



Ohio Administrative Code

Rule 3701-15-02 Acceptable tuberculosis program; Reimbursement.

Effective: January 1, 2009

An acceptable tuberculosis program, designated pursuant to division (A) of section 339.72 of the Revised Code, is a program that includes at least the components set forth in this rule.

(A) Provides hospitalization for patients with active or suspected tuberculosis for whom an acceptable ambulatory treatment plan cannot be devised.

(B) An outpatient program ensuring the following services:

(1) Maintenance of a tuberculosis case registry with up-to-date information on all current clinically active and suspected tuberculosis cases within the area served using the designated Ohio department of health reporting system. Maintenance of records on the examination and treatment status of the contacts to infectious tuberculosis patients and other groups of high-risk infected persons.

(2) Laboratory and diagnostic services as follows:

(a) Access to radiology equipment and trained radiology technicians.

(b) Access to mycobacteriology laboratory services that meet the following criteria:

(i) Results of acid-fast examinations of specimens are available within twenty-four hours of the date the specimen is received at the lab.

(ii) Reports of isolation and identification of *M. tuberculosis* should be available within fourteen to twenty-one days of the date the specimen is received at the laboratory.

(iii) Reports of drug-susceptibility tests for first-line drugs should be available within fifteen to thirty-five days of specimen collection of the date the specimen is received at the laboratory.



(C) A case management system to monitor and ensure adherence to treatment, which includes an assignment of responsibility, systematic review of the case, and plans to address barriers to adherence.

(D) Prevention and control activities that include the following three priority strategies:

(1) Identifying and treating all persons who have tuberculosis disease. This means finding cases of tuberculosis and ensuring that patients complete appropriate therapy.

(2) Finding and evaluating persons who have been in contact with tuberculosis patients to determine whether they have latent tuberculosis infection or active tuberculosis disease, and treating them appropriately.

(3) As resources permit, screening high-risk groups for latent tuberculosis infection to identify candidates for treatment of latent tuberculosis infection and to ensure the completion of treatment.

(a) Targeted tuberculin testing shall be conducted only among groups at high risk and discouraged in those at low risk.

(b) Infected persons who are considered to be at high risk for developing active tuberculosis shall be offered treatment for latent tuberculosis infection, irrespective of age, unless medically contraindicated.

(E) Policies and procedures as follows:

(1) The tuberculosis control unit shall outline program priorities and objectives reflecting the specific needs of the community.

(2) The tuberculosis control unit shall have written policies and procedures that clearly define the standard of practice for tuberculosis treatment and prevention in the community.

(3) The tuberculosis control unit shall provide consultation and oversight for the tuberculosis control activities of local health care facilities and practitioners to ensure that their efforts reflect the current



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standards of care and public health practice.