support you in your overall health and wellness, so some of what we'll discuss today will be about your physical health

Emphasize that testing happens as a part of routine lab work and that individuals are not singled out for testing.

- As a part of our regular intake lab work, we complete tests for HIV and hepatitis C
- During this assessment, we offer everyone a test for HIV and hepatitis C
- One of the things that happens during all of our intakes for treatment is testing for HIV and viral hepatitis

If your program doesn't offer testing on site, let the client know that everyone receives a referral for a test as a part of every intake/assessment.

- As a part of our regular intake/assessment, we offer everyone information about and a referral to testing for HIV and hepatitis C
- During this assessment, we offer everyone information and a referral for HIV and hepatitis C testing
- One of the things that happens during all of our intakes is giving you some information about HIV and hepatitis C, and a referral to get tested for HIV and hepatitis C.

Opt out testing has many benefits, including:

- Reducing missed opportunities for diagnosis of HIV and/or HCV
- Lessening stigma
- Avoiding client perceptions of being singled out
- Removing intrusive sexual and drug use behavior screenings, which can increase client and provider comfort and aid in the building of rapport and trust

Discussing Opt-out Testing: Sample Language And Key Messages, continued

Ensure that clients understand the process

Set clear expectations

Let the client know what the next steps are for testing! Setting clear expectations can help quell anxiety, especially during treatment intake, which may already be overwhelming. The specifics of what testing at your site are unique, but consider knowing the following:

- Who will be doing the testing – letting someone know the name of the tester or phlebotomist can convey to the client that everyone works as a team to support them in their drug and alcohol treatment program
- Where testing will happen (e.g.: I'm going to walk you down the hall…)
- When we finish, X staff person will come get you
- After we wrap up, X staff person will come into this room to complete testing
- What testing entails
- The phlebotomist will draw a couple of tubes of blood
- We do rapid testing which uses blood from a finger stick

If your program doesn't offer testing on site, let the client know that everyone receives a referral for a test as a part of every intake/assessment.

- Clear expectations matter here, too!
- If possible, have detailed referral information available – hours of operation, location and transportation options

What if the Client Declines the Test?

Honoring a client's self-determination and autonomy in healthcare decisions is paramount, though learning more about the client's choices can offer key information about the client and inform future approaches to screening and testing.

- If a client declines the test, ask for more information about their reluctance to be tested, and document those reasons in the chart.
  - If a client declines because of misinformation or fears, you can offer information and resources to address those issues.
  - If a client reports receiving a recent test, these are some follow up questions:
    - *When and where did that test happen?*
    - *Do you remember the results?*
    - *Do you have a copy of those results?*

Discussing Opt-out Testing: Sample Language And Key Messages, continued

- If a client reports that they don't believe that they need a test or that they are not at risk for HIV and/or HCV acquisition, you may want to remind them that many individuals are not aware of their exposures or risks.
- If a client is in a rush or out of time, let them know that they can get a test at a future point, and that you'll check back in with them soon.

Many clients will be reluctant to be tested for HIV and hepatitis C. There is stigma attached to both conditions, which can be a disincentive to being tested. Once rapport and trust has been built, it may be appropriate to re-offer the test, and always consider if another staff member – especially someone with lived experience – may be a good messenger to discuss testing with the client.

Reason for Declining	Guidance for Responding
"But I'm not gay…" There are many stereotypes about people who are living with HIV. Often, people associate HIV as a disease only impacting gay men.	This is a common misconception and many people may not know they are at risk. For example, in PA, nearly 30% of people living with HIV are women, and 77% of those women acquired HIV through heterosexual sexual contact. It may be helpful to remind the client that HIV can be transmitted in a variety of ways and that it's recommended that everyone be tested at least once for HIV.
"I don't use injection drugs…" Injection drug use is highly stigmatized, and not all people will be comfortable discussing their mode of use. Additionally, not all people who seek drug and alcohol services have used injection drugs.	Remind the client that it is recommended that everyone be tested at least once for both HIV and HCV as a part of routine healthcare. And, it can be helpful to let the client know that HIV and HCV aren't only transmitted through injection drug use and they may have had other exposures.
"I've been tested already" Many clients have been involved in multiple service systems over a period of time and they may have been tested in the past.	This is an opportunity to affirm the client's self-care and attention to their health and wellness. You can also ask if they remember when and where they were tested and what the result was. Lastly, you may also remind the client that many people aren't aware that they have been exposed to HIV and HCV, and that repeat testing can be important. Let the client know how they can access testing services in the future.

https://www.cdc.gov/hiv/basics/hiv-transmission/injection-drug-use.html

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https://www.cdc.gov/hiv/policies/law/states/testing.html

Appendices 5-9: Viral Hepatitis

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Discussing Hepatitis A and B Vaccines

Drug and alcohol counselors are not expected to provide detailed health education, but knowing some key points – and more importantly, where to send clients for information and medical care – is essential. The CMCS indicates that all individuals should be offered vaccination or referral to vaccination at time of assessment, and the following information may help guide these discussions:

1. You can begin by letting the client know that many people may not be aware of their vulnerability to acquiring hepatitis A and/or B and that both viruses are vaccine preventable with safe, effective vaccine.
2. Ask the client if they know their vaccine status. An individual's knowledge of their vaccine history may vary, and you can reassure the client that they should not feel embarrassed or ashamed if they don't remember.
3. Medical providers will want to test for HBV before administering the vaccine. In some cases, especially when follow up may be a challenge, medical providers will do a blood draw for testing and then administer vaccine in the same visit. While "extra" vaccine is not harmful, it is essential to get accurate test results to determine HBV diagnosis before administering vaccine.
4. If your site does not provide vaccine, be prepared to offer referral information. Having as much information as possible – hours of operation, intake process, directions, transportation support – can aid a client in completing the referral.
5. Check back in! Touching base on physical healthcare is often an important component to a person's recovery, so it can be helpful to follow up with the client to see if they received the vaccine.

Addressing Vaccine Hesitancy

Many individuals with SUD have had negative past experiences with the healthcare system, so it's normal for a client to have some reluctance to engage in medical care. It is critical to respect the autonomy of the client's decision-making process while understanding that they may be processing some ambivalence.

You can gently explore their reasons for hesitation and see if they would like additional information to help them decide. If someone is resolved in their disinterest, make note of their reasons for declining and consider following up at a future date.

For health education materials, visit stophiv.com/sor. To find providers offering vaccine near you, scan the QR code below!

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HCV Testing: What Happens Next?

Because diagnosing an active HCV infection is a two step testing process, the results can sometimes be confusing to interpret. Below is a quick guide to help interpret test results and understand the recommended next steps.

Regardless of the test result, there is always an opportunity to identify prevention resources or tools that individuals may need, or discuss health goals that a client may want to address.

Receiving a diagnosis can be overwhelming. Validate the feelings that may arise – including fear, anxiety, anger and shame – while reminding the client that highly effective, safe and well tolerated curative treatment is available.

TEST RESULT	TEST INTERPRETATION	NEXT STEPS
HCV Antibody Negative	No current HCV infection & no past infection.	• Assess need for ongoing testing • Provide information about HCV • Discuss harm reduction, prevention and other health goals
HCV Antibody Positive	Possible HCV infection.	• Test for HCV RNA • Provide information about HCV • Discuss harm reduction, prevention and other health goals
HCV Antibody Positive & HCV RNA Detected	Current HCV infection	• Link to care and treatment • Provide information about HCV • Discuss harm reduction, prevention and other health goals
HCV Antibody Positive & RNA Not Detected	Past HCV infection either cured or spontaneously cleared	• Assess need for ongoing testing • Provide information about HCV • Discuss harm reduction, prevention and other health goals

Delivering Test Results

DELIVERY OF TEST RESULTS

Ideally, delivering test results to a client will occur face to face as soon as the result becomes available, whether it is via POC testing or testing via phlebotomy with antibody testing that reflexes to confirmatory testing. However, in settings where the length of stay is short and testing is conducted via phlebotomy with the specimen sent to a reference lab, outreach and telephonic communication may be necessary to deliver the test result.

In these circumstances it is critical to obtain as much contact information as possible, including a place that an individual can reliably receive mail should phone outreach fail.

If phlebotomy is performed on-site, a member of the medical team should deliver the test results and provide appropriate counseling regarding the availability of curative HCV direct acting agents (DAAs).

If phlebotomy is performed off site at a reference lab, the ordering medical provider or a designated team member should provide the test result and appropriate counseling.

If POC antibody testing is performed on-site, the tester should provide the test result and appropriate counseling regarding the need for confirmatory testing. Referral and directions for the confirmatory PCR/ NAAT testing should also be provided.

DECLINING HCV TESTING

If the client declines testing, it should be documented in the medical record or client chart with the reason for client refusal. You can inform the client that they can access HCV testing in the future and provide information about testing resources. In many cases, re-offering HCV testing in the future will be appropriate.

Interpretation of Test Results for HCV Infection and Further Actions

Test Outcome	Interpretation	Further Action
HCV antibody nonreactive	No HCV antibody detected	• Sample can be reported as nonreactive for HCV antibody. No further action required. • If recent HCV exposure in person tested is suspected, test for HCV RNA.*
HCV antibody reactive	Presumptive HCV infection	• A repeatedly reactive result is consistent with current HCV infection, or past HCV infection that has resolved, or biologic false positivity for HCV antibody. Test for HCV RNA to identify current infection.
HCV antibody reactive, HCV RNA detected	Current HCV infection	• Provide person tested with appropriate counseling and link person tested to medical care and treatment.†
HCV antibody reactive, HCV RNA not detected	No current HCV infection	• No further action required in most cases. • If distinction between true positivity and biologic false positivity for HCV antibody is desired, and if sample is repeatedly reactive in the initial test, test with another HCV antibody assay. • In certain situations§ follow up with HCV RNA testing and appropriate counseling.

* If HCV RNA testing is not feasible and person tested is not immunocompromised, do follow-up testing for HCV antibody to demonstrate seroconversion. If the person tested is immunocompromised, consider testing for HCV RNA.

† It is recommended before initiating antiviral therapy to retest for HCV RNA in a subsequent blood sample to confirm HCV RNA positivity.

§ If the person tested is suspected of having HCV exposure within the past 6 months, or has clinical evidence of HCV disease, or if there is concern regarding the handling or storage of the test specimen.

Source: CDC. Testing for HCV infection: An update of guidance for clinicians and laboratorians. MMWR 2013;62(18). https://www.cdc.gov/Hepatitis/HCV/PDFs/hcv_graph.pdf

HCV Treatment: Appointment Preparation

Having a new diagnosis can be overwhelming, and it's not always easy for clients to find the time and resources to commit to their healthcare. Here are some topics to discuss with your clients that they may want to consider as they get ready for their appointment:

- ❑ **Transportation**: Does your client have reliable transportation? If they can't drive, get a ride, or take public transportation to their appointment, there may be resources available to help. Share community resources and/or encourage your client to ask the front desk at the medical providers office if they have or know about resources.
- ❑ **Is there someone that can go with your client?** Many find that a having a support person with them can reduce anxiety, and that having another person at the appointment helps with keeping track of information and next steps.
- ❑ **Encourage your client to consider writing notes during the appointment.** It's hard to keep track of a lot of new information – especially when it's complicated medical information. Taking notes will help them keep track of details about their health and medical care.
- ❑ **Remind them that there are no bad questions**. Medical and health information can sometimes be difficult to understand. Encourage your clients to not be afraid to ask the medical provider to repeat or explain something. It's their health and their medical care, and they deserve to understand what's happening.
- ❑ **Patient portals:** Many medical providers have client portals. If this technology isn't familiar to your client, provide resources and support to help them to learn about using the portal. If they don't have reliable computer, smart phone or internet access, encourage them to talk to the medical provider about the best way to communicate.
- ❑ **Medical History:** Most medical providers will want some information about medical history. This will help make sure that the medical care they provide – including HCV treatment – will be the best and safest option. Encourage your client to write down these details and bring them to their appointment:
    - ❑ Current Medications
    - ❑ Other medical conditions or diagnoses
    - ❑ If they've been treated for HCV before
    - ❑ Any documentation/medical records they have
    - ❑ Allergies
    - ❑ Family medical history
    - ❑ Insurance information
    - ❑ Contact information for other medical providers
- ❑ **The Day of the Appointment:** Encourage your client to show up a few minutes early to their appointment to complete any paperwork provided by the front desk.
    - Encourage your client to find out what the policies are for rescheduling or missing appointments.
    - If your client cares for young children and cannot find childcare, direct them to ask the medical provider's office if they allow children to accompany caretakers to medical appointments.

HCV Treatment: Appointment Preparation

It can be helpful for your client to have some understanding of what is happening with their HCV and overall health. Encourage them to come to their appointment with the questions they want to ask written down. While clients don't need to memorize or understand every detail, here are some questions you may want to discuss with them for them to consider:

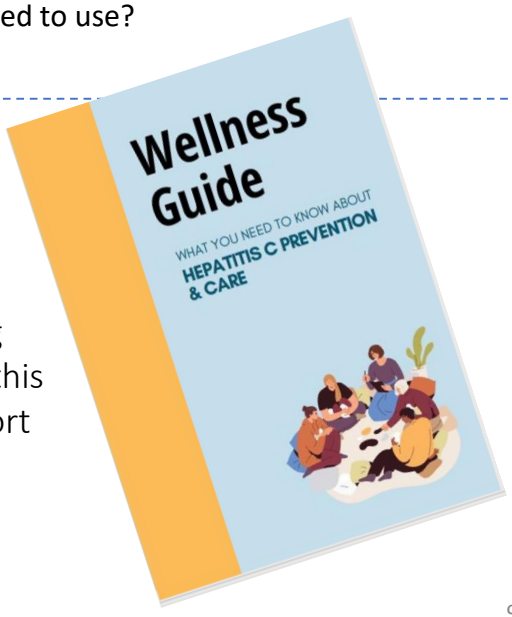
Tests & Evaluation

- ❑ What is their F score?
- ❑ What do their labs mean?
- ❑ Do they need imaging or other testing in addition to blood work?

Treatment

- ❑ What are their treatment options?
- ❑ Side effects
  - What are common side effects?
  - What can they do to manage side effects? *(Over the counter medicine, eating before taking meds, etc.)*
- ❑ What are the directions for taking the medicine? *(take with food, etc)*
- ❑ Are there any drug/drug interactions they should know about?
- ❑ What happens if they miss a dose?
- ❑ How often will they need to see the medical provider or get blood work done?
- ❑ Is there a particular pharmacy that they need to use?

Visit stophiv.com/sor for our companion materials, including client focused resources, such as this Wellness Guide, which can support clients in accessing HCV care.



Hepatitis C Treatment: Medication Adherence

What is adherence and why is it important?

Adherence means sticking to the medication regimen prescribed by a client's medical provider. **For HCV medications to work, there needs to be *enough medication* in the body for a *long enough time* to do its job, which is to stop HCV from replicating**. Taking medication exactly as prescribed helps make sure the medication works. When someone is struggling with adherence to their HCV medication, there is a possibility that treatment may be less effective in achieving cure.

Problem solve potential issues with your clients *before* they arise

Talk with your client about potential challenges to adherence, how they can be resolved, and what to do if they miss a dose. Remind them that everyone forgets things sometimes, so if they do miss a dose, they needn't be too hard on themselves and can get back on track.

Encourage your client to ask their medical provider about what to do if they miss a dose.

As you discuss potential barriers and plans, consider the following discussion prompts:

- What concerns does your client have about adherence?
- What might make adherence difficult for your client?
- Who can help support them in their adherence?
- What is their plan if they do miss a dose?

Adherence Tips

- ❑ Alarm clock or alerts, reminders or alarms in your phone
  Setting a daily reminder can alert client to the need to take medication at specific times
- ❑ Take meds at the same time as something you do every day – when you brush your teeth, get ready for bed, make coffee
  This can help with habit formation – leaving medication right next to something like their toothbrush or coffee machine can help integrate medication into a daily routine
- ❑ Have a friend remind you
- ❑ Keep a pill card in your pocket to keep track of each pill taken
- ❑ Put a calendar up and mark each day you take your meds
- ❑ Pill boxes
  Some pillboxes can be attached to a lanyard so you can keep your meds close to you if your client is nervous about theft or sharing their private health information.

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Financial Assistance Programs: Hepatitis C

Occasionally, clients experience gaps in what is covered by their health insurance plan. One major barrier includes cost prohibitive co-pays, which can make life saving medication inaccessible to many people. When these issues arise, there are several foundations that will cover costs.

These foundations do not always have steady funding, so it is a good idea to call and inquire about availability of financial support before applying.

In addition to co-pay support, some of these foundations also assist with out-of-pocket expenses and transportation.

Foundation	Web Address	Phone
Good Days Chronic Disease Fund	http://gooddaysfromcdf.org/	877-968-7233
HealthWell Foundation	http://www.healthwellfoundation.org/	800-675-8416
Needy Meds	http://www.needymeds.org/	800-503-6897
Patient Access Network Foundation	http://www.panfoundation.org/	866-316-7263
Patient Advocate Foundation (PAF) Co-Pay Relief Program (CPR)	http://www.copays.org/	866-512-3861
RxOutreach	http://rxoutreach.org/	888-796-1234 800-769-3880
HepC Hope	https://www.hepchope.com	1-844-9-HEPCHOPE (1-844-943-7246)
Patient Advocate Foundation Hepatitis C CareLine	https://hepatitisc.pafcareline.org/	800-532-5274 option 2.

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Appendices 10-11
HIV

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HIV Treatment: Appointment Preparation

Having a new diagnosis can be overwhelming, and it's not always easy for clients to find the time and resources to commit to their healthcare. Here are some things to discuss with your clients for them to consider as they get ready for their appointment:

- ❑ **Transportation** Does your client have reliable transportation? If they can't drive, get a ride, or take public transportation to their appointment, there may be resources available to help. Share community resources and/or encourage your client to ask the front desk at the medical providers office if they have or know about resources.
- ❑ **Is there someone that can go with your client?** Many find that a having a support person with them can reduce anxiety.
- ❑ **Encourage your client to consider writing notes during the appointment** It's hard to keep track of a lot of new information – especially when it's complicated medical info! Taking notes will help them keep track of details about their health and medical care.
- ❑ **Remind them that there are no bad questions!** Medical and health information can sometimes be difficult to understand. Encourage your clients to not be afraid to ask the medical provider to repeat or explain something. It's their health and their medical care, and they deserve to understand what's going on!
- ❑ **Client portals** Many medical providers have client portals. If this technology isn't familiar to your client, provide resources and support to help them to learn about using the portal. If they don't have reliable computer, smart phone or internet access, encourage them to talk to the medical provider about the best way to communicate.
- ❑ **Medical History** Most medical providers will want some information about medical history. This will help make sure that the medical care they provide – including HIV treatment – will be the best and safest option. Encourage your client to write down these details and bring them to their appointment:
  - ❑ Current Medications
  - ❑ Other medical conditions or diagnoses
  - ❑ If they've been treated and/or in care for HIV in the past
  - ❑ Medical records & documentation
  - ❑ Allergies
  - ❑ Family medical history
  - ❑ Insurance information
  - ❑ Contact information for other medical providers
- ❑ **The Day of the Appointment** Encourage your client to show up a few minutes early to their appointment to complete any paperwork provided by the front desk.
  - ➢ Encourage your client to find out what the policies are for rescheduling or missing appointments.
  - ➢ If your client cares for young children and cannot find childcare, direct them to ask the medical provider's office if they allow children to accompany caretakers to medical appointments.

HIV Treatment: Appointment Preparation

It can be helpful for your client to have some understanding of what is happening with their HIV and overall health and what to expect from treatment. Help them understand what CD4 count, viral load, and resistance tests mean and why they are important (detail regarding these tests is found on the next page). Encourage them to write their questions ahead of time - there may be a lot happening, and it's easy to lose track of questions once in the appointment. While the full picture of someone's health can include a lot of information, there are some key areas and questions that will help individuals engage more fully with their healthcare.

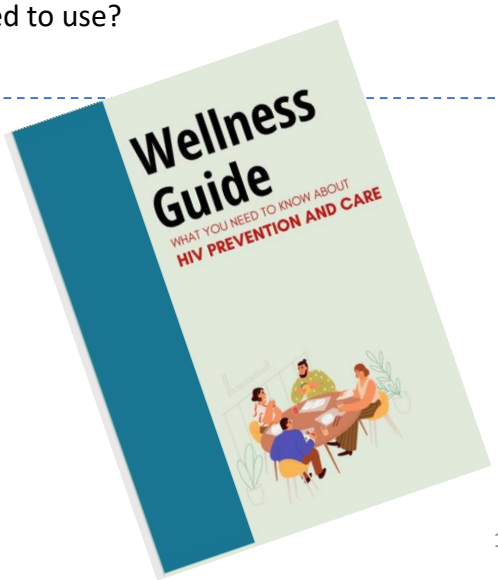
Tests & Evaluation

- ❑ What is their CD4 count?
- ❑ What is their viral load?
- ❑ What are the results of resistance testing?

Treatment

- ❑ What are their treatment options?
- ❑ Side effects
  - What are common side effects?
  - What can they do to manage side effects? *(Over the counter medicine, eating before taking meds, etc.)*
- ❑ Are there specific directions for taking the medication?
- ❑ Are there any drug/drug interactions they should know about?
- ❑ What happens if they miss a dose?
- ❑ How often will they need to see the medical provider or get blood work done?
- ❑ Is there a particular pharmacy that they need to use?

Visit **stophiv.com/sor** for our companion materials, including client focused resources, such as this Wellness Guide, which can support clients in accessing HIV treatment.



HIV Treatment: Set Clients up for Success

It can be helpful to check in about common barriers to see if any resonate with your client. To help brainstorm potential barriers, consider how the following may impact adherence:

- Work, childcare, competing priorities
- Being tired of taking medication and/or medication side effects
- Feeling better
  - *Some may think "maybe I don't need these meds anymore?" Explain that taking medication is what is allowing them to feel better – they DO need them!*
- Distress associated with disclosure
- Unstable housing
- Mental health challenges
- Arrest or incarceration

As you discuss potential barriers, consider the following discussion prompts:

- What concerns does your client have about adherence?
- What might make adherence difficult for your client?
- Who can help support them in their adherence?
- What is their plan if they do miss a dose?

Adherence Tips

- Alarm clock or alerts, reminders or alarms in your phone
  - *Setting a daily reminder can alert a client to the need to take medication at specific times*
- Take meds at the same time as something you do every day – when you brush your teeth, get ready for bed, make coffee
  - *This can help with habit formation – leaving medication right next to something like their toothbrush or coffee machine can help client integrate medication into their daily routine*
- Have a friend help remind you
- Keep a pill card in your pocket to keep track of each pill taken
- Put a calendar up and mark each day you take your meds
- Pill boxes
  - *Some pillboxes can be attached to a lanyard, allowing someone to keep their medicine close to their body if they are nervous about theft or sharing their private health information*.

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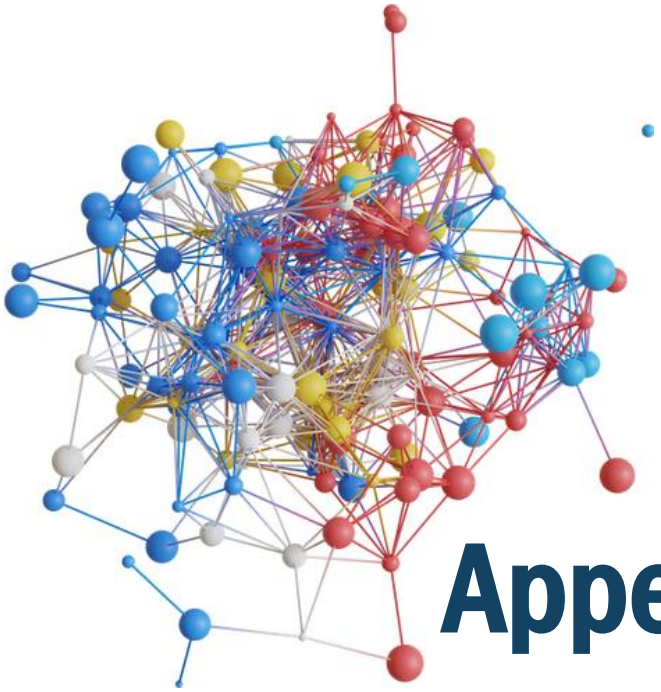

Appendices 12-14: PrEP

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Integrating PrEP Education & Referrals

Discussing PrEP

When introducing PrEP to your clients, it's important to keep the message clear and general. One of the key advantages of universal PrEP education is that it eliminates the need for a client to feel singled out and reduces stigma attached to sexual and drug use behavior. By keeping the message general, PrEP and HIV prevention are normalized and become a routine part of general health and wellness. **Below is some sample language:**

- Medicine exists to help prevent HIV, but many people are not aware of it. It is called PrEP and can be taken every couple of months through injection or by taking a daily pill. Since many people with substance use disorder may be vulnerable to exposure to HIV, we share information about PrEP with all of our clients during intake.
- We want to make sure that you have access to this information in case it is helpful to you or others whom you may know.
- Many people are unaware that they may have been exposed to HIV or that they may be exposed in the future. We talk to all of our clients about HIV testing and prevention, including a medicine called PrEP that prevents HIV.

Key Information and FAQ

- PrEP prevents HIV but not other STIs or pregnancy, so other prevention tools such as condoms and sterile syringes and drug preparation equipment should be used in conjunction with PrEP
- PrEP can be taken as a once daily pill or a bi-monthly injection
- PrEP can be prescribed by many types of medical providers, including addiction medicine providers
- People don't need to be on PrEP forever – many individuals take PrEP for periods of time when they may encounter HIV and then discontinue use when they no longer need it. People can stop and re-start PrEP depending on their circumstances, though these decisions should always be made in consultation with a medical provider.
- To get on PrEP, a medical evaluation is required. If someone has stopped taking PrEP and would like to start again, they will need to visit a medical provider to be evaluated before they can receive a prescription.
- PrEP is safe, effective and has limited side effects.
- Once on PrEP, an individual will need to remain in medical care for routine check ups and HIV testing. Usually people see a medical provider every 3 months.

Medical Visits for PrEP: What to Expect

Knowing what to expect from a medical appointment can quell anxiety and allow the client to feel in control of their medical care. Below are some basic details that a client can expect from an initial visit for PrEP evaluation and during follow up visits if they are prescribed PrEP.

At the initial visit, the provider will do the following:

- Conduct an HIV test to ensure that the person seeking PrEP does not have HIV
- Test kidney function to make sure that PrEP is a safe medication for that person
- Conduct tests for Sexually Transmitted Disease (STDs) and offer treatment, as needed
- Conduct testing for hepatitis B virus

If PrEP is appropriate, the provider will

- Discuss different PrEP medications (pill or injection)
- Discuss possible side effects of PrEP
- Review the need for ongoing HIV testing
- Review the schedule of subsequent visits
- Emphasize the importance of medication adherence
- Discuss risks associated with pregnancy or acquiring STIs
- Discuss HIV risk reduction

Follow Up Visits

All people taking PrEP should have regular medical follow-up visits, and substance use treatment providers can encourage attendance at those visits. For oral PrEP, medical visits occur every 3 months, and for injectable medicine appointments are every 2 months.

At the visit, the medical provider will:

- Test for HIV, STIs, kidney function, and pregnancy (if appropriate)
- Ask about any medication side effects or symptoms related to a possible acute HIV infection (e.g., fever)
- Offer counseling on managing side effects
- Discuss HIV risk reduction and provide condoms
- Provide medication adherence for clients prescribed oral PrEP and counseling to support adherence
- Inform the client of any new information about PrEP and respond to questions

PrEP: What to ask a Medical Provider

Support clients in becoming partners in their healthcare. People often feel like they should simply listen to a medical provider and follow their directions. Encourage your client to brainstorm questions that they may have about PrEP and to write them down to bring to the appointment. Some common questions are included below:

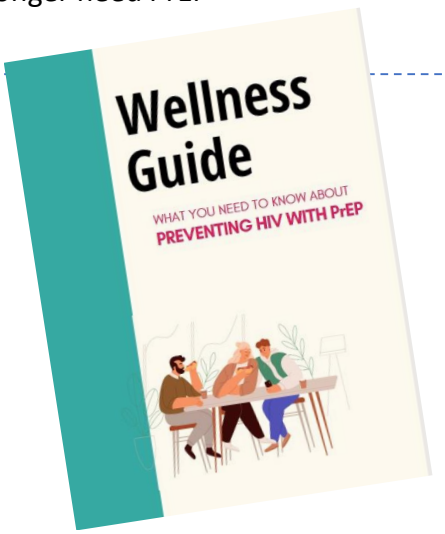
Tests & Evaluation

- ❑ What lab tests are needed before starting PrEP?
- ❑ What lab tests are needed while taking PrEP and how often will those tests happen?

Treatment

- ❑ What are their treatment options?
- ❑ How long until PrEP is fully protective?
- ❑ Side effects
  - ▪What are common side effects?
  - ▪What can they do to manage side effects? *(Over the counter medicine, eating before taking meds, etc.)*
- ❑ Are there specific directions for taking the medication?
- ❑ Are there any drug/drug interactions they should know about?
- ❑ What happens if they miss a dose?
- ❑ How often will they need to see the medical provider or get blood work done?
- ❑ Is there a particular pharmacy that they need to use?
- ❑ What should they do if they think that they no longer need PrEP

Visit stophiv.com/sor for our companion materials, including client focused resources, such as this Wellness Guide, which can support clients in accessing PrEP.



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Paying for PrEP

Most insurance plans and State Medicaid programs cover PrEP. However, if someone is having difficulty accessing or affording PrEP, there are a number of resources available.

Ready, Set, PrEP

Makes PrEP medications available at no cost to those who qualify: https://readysetprep.hiv.gov

Other PrEP resources:

- Co-pay assistance programs help lower the costs of PrEP medications. Income is not a factor in eligibility.
- Some states have PrEP assistance programs.
- Assistance is available at: www.gileadadvancingaccess. com or www.hiv.gov/federal-response/ending-the-hiv-epidemic/prep-program

Marketplace

Open Enrollment Nov. 1 through Dec. 15, unless qualify for Special Enrollment Period (SEP). More details online. www.healthcare.gov 800-318-2596

Navigator Programs

https://www.pa211.org/get-help/health/navigator-programs/

PA Health & Dental Marketplace

Link to additional financial assistance from the American Rescue Plan to lower your monthly payment and/or out-of-pocket expenses. https://pennie.com/

State and local Health Insurance Info & Counseling

Can search by county, zip & city. Population specific resources (aging, vets, etc) included. https://www.pa211.org/get-help/health/state-local-health-insurance-information-counseling/

COMPASS

COMPASS is an online tool for Pennsylvanians to apply for many health and human service programs and manage benefit information COMPASS HHS Home (state.pa.us)

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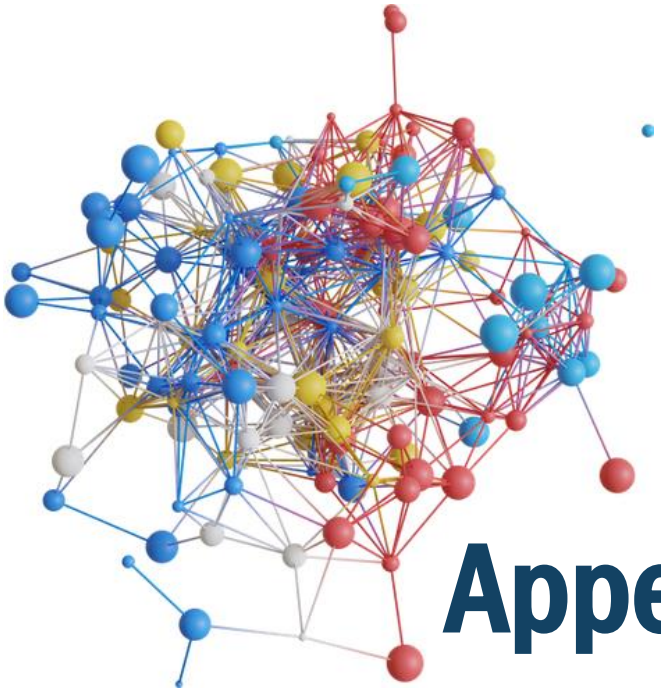

Appendices 15-16: Finding Resources & Achieving Sustainability

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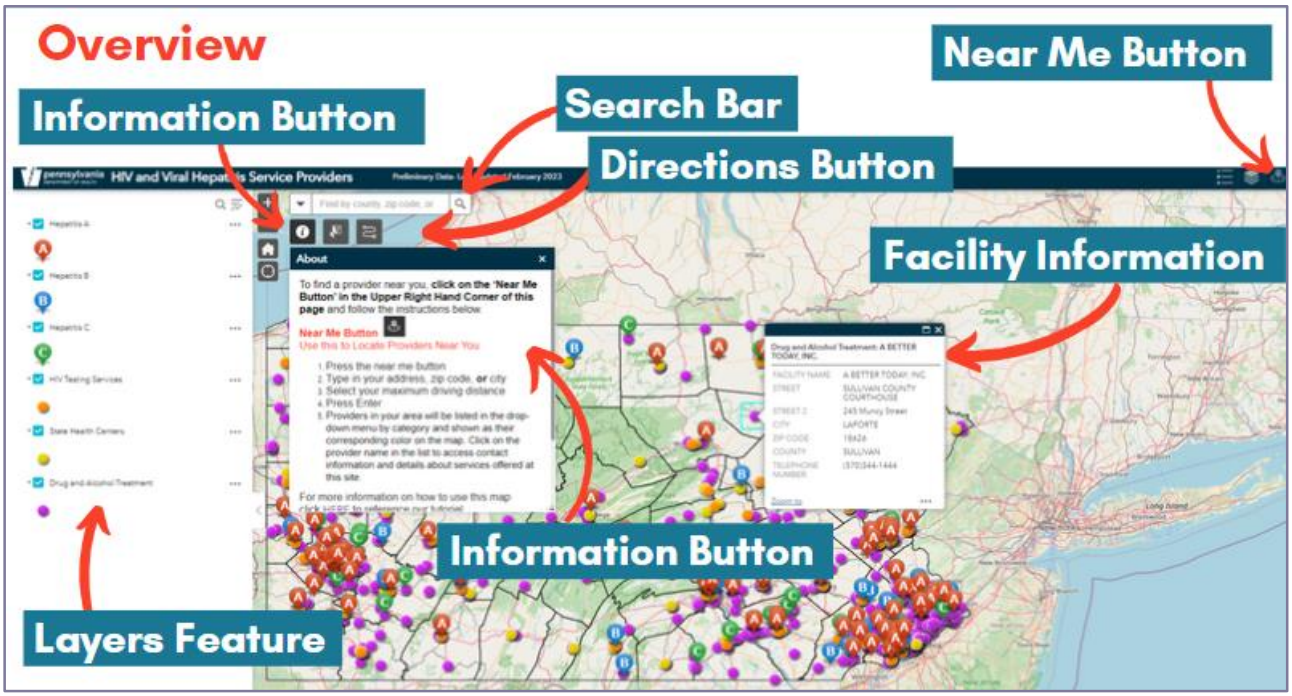
Locating a Medical Provider

Through the SOR HIV and Viral Hepatitis Integration Project, we have created a directory of medical providers offering services for HIV and viral hepatitis. You can find an interactive, GIS map of healthcare providers at the link below or by scanning the QR code. The map can be viewed on a computer or mobile device.

Below is a brief overview of how to use the online map of healthcare resources.



bit.ly/DOHmap

- Health education resources are available for download at **stophiv.com/sor**

Insurance Access & Financial Needs

Both commercial/private medical insurance and state Medicaid/Medicare cover medical visits, labs and prescriptions for HIV, HBV and HCV treatment. However, clients may still have unmet needs. Depending on your role at your agency, you may help your client navigate resources directly and advocate on their behalf, or you may be focused more on their emotional and psychological needs and work to empower them to access resources and advocate for themselves. Either way, there are resources available to help with financial burdens to ensure your clients can get the care they need.

The Ryan White HIV/AIDS Program

Ryan White fills gaps in healthcare coverage for HIV services. Find out more at https://ryanwhite.hrsa.gov Find a Ryan White clinic near you by using the HIV Testing and Care Services locator: https://locator.hiv.gov/map *Many care providers have Ryan White funding, which means that medical case management and other supportive services are available to support you!*

COMPASS

COMPASS is an online tool for Pennsylvanians to apply for many health and human service programs and manage benefit information COMPASS HHS Home (state.pa.us)

The Health Center Program

Provide HIV testing and treatment, regardless of ability to pay. Some health centers provide services onsite, and some refer to HIV specialists in the community. Find a health center near you by using the HIV Testing and Care Services locator: https://locator.hiv.gov/map

Marketplace

Open Enrollment Nov. 1 through Dec. 15, unless qualify for Special Enrollment Period (SEP). More details online. www.healthcare.gov 800-318-2596

Navigator Programs

https://www.pa211.org/get-help/health/navigator-programs/

PA Health & Dental Marketplace

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State and local Health Insurance Info & Counseling

Can search by county, zip & city. Population specific resources (aging, vets, etc) included.

https://www.pa211.org/get-help/health/state-local-health-insurance-information-counseling/

- Other financial needs? PA211 is a wealth of resources for housing, utilities, food, employment, health, and mental health needs

  Clients and providers can text their zip code to 898-211 or dial 211 to get help from a resource navigator. Or go online at www.pa211.org

CARE INTEGRATION

Addressing billing and reimbursement challenges when integrating HIV and viral hepatitis services into substance use disorder treatment settings

Healthcare services are divided into two categories: physical healthcare, and behavioral healthcare. This poses challenges to care integration because services, lab work and medications are reimbursed within different, siloed systems. These challenges are not insurmountable, and this guide provides a quick overview of the bifurcated payer system and resolutions that can support healthcare integration.

Physical Healthcare Physical Health Managed Care Organizations (MCO)	Behavioral Health Healthcare Behavioral Health Managed Care Organizations (BHMCO)
About MCOs and BHMCOs	
In Pennsylvania, the Medicaid managed care program is called HealthChoices. It is managed by the Department of Human Services Office of Medical Assistance Programs. There are 7 companies serving the Commonwealth, some of which cover the entire state, and some of which cover specific regions. ▪ AmeriHealth Caritas PA ▪ Geisenger ▪ Health Partners ▪ UPMC ▪ Keystone First ▪ United ▪ Highmark Wholecare	In Pennsylvania, the Medicaid managed care system for behavioral health services - including addiction and mental health services - is separate from the physical health MCOs. Behavioral Health MCOs (BHMCOs) each cover a region or number of counties in PA with no overlap. • Community Behavioral Health (CBH) • Community Care Behavioral Health Organization (CCBH) • Magellan Behavioral Health of PA • PerformCare • Carelon Health of PA
Coverage and Reimbursement	
MCOs are responsible for covering all physical healthcare costs, including medical visits, diagnostics (including bloodwork), prescriptions, and inpatient medical care. Medical providers must be credentialed with MCOs in order to be reimbursed for services. Reimbursement is done using physical health billing codes.	BHMCOs cover the care and services offered within mental health and substance use disorder (SUD) treatment programs. This can include case management, individual and group therapy, and diagnostics and prescriptions for mental health and addictions treatment. Reimbursements will depend on level of care, and in many cases bundled reimbursement for a series of services is the billing modality. Reimbursement is done using behavioral health billing codes.

STRATEGY FOR ADDRESSING PAYER SILOS AND ENABLING HCV TREATMENT IN SUBSTANCE USE DISORDER TREATMENT SETTINGS

To develop a reimbursement infrastructure, there are a number of key issues to resolve with payer systems, laboratories, pharmacies, drug and alcohol treatment facilities, and medical providers within SUD treatment programs.

PROVIDER	FACILITY	LABORATORY
▪ Credentialing provider with MCOs ▪ Addressing any issues pertaining to scope of practice or malpractice insurance ▪ Didactic training for treatment and clinical management of HCV and/or co-management of HIV	▪ Designate BH setting as able to provide physical healthcare services ▪ Workflow development, implementation and assessment ▪ Phlebotomy capacity ▪ Relationship with specialty pharmacies	▪ BHMCO reimbursement for testing, including standard of care HCV reflexive testing ▪ EMR modifications for order sets and data sharing (results into EMR) ▪ Reference lab capacity to conduct necessary testing ▪ Role of MCOs in reimbursement for non BH labs

There are a number of steps required to build and implement infrastructure for care integration, and the State Opioid Response (SOR) Grant HIV and Viral Hepatitis Integration Project, a collaboration between Pennsylvania's Department of Drug and Alcohol Programs (DDAP) and the Department of Health (DOH). The SOR project team can offer training, capacity building and technical assistance to SUD treatment providers interested in integrating testing and treatment within their programs.

AVAILABLE TECHNICAL ASSISTANCE

Payers

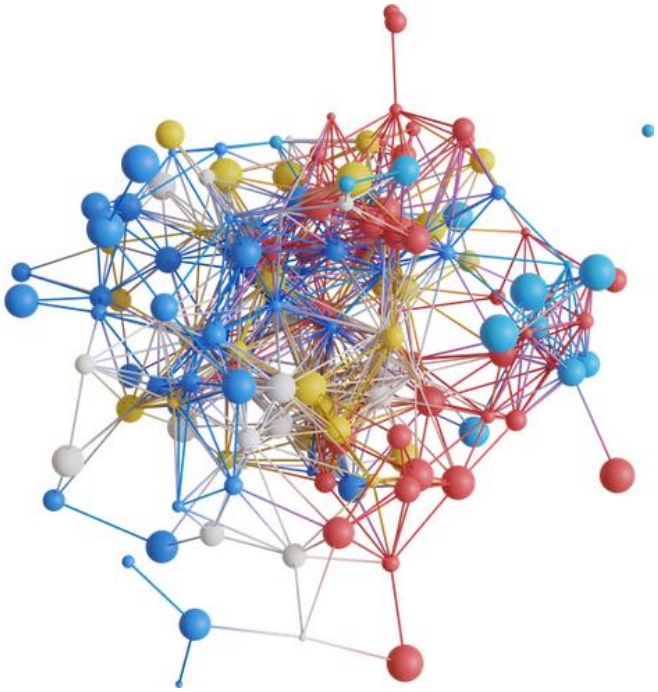
- Convening MCOs and BHMCOs to resolve billing, reimbursement and credentialing challenges writ large
- Working with BHMCOs in particular to ensure that HCV reflexive testing is in place and reimbursable

Addictions Medicine Providers

- Supporting medical providers with credentialing
- Didactic training for medical providers with ongoing clinical guidance

SUD Treatment Facilities

- Facilitating training for SUD treatment providers on reflexive testing
- Supporting agencies in getting physical health determination
- Support in developing workflow, standard operating procedures, and patient tracking system.
- Providing templates and other tools to facilitate testing, treatment and reimbursement infrastructure, including lab order sets, progress notes, EMR modifications, sample workflows and policies



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