Integrated testing compliance checklist:

Requirement	Policy, RCW/WAC, Program	DOH Monitoring
	<u>Requirement</u>	
Medical Test Site (MTS)/CLIA License	See RCW Chapter 70.42; WA State Non-clinical Testing Guidelines	 Agencies that conduct rapid, point-of-care, CLIA-waived testing function as laboratories when reading results from these test kits. All laboratories in Washington must have a Medical Test Site (CLIA) license from the Department of Health Laboratory Quality Assurance program to use CLIA-waived test kits. The contractor will obtain the MTS Certificate of Waiver to conduct integrated testing. The contractor will show active MTS license status at annual site visits. The contractor will operate FDA-approved test kits as indicated in test kit packet insert instructions.
Medical Oversight	See RCW 18.360; WAC 246-827-0420; WA State Non-clinical Testing Guidelines	 The contractor must acquire medical oversight within three months from start of contract period. The contractor must submit documentation (MOU/MOA) that ensures medical oversight and provide contact information for medical oversight provider. DOH will verify with medical oversight provider as part of routine monitoring on ad hoc basis.
Medical Assistant- Phlebotomist Requirement	See RCW 18.360; WAC 246-827; WA State Non-clinical Testing Guidelines	All personnel in Washington who withdraw whole blood from clients must be medically certified to do so. Most non-clinical personnel will certify for this activity by becoming licensed Medical Assistants-Phlebotomist (MA-P)

		•	OID makes phlebotomy training available to all subcontracted partners via partnership with UW STD Prevention Training Center at Harborview Medical Center in Seattle. The contractor must ensure that MA-P trained staff obtain the MA-P credential from DOH licensing in order to collect whole blood samples from clients. OID Program staff will periodically verify the active MA-P licensing status of contractor staff.
Bloodborne Pathogen Training and Bloodborne Exposure Control Plan	See Chapter 296-823- WAC	•	DOH will provide contractor with a link to asynchronous bloodborne pathogen training and provide a model exposure control plan template for contractor review and use. The contractor will provide evidence of training and exposure plan to DOH during annual site visits.
Rapid Testing Training & Policy	See <u>WA State Non-clinical</u> <u>Testing Guidelines</u>	•	The testing program will access training on utilizing rapid test kits; this training will be made available in partnership with OID and test kit manufacturer representatives. The contractor will provide DOH with documentation of staff participation in training. The testing program will access training on utilizing controls for rapid test kits. The testing program will keep control logs on site and available for review by OID program staff during site visits as part of compliance monitoring.
Integrated Testing Quality Assurance (QA) Plan	See <u>WA State Non-clinical</u> <u>Testing Guidelines</u>	•	The contractor must submit a QA Plan within three months of the start of contract year.

		 The contractor must update the QA Plan when major program changes occur and when there are staff changes. OID Program Staff will store and review QA Plans routinely.
Linkage and referral of HIV, STI & viral hepatitis diagnoses to treatment, care, and partner services	Program requirement- defined by OID. WA State Non-clinical Testing Guidelines	 Link at least 90% of persons newly diagnosed with HIV to HIV medical care and ART initiation immediately, but no later than 30 days after diagnosis. Refer 90% of persons diagnosed with STI (chlamydia, gonorrhea, syphilis) or viral hepatitis to treatment or care within 30 days after providing reactive test result. Refer 100% of persons with newly diagnosed HIV or STIs to Partner Services in alignment with local health jurisdiction or DOH guidance. Report all viral hepatitis cases to the local health jurisdiction and, in collaboration with local health jurisdiction and/or state disease intervention services staff, refer and connect at least 50% of persons diagnosed with viral hepatitis (hepatitis B or C) to follow-up medical care with a clinician to discuss treatment options within 60 days of reactive result.
Integrated Testing	Program requirement- defined by OID. <u>WA State</u> <u>Non-clinical Testing</u> <u>Guidelines</u>	 The contractor must offer integrated testing within six months from the start of contract period. Integrated testing includes HIV, Gonorrhea/Chlamydia, syphilis, and Hepatitis C testing. Standalone HIV testing programs are not eligible for funding through this syndemic RFA.

		•	The contractor must submit documentation that integrated testing is supported at their agency. OID program staff will run monthly integrated testing monitoring reports to ensure integrated testing is supported. OID Program staff will monitor test kit procurement & laboratory services at subcontractor sites to ensure integrated testing is supported.
Test Kit Procurement	Program requirement- defined by OID. <u>WA State</u> <u>Non-clinical Testing</u> <u>Guidelines</u>	•	If the contractor procures test kits through OID, it must use those kits in the existing contract period. Test kit volume requested should align with testing data entered into EvaluationWeb or submitted to DOH.
Outreach Testing	Program requirement- defined by OID (to be developed).	•	The contractor must adhere to DOH Outreach Testing Guidance (to be developed) to support implementation of high-impact outreach testing for priority population(s). OID Program staff will monitor outreach testing activities via test event entry into relevant data systems.
Incentivized Testing	Program requirement- defined by OID (to be developed).	•	The contractor must adhere to DOH Incentivized Testing Guidance (to be developed) to support implementation of incentivized prevention programs. The contractor must complete a request to implement incentivized testing program, and that request must be approved by OID. OID program staff will monitor Incentivized testing program monthly.

		OID program staff will evaluate incentivized testing programs routinely to ensure effectiveness in
		reaching hard to reach priority populations, increasing testing volume, increasing positivity rates, and increasing case findings.
Hours of testing operation	Program requirement- defined by OID	 The contractor will inform OID Program staff of on-site and outreach testing hours and locations. The contractor will notify OID program staff of any changes to hours of testing operation.
Routine Program & Data Review	Program requirement- defined by OID	 hours of testing operation. The contractor will evaluate testing program efficacy every six months with OID Program staff. The contractor must be willing to make program revisions in response to findings and must reflect those revisions in updated program work plan and deliverables.
Data Entry-	Program requirement- defined by OID	 The contractor must develop strategies to collect and report the required integrated testing variables to DOH, including entering individualized integrated testing event data into Evaluation Web for each month by the 10th day of the following month. OID program staff will review data submitted by the contractor and meet regularly with the contractor to discuss.