



Iowa Department of Human Services

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GENERAL LETTER NO. 3-G-6

ISSUED BY: Division of Mental Health and Disability Services

SUBJECT: Employees' Manual, Title 3, Chapter G, **General Facility Policies**, Contents (page 4), revised; page 5, revised; and pages 4b, 71, 72, and 73, new.

Summary

Chapter 3-G is revised to establish guidelines for the Department of Human Services (DHS) in regards to the identification and treatment of the Hepatitis C Virus (HCV) concerning individuals served in state-operated facilities.

It is the Department's policy to ensure individuals served in all state-operated facilities are diagnosed and treated for the Hepatitis C Virus infection according to prevalent standards of medical practice.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 3, Chapter G:

<u>Page</u>	<u>Date</u>
Contents (page 4)	November 17, 2017
5	November 17, 2017

Additional Information

Refer questions about this general letter to the administrator of the Division of Mental Health and Disability Services.

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“Hepatitis C Virus (HCV) Infection” means a contagious liver disease that ranges in severity from a mild illness lasting a few weeks to a serious, lifelong illness that attacks the liver. It results from infection with the Hepatitis C virus, which is spread primarily through contact with the blood of an infected person. (Source CDC)

“Individual” means any child or adult voluntarily admitted or committed to and receiving services from a Department facility. For the purposes of the Interstate Compact on Mental Health, “individual” means the same as “patient” as defined in Iowa Code section 221.1, Article II.

“Individual’s facility record” means any and all information maintained either in written, recorded, or electronic form; photos, video, or audio tapes; that is specifically identified to an individual.

“Life sustaining procedure” means the same as defined in [Iowa Code section 144A.2\(8\)](#).

“Life sustaining procedures declaration” means the same as defined in [Iowa Code section 144A.3](#).

“Medical staff” means a physician, an advance registered nurse practitioner, or a physician assistant.

“Multidisciplinary Team (MDT)” means a team of professionals, including representatives of different disciplines, who coordinate the contributions of each profession, which are not considered to overlap, in order to improve patient care.

“Normal business hours” means from 8:00 am until 4:30 pm on weekdays excluding week days that fall on a state holiday.

“Office of the governing body” means the central office employees reporting to the administrator of the Division of Mental Health and Disability Services.

“Personal Care Physician (PCP)” means the primary care physician assigned to treat and monitor the medical care of an individual served at a state facility.

“Personal funds” means any funds that the individual:

- ◆ Brings along when admitted to the facility, or
- ◆ Comes into possession of while at the facility, such as Social Security payments, funds earned from work at the facility, or gifts received.

“Personal funds” do not include funds received by the facility that are intended to pay for all or part of the cost of the individual’s care, including but not limited to Medicare, Medicaid, state appropriation, county payments, or trust funds.

“Resuscitation” means the same as defined in [Iowa Code section 144A.2\(12\)](#).

“State facility” means a reference to any one or all six of the Department-operated residential programs, which are:

- ◆ Civil Commitment Unit for Sexual Offenders,
- ◆ Cherokee Mental Health Institute,
- ◆ Independence Mental Health Institute,
- ◆ Woodward State Resource Center,
- ◆ Glenwood State Resource Center, and the
- ◆ State Training School.

“Superintendent” means the person appointed by the division administrator to direct the overall operation of a mental health institute, a resource center, a boy’s training school, and the person appointed to administer the civil commitment unit for sexual offenders.

Policy on Hepatitis C

It is the policy of the Iowa Department of Human Services to ensure individuals served in all state-operated facilities are diagnosed and treated for Hepatitis C Virus infection according to prevalent standards of medical practice.

Policy:

For the Department of Human Services (DHS) to establish guidelines regarding the identification and treatment of the Hepatitis C Virus (HCV) concerning individuals served in state-operated facilities.

Superintendents shall assure state facility policies include the following:

- ◆ Protocol to determine the eligibility and timeline for HCV testing at the time of admission or following a significant exposure.
- ◆ Identification and implementation of an appropriate consent process for HCV testing.
- ◆ Interpretation of the initial test results by the primary medical providers, in consultation with gastrointestinal or infectious disease specialists, if needed.
- ◆ Identification of the requirements for an MDT review to discuss the implications of a positive HCV test, including:
 - Counseling to the individual and notification to the guardian (if applicable),
 - Review of infection control measures, and
 - Referral to medical specialist for further evaluation.
- ◆ Coordination between primary medical providers and specialists to implement the plan of treatment and medical follow-ups as recommended.

HCV Testing Guidelines

Testing shall be in accordance with the Centers for Disease Control and Prevention testing recommendations:

- ◆ Testing shall be initiated with anti-HCV test.
- ◆ For those with reactive test results, the anti-HCV test should be followed with an HCV RNA test.

Individuals for whom HCV testing is recommended:

- ◆ Adults born from 1945 through 1965 should be tested once (without prior ascertainment of HCV risk factors).
- ◆ Those at risk for acquiring HCV, including people who:
 - Currently inject drugs.
 - Ever injected drugs, including those who injected once or a few times many years ago.
 - Have certain medical conditions, including:
 - Receiving clotting factor concentrates produced before 1987
 - Ever being on long-term hemodialysis
 - Having persistently abnormal alanine aminotransferase levels (ALT)
 - Having HIV infection
 - Were prior recipients of transfusions or organ transplants, including:
 - Being notified that they received blood from a donor who later tested positive for HCV infection.
 - Receiving a transfusion of blood, blood components, or an organ transplant before July 1992.
- ◆ Those with the following recognized exposures:
 - Individuals served, and healthcare, emergency medical, or public safety workers after needle sticks, sharps, or mucosal exposures to HCV-positive blood
 - Children born to HCV-positive women

NOTE: For persons who might have been exposed to HCV within the past six months, testing for Hepatitis C Virus Ribonucleic Acid (HCV RNA) or follow-up testing for Hepatitis C Virus antibody is recommended. Antibodies for HCV may first be detected within 4 to 10 weeks after exposure, but may take significantly longer in some individuals.

Individuals for whom routine HCV testing is of uncertain need:

- ◆ Recipients of transplanted tissue (e.g., corneal, musculoskeletal, skin, ova, sperm)
- ◆ Intranasal cocaine and other non-injecting illegal drug users
- ◆ Persons with a history of tattooing or body piercing
- ◆ Persons with a history of multiple sex partners or sexually transmitted diseases
- ◆ Long-term steady sex partners of HCV-positive persons

Individuals for whom routine HCV testing is not recommended (unless they have risk factors for infection):

- ◆ Health-care, emergency medical, and public safety workers
- ◆ Pregnant women
- ◆ Household (nonsexual) contacts of HCV-positive persons
- ◆ General population

HCV Management Practices, Testing, Diagnosis and Treatment

Individuals identified as eligible for testing shall be tested within 72 hours (sooner if medically indicated) after admission or after a significant exposure.

State institutions under this policy will obtain appropriate consents.

Individuals identified as HCV positive shall be referred to a gastrointestinal or infectious disease specialist for further evaluation. Primary medical providers at the state facility will coordinate with the consultants to implement and monitor the treatment plan including all necessary medical follow-ups.

Once treatment options and recommendations are identified by a specialist in the field, the individual's multidisciplinary team will hold a meeting in a timely manner to discuss options and recommendations.

Affected individuals shall be provided education and counseling related to infection control, their current medical status, and treatment options. Education and interventions shall be aimed at reducing progression of liver disease and preventing transmission of HCV.

Affected individuals will be:

- ◆ Given the DHS Consent/Refusal for Hepatitis C Advanced Treatment Recommendations form to read,
- ◆ Given the opportunity to ask questions, and
- ◆ Requested to sign agreeing or declining advanced treatment.

If an individual is unable to give consent, the legal guardian may authorize consent for the testing and treatment.